PROFESSIONAL INFORMATION

SCHEDULING STATUS S5

1. NAME OF THE MEDICINE
BUPROPION XR 150 ADCO 150 mg extended release tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains bupropion hydrochloride 150 mg.
Sugar free.
For full list of excipients, see section 6.1 .

3. PHARMACEUTICAL FORM
Extended release tablets.
White to pale yellow, round, biconvex tablets plain on both the sides.

4. CLINICAL PARTICULARS
4.1 Therapeutic indications
BUPROPION XR 150 ADCO is indicated for the treatment of depression as defined by DSM IV criteria.
Following a satisfactory response, continuation with **BUPROPION XR 150 ADCO** therapy is effective in preventing relapse and preventing recurrence of further depressive episodes.

4.2 Posology and method of administration
Therapy should be initiated by medical practitioners experienced in the treatment of depression.
BUPROPION XR 150 ADCO should be swallowed whole. The tablets must not be crushed, cut or chewed as this may lead to an increased risk of adverse effects including seizures.
There should be an interval of at least 24 hours between successive doses.
Insomnia which is a very common transient side effect of **BUPROPION XR 150 ADCO** may be reduced by avoiding dosing at bedtime (provided there is at least 24 hours between doses) or, if clinically indicated, by dose reduction.

Initial treatment
The initial dose of **BUPROPION XR 150 ADCO** is 150 mg taken as a single daily dose in the morning. Patients who are not responding adequately to a dose of 150 mg/day may benefit from an increase to the usual adult target dose of 300 mg/day given once daily.

Switching patients from sustained release tablets
When switching patients from sustained release tablets to **BUPROPION XR 150 ADCO** extended release tablets: give the same total daily dose when possible.
Patients who are currently being treated with sustained release tablets at 300 mg/day (e.g. 150 mg twice daily) may be switched to **BUPROPION XR 150 ADCO** extended release tablets two tablets (300 mg) once daily.

Special populations
Elderly: Greater sensitivity of some elderly individuals to **BUPROPION XR 150 ADCO** cannot be ruled out, therefore, a reduced frequency and/or dose of **BUPROPION XR 150 ADCO** may be required (see section 4.4).
Renal impairment: Treatment of patients with renal impairment should be initiated at a reduced frequency and/or dose, as bupropion and its metabolites may accumulate in such patients to a greater extent than usual (see section 4.4).
Hepatic impairment: **BUPROPION XR 150 ADCO** should be used with caution in patients with mild hepatic impairment. A reduction in the frequency of **BUPROPION XR 150 ADCO** dosing should be considered due to the increased variability in the pharmacokinetics in patients with mild hepatic cirrhosis (see section 4.4), **BUPROPION XR 150 ADCO** is contraindicated in patients with moderate to severe hepatic cirrhosis (see section 4.3).

Paediatric population
BUPROPION XR 150 ADCO is not indicated for use in children or adolescents younger than 18 years (see section 4.3).

Method of administration
BUPROPION XR 150 ADCO is for oral use.
BUPROPION XR 150 ADCO should be swallowed whole. The tablets must not be crushed, cut or chewed.

4.3 Contraindications
- Patients under the age of 18 years.
- Hypersensitivity to bupropion or any of the excipients of **BUPROPION XR 150 ADCO** listed in section 6.1.
- Patients with a seizure disorder or history of seizures.
- Patients currently being treated with any other medicines containing bupropion, as the incidence of seizures is dose dependent.
- Patients with a known central nervous system (CNS) tumour.
- Patients undergoing abrupt discontinuation of alcohol, sedatives or any medicine known to be associated with a risk of seizures on withdrawal (in particular benzodiazepines and benzodiazepine-like agents).
- Patients with a current or previous diagnosis of bulimia or anorexia nervosa, as a higher incidence of seizures were seen in this patient population when bupropion was administered.
- Concomitant administration of **BUPROPION XR 150 ADCO** with monoamine oxidase inhibitors (MAOIs) is contraindicated. At least 14 days should elapse between discontinuation of MAOIs and initiation of treatment with **BUPROPION XR 150 ADCO.**
- Patients with liver disease (Child-Pugh grades B and C, range 7-13) including severe hepatic cirrhosis.

