PACKAGE LEAFLET: Information for the patient

PRODEXA T

Tablets – 0.5 mg

(Dexamethasone)

Read all of this leaflet carefully before you start using this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you personally. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any of the side effects, or if you notice side effects that are not mentioned in this leaflet, talk to your doctor or pharmacist.

In this leaflet:

1. WHAT PRODEXA T IS AND WHAT IT IS USED FOR?

Prodexa T contains a synthetic glucocorticoid (hormone of the adrenal glands) with effects on metabolism, electrolyte balance and tissue function.

Prodexa T is indicated in diseases which require a systemic treatment with glucocorticoids. These include, depending on the appearance and severity:

- cerebral edema caused by brain tumor, neurosurgical intervention, brain abscess, bacterial meningitis;
- severe acute asthma attack;
- initial treatment of extensive, severe, acute skin diseases, such as erythroderma, pemphigus vulgaris, acute eczema;

- treatment of rheumatic systemic diseases (rheumatic diseases, which can affect the internal organs) such as systemic lupus erythematosus;
- active rheumatoid arthritis with severe progressive course form, e.g. fast destructively remitting forms and / or with extra-articular manifestations;
- serious infections with toxic conditions (e.g. tuberculosis, typhus; only concomitantly with anti-infective therapy);
- palliative treatment of malignant tumors;
- prophylaxis and treatment of vomiting caused by cytostatic treatment;
- prophylaxis and treatment of post-operative vomiting;
- hormone replacement therapy: at reduced or absent adrenal function (adrenogenital syndrome) in adults.

2. WHAT YOU NEED TO KNOW BEFORE YOU TAKE PRODEXA T?

Do not take Prodexa T, if you are hypersensitive (allergic) to dexamethasone or to any of the excipients of Prodexa T.

Take special care with Prodexa T

Talk to your doctor or pharmacist before taking Prodexa T.

Treatment with glucocorticoids can lead to a sub-function of the adrenal cortex (insufficient endogenous production of glucocorticoids) that can last, depending on the dose and duration of treatment, for several months, and in individual cases, more than one year after discontinuation of glucocorticoids.

If during treatment with glucocorticoids, specific physical stress occurs, such as febrile illnesses, accidents, surgery or birth etc., the doctor or an emergency physician has to be informed about the ongoing treatment.

It may be necessary a temporary increase in the daily dose of Prodexa T. Even with persistent adrenal insufficiency after termination of treatment, the administration of glucocorticoids may be necessary in physical stress. During long-term treatment with Prodexa T your doctor should exhibit a corticoid card, which you should always carry with you.

To avoid a therapy-induced acute adrenal insufficiency, your doctor may make a plan by slow dose reduction with intended withdrawal, which you should follow correctly.

Treatment with Prodexa T may increase the risk of bacterial, viral, parasitic, opportunistic and fungal infections through immunosuppression. The signs of an existing or developing

infection can be obscured and thus make the diagnosis difficult. Latent infections can be reactivated.

Treatment with Prodexa T should only be started if your doctor considers it essential for the following disorders. If necessary, targeted drugs against the pathogens are taken at the same time:

- acute viral infections (hepatitis B, chickenpox, shingles, herpes simplex infections, herpetic keratitis)
- HBsAg-positive chronic active hepatitis (infectious liver inflammation)
  about 8 weeks before to 2 weeks after vaccination with attenuated pathogen (live vaccines)
  acute and chronic bacterial infections
- fungal diseases with involvement of internal organs
- parasitic diseases (amoebic or worm infections); Prodexa T may cause mass increase and parasite activation in patients with suspected or confirmed strongyloidiasis;
- poliomyelitis
- lymphadenitis after tuberculosis vaccination
  if there is a history of tuberculosis, it may be used only concomitantly with antitubercular drugs.

In addition, Prodexa T should be used only under strict indications and with any additional specific therapy in:

- gastrointestinal ulcers
- osteoporosis
- severe heart failure
- uncontrolled hypertension
- uncontrolled diabetes mellitus
- psychiatric disorders (including medical history), including suicidality; neurological or psychiatric surveillance is recommended
- increased intraocular pressure (narrow and wide angle glaucoma); ophthalmological monitoring and concomitant therapy is recommended
- corneal ulceration and corneal injury; ophthalmological monitoring and concomitant therapy is recommended.

