MOCLOBEMIDE 150MG FILM-COATED TABLETS
MOCLOBEMIDE 300MG FILM-COATED TABLETS

PL 32019/0044-5

UKPAR

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LAY SUMMARY

The MHRA granted Roger Oakes Limited Marketing Authorisations (licences) for the medicinal products Moclobemide 150mg and 300mg Film-Coated Tablets on 17 June 2010. These products, to be available as prescription-only medicines (POM), are to be used to treat depression.

The active ingredient moclobemide belongs to a group of medicines called antidepressants.

These applications are duplicates of previously granted applications for Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1), which were granted to the marketing authorisation holder Tillomed Laboratories Limited on 04 February 2003.

No new or unexpected safety concerns arose from these simple applications and it was, therefore, judged that the benefits of taking Mocloebemide 150mg and 300mg Film-Coated tablets outweigh the risks, hence Marketing Authorisations have been granted.
**SCIENTIFIC DISCUSSION**

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INTRODUCTION

The UK granted marketing authorisations for the medicinal products Moclobemide 150mg and 300mg Film-Coated Tablets (PL 32019/0044-5) to Roger Oakes Limited on 17 June 2010. The products are available as prescription-only medicines (POM) for the treatment of major depressive episodes.

The active ingredient, moclobemide, is an antidepressive agent affecting the monoaminergic cerebral neurotransmitting system by a reversible inhibition of the monoamine oxidase, mainly type A (Reversible MAOI).

The applications were submitted as simple abridged applications according to Article 10c (formerly Article 10.1(a)(i)) of Directive 2001/83/EC, cross-referring to Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1), approved on 04 February 2003 to the marketing authorisation holder Tillomed Laboratories Limited.

No new data were submitted nor were they necessary for these simple applications, as the data are identical to those of the previously granted cross-reference products. As the cross-reference products were granted prior to the introduction of current legislation, no PARs were generated for them.
PHARMACEUTICAL ASSESSMENT

LICENCE NO: PL 32019/0044-5
PROPRIETARY NAME: Moclobemide 150mg and 300mg Film-Coated Tablets
ACTIVE(S): Moclobemide
COMPANY NAME: Roger Oakes Limited
LEGAL STATUS: POM

1. INTRODUCTION
These are simple, piggyback applications for Moclobemide 150mg and 300mg Film-Coated Tablets submitted under Article 10c (formerly Article 10.1(a)(i)) of Directive 2001/83/EC. The proposed MA holder is Roger Oakes Limited, Allstoe House, Church Lane, Greetham, Oakham, LE15 7NF.

The applications cross-refer to Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1), approved on 04 February 2003 to the marketing authorisation holder Tillomed Laboratories Limited.

The current applications are considered valid.

2. MARKETING AUTHORISATION APPLICATION FORM

2.1 Name(s)
The proposed names of the products are Moclobemide 150mg and 300mg Film-Coated Tablets. The products have been named in line with current requirements.

2.2 Strength, pharmaceutical form, route of administration, container and pack sizes
The products contain 150mg or 300mg moclobemide. They are to be stored in polyvinyl chloride/aluminium blister strips in pack sizes of:
- 150mg strength: 20, 28, 30, 50, 60, 84 and 100 film-coated tablets.
- 300mg strength: 20, 30, 50, 60 and 100 film-coated tablets.

Not all pack sizes may be marketed. However, the marketing authorisation holder has committed to submitting mock-ups of the packaging for any pack size to the relevant regulatory authorities for approval before marketing.

The proposed shelf-life (3 years) with no special storage conditions are consistent with the details registered for the cross-reference products.

2.3 Legal status
On approval, the products will be available as prescription-only medicines (POM).

2.4 Marketing authorisation holder/Contact Persons/Company
Roger Oakes Limited, Allstoe House, Church Lane, Greetham, Oakham, LE15 7NF.

The QP responsible for pharmacovigilance is stated.

2.5 Manufacturers
The proposed manufacturing sites are consistent with those registered for the cross-reference products and evidence of GMP compliance has been provided.
2.6 Qualitative and quantitative composition
The proposed compositions are consistent with the details registered for the cross-reference products.

2.7 Manufacturing process
The proposed manufacturing process is consistent with the details registered for the cross-reference products and the maximum batch size is stated.

2.8 Finished product/shelf-life specification
The proposed finished product specifications are in line with the details registered for the cross-reference products.

2.9 Drug substance specification
The proposed drug substance specification is consistent with the details registered for the cross-reference products.

2.10 TSE Compliance
No materials of animal or human origin are included in the product. This is consistent with the cross reference product.

3. EXPERT REPORTS
A pharmaceutical expert report has been written by a suitably qualified person and is satisfactory.

4. PRODUCT NAME & APPEARANCE
See 2.1 for details of the proposed product names. The appearance of the products is identical to the cross-reference products.

5. SUMMARY OF PRODUCT CHARACTERISTICS (SPC)
The proposed SPCs are consistent with the details registered for the cross-reference products.

6. PATIENT INFORMATION LEAFLET (PIL)/CARTON
PIL
The patient information leaflet has been prepared in-line with the details registered for the cross-reference products.

Carton and blister
The proposed artwork is comparable to the artwork registered for the cross-reference products and complies with statutory requirements. In line with current legislation, the applicant has also included the name of the product in Braille on the outer packaging and has included sufficient space for a standard UK pharmacy dispensing label.

7. CONCLUSIONS
The data submitted with the applications are acceptable. The grant of Marketing Authorisations is recommended.
PRECLINICAL ASSESSMENT

As these applications are identical to the reference products Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1), no new preclinical data have been supplied with these applications and none are required. A preclinical expert report has been written by a suitably qualified person and is satisfactory.

The marketing authorisation holder has provided adequate justification for not submitting an Environment Risk Assessment (ERA). As these applications are identical to an already authorised reference product, it is not expected that the environmental exposure to methadone hydrochloride will increase following the marketing approval of the proposed product.
**CLINICAL ASSESSMENT**

As these applications are identical to the reference products Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1), no new clinical data have been supplied with these applications and none are required.