4.4 Special warnings and precautions for use
Seizures
The recommended dose of BUPROPION XR 150 ADCO should not be exceeded, since bupropion is associated with a dose-related risk of seizures. There is an increased risk of seizures occurring with the use of **BUPROPION XR 150 ADCO** in the presence of predisposing risk factors which lower the seizure threshold.
Therefore, **BUPROPION XR 150 ADCO** should not be administered to patients with one or more conditions predisposing to a lowered seizure threshold, which include:
- history of head trauma;
- history of seizures (see section 4.3); central nervous system (CNS) tumour (see section 4.3);
- Concomitant administration of medicines known to lower the seizure threshold (e.g. antipsychotics, antidepressants, antimalarials, tramadol, theophylline, systemic steroids, quinolones and sedating antihistamines) (see section 4.3 and 4.5).
excessive use of alcohol or sedatives (see section 4.3); diabetes treated with hypoglycaemics or insulin; use of stimulants or anorectic products.
BUPROPION XR 150 ADCO should be discontinued and not recommenced in patients who experience a seizure while on treatment.

Interactions
Due to pharmacokinetic interactions, plasma levels of bupropion or its metabolites may be altered, which may increase the potential for undesirable effects (e.g. dry mouth, insomnia, seizures). Therefore, care should be taken when **BUPROPION XR 150 ADCO** is given concomitantly with medicines which can induce or inhibit the metabolism of bupropion.
Bupropion inhibits metabolism by cytochrome P450 2D6. Caution is advised when medicines metabolised by this enzyme are administered concurrently with **BUPROPION XR 150 ADCO.** See section 4.5.

Neuropsychiatry
Clinical worsening and suicide risk in adults associated with psychiatric disorders:
Patients with major depressive disorder, both adults and children, may experience worsening of their depression and/or the emergence of suicidal ideation and behaviours (suicidality), whether or not they are taking antidepressant medicines. This risk may persist until significant remission occurs.
A causal link, however, for antidepressant medicines in inducing such behaviour has not been established.
Patients being treated with **BUPROPION XR 150 ADCO** should, nevertheless, be observed closely for clinical worsening (including development of new symptoms) and suicidality, especially at the beginning of a course of therapy or at any time of dose changes, either increases or decreases.

Patients with a history of suicidal behaviour or thoughts, young adults and patients exhibiting a significant degree of suicidal ideation before commencement of treatment, are at greater risk of suicidal thoughts and attempts, and should receive careful monitoring during treatment.

Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorders should be observed when treating patients with other psychiatric and non-psychiatric disorders.
The following symptoms have been reported in patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric: anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness), impulsivity, akathisia, hypomania, and mania.
Patients (and caregivers of patients) should be alerted about the need to monitor for any worsening of their condition (including development of new symptoms) and/or the emergence of suicidal ideation/behaviour or thoughts of harming themselves and to seek medical advice immediately if these symptoms present.

It should be recognised that the onset of some neuropsychiatric symptoms could be related either to the underlying disease state or medicine therapy and an appropriate patient assessment should be undertaken (see Neuropsychiatric symptoms including mania and bipolar disorder below; see section 4.8).
Although a causal link between the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing **BUPROPION XR 150 ADCO**, in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms.
If the decision is made to discontinue **BUPROPION XR 150 ADCO** a tapering off period may be considered, Bupropion is a selective inhibitor of the neuronal re-uptake of catecholamines and a rebound effect or discontinuation reactions cannot be ruled out. Decrease a daily dose of 300 mg to 150 mg prior to discontinuation.