Because of the risk of intestinal perforation, Prodexa T may be used only if clearly necessary and under proper supervision:

- in severe ulcerative colitis with impending perforation, with abscess or purulent inflammation, possibly even without peritoneal irritation
- in diverticulitis
- after specific intestinal surgeries (enteroanastomoses), immediately after surgery.

The signs of peritoneal irritation after gastrointestinal perforation may be absent in patients who receive high doses of glucocorticoids.

Inform your doctor if you experience any of the following symptoms: symptoms of tumor lysis syndrome such as: muscle cramps, muscle weakness, confusion, loss or disturbance of vision, and shortness of breath if you have a malignant haematologic disease.

In diabetes, the metabolism should be checked regularly; a possible increased need for antidiabetic drugs (insulin, oral hypoglycemic agents) may be considered.

Patients with severe uncontrolled hypertension and / or severe heart failure should be monitored carefully because of the risk of deterioration.

High doses may cause bradycardia.

Severe anaphylactic reactions (overreaction of the immune system) can occur.

The risk of tendinitis and tendon rupture is increased when fluoroquinolones (certain antibiotics) and glucocorticoids are co-administered.

When used for the treatment of a certain form of muscle paralysis (myasthenia gravis), the symptoms may initially deteriorate.

Long-term use, even with low levels of dexamethasone, leads to an increased risk of infection, even by such organisms which otherwise rarely cause infections (so-called opportunistic infections). Prodexa T may mask the symptoms of an existing or developing infection and thus complicate the diagnosis.

Vaccinations with inactivated vaccines are generally possible. It is important to note that the immune response and thus the response to the vaccine may be impaired at higher doses of corticoids.

During a long-lasting therapy with Prodexa T, regular medical controls (including ophthalmological controls) are necessary.

Especially in prolonged treatment with high doses of Prodexa T, adequate supply of potassium (e.g. vegetables, bananas) and sodium restriction are necessary, and monitoring of serum potassium levels are to be ensured.

Depending on dosage and duration of treatment, a negative influence on calcium metabolism is to be expected, so that osteoporosis prophylaxis is recommended. This is especially true for co-existing risk factors such as family history, older age, insufficient protein and calcium intake, excessive smoking, excessive alcohol consumption, after menopause and lack of physical activity. Prevention consists in adequate calcium and vitamin D intake and physical activity. In a pre-existing osteoporosis, additional drug therapy should be considered by your doctor.

Upon termination or interruption of the long-term administration of glucocorticoids, the following risks have to be considered: exacerbation or relapse of the disease, acute adrenal insufficiency, cortisone withdrawal syndrome.

Specific viral diseases (measles, chickenpox) can be especially serious in patients treated with Prodexa T.
Particularly at risk are immunocompromised patients without previous chickenpox or measles infection. If these people have contact with sick persons with measles or chickenpox during treatment with Prodexa T, they should immediately inform the doctor who will start a preventive treatment if necessary.

If you experience blurred vision or other visual disturbances, consult your doctor.

Children

In children, due to the risk of growth inhibitory effect, Prodexa T should be strictly provided in medical conditions where it is indispensable and height growth should be controlled regularly during long-term therapy with glucocorticoids. Prodexa T therapy should be given for a limited time or alternately (e.g. two day dose every other day).

Elderly

Even in elderly patients, a special benefit-risk assessment should be carried out because of the increased risk of osteoporosis.

Effects of misuse for doping purposes

The use of Prodexa T can lead to positive results in doping controls.
The health consequences of the use of Prodexa T as a doping agent can not be foreseen, serious health risks can not be ruled out.

Taking Prodexa T with other medicines

Inform your doctor or pharmacist if you take / use, have recently taken / used or are planning to take / use other medicines, even if they are medicines taken without a prescription.

