Prescribing Information for Ipinnia® XL (ropinirole hydrochloride) prolonged-release tablets

See Summary of Product Characteristics (SPC) before prescribing.

Presentation: Available in a range of doses. Each prolonged-release tablet contains the following amounts of ropinirole (as hydrochloride): 2 mg, 3 mg, 4 mg, 6 mg or 8 mg. **Indication:** For the treatment of Parkinson's disease under the following conditions: initial treatment as monotherapy, in order to delay the introduction of levodopa; in combination with levodopa, over the course of the disease, when the effect of levodopa wears off or becomes inconsistent and fluctuations in the therapeutic effect occur ("end of dose" or "on-off" type fluctuations). **Dosage and Administration:** Swallowed whole, do not chew, crush or divide these tablets. Take at a similar time each day (with/without food) and maintain the patient on the lowest dose that achieves symptomatic control. For the initial titration, start with 2mg once daily for a week; if this is not tolerated, switch the patient to immediate-release ropinirole film-coated tablets. For patients that tolerate the initial dose, increase the dose to 4mg once daily and if required by a further 2mg once daily at weekly or longer intervals to a dose of 8mg once daily. A further gradual increase can be done to a maximum dose of 24mg once daily. *See SPC for details on therapeutic regimen and switching from immediate-release ropinirole tablets to Ipinnia XL*. *Dose interruption or discontinuation*: If treatment is interrupted for one day or more, re-initiation by dose titration should be considered. If it is necessary to discontinue treatment, this should be done gradually by reducing the daily dose over the period of one week. *Renal impairment:* No dosage adjustment is necessary in mild to moderate renal impairment (creatinine clearance 30 - 50 ml/min). In patients with end stage renal disease (on haemodialysis) dose adjustments are required. Lack of data in severe renal impairment (creatinine clearance less than 30 ml/min) without regular haemodialysis. *Hepatic impairment*: No data, therefore not recommended. *Elderly:* No dose adjustment required, however, dose should be individually titrated, with careful monitoring of patients. In patients aged 75 years and above, slower titration during treatment initiation may be considered. *Paediatric population*: Not recommended for use in children and adolescents below 18 years of age due to a lack of data. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Severe renal impairment (see above). Hepatic impairment. **Warnings and precautions:** Due to the risk of hypotension, monitor blood pressure, particularly when initiating therapy in patients with severe cardiovascular disease. Patients with major psychiatric or psychotic disorders, or a history of these disorders, should not be treated with dopamine agonists unless the potential benefits outweigh the risks. *Impulse control disorders (ICD)*: Monitor for the development of ICD which may be controlled using lower doses or tapered discontinuation. *Somnolence:* Sudden sleep onset without awareness or warning has been reported. See below for advice on driving. *Neuroleptic malignant syndrome (NMS)*: Abrupt withdrawal of dopaminergic therapy can precipitate NMS; tapering treatment is important. Ipinnia XL tablets are designed to release medication over a 24hr period. If rapid gastrointestinal transit occurs, there may be risk of incomplete release of medication, and of medication residue being passed in the stool. *Dopamine agonist withdrawal syndrome* (DAWS): DAWS has been reported with dopamine agonists, including ropinirole. To discontinue treatment in patients with Parkinson's disease, ropinirole should be tapered off (see Dosage and Administration above). Limited data suggests that patients with impulse control disorders and those receiving high daily dose and/or high cumulative doses of dopamine agonists may be at higher risk for developing DAWS. Withdrawal symptoms may include apathy, anxiety, depression, fatigue, sweating and pain and do not respond to levodopa. Prior to tapering off and discontinuing ropinirole, patients should be informed about potential withdrawal symptoms. Patients should be closely monitored during tapering and discontinuation. In case of severe and/or persistent withdrawal symptoms, temporary re-administration of ropinirole at the lowest effective dose may be considered. *Hallucinations*: Inform patients that this can occur as it is a known side effect. *Excipients*: Contains lactose monohydrate, therefore, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. The castor oil in the tablets may cause stomach upset and diarrhoea. **Interactions**: No dose adjustment required when used with levodopa or domperidone. Avoid concomitant use with neuroleptics and other centrally active dopamine antagonists (such as sulpiride or metoclopramide). In patients already receiving hormone replacement therapy (HRT), initiate ropinirole in the normal manner. Adjust dose if HRT is stopped or introduced during treatment with ropinirole. Ropinirole is principally metabolised by the cytochrome P450 isoenzyme CYP1A2: adjust the dose when co-administered with CYP1A2 inhibitors (e.g. ciprofloxacin, enoxacin, cimetidine or fluvoxamine). Adjust ropinirole dose if patients stop or start smoking during treatment because smoking induces CYP1A2. **Fertility, pregnancy and lactation:** *Fertility*: No data. *Pregnancy*: No data (do not use,

unless the potential benefit to the patient outweighs the potential risk to the foetus). Ropirinole concentrations may generally increase during pregnancy. *Breast-feeding*: Do not use. Ropinirole may inhibit lactation. **Effects on ability to drive and use machines:** May cause adverse effect. Patients with somnolence and/or sudden sleep episodes must not drive or engage in activities where impaired alertness may put themselves or others at risk of serious injury or death (e.g. operating machines) until such recurrent episodes and somnolence have resolved. **Undesirable effects**: Adverse drug reactions reported in Parkinson's disease clinical trials with ropinirole prolonged-release tablets at doses up to 24 mg/day. *In monotherapy: very common (≥1/10):* somnolence, nausea; *common (≥1/100 to <1/10):* hallucinations, dizziness (including vertigo), sudden onset of sleep, constipation, peripheral oedema. *In adjunct therapy (to levodopa)*: *very common (≥1/10):* Dyskinesia, in patients with advanced Parkinson's disease, dyskinesias can occur during the initial titration of ropinirole, in clinical trials it was shown that a reduction of the levodopa dose may ameliorate dyskinesia; *common (≥1/100 to <1/10):* hallucinations, somnolence, dizziness (including vertigo), sudden onset of sleep, postural hypotension, hypotension, nausea, constipation, peripheral oedema. See above for dopamine agonist withdrawal syndrome and impulse control disorders. **Refer to SPC for other side effects. Overdose:** The symptoms of ropinirole overdose are related to its dopaminergic activity. These symptoms may be alleviated by appropriate treatment with dopamine antagonists such as neuroleptics or metoclopramide. **Marketing Authorisation Number and Basic NHS Price:** All strengths are sold in packs of 28 prolonged-release tablets. Ipinnia XL 2 mg PL 01883/0326 - £5.64; Ipinnia XL 3 mg PL 01883/0327 - £8.46; Ipinnia XL 4 mg PL 01883/0328 - £11.29; Ipinnia XL 6 mg PL 01883/0329 - £15.32; Ipinnia XL 8 mg PL 01883/0330 - £18.95. **Marketing authorisation Holder:** Macarthys Laboratories Ltd T/A Martindale Pharma, Bampton Road, Romford, RM3 8UG. **Legal Category:** POM. **Further information:** Martindale Pharma, Bampton Road, Romford, RM3 8UG. Tel: 01277 266 600. **Date of Preparation:** August 2020.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Martindale Pharma, an Ethypharm Group Company. Tel: 01277 266 600. e-mail: drugsafety.uk@ethypharm.com