Neuropsychiatric symptoms including mania and bipolar disorder:
Neuropsychiatric symptoms have been reported (see section 4.8), In particular, psychotic and manic symptomatology has been observed, mainly in patients with a known history of psychiatric illness. Aggression, rage and violent behaviour may occur. Additionally, a major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone can increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Limited clinical data on the use of bupropion as in **BUPROPION XR 150 ADCO** in combination with mood stabilisers in patients with a history of bipolar disorder suggests a low rate of switch to mania, Prior to initiating treatment with **BUPROPION XR 150 ADCO**, patients should be adequately screened to determine if they are at risk for bipolar disorder, such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression.

Clinical experience with bupropion as in **BUPROPION XR 150 ADCO** in patients receiving electroconvulsive therapy (ECT) is limited, Caution should be exercised in patients receiving ECT therapy concomitantly with **BUPROPION XR 150 ADCO** treatment.

Hypersensitivity
BUPROPION XR 150 ADCO should be discontinued immediately if patients experience hypersensitivity reactions during treatment (see section 4.8), Symptoms typically include skin rash, pruritus, urticaria or chest pain, but more severe reactions may include angioedema, dyspnoea/bronchospasm, anaphylactic shock, erythema multiforme or Stevens-Johnson syndrome, Arthralgia, myalgia and fever have also been reported in association with rash and other symptoms suggestive of delayed hypersensitivity (see section 4.8).

These symptoms may progress or recur even after discontinuation of **BUPROPION XR 150 ADCO** and may require appropriate clinical intervention.

Cardiovascular disease
There is limited clinical experience of the use of bupropion as in **BUPROPION XR 150 ADCO** to treat depression in patients with cardiovascular disease, A causal relationship between the use of bupropion as in **BUPROPION XR 150 ADCO** and sudden death cannot be excluded, Care should be exercised if it is used in these patients, It should be used cautiously in patients with a recent history of myocardial infarction or unstable heart disease.

Blood pressure:
Treatment with **BUPROPION XR 150 ADCO** can result in elevated blood pressure and hypertension, The risk of hypertension is increased if bupropion as in **BUPROPION XR 150 ADCO** is used concomitantly with MAOIs or other medicines that increase dopaminergic or noradrenergic activity (see section 4,3 and 4,5).
Reportedly, bupropion as in **BUPROPION XR 150 ADCO** has been shown not to induce significant increases in blood pressure in non-depressed patients with Stage I hypertension, However, in reported clinical cases, hypertension, which in some instances may be severe (see section 4,8) and require acute treatment, has been reported in patients receiving bupropion, This is reported to have been observed in patients with and without pre-existing hypertension.

A baseline blood pressure should be obtained at the start of treatment, with subsequent monitoring especially in patients with pre-existing hypertension, Consideration should be given to discontinuation of **BUPROPION XR 150 ADCO** if a clinically significant increase in blood pressure is observed.
Concomitant use of bupropion as in **BUPROPION XR 150 ADCO** and a nicotine transdermal system may result in elevations of blood pressure, Monitoring of blood pressure is recommended in these patients, (See section 4,5).

Angle-closure glaucoma
Bupropion as in **BUPROPION XR 150 ADCO** may cause pupillary dilation which could trigger an angle-closure attack in a patient with anatomically narrow angles who does not have a patent iridectomy.

Special patient populations
Children and Adolescents < 18 years:
The safety and efficacy of bupropion as in **BUPROPION XR 150 ADCO** has not been established in patients under 18 years of age, Treatment with antidepressants is associated with an increased risk of suicidal thinking and behaviour in children and adolescents (< 18 years) with major depressive disorder and other psychiatric disorders (see section 4,3).

Hepatic impairment:
Bupropion is extensively metabolised in the liver to active metabolites, which are further metabolised, Although statistically significant differences in the pharmacokinetics of bupropion in patients with mild hepatic cirrhosis compared to healthy individuals, were not observed, higher variability between individual patients have been reported, Therefore, **BUPROPION XR 150 ADCO** should be used with caution in patients with mild hepatic impairment, and reduced frequency of dosing should be considered (see sections 5,2 and 4,3), Patients should be monitored closely for possible side effects (e,g,, insomnia, dry mouth, seizures) that could indicate high bupropion or metabolite levels, **BUPROPION XR 150 ADCO** is contraindicated in patients with moderate to severe hepatic impairment including cirrhosis (see section 4,3).