<u>Prodexa T may be influenced as follows:</u>

- Drugs that induce the metabolism in the liver, such as some sleeping pills (barbiturates), antiepileptics (phenytoin, carbamazepine, primidone) and some antituberculants (rifampicin), can reduce the corticoid effect.
- Some drugs may increase the effect of Prodexa T and your doctor may monitor you carefully while you are being treated with them (including some drugs for HIV treatment: ritonavir, cobicistat).
- Drugs that prolong the metabolism in the liver, such as antifungals (ketoconazole, itraconazole), can enhance the corticoid effect.
- Specific female sexual hormones, e.g., for the prevention of pregnancy (“pills”) can enhance the corticoid effect.
- Drugs against excessive acid production of stomach (antacids): in concomitant administration of aluminium and magnesium hydroxide, dexamethasone absorption may be reduced. These drugs should therefore be taken at intervals of 2 hours.

- Ephedrine containing medicines (used in e.g. antihypotensive, chronic bronchitis, asthma attacks and to reduce swelling of the mucous membranes in colds and as a component of appetite suppressants) may accelerate the metabolism of dexamethasone, thus its effectiveness is reduced.

Prodexa T influences the effect of the following medicines:

- Prodexa T if used concomitantly with certain drugs to lower blood pressure (ACE inhibitors) increases the risk of occurrence of blood dyscrasias.
- Prodexa T can enhance the glycosides effect by potassium deficiency.
- Prodexa T can enhance the excretion of potassium by diuretics (saluretics) or laxatives.
- Prodexa T may reduce the blood sugar-lowering effect of oral antidiabetics and insulin.
- Prodexa T may reduce or increase the effects of medicines which prevent blood clotting (oral anticoagulants, coumarins). Your doctor will decide whether is necessary to adjust the dose of the anticoagulant.
- Prodexa T may increase the risk of stomach ulcers and gastrointestinal bleeding if used concomitantly with medications for inflammation and rheumatism (salicylates, indomethacin and other non-steroidal anti-inflammatory drugs).
- Prodexa T may prolong the muscle - relaxing effect of certain medicines (non-depolarizing muscle relaxants).
- Prodexa T may enhance the intraocular pressure-increasing effect of certain drugs (atropine and other anticholinergics).
- Prodexa T may reduce the effect of drugs against worm infections (praziquantel).
- Prodexa T can by concomitant use with drugs against malaria or rheumatic diseases (chloroquine, hydroxychloroquine, mefloquine) increase the risk of occurrence of muscle disorders or heart muscle diseases (myopathies, cardiomyopathies).
- Prodexa T, particularly at high doses or during long-term treatment, can reduce the effects of the growth hormone (somatropin).
- Prodexa T may reduce the increase of thyroid stimulating hormone (TSH) after administration of protirelin (TRH, hormone of the diencephalon).
- Prodexa T may increase the susceptibility to infection when taken with drugs to suppress the body’s own defense system (immunosuppressive drugs) and aggravate existing infections, which have not yet been manifested.
- Prodexa T may increase the blood levels of cyclosporin (medicine used to suppress the body's own defense) and thereby increase the risk for seizures.

- Fluoroquinolones, a class of antibiotics, can increase the risk of tendon ruptures.

Impact on laboratory tests

Glucocorticoids can suppress skin reactions in allergy tests.

Pregnancy and lactation

If you are pregnant or breast-feeding, suspect you are pregnant or are planning to become pregnant, talk to your doctor or pharmacist before taking this medicine.

Pregnancy

Dexamethasone passes the placenta. During pregnancy, especially during the first three months, it should be used only after careful benefit-risk assessment, therefore, women should inform the doctor about an existing or actual pregnancy.

During long-term treatment with glucocorticoids during pregnancy, growth retardation of the fetus can not be excluded. If glucocorticoids are given at the end of pregnancy, there is a danger of atrophy of the adrenal cortex of the fetus, which can require a replacement therapy of the neonate.

Lactation

Glucocorticoids, where dexamethasone is part, are excreted in breast milk. A damage to the infant is not yet known. Nevertheless, the indication in the breast-feeding period should be strictly provided. If because of illness, higher doses are required, breast-feeding should be discontinued. Contact your doctor immediately.

Effects on ability to drive and use machines

So far there is no evidence that Prodexa T affects the ability to drive or operate machinery. The same applies to work without a secure fit.

Important information about some of the ingredients of Prodexa T

This medicinal product contains lactose. Take Prodexa T only after talking to your doctor if you know that you have an intolerance to some sugars.