The marketing authorisation holder (MAH) has provided adequate justification for not submitting a Risk Management Plan (RMP). As these applications are identical to an already authorised reference product, for which safety concerns requiring additional risk minimisation have not been identified, a risk minimisation system is not considered necessary. The reference product has been in use for many years and the safety profile of the active is well-established.

The MAH has provided a suitable pharmacovigilance system that fulfils the requirements and provides adequate evidence that the MAH has the services of a qualified person responsible for pharmacovigilance and has the necessary means for the notification of any adverse reaction suspected of occurring either in the Community or in a third country.
OVERALL CONCLUSION AND RISK BENEFIT ASSESSMENT

QUALITY
The data for these applications are consistent with those previously assessed for the cross-reference products and as such have been judged to be satisfactory.

PRECLINICAL
No new preclinical data were submitted and none are required for applications of this type.

EFFICACY
These applications are identical to previously granted applications for Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1).

No new or unexpected safety concerns arise from these applications.

PRODUCT LITERATURE
The SPC, PIL and labelling are satisfactory and consistent with those for the cross-reference products.

PIL user-testing has been accepted based on a bridging report provided by the applicant making reference to the successful user-testing of the PIL for the cross-referenced products Moclobemide 150mg and 300mg Tablets (PL 11311/0180-1). The results indicate that the PIL for the cross-referenced products is well-structured and organised, easy to understand and written in a comprehensive manner. The test shows that the patients/users are able to act upon the information that it contains. The visual presentation and textual content of the daughter PIL (Moclobemide 150mg and 300mg Film-Coated Tablets) is comparable to that of the parent PIL for the cross-referenced products and the key safety messages have been considered. The bridging report is accepted.

Colour mock-ups of the labelling have been provided and are satisfactory. The approved labelling artwork complies with statutory requirements. The name of the product in Braille appears on the outer packaging.

RISK BENEFIT ASSESSMENT
The quality of the products is acceptable and no new preclinical or clinical safety concerns have been identified. The applicant’s products are identical to the cross-reference products. Extensive clinical experience with moclobemide is considered to have demonstrated the therapeutic value of the compound. The risk-benefit is, therefore, considered to be positive.
### STEPS TAKEN FOR ASSESSMENT

<table>
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<tr>
<td>1</td>
<td>The MHRA received the marketing authorisation applications on 28/01/2008.</td>
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<tr>
<td>2</td>
<td>Following standard checks and communication with the applicant the MHRA considered the applications valid on 06/02/2008.</td>
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<td>3</td>
<td>Following assessment of the application the MHRA requested further information on 12/03/2009.</td>
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<td>4</td>
<td>The applicant responded to the MHRA’s requests, providing further information on 12/04/2010.</td>
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<td>The applications were determined on 17/06/2010</td>
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### STEPS TAKEN AFTER ASSESSMENT

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<td>PIU combination label/leaflet</td>
<td>User-testing of leaflet to meet compliance with Article 59</td>
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SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
Moclobemide 150 mg film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Moclobemide 150 mg:
Each tablet contains 150 mg moclobemide.

Excipients:
Moclobemide 150 mg: 179 mg lactose/film-coated tablet

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM
Film-coated tablet

Moclobemide 150 mg film-coated tablets
Beige, oblong film-coated tablet with score notch on both sides
The tablet can be divided into equal halves.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications
Moclobemide is indicated for the treatment of major depressive episodes

4.2 Posology and method of administration
Adults: Initial usual dose 300 mg, administered in divided doses after meals. The tablets are for oral administration and should be taken with fluid.

If necessary, the daily dose can be increased to 600 mg per day. However, the dose should not be increased during the 1st week of treatment, because the bioavailability increases during this time and a clinical effect may not be seen for 1-3 weeks. In individual cases, the therapeutic dose can be gradually reduced to 150 mg per day, depending on effect.

Duration of treatment:
Treatment with moclobemide should be continued for at least 4-6 weeks to be able to judge the efficacy of moclobemide. Treatment with moclobemide should preferably be continued for a symptom free period of 4-6 months. Then treatment can be gradually tapered off.

Antidepressants, particularly MAOIs, should be withdrawn gradually to reduce the risk of withdrawal symptoms.

Elderly:
No special dose adjustment is required

Children and adolescents under the age of 18:
In view of the lack of clinical data available, moclobemide is not recommended for use in children and adolescents under the age of 18.

Renal/hepatic impairment:
Patients with reduced renal function do not require a special dose adjustment. In patients with impaired hepatic function, the daily dose of moclobemide should be reduced to a half or one third.
4.3 Contraindications
- Hypersensitivity to moclobemide or to any of the excipients.
- Acute confusion.
- Patients with phaeochromocytoma.
- Children and adolescents under the age of 18.
- Concomitant treatment with selegeline, 5-HT re-uptake inhibitors or other antidepressants (including tricyclic antidepressants) (see 4.5).
- Co-administration with dextromethorphan, pethidine, tramadol and triptans (see 4.5.).

4.4 Special warnings and precautions for use

Suicide/Suicidal thoughts or clinical worsening
Depression is associated with an increased risk of suicidal thoughts, self harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. A meta-analysis of placebo-controlled clinical trials of antidepressant drugs in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old.

Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

Depressive patients with excitation or agitation as the predominant clinical symptoms should either not be treated with moclobemide or only in combination with a sedative for not more than 2-3 weeks. If a depressive episode is treated in bipolar disorders, manic episodes may be provoked, in such cases treatment with moclobemide should be stopped.

Patients with schizophrenia or schizoaffective disorders should not be treated with moclobemide without concomitant neuroleptic medication.

As a few patients may be especially sensitive to tyramine, all patients should be advised to avoid the consumption of large amounts of tyramine rich food (e.g. mature cheese or red wine).

Concomitant ingestion of alcohol should be avoided, as with any psychotropic medication.

Patients with hypertension should be closely monitored when being treated with moclobemide. Theoretical considerations indicate that MAO inhibitors may also provoke a hypertensive reaction in patients with thyreotoxicosis. Since there is a lack of experience in this patient group, caution should be exercised before prescribing moclobemide.