Renal impairment:
Bupropion is extensively metabolised in the liver to active metabolites which are further metabolised and excreted into the urine as the metabolites, Therefore, treatment with bupropion as in **BUPROPION XR 150 ADCO** in patients with renal impairment should be initiated at reduced frequency and/or dose as bupropion and its active metabolites may accumulate to a greater extent than usual, Patients should be closely monitored for possible undesirable effects (e,g,,insomnia, dry mouth, seizures) that could indicate high bupropion or metabolite levels (see section 4,2), toxic effects of elevated blood and tissue levels of bupropion and metabolites.

Elderly:
Differences in the tolerability of bupropion as in **BUPROPION XR 150 ADCO** between elderly and other adult patients have not been reported in clinical experience, However, greater sensitivity of some elderly individuals cannot be ruled out; hence a reduced frequency and/or dose may be required (see section 5,2).

Porphyria:
Bupropion as in **BUPROPION XR 150 ADCO** is classified as possibly porphyrinogenic, It should only be used when no safer alternative is available, and precautions should be considered in vulnerable patients.

4.5 Interaction with other medicines and other forms of interaction
Monoamine oxidase inhibitors (MOAIs)
The concomitant use of **BUPROPION XR 150 ADCO** and monoamine oxidase inhibitors (MAOIs) is contraindicated (see section 4.3). Although by different mechanisms, both bupropion and MAOIs enhance catecholaminergic pathways; this increases the possibility of adverse reactions, including the risk for hypertensive reactions, when administered concomitantly. At least 14 days should elapse between discontinuation of MAOIs and initiation of treatment with **BUPROPION XR 150 ADCO.**

Medicines that lower the seizure threshold
The concomitant use of **BUPROPION XR 150 ADCO** and medicines known to lower the seizure threshold is contraindicated e.g. antipsychotics, antidepressants, antimalarials, tramadol, theophylline, systemic steroids, quinolones and sedating antihistamines (see section 4.3 and 4.4).

The effect of other medicines on BUPROPION XR 150 ADCO
Bupropion is metabolised to its major active metabolite hydroxybupropion primarily by cytochrome P450 CYP2B6 (see section 5.2).
The plasma levels of bupropion and its active metabolite hydroxybupropion may be increased or decreased when administered concomitantly with medicines known to affect the CYP2B6 isoenzyme e.g.:
- CYP2B6 substrates: cyclophosphamide, ifosfamide, prasugrel
- CYP2B6 inducers: ritonavir, lopinavir, efavirenz, carbamazepine, phenobarbital, phenytoin
- CYP2B6 inhibitors: orphenadrine, ticlopidine, clopidogrel, valproate

It has been reported that the co-administration of bupropion with ritonavir/lopinavir reduced bupropion exposure to 20-80 %, and with efavirenz it was reduced to 55 %, This effect is thought to be due to the induction of bupropion metabolism, Patients receiving ritonavir may need increased doses of **BUPROPION XR 150 ADCO** but the maximum recommended dose of **BUPROPION XR 150 ADCO** should not be exceeded.

Since bupropion is extensively metabolised, caution is advised when bupropion as in **BUPROPION XR 150 ADCO** is co-administered with medicines known to induce metabolism (i.e. increase the exposure to bupropion and its active metabolite) or inhibit metabolism (i.e. increase the exposure to bupropion) as these may affect its clinical efficacy and safety.

Dosage increase or reduction of **BUPROPION XR 150 ADCO** may be considered, however, the maximum recommended dose should not be exceeded (see section 4.2).