3. HOW TO TAKE PRODEXA T?

Always take Prodexa T exactly as your doctor has told you. Ask your doctor or pharmacist if you are not sure.
The dexamethasone dose is set by your doctor for you personally.
Please follow the instructions, otherwise Prodexa T may not act properly.

Unless otherwise prescribed by the doctor, the usual dose is

- Cerebral edema: 16 to 24 mg (up to 48 mg) per day of dexamethasone, divided over 3 to 4 (up to 6) individual doses for 4 to 8 days.

- Cerebral edema due to bacterial meningitis: 0.15 mg / kg body weight every 6 hours for 4 days, children: 0.4 mg / kg every 12 hours for 2 days, starting before the first antibiotic dose.

- Severe acute asthma attack:

Adults: as soon as possible 8 - 20 mg, if necessary, repeated administration of 8 mg dexamethasone every 4 hours.
Children: 0.15 to 0.3 mg / kg body weight.

- Acute skin disorders: depending on the nature and extent of the disease, daily doses of 8 to 40 mg of dexamethasone, in some cases up to 100 mg dexamethasone. Then, the therapy continues with decreasing dosage.

- Systemic Lupus Erythematosus: 6 to 16 mg dexamethasone daily.

- Active rheumatoid arthritis with severe progressive course form, e.g. forms, which quickly lead to joint destruction: 12 to 16 mg dexamethasone daily, when tissue is affected outside of the joints: 6 to 12 mg dexamethasone daily.

- Severe infections with toxic conditions: 4 to 20 mg dexamethasone daily over several days, only if associated with appropriate antiinfective therapy.

- Palliative treatment of malignant tumors: initially 8 to 16 mg dexamethasone daily, in long-term treatment 4 to 12 mg dexamethasone daily.

- Prophylaxis and treatment of cytostatic-induced vomiting: according to specific regimens: 10 to 20 mg before starting chemotherapy, then if necessary 2 – 3 times daily 4 to 8 mg for 1 to 3 days or up to 6 days.

- Prophylaxis and treatment of post-operative vomiting: single doses of 8 to 20 mg of dexamethasone orally before the start of the operation, in children aged 2 years and over 0.15 to 0.5 mg / kg (maximum 16 mg).

- Hormone replacement therapy: Adrenogenitale syndrome in adults:
  1/2 to 1 1/2 tablet Prodexa T (equivalent to 0,25 to 0,75 mg dexamethasone) daily as a single dose.
  If necessary, a mineralocorticoid should be added (fludrocortisone). In special physical stress e.g., feverish infection, trauma, surgery or childbirth, the dose should be increased temporarily by the doctor.

Method and duration of administration

Tablets for oral use.

Take the tablets with or after food, swallowed whole with sufficient liquid. The daily dose should be administered when possible as a single dose in the morning. In patients who require high-dose therapy, a repeated daily dosing is often required to achieve the maximum effect.

The duration of treatment depends on the underlying disease and the progress of the disease. For this, your doctor will determine a treatment regimen that you should respect strictly.

Once a satisfactory treatment result is achieved, the dose is reduced to a maintenance dose, or terminated. The dose reduction should always be gradual.

In hypothyroidism or liver cirrhosis, comparatively low dosages may be sufficient or a dose reduction may be necessary.

If you take more Prodexa T than you should

In general, Prodexa T is well tolerated without complications even in short-term ingestion of large quantities. No special measures required. If you notice increased or unusual side effects, you should ask the doctor for advice.

If you forget to take Prodexa T

The forgotten dose may be taken later during the day and then, on the next day you should take the prescribed dose by your doctor.

Do not take a double dose if you missed your previous dose.

If the dose has been repeatedly forgotten, it may come eventually to a recurrence or a worsening of the disease being treated. In such cases, you should consult your doctor who will review and adjust the treatment if necessary.

If you stop taking Prodexa T

Always follow the dosing schedule that your doctor has prescribed you. Prodexa T must not be withdrawn arbitrarily, because in particular after long - term treatment, it may result in suppressing the body's production of glucocorticoids (underactive adrenal cortex). A high physical stress situation without adequate glucocorticoid production can be life-threatening.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines, Prodexa T can cause side effects, although not everybody gets them.