Patients should be advised to avoid sympathomimetic agents, such as ephedrine, pseudoephedrine and phenylpropanolamine (contained in many proprietary cough medicinal products).

Patients should also be advised that if they require surgery they should inform the anaesthesiologist that they take moclobemide. In patients receiving moclobemide, caution should be exercised when co administering active substances that enhance serotonin in order to prevent precipitation of serotonergic syndrome, which may be fatal. This is particularly true for tricyclic antidepressants (e.g. clomipramine), selective serotonin (5-HT) re-uptake inhibitors (SSRI), other antidepressants or amphetamines (see section 4.3 and 4.5). A wash-out period is required between SSRIs and moclobemide therapy (see 4.5.).
Caution should be exercised in patients with congenital long QT syndrome or with a history of cardiac disorders (including disturbances of conduction, arrhythmia). Concomitant administration of QT prolonging medicinal products should be avoided.

These products contain lactose, therefore they should not be administered to patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption.

In the case of liver dysfunction, the dose should be reduced (see 4.2).

4.5 Interaction with other medicinal products and other forms of interaction

Moclobemide potentiates the effects of opiates such as pethidine, dextromethorphan and tramadol (see 4.3.). The combination of moclobemide with these opiates is contraindicated due to the risk of onset of a serotonin syndrome.

Isolated cases of serotonin syndrome with severe central nervous system adverse reactions have been reported after co-administration with dextromethorphan. Since proprietary cough and cold medicinal products may contain dextromethorphan, they should not be taken without prior consultation with a physician and alternatives not containing dextromethorphan should be given.

Morphine, fentanyl and codeine should be used with caution. An adjustment of the dose may therefore be necessary for these medicinal products.

Concurrent administration of triptans (except Naratriptan) and moclobemide is contraindicated due to the risk of hypertension or coronary artery vasoconstriction caused by combined serotonergic effects (see 4.3.).

Cimetidine inhibits the metabolism of moclobemide. The normal dose of moclobemide should therefore be reduced to half or a third in patients who are taking cimetidine.

The concomitant use of moclobemide and tricyclic antidepressants (e.g. clomipramine), SSRI antidepressants (e.g. fluoxetine and fluvoxamine) or other antidepressants is contraindicated. The combination treatment can cause the development of serotonin syndrome eventually leading to death. Symptoms are: a rise in temperature, confusion, rigidity, irritability, tachycardia, rise in blood pressure, and tremors (see 4.3. and 4.4). Switching from another antidepressant agent to moclobemide: a wash-out period is recommended depending on the half-life of the antidepressant agent. Due to the generally long half-lives of SSRIs, a wash-out period of 4-5 half-lives of the active substance or any active metabolite is recommended after stopping treatment with the SSRI and starting treatment with moclobemide. The starting dose of moclobemide should not exceed 300 mg daily during the first week. However treatment with tricyclics, MAOIs or other antidepressants can be initiated without a wash-out period provided the patient is monitored. Should symptoms of serotonin syndrome occur, the patient should be closely observed by a physician (and if necessary hospitalised) and appropriate treatment given.

The pharmacological effect of systemically administered sympathomimetics (epinephrine and norepinephrine) may be potentiated and prolonged during treatment with moclobemide, a dosage adjustment may therefore be necessary for these active substances.

Combination treatment with selegiline is contraindicated (see 4.3).

At the present time, there is no experience of concomitant administration of moclobemide and buspirone in humans. However, cases of hypertensive crisis have been reported when other MAOIs were administered simultaneously with buspirone, therefore concurrent administration of buspirone and moclobemide is not recommended.

The combination with millepertuis (Saint John’s Wort) may increase the risk of onset of a serotonin syndrome. A regular clinical monitoring is therefore recommended when moclobemide is concomitantly used.
The combination with other medicinal products that are known to prolong the QT interval should be avoided. Moclobemide should not be given with class Ia and III anti-arrhythmics, cisapride, macrolide antibiotics, anti-histaminics, medicinal products, known to cause hypokalemia (e.g. certain diuretics) or can inhibit the hepatic degradation of moclobemide (e.g. cimetidine, fluoxetine).

4.6 Pregnancy and lactation
There are no adequate data from the use of moclobemide in pregnant women. Animal studies do not indicate reproductive toxicity. However caution should be exercised when prescribing moclobemide during pregnancy.

Since only a small amount of moclobemide passes into breast milk (approx. 1/30 of the dose administered to the mother, corrected for bodyweight), the benefits of continued treatment during nursing should be carefully weighed against possible risks to the child.

4.7 Effects on ability to drive and use machines
No studies on the effect on the ability to drive and use machines have been performed.

Impairment of performance in activities requiring complete mental alertness (e.g. driving a motor vehicle) is generally not to be expected with moclobemide taking into consideration the adverse events profile. The reaction of the individual should however be monitored, especially during early treatment.

4.8 Undesirable effects
The undesirable effects observed during treatment with moclobemide are observed mainly during the first few weeks of treatment and regress subsequently, concomitantly with improvement of the depressive episode. This is particularly so for some of the undesirable effects that are related to the very nature of the depressive illness such as feelings of anxiety, agitation or irritability, mood switch with mania or delirium.

Frequency in compliance with MedDRA-convention:
Very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1000 to < 1/100); rare (≥ 1/10000 to < 1/1000); very rare (< 1/10000), not known (cannot be estimated from the available data).

Cardiac disorders
Moclobemide can cause QT interval prolongation. QT prolongation can lead to a torsade de pointes-type ventricular arrhythmia.

Blood and lymphatic system disorders
Very rare: oedema

Nervous system disorders
Common: headache, sleep disturbances, dizziness
Very rare: paraesthesia

Eye disorders
Very rare: visual disturbances

Gastrointestinal disorders
Common: nausea, dry mouth
Very rare: gastrointestinal disturbances (e.g. diarrhoea, constipation, vomiting)

Skin and subcutaneous tissue disorders
Uncommon: skin reactions including rash, pruritus, urticaria and flushing

Hepatobiliary disorders
In clinical trials, there was a low incidence of raised liver enzymes without associated clinical sequel.