The effect of BUPROPION XR 150 ADCO on other medicines
Although not metabolised by CYP2D6, it has been reported that in vitro human P450 studies have shown that bupropion and its main metabolite, hydroxybupropion, are known inhibitors of the CYP2D6 pathway, Concomitant therapy with bupropion as in **BUPROPION XR 150 ADCO** and medicines that are predominantly metabolised by CYP2D6, especially medicines with narrow therapeutic indices, should be initiated at the lower end of the dose range of the concomitant medicine.
CYP2D6 substrates include:
- tricyclic antidepressants (e.g. nortriptyline, imipramine, desipramine)
- antipsychotics (e.g. haloperidol, risperidone, thioridazine)
- beta-blockers (e.g. metoprolol)
- serotonin selective reuptake inhibitors (SSRIs e.g. venlafaxine, paroxetine, sertraline, fluoxetine, fluvoxamine)
- Type 1C antidysrhythmics (e.g.propafenone, flecainide),

It has been reported that the co-administration of bupropion and desipramine, a medicine metabolised by CYP2D6, resulted in a 2-5 fold increase of desipramine plasma levels; this effect lasted for at least 7 days after the last dose of bupropion.

Although citalopram (a SSRI) is not primarily metabolised by CYP2D6, it has been reported that in one study, the C_{max} and AUC of citalopram were increased by 30 % and 40 %, respectively, when co-administered with bupropion, If bupropion as in **BUPROPION XR 150 ADCO** is added to the treatment regimen of a patient already receiving a medicine metabolised by CYP2D6, the need to decrease the dose of the original medicine should be considered, especially for those concomitant medicines with narrow therapeutic indices (see section 5.2).
The efficacy of medicines that require activation by CYP2D6 to be effective (e.g. tamoxifen), may be reduced by the concomitant administration of bupropion as in **BUPROPION XR 150 ADCO**, dosage increases may be required for such medicines.

Other interactions
Dopaminergic medicine interactions
Care should be taken with the co-administration of bupropion as in **BUPROPION XR 150 ADCO** and levodopa or amantadine. Bupropion, levodopa, and amantadine have dopamine agonist effects, The incidence of CNS adverse effects e.g.,nausea, vomiting and neuropsychiatric events, may be higher with concomitant use due to cumulative dopamine agonist effects (see section 4.4).
Alcohol consumption
There have been reports of adverse neuropsychiatric events or reduced alcohol tolerance in patients who were drinking alcohol during treatment with bupropion as in **BUPROPION XR 150 ADCO**, The consumption of alcohol during treatment with **BUPROPION XR 150 ADCO** should be minimised or avoided (see section 4.3 and 4.4).
Nicotine transdermal system
Concomitant use of bupropion as in **BUPROPION XR 150 ADCO** and a nicotine transdermal system may result in elevations of blood pressure (see section 4.4).
Medicine-Laboratory test interaction
There have been reports of false-positive urine immunoassay screening tests for amphetamines in patients taking bupropion as in **BUPROPION XR 150 ADCO.** This is due to a lack of specificity of some screening tests.
False-positive test results may result even following discontinuation of bupropion as in **BUPROPION XR 150 ADCO.** Confirmatory tests, such as gas chromatography/mass spectrometry, will distinguish bupropion from amphetamines.
Digoxin
Co-administration of digoxin with bupropion as in **BUPROPION XR 150 ADCO** may decrease digoxin levels. Clinicians should be aware that digoxin levels may rise on discontinuation of **BUPROPION XR 150 ADCO** and the patient should be monitored for possible digoxin toxicity.

4.6 Fertility, pregnancy and lactation
Pregnancy
The safety of bupropion as in **BUPROPION XR 150 ADCO** in pregnancy has not been established.
Epidemiological studies of pregnancy outcomes following maternal exposure to bupropion in the first trimester have reported an association with increased risk of some congenital cardiovascular malformations, including ventricular septal defects and left ventricular outflow tract defects, These findings are not consistent across studies.