In the hormone replacement therapy, the risk of adverse effects is low if the recommended dosages are followed. However, after prolonged use, especially with higher doses, side effects to different degrees are regularly expected.

Infections and infestations

Masking of infections, manifestation or exacerbation of viral infections, fungal, bacterial, parasitic infections or opportunistic infections, activation of strongyloidiasis.

Blood and lymphatic system disorders

Blood changes (increase in white blood cells or all blood cells, decrease in certain white blood cells).

Immune system disorders

Hypersensitivity reactions (e.g. drug rash), severe anaphylactic reactions such as arrhythmia, bronchospasms, high or low blood pressure, circulatory collapse, cardiac arrest, weakening of the immune system.

Hormonal disorders

Induction of Cushing's syndrome (typical symptoms are moon face, truncal obesity, and plethora), hypofunction and atrophy of the adrenal cortex.

Metabolism and nutrition disorders

Weight gain, increase in blood sugar levels, diabetes mellitus, increase in blood fat levels (cholesterol and triglycerides), sodium retention with edema, potassium deficiency because of increased potassium excretion (can cause arrhythmias), increased appetite, loss of protein and calcium balance.

Psychiatric disorders

Depression, nervousness, euphoria, increased drive and appetite, psychosis, mania, hallucinations, affect lability, anxiety, sleep disorders, suicidality.

Nervous system disorders

Increased intracranial pressure, manifestation of a latent epilepsy, increased seizure susceptibility of manifested epilepsy.

Eye disorders

Increase of the intraocular pressure (glaucoma), lens opacity (cataract), worsening of corneal ulcers, favoring or worsening viral, bacterial or fungal infections of the eye, worsening of bacterial inflammation of the cornea, ptosis, mydriasis, chemosis, iatrogenic scleral perforation, disorders or loss of vision (chorioretinopathy), blurred vision.

Vascular disorders

Increase in blood pressure, increased risk of atherosclerosis and thrombosis, vasculitis (also known as withdrawal syndrome after long-term therapy), increased capillary fragility.

Cardiac disorders

Cardiac muscle rupture after recent history of myocardial infarction.

Gastrointestinal disorders

Gastrointestinal ulcers, gastrointestinal bleeding, pancreatitis, stomach discomfort.

Skin and subcutaneous tissue disorders

Stretch marks on the skin, thinning of the skin ("parchment"), dilation of skin vessels, bruising, pinpoint or ecchymosis, increased body hair, acne, inflammatory lesions on the face, especially around the mouth, nose and eyes, changes in skin pigmentation.

Musculoskeletal and connective tissue disorders

Myopathy, muscle weakness and atrophy, bone loss (osteoporosis) may occur dose-dependently and is possible even with only short – term use, other forms of bone resorption (bone necrosis), tendon discomfort, tendon inflammation, tendon rupture, fat deposits in the spinal cord (epidural lipomatosis), growth retardation in children.

Note:

Too rapid reduction of dosage after long-term treatment may, among other things, lead to a withdrawal syndrome that can manifest itself in symptoms such as muscle and joint pain.

Reproductive and breasts disorders

Disorders of sexual hormone secretion (as a result, occurrence of: irregular menstruation to amenorrhea, hirsutism, impotence).

General disorders and administration site conditions

Delayed wound healing.

Countermeasures

If gastrointestinal discomfort, pain in back, shoulder or hip area, mental upsets, abnormal blood sugar fluctuations in diabetics or other disturbances occur, please inform your doctor immediately.

Inform your doctor or pharmacist if you get any side effects or if you notice side effects which are not listed in this leaflet.

Do not stop the treatment by yourself in any case.

5. HOW TO STORE PRODEXA T?

Store in the original package to protect the content from light.

Do not store above 30ºC.

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the box and on the blister.

6. FURTHER INFORMATION

What Prodexa T contains:

The **active substance** is dexamethasone.

1 tablet contains 0,5 mg dexamethasone.

The **excipients** are: lactose monohydrate, partially pregelatinized starch, talc, sodium starch glycolate, magnesium stearate.

Contents of the pack:

Prodexa T is available in packs of 20 tablets and 30 tablets.

Marketing Authorization Holder (MAH) and Manufacturer:

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