Reproductive system and breast disorders
Very rare: galactorrhea
Psychiatric disorders

*Uncommon:* feelings of anxiety, agitation or irritability

*Frequency not known:* Cases of suicidal ideation and suicidal behaviours have been reported during moclobemide therapy or early after treatment discontinuation (see section 4.4).

Confusion which disappeared quickly after discontinuation of treatment and restlessness have been reported.

4.9 Overdose

Experience of overdose in humans is so far limited. Signs of agitation, aggressiveness, and behavioural changes have been observed. Although moclobemide alone, even in high doses, seldom leads to fatal reactions, death due to overdose of moclobemide as the only drug has been reported. Treatment of overdose should be aimed primarily at maintenance of the vital functions. As with other antidepressants, mixed overdoses of moclobemide with other active substances (e.g. other CNS-acting active substances) could be life threatening.

Moclobemide prolongs the QT and QTc intervals in overdose and a 12-lead ECG should be done in the case of moclobemide overdose.

Therefore, patients should be hospitalised and closely monitored so that appropriate treatment may be given.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antidepressant

ATC code: N06 AG 02

Moclobemide is an antidepressant that acts on the monoaminergic cerebral neurotransmitter system by reversibly inhibiting monoamine oxidase, primarily type A (RIMA). The metabolism of noradrenaline, dopamine and serotonin is thereby reduced, resulting in increased extracellular concentrations of these neurotransmitters.

5.2 Pharmacokinetic properties

After oral administration, moclobemide is absorbed completely from the gastrointestinal tract into the portal vein. A first-pass effect in the liver reduces the systemically available dose fraction (bioavailability F). This reduction is more pronounced after a single dose (F: 60%) than after multiple doses (F: 80%). Due to its lipophilic properties, moclobemide is distributed in the body with a volume of distribution (Vss) of approx. 1.2 l/kg. Binding to plasma proteins, mainly albumin, is relatively low (50%). Peak plasma concentrations are reached within 1 hour after administration. After multiple doses, the plasma concentrations of moclobemide increase over the first week of therapy, and thereafter remain stable. When the daily dose is increased, the increase in steady-state concentrations is more than proportional.

Moclobemide is almost entirely metabolised before it is eliminated: less than 1% of a dose is excreted unchanged via the kidneys. Metabolism occurs mainly via oxidative reactions in the morpholine part of the molecule. The metabolites formed are excreted renally. Degradation products with pharmacological activity in vitro or in animal studies occur only in very low concentrations in humans.

Plasma clearance is approximately 20-50 l/hour, and the elimination half-life is 1 - 4 hours, this increases with higher doses due to saturation of the metabolic pathways.

Approximately 2% of the Caucasian population and 15% of the Asian population have been shown to be slow metabolisers with respect to oxidative hepatic metabolism via the cytochrome P450 2C19 isozyme. The maximum plasma concentration (Cmax) and the area under the concentration time curve (AUC) have been found to be approximately 1.5 times greater in slow metabolisers compared with extensive metabolisers for the same dose of moclobemide.
5.3 Preclinical safety data
Preclinical data, based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction indicate there are no special hazards for humans associated with moclobemide.

6 PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Moclobemide 150 mg:
Copovidone
Lactose monohydrate
Magnesium stearate (Ph.Eur.)
Maize starch
Microcrystalline cellulose
Sodium starch glycollate (type A) (Ph.Eur.)
Silica colloidal anhydrous.

Coating:
Lactose monohydrate
Hyromellose
Macrogol 4000
Titanium dioxide (E171)
Ferric oxide yellow (E172)

Moclobemide 300 mg:
Povidone
Lactose monohydrate
Magnesium stearate (Ph.Eur.)
Maize starch
Microcrystalline cellulose
Sodium starch glycollate (type A) (Ph.Eur.)
Silica colloidal anhydrous.

Coating:
Lactose monohydrate
Hyromellose
Macrogol 4000
Titanium dioxide (E171).

6.2 Incompatibilities
Not applicable

6.3 Shelf life
3 years

6.4 Special precautions for storage
No special precautions for storage

6.5 Nature and contents of container
PVC/alu blister
Packsizes:
150 mg: 20, 28, 30, 50, 60, 84, 100 film-coated tablets (For hospital use: 100 film-coated tablets)

Not all pack sizes may be marketed.

6.6 Special precautions for disposal
No special requirements

7 MARKETING AUTHORISATION HOLDER
Roger Oakes Limited
Allstoe House
Church Lane
Greetham
Oakham LE15 7NF
United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)
150mg: PL 32019/0044

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
17/06/2010

10 DATE OF REVISION OF THE TEXT
17/06/2010
1 NAME OF THE MEDICINAL PRODUCT
Moclobemide 300 mg film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Moclobemide 300 mg:
Each tablet contains 300 mg moclobemide.

Excipients:
Moclobemide 300 mg: 36 mg lactose/film-coated tablet

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM
Film-coated tablet

Moclobemide 300 mg film-coated tablets
White, oblong film-coated tablet with score notch on both sides
The tablet can be divided into equal halves.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications
Moclobemide is indicated for the treatment of major depressive episodes

4.2 Posology and method of administration
Adults: Initial usual dose 300 mg, administered in divided doses after meals. The tablets are for oral administration and should be taken with fluid.

If necessary, the daily dose can be increased to 600 mg per day. However, the dose should not be increased during the 1st week of treatment, because the bioavailability increases during this time and a clinical effect may not be seen for 1-3 weeks. In individual cases, the therapeutic dose can be gradually reduced to 150 mg per day, depending on effect.

Duration of treatment:
Treatment with moclobemide should be continued for at least 4-6 weeks to be able to judge the efficacy of moclobemide. Treatment with moclobemide should preferably be continued for a symptom free period of 4-6 months. Then treatment can be gradually tapered off.

Antidepressants, particularly MAOIs, should be withdrawn gradually to reduce the risk of withdrawal symptoms.

Elderly:
No special dose adjustment is required

Children and adolescents under the age of 18:
In view of the lack of clinical data available, moclobemide is not recommended for use in children and adolescents under the age of 18.