Breastfeeding
The safety of **BUPROPION XR 150 ADCO** in lactation has not been established. As bupropion and its metabolites are excreted in human breast milk, mothers should be advised not to breastfeed while taking **BUPROPION XR 150 ADCO.**

4.7 Effects on ability to drive and use machines
BUPROPION XR 150 ADCO may cause dizziness, impair the ability to perform tasks requiring judgement or motor and cognitive skills, Patients should refrain from driving or operating machinery until they are reasonably certain that **BUPROPION XR 150 ADCO** does not adversely affect their performance.

4.8 Undesirable effects
Tabulated list of adverse reactions
Adverse reactions by system organ class and frequency

Immune system disorders *	Frequent	Hypersensitivity reactions such as urticaria.
	Less frequent	More severe hypersensitivity reactions including angioedema, dyspnoea/bronchospasm and anaphylactic shock, Arthralgia, myalgia and fever have also been reported in association with rash and other symptoms suggestive of delayed hypersensitivity, These symptoms may resemble serum sickness.
Metabolism and nutrition disorders	Frequent	Anorexia.
	Less frequent	Weight loss; blood glucose disturbances.
	Frequency unknown	Hyponatremia
Psychiatric disorders	Frequent	Insomnia (see section 4.2), agitation, anxiety.
	Less frequent	Depression (see section 4.4), confusion, aggression, hostility, irritability, restlessness, hallucinations, abnormal dreams including nightmares, depersonalisation, delusions, paranoid ideation.
	Unknown	Suicidal ideation and suicidal behaviour ***, psychosis.
Nervous system disorders	Frequent	Headache, tremor, dizziness, taste disorders.
	Less frequent	Concentration disturbance, seizures (see below) **, dystonia, ataxia, Parkinsonism, incoordination, memory impairment, paraesthesia, syncope.
Eye disorders	Frequent	Visual disturbance.
Ear and labyrinth disorders	Frequent	Tinnitus.
Cardiac disorders	Less frequent	Tachycardia, palpitations.
Vascular disorders	Frequent	Increased blood pressure (sometimes severe), flushing.
	Less frequent	Vasodilation, postural hypotension.
Gastrointestinal disorders	Frequent	Dry mouth, gastrointestinal disturbance including nausea and vomiting, abdominal pain, constipation.
Hepatobiliary disorders	Less frequent	Elevated liver enzymes, jaundice, hepatitis.
Skin and subcutaneous tissue disorders *	Frequent	Rash, pruritus, sweating.
	Less frequent	Erythema multiforme, Stevens-Johnson syndrome, exacerbation of psoriasis.
Musculoskeletal and connective tissue disorders	Less frequent	Twitching.
Renal and urinary disorders	Less frequent	Urinary frequency and/or retention, urinary incontinence.
General disorders and administration site conditions	Frequent	Fever, chest pain, asthenia.

* Hypersensitivity may manifest as skin reactions, See "Immune system disorders" and "Skin and subcutaneous tissue disorders",
** The most common type of seizures is generalised tonic-clonic seizures, a seizure type which can result in some cases in post-ictal confusion or memory impairment (see section 4.4),.
*** Cases of suicidal ideation and suicidal behaviour have been reported during bupropion therapy or early after treatment discontinuation (see section 4.4).

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicine is important, It allows continued monitoring of the benefit/risk balance of the medicine, Healthcare professionals are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose
Acute ingestion of doses in excess of 10 times the maximum therapeutic dose of bupropion has been reported, In addition to those events reported as Undesirable Effects, overdose has resulted in symptoms including drowsiness, loss of consciousness and/or electrocardiogram (ECG) changes such as conduction disturbances (including QRS prolongation), dysrhythmias and tachycardia, QTc prolongation has also been reported but was generally seen in conjunction with QRS prolongation and increased heart rate, Although most patients recovered without sequelae, deaths associated with bupropion have been reported in patients ingesting large overdoses of **BUPROPION XR 150 ADCO.**
Treatment
In the event of overdose, hospitalisation is advised, ECG and vital signs should be monitored.
Ensure an adequate airway, oxygenation and ventilation, The use of activated charcoal is recommended, if patients present within 1 hour of ingestion and provided the airway can be protected, Treatment is supportive, No specific antidote for bupropion is known, Further management should be as clinically indicated.