Renal/hepatic impairment:
Patients with reduced renal function do not require a special dose adjustment. In patients with impaired hepatic function, the daily dose of moclobemide should be reduced to a half or one third.

4.3 Contraindications
- Hypersensitivity to moclobemide or to any of the excipients.
- Acute confusion.
- Patients with phaeochromocytoma.
- Children and adolescents under the age of 18.
- Concomitant treatment with selegeline, 5-HT re-uptake inhibitors or other antidepressants (including tricyclic antidepressants) (see 4.5).
- Co-administration with dextromethorphan, pethidine, tramadol and triptans (see 4.5).
### 4.4 Special warnings and precautions for use

**Suicide/Suicidal thoughts or clinical worsening**

Depression is associated with an increased risk of suicidal thoughts, self harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. A meta-analysis of placebo-controlled clinical trials of antidepressant drugs in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old.

Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

Depressive patients with excitation or agitation as the predominant clinical symptoms should either not be treated with moclobemide or only in combination with a sedative for not more than 2-3 weeks. If a depressive episode is treated in bipolar disorders, manic episodes may be provoked, in such cases treatment with moclobemide should be stopped.

Patients with schizophrenia or schizoaffective disorders should not be treated with moclobemide without concomitant neuroleptic medication.

As a few patients may be especially sensitive to tyramine, all patients should be advised to avoid the consumption of large amounts of tyramine rich food (e.g. mature cheese or red wine).

Concomitant ingestion of alcohol should be avoided, as with any psychotropic medication.

Patients with hypertension should be closely monitored when being treated with moclobemide. Theoretical considerations indicate that MAO inhibitors may also provoke a hypertensive reaction in patients with thyreotoxicosis. Since there is a lack of experience in this patient group, caution should be exercised before prescribing moclobemide.

Patients should be advised to avoid sympathomimetic agents, such as ephedrine, pseudoephedrine and phenylpropanolamine (contained in many proprietary cough medicinal products).

Patients should also be advised that if they require surgery they should inform the anaesthesiologist that they take moclobemide. In patients receiving moclobemide, caution should be exercised when co-administering active substances that enhance serotonin in order to prevent precipitation of serotonergic syndrome, which may be fatal. This is particularly true for tricyclic antidepressants (e.g. clomipramine), selective serotonin (5-HT) re-uptake inhibitors (SSRI), other antidepressants or amphetamines (see section 4.3 and 4.5). A wash-out period is required between SSRIs and moclobemide therapy (see 4.5.).

Caution should be exercised in patients with congenital long QT syndrome or with a history of cardiac disorders (including disturbances of conduction, arrhythmia). Concomitant administration of QT prolonging medicinal products should be avoided.

These products contain lactose, therefore they should not be administered to patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption.

In the case of liver dysfunction, the dose should be reduced (see 4.2).
4.5 Interaction with other medicinal products and other forms of interaction

Moclobemide potentiates the effects of opiates such as pethidine, dextromethorphan and tramadol (see 4.3.). The combination of moclobemide with these opiates is contraindicated due to the risk of onset of a serotonin syndrome. Isolated cases of serotonin syndrome with severe central nervous system adverse reactions have been reported after co-administration with dextromethorphan. Since proprietary cough and cold medicinal products may contain dextromethorphan, they should not be taken without prior consultation with a physician and alternatives not containing dextromethorphan should be given.

Morphine, fentanyl and codeine should be used with caution. An adjustment of the dose may therefore be necessary for these medicinal products.

Concurrent administration of triptans (except Naratriptan) and moclobemide is contraindicated due to the risk of hypertension or coronary artery vasoconstriction caused by combined serotonergic effects (see 4.3.).

Cimetidine inhibits the metabolism of moclobemide. The normal dose of moclobemide should therefore be reduced to half or a third in patients who are taking cimetidine.

The concomitant use of moclobemide and tricyclic antidepressants (e.g. clomipramine), SSRI antidepressants (e.g. fluoxetine and fluvoxamine) or other antidepressants is contraindicated. The combination treatment can cause the development of serotonin syndrome eventually leading to death. Symptoms are: a rise in temperature, confusion, rigidity, irritability, tachycardia, rise in blood pressure, and tremors (see 4.3. and 4.4). Switching from another antidepressant agent to moclobemide: a wash-out period is recommended depending on the half-life of the antidepressant agent. Due to the generally long half-lives of SSRIs, a wash-out period of 4-5 half-lives of the active substance or any active metabolite is recommended after stopping treatment with the SSRI and starting treatment with moclobemide. The starting dose of moclobemide should not exceed 300 mg daily during the first week. However treatment with tricyclics, MAOIs or other antidepressants can be initiated without a wash-out period provided the patient is monitored. Should symptoms of serotonin syndrome occur, the patient should be closely observed by a physician (and if necessary hospitalised) and appropriate treatment given.

The pharmacological effect of systemically administered sympathomimetics (epinephrine and norepinephrine) may be potentiated and prolonged during treatment with moclobemide, a dosage adjustment may therefore be necessary for these active substances.

Combination treatment with selegiline is contraindicated (see 4.3).

At the present time, there is no experience of concomitant administration of moclobemide and buspirone in humans. However, cases of hypertensive crisis have been reported when other MAOIs were administered simultaneously with buspirone, therefore concurrent administration of buspirone and moclobemide is not recommended.

The combination with millepertuis (Saint John’s Wort) may increase the risk of onset of a serotonin syndrome. A regular clinical monitoring is therefore recommended when moclobemide is concomitantly used.

The combination with other medicinal products that are known to prolong the QT interval should be avoided. Moclobemide should not be given with class Ia and III anti-arrhythmics, cisapride, macrolide antibiotics, anti-histaminics, medicinal products, known to cause hypokalemia (e.g. certain diuretics) or can inhibit the hepatic degradation of moclobemide (e.g. cimetidine, fluoxetine).

4.6 Pregnancy and lactation

There are no adequate data from the use of moclobemide in pregnant women. Animal studies do not indicate reproductive toxicity. However caution should be exercised when prescribing moclobemide during pregnancy.
Since only a small amount of moclobemide passes into breast milk (approx. 1/30 of the dose administered to the mother, corrected for bodyweight), the benefits of continued treatment during nursing should be carefully weighed against possible risks to the child.

4.7 Effects on ability to drive and use machines
No studies on the effect on the ability to drive and use machines have been performed.

Impairment of performance in activities requiring complete mental alertness (e.g. driving a motor vehicle) is generally not to be expected with moclobemide taking into consideration the adverse events profile. The reaction of the individual should however be monitored, especially during early treatment.

4.8 Undesirable effects
The undesirable effects observed during treatment with moclobemide are observed mainly during the first few weeks of treatment and regress subsequently, concomitantly with improvement of the depressive episode. This is particularly so for some of the undesirable effects that are related to the very nature of the depressive illness such as feelings of anxiety, agitation or irritability, mood switch with mania or delirium.

**Frequency in compliance with MedDRA-convention:**
Very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1000 to < 1/100); rare (≥ 1/10000 to < 1/1000); very rare (< 1/10000), not known (cannot be estimated from the available data).

**Cardiac disorders**
Moclobemide can cause QT interval prolongation. QT prolongation can lead to a torsade de pointes-type ventricular arrhythmia.

**Blood and lymphatic system disorders**

- **Very rare:** oedema

**Nervous system disorders**

- **Common:** headache, sleep disturbances, dizziness
- **Very rare:** paraesthesia

**Eye disorders**

- **Very rare:** visual disturbances

**Gastrointestinal disorders**

- **Common:** nausea, dry mouth
- **Very rare:** gastrointestinal disturbances (e.g. diarrhoea, constipation, vomiting)

**Skin and subcutaneous tissue disorders**

- **Uncommon:** skin reactions including rash, pruritus, urticaria and flushing

**Hepatobiliary disorders**

In clinical trials, there was a low incidence of raised liver enzymes without associated clinical sequel.

**Reproductive system and breast disorders**

- **Very rare:** galactorrhea

**Psychiatric disorders**

- **Uncommon:** feelings of anxiety, agitation or irritability
- **Frequency not known:** Cases of suicidal ideation and suicidal behaviours have been reported during moclobemide therapy or early after treatment discontinuation (see section 4.4).

Confusion which disappeared quickly after discontinuation of treatment and restlessness have been reported.
4.9 Overdose
Experience of overdose in humans is so far limited. Signs of agitation, aggressiveness, and behavioural changes have been observed. Although moclobemide alone, even in high doses, seldom leads to fatal reactions, death due to overdose of moclobemide as the only drug has been reported. Treatment of overdose should be aimed primarily at maintenance of the vital functions. As with other antidepressants, mixed overdoses of moclobemide with other active substances (e.g. other CNS-acting active substances) could be life threatening. Moclobemide prolongs the QT and QTc intervals in overdose and a 12-lead ECG should be done in the case of moclobemide overdose. Therefore, patients should be hospitalised and closely monitored so that appropriate treatment may be given.

5 PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Antidepressant
ATC code: N06 AG 02

Moclobemide is an antidepressant that acts on the monoaminergic cerebral neurotransmitter system by reversibly inhibiting monoamine oxidase, primarily type A (RIMA). The metabolism of noradrenaline, dopamine and serotonin is thereby reduced, resulting in increased extracellular concentrations of these neurotransmitters.

5.2 Pharmacokinetic properties
After oral administration, moclobemide is absorbed completely from the gastrointestinal tract into the portal vein. A first-pass effect in the liver reduces the systemically available dose fraction (bioavailability F). This reduction is more pronounced after a single dose (F: 60%) than after multiple doses (F: 80%). Due to its lipophilic properties, moclobemide is distributed in the body with a volume of distribution (Vss) of approx. 1.2 l/kg. Binding to plasma proteins, mainly albumin, is relatively low (50%). Peak plasma concentrations are reached within 1 hour after administration. After multiple doses, the plasma concentrations of moclobemide increase over the first week of therapy, and thereafter remain stable. When the daily dose is increased, the increase in steady-state concentrations is more than proportional.

Moclobemide is almost entirely metabolised before it is eliminated: less than 1% of a dose is excreted unchanged via the kidneys. Metabolism occurs mainly via oxidative reactions in the morpholine part of the molecule. The metabolites formed are excreted renally. Degradation products with pharmacological activity in vitro or in animal studies occur only in very low concentrations in humans.

Plasma clearance is approximately 20-50 l/hour, and the elimination half-life is 1 - 4 hours, this increases with higher doses due to saturation of the metabolic pathways.

Approximately 2% of the Caucasian population and 15% of the Asian population have been shown to be slow metabolisers with respect to oxidative hepatic metabolism via the cytochrome P450 2C19 isozyme. The maximum plasma concentration (Cmax) and the area under the concentration time curve (AUC) have been found to be approximately 1.5 times greater in slow metabolisers compared with extensive metabolisers for the same dose of moclobemide.

5.3 Preclinical safety data
Preclinical data, based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction indicate there are no special hazards for humans associated with moclobemide.

6 PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Moclobemide 150 mg:
Copovidone
Lactose monohydrate
Magnesium stearate (Ph.Eur.)
Maize starch
Microcrystalline cellulose
Sodium starch glycollate (type A) (Ph.Eur.)
Silica colloidal anhydrous.

Coating:
Lactose monohydrate
Hypromellose
Macrogol 4000
Titanium dioxide (E171)
Ferric oxide yellow (E172)

**Moclobemide 300 mg:**
Povidone
Lactose monohydrate
Magnesium stearate (Ph.Eur.)
Maize starch
Microcrystalline cellulose
Sodium starch glycollate (type A) (Ph.Eur.)
Silica colloidal anhydrous.

Coating:
Lactose monohydrate
Hypromellose
Macrogol 4000
Titanium dioxide (E171).

6.2 **Incompatibilities**
Not applicable

6.3 **Shelf life**
3 years

6.4 **Special precautions for storage**
No special precautions for storage

6.5 **Nature and contents of container**
PVC/alu blister
Packsizes:
300 mg: 20, 30, 50, 60, 100 film-coated tablets (For hospital use only: 50 film-coated tablets)
Not all pack sizes may be marketed.