5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
A.1.2 Psycho-analeptics (antidepressants)
Pharmacotherapeutic group: Other antidepressants, ATC code: N06AX12
Bupropion is an antidepressant of the aminoketone class,
It is chemically unrelated to tricyclic, tetracyclic, selective serotonin reuptake inhibitor, or other known antidepressant agents, Its structure closely resembles that of diethylpropion; it is related to phenylethylamines.
Bupropion is a selective inhibitor of the neuronal re-uptake of catecholamines (norepinephrine (noradrenaline) and dopamine) with minimal effect on the re-uptake of indolamines (serotonin) and does not inhibit either monoamine oxidase.

Mechanism of action
The mechanism of action of bupropion as an antidepressant is unknown, However, it is presumed that this action is mediated by noradrenergic and/or dopaminergic mechanisms,
It has been reported that no clinically significant effect of modified release bupropion tablets (450 mg/day) was observed on QTcF interval after 14 days of dosing to steady state,

5.2 Pharmacokinetic properties
Absorption
Maximum plasma concentrations (C_{max}) of approximately 160 ng/mL have been reported in healthy volunteers approximately 5 hours after oral administration of 300 mg bupropion hydrochloride as in **BUPROPION XR 150 ADCO.** At steady state, the C_{max} and AUC values of hydroxybupropion have been reported to be approximately 3 and 14 times that of bupropion, respectively, The C_{max} of threohydrobupropion at steady state was found to be similar to that of bupropion and the AUC approximately 5 times higher, while the plasma concentrations of erythrohydrobupropion was comparable to those of bupropion,
Peak plasma levels of hydroxybupropion was reached at 7 hours while those for threohydrobupropion and erythrohydrobupropion were reached at 8 hours, The AUC and C_{max} values of bupropion and its active metabolites hydroxybupropion and threohydrobupropion have been reported to increase proportionally with the dose,

The absolute bioavailability of bupropion is not known; urinary excretion data, however, show that at least 87 % of the dose of bupropion is absorbed.
The absorption of bupropion is not significantly influenced when taken with food.

Distribution
Bupropion is widely distributed with an apparent volume of distribution of approximately 2000 L.
Bupropion, hydroxybupropion and threohydrobupropion bind moderately to plasma proteins (84 %, 77 % and 42 %, respectively), The extent of protein binding of threohydrobupropion metabolites is about half that seen with bupropion,
Bupropion and its active metabolites are excreted in human breast milk, Animal studies show that bupropion and its active metabolites pass the blood-brain barrier and the placenta, It has been reported that bupropion penetrates the CNS and binds to the striatal dopamine reuptake transporter.

Biotransformation
Bupropion is extensively metabolised in humans, Three pharmacologically active metabolites have been identified in plasma: hydroxybupropion which are formed via hydroxylation of the tert-butylgroup of bupropion, and the amino-alcohol isomers, threohydrobupropion and erythrohydrobupropion, which are formed via reduction of the carbonyl group, These may have clinical importance, as their plasma concentrations are as high or higher than those of bupropion, Peak plasma concentrations of hydroxybupropion occur approximately 7 hours following administration of bupropion as in **BUPROPION XR 150 ADCO.** Erythrohydrobupropion cannot be measured in the plasma after a single dose of absorption, The active metabolites are further metabolised to inactive metabolites (some of which have not been fully characterised but may include conjugates) and excreted in the urine.

Reported in vitro studies indicate that bupropion is metabolised to its major active metabolite hydroxybupropion primarily by the CYP2B6, while CYP1A2, 2A6, 2C9, 3A4 and 2E1 are less involved.In contrast, formation of threohydrobupropion involves carbonyl reduction but does not involve cytochrome P450 isoenzymes (see section 4.5).