6.6 **Special precautions for disposal**
No special requirements

7 **MARKETING AUTHORISATION HOLDER**
Roger Oakes Limited
Allstoe House
Church Lane
Greetham
Oakham LE15 7NF
United Kingdom

8 **MARKETING AUTHORISATION NUMBER(S)**
300mg: PL 32019/0045

9 **DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**
17/06/2010

10 **DATE OF REVISION OF THE TEXT**
17/06/2010
PATIENT INFORMATION LEAFLET

Moclubemide 150mg film-coated tablets
Moclubemide 300mg film-coated tablets
(moclubemide)

Please read this entire leaflet carefully before you start taking this medicine.
- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor or your pharmacist.
- This medicine has been prescribed for you personally and you should not pass it on to others. It may harm
  them, even if their symptoms are the same as yours.
- These tablets are for oral administration.

In this leaflet:
1 What Moclubemide is and what it is used for
2 Before you take Moclubemide Tablets
3 How to take Moclubemide Tablets
4 Possible side effects
5 How to store Moclubemide
6 Further Information

1 What Moclubemide is and what it is used for

Moclubemide belongs to a group of medicines called antidepressants. Moclubemide is used to treat major
depressive episodes.

It is a reversible inhibitor of monoamine oxidase A (RIMA), a type of monoamine oxidase inhibitor (MAO)
that works by increasing the levels of important chemical messengers in your brain. This increase can help your depression.

2 Before you take Moclubemide

Do not take Moclubemide
- If you are allergic (hypersensitive) to moclubemide or any of the other ingredients of this medicine
  (See section 6 'Other ingredients')
- If you have sudden attacks of feeling confused
- If you have a special hormone producing tumour of the adrenal glands (phaeochromocytoma)
- If you are taking the following medicines:
  - selegiline, for Parkinson's Disease
  - any other antidepressants including selective
    serotonin reuptake inhibitors (SSRIs) and tricyclic
    antidepressants
  - dextromethorphan (cough and cold medicines may
    contain this substance)
  - pethidine or tramadol, for pain relief
  - triptans (except naratriptan), used to treat migraines
Children and adolescents under the age of 18 must
not take Moclubemide

Take special care with Moclubemide
Before treatment with Moclubemide, please tell your doctor.
- If you have high blood pressure (hypertension). You should be closely monitored
- If you have heart problems or a genetic heart
  condition known as long QT syndrome
- If you have a mental disorder characterised by seeing,
  hearing or believing things that are not real or true
  (schizophrenia) or you have schizophrenia and
  mood disorders (schizophrenic disorders)
- If you have a bipolar disorder and you are being
  treated for a depressive episode
- If you have an over active thyroid gland (hyperthyroidism)
- If you have liver problems. Your doctor may reduce
  the dose of Moclubemide
- If you have depression and your main symptom is
  feeling excited or agitated. Your doctor will decide
  either not to treat you with Moclubemide or only in
  combination with a sedative for no longer than 2-3
  weeks

3 How to take Moclubemide Tablets

Moclubemide tablets should be swallowed with water.

4 Possible side effects

Do not take Moclubemide with the following medicines
- Other antidepressants including tricyclic
  antidepressants (e.g. clomipramine) and SSRIs
  antidepressants (e.g. fluoxetine and fluvoxamine).
  If you switch from SSRIs antidepressants to
  Moclubemide, it is recommended that you have a
  drug free interval (wash-out period) before starting
  treatment with Moclubemide
- Opiates such as pethidine and tramadol (for pain
  relief) or dextromethorphan (contained in some
  cough and cold medicines)
- Triptans, (except naratriptan) used to treat migraines

If Moclubemide is taken with the medicines above there
is a risk of developing an adverse drug reaction known
as serotonin syndrome (symptoms are, rise in
temperature, confusion, stiffness, irritability, faster heart
beat, rise in blood pressure and shaking).
- Selegiline, used to treat Parkinson's Disease
- Medicines used to treat abnormal heart rhythms
  (anti-arrhythmics e.g amiodarone)
- Cisapride used to treat heart burn
- Medicines used to treat certain bacteria (macrolide
  antibiotics e.g. clarithromycin).
- Medicines used to treat allergic reactions such as
  hay fever and nettle rash (anti-histamines e.g.
  chlorphenermine)
- Medicines known to cause a low level of
  potassium in the blood (e.g. certain diuretics such as
  hydrochlorothiazide)
- Buspirone, used to relieve anxiety. It may increase
  blood pressure

Moclubemide should be used with caution if taken
with the following medicines
- Cimetidine, used to treat stomach ulcers
- Morphine, fentanyl and codeine (strong painkillers)
- Epinephrine (adrenaline) and noradrenaline.
  (noradrenaline, used in emergency treatment of
  anaphylaxis and heart failure. Also included in
  some local anaesthetics
  The dose of the medicines listed above or Moclubemide
  may need to be adjusted if taken together.
- Herbal remedy St. John's Wort, used to treat
  depression. Regular monitoring is recommended to
  avoid the onset of serotonin syndrome

Taking Moclubemide with food and drink
You should not drink alcohol during treatment with
Moclubemide.

You should also avoid eating large amounts of tyramine
rich foods (e.g. mature cheese or red wine).
If you are to have surgery, it is important that you tell your doctor or anaesthetist that you are taking Moclobemide.

Thoughts of suicide and worsening of your depression or anxiety disorder
If you are depressed and/or have anxiety disorders you can sometimes have thoughts of harming or killing yourself. These may be increased when first starting antidepressants, since these medicines all take time to work, usually about two weeks but sometimes longer.

You may be more likely to think like this:
- If you have previously had thoughts about killing or harming yourself
- If you are a young adult. Information from clinical trials has shown an increased risk of suicidal behaviour in adults aged less than 25 years with psychiatric conditions who were treated with an antidepressant.

If you have thoughts of harming or killing yourself at any time, contact your doctor or go to a hospital straight away. You may find it helpful to tell a close friend or relative that you are depressed or have an anxiety disorder, and ask them to read this leaflet. You might ask them to tell you if they think your depression is getting worse, or if they are worried about changes in your behaviour.

Taking other medicines
Please inform your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

Pregnancy and breast-feeding
Please ask your doctor or pharmacist for advice before taking any medicine.

Pregnancy:
In animal studies, there is no indication that Moclobemide harms the foetus but the safety during human pregnancy is not known. Your doctor will decide whether the benefits of taking Moclobemide during pregnancy outweigh the possible risks for the unborn baby.

Breast-feeding:
Only a small amount of Moclobemide is excreted into breast milk. However, if you are breast-feeding your doctor will decide whether the benefits of continued treatment outweigh the possible risks to the child.

Driving or using machinery
Moclobemide should not affect your ability to drive or operate machinery. However, you should be aware that you may be less alert and your reactions may be slower, especially at the start of treatment. If affected you should talk to your doctor before driving or operating machinery.

Important information about some of the ingredients of Moclobemide
Moclobemide contains lactose. If you have been told by your doctor that you have an intolerance to some sugars contact your doctor before taking this medicine.

continued...
3 How to take Moclobemide

You should always take this medicine as prescribed by your doctor. Read and follow the instructions on the pharmacist’s label. If you are not sure about anything please ask your doctor or pharmacist.

Adults:
The usual dose is 300mg daily, taken as two 150mg tablets or one 300mg tablet per day.
The dose may be increased to 600mg daily, taken as four 150mg tablets or two 300mg tablets per day.
Your doctor should only increase your dose after the first week of treatment.
Your doctor may also decrease your dose to 150mg per day, depending on how it is working for you.

Elderly:
No dose adjustment is necessary.

Children and adolescents under the age of 18:
Children and adolescents under the age of 18 must not take Moclobemide Tablets.

Patients with kidney problems
The dose does not need to be adjusted.

Patients with liver problems
Your doctor will reduce your daily dosage by a half or one third of the normal dose.

Instructions for handling and taking the tablets
- Moclobemide Tablets should be taken orally with a drink of water after meals.

Duration of treatment
Treatment with Moclobemide should be continued for at least 4-6 weeks in order that your doctor can judge the effectiveness of the medicine. Treatment should preferably be continued for a symptom free period of 4-6 months. Your doctor will decide if your treatment can then be reduced or stopped gradually.

If you take more Moclobemide than you should
Contact your doctor immediately or go to the nearest accident and emergency department if you have taken more Moclobemide than you should or someone else takes your medicine by mistake. Take this leaflet and any remaining tablets with you. This is so the doctor knows what you have taken.

If you forget to take Moclobemide
Take your missed dose as soon as you remember. However, if it is nearly time for your next dose, skip the missed dose. Do not take a double dose to make up for the forgotten dose.

If you stop taking Moclobemide
Do not stop taking Moclobemide without consulting your doctor.
Treatment should be stopped gradually to reduce the risk of withdrawal symptoms.

4 Possible side effects

Like most medicines, Moclobemide can cause unwanted side effects, although not everyone gets them.

Tell your doctor immediately if you experience the following:
- Distressing thoughts of harming yourself or committing suicide

Other side effects
Most side effects occur during the first few weeks of treatment, particularly those related to your depressive illness, such as, anxiety, agitation, irritation and mood swings including feeling elated, over-excited (mania) or confused (delirium). These side effects usually go away as your depressive episodes improve.

Other side effects (reported or frequency not known)
- Confusion and restlessness have been reported but disappear when treatment is stopped.
- Irregularity of the electrical activity of the heart (QT interval prolongation)
- In clinical trials there was a low incidence of raised liver enzymes.

If you suffer from any of these or notice any side effects not mentioned in this leaflet, please tell your doctor or pharmacist.

5 How to store Moclobemide

Keep out of the reach and sight of children.

Do not use Moclobemide Tablets after the expiry date, which is stated on the carton after EXP. The expiry date refers to the last day of that month.

Medicines should not be disposed of via waste-water or household waste. If your doctor tells you to stop taking your medicine, ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6 Further Information

Active substance:
Each film-coated tablet contains 150mg or 300mg of the active substance moclobemide.

Other ingredients:
Both tablets contain the following:
lactose monohydrate, magnesium stearate, maize starch, microcrystalline cellulose, sodium starch glycolate, silica colloidal anhydrous, hypromellose, macrogol 4000, titanium dioxide (E171) and ferric oxide yellow (E172)

Moclobemide 150mg film-coated tablets also contain: copovidone and ferric oxide yellow (E172)

Moclobemide 300mg film-coated tablets also contain: povidone

What Moclobemide Tablets look like and contents of the pack:
Moclobemide 150mg film-coated tablets are beige and oblong, with a score on both sides. They are packed in blister packs containing 20, 28, 30, 50, 60, 84 and 100 tablets.

Moclobemide 300mg film-coated tablets are white and oblong, with a score on both sides. They are packed in blister packs containing 20, 30, 50, 60 and 100 tablets.

Not all pack sizes may be marketed.

Marketing Authorisation Holder:
Roger Oakes Ltd
Allsop House
Church Lane
Greetham
Oakham
LE15 7NF
UK

Manufacturer:
Salutus Pharma GmbH,
Otto-Von-Guericke-Allee 1,
39179 Barleben,
Germany.

Product Licence Number:
Moclobemide 150mg Tablets PL 32019/0044
Moclobemide 300mg Tablets PL 32019/0045
Common (affects less than 1 in 10 people):
- Sleep disturbances
- Dizziness
- Headache
- Dry mouth
- Feeling sick (nausea)

Uncommon (affects less than 1 in 100 people):
- Skin reactions including rash, itching, itching rash (nettle rash) and flushing
- Feelings of anxiety, agitation or irritability

Very rare (affects less than 1 in 10,000 people):
- Gastrointestinal disturbances (e.g. diarrhoea, constipation, being sick (vomiting))
- Visual disturbances
- Tingling or numbness in the hands or feet
- Swelling, particularly the hands, feet, due to fluid retention (oedema)
- Secretion of breast milk not associated with childbirth or breast-feeding (galactorrhea)
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