The inhibition potential of threohydrobupropion and erythrohydrobupropion towards cytochrome P450 has not been studied.
Bupropion and hydroxybupropion are both relatively weak inhibitors of the CYP2D6 isoenzyme with K values of 21 and 13,3 µM, respectively (see section 4.5).It has been reported that in human volunteers known to be extensive metabolisers of the CYP2D6 isoenzyme, co-administration of bupropion and desipramine has resulted in 2- and 5-fold increases in the C_{max} and AUC, respectively, of desipramine, This effect was present for at least seven days after the last dose of bupropion, Since bupropion is not metabolised by the CYP2D6 pathway, desipramine is not anticipated to affect the pharmacokinetics of bupropion, Caution is advised when bupropion is administered with substrates for the CYP1D6 (see section 4.5).

Bupropion has been shown to induce its own metabolism in animals following sub-chronic administration, As per reported clinical investigations in humans, there is no evidence of enzyme induction of bupropion or hydroxybupropion in volunteers or patients receiving recommended doses of bupropion hydrochloride for 10 to 45 days.

Elimination
Following oral administration of 200 mg of ^{14}C-bupropion in humans, 87 % and 10 % of the radioactive dose were reportedly recovered in the urine and faeces, respectively, The fraction of the dose of bupropion excreted unchanged was only 0,5 %, a finding consistent with the extensive metabolism of bupropion, Less than 10 % of this ^{14}C dose was accounted for in the urine as active metabolites,
The mean apparent clearance following oral administration of bupropion hydrochloride is approximately 200 L/hr and the mean elimination half-life of bupropion is approximately 20 hours,
The elimination half-life of hydroxybupropion is approximately 20 hours and its area under the plasma concentration versus time curve (AUC) at steady state is approximately 17 times that of bupropion, The elimination half-lives for threohydrobupropion and erythrohydrobupropion are longer (37 and 33 hours, respectively) and steady-state AUC values are 8 and 1,6 times higher than that of bupropion, respectively, Steady-state for bupropion and its metabolites is reached within 8 days.

Special patient populations
Factors or conditions altering metabolic capacity (e.g, liver disease, congestive heart failure [CHF], age, concomitant medicines, etc,) or elimination may be expected to influence the degree and extent of accumulation of the active metabolites of bupropion, The elimination of the major metabolites of bupropion may be affected by reduced renal or hepatic function, because they are moderately polar compounds and are likely to undergo further metabolism or conjugation in the liver prior to urinary excretion.
Patients with renal impairment:
Bupropion is extensively metabolised in the liver to active metabolites, which are further metabolised and subsequently excreted by the kidneys,
The elimination of bupropion and its active major metabolites may be reduced in patients with impaired renal function, Limited data in patients with end-stage renal failure or moderate to severely impaired renal function indicate that exposure to bupropion and/or its metabolites was increased (see section 4.4), Therefore, treatment of patients with renal impairment should be initiated at a reduced frequency and/or dose, as bupropion and its metabolites may accumulate in such patients to a greater extent than usual (see section 4.2).

Patients with hepatic impairment:
Reportedly, the pharmacokinetics of bupropion and its active metabolites were not statistically significantly different in patients with mild cirrhosis (Child Pugh grade A, range 5-6) when compared to healthy volunteers, although more variability was observed between individual patients (see section 4.4), For patients with moderate to severe hepatic cirrhosis (Child-Pugh grades B&C, range 7-13), a single dose of bupropion produced a C_{max} and AUC that were substantially increased (mean difference approximately 70 % and 3-fold, respectively) and more variable when compared to the values in healthy volunteers; the mean half-life was also longer (by approximately 40 %), For hydroxybupropion, the mean C_{max} was lower (by approximately 70 %), the mean AUC tended to be higher (by approximately 50 %), the median T_{max} was later (by approximately 20 hours), and the mean half-lives were longer (by approximately 4-fold) than in healthy volunteers, For threohydrobupropion and erythrohydrobupropion, the mean C_{max} tended to be lower (by approximately 30 %), the mean AUC tended to be higher (by approximately 50 %), the median T_{max} was later (by approximately 20 hours), and the mean half-life was longer (by approximately 2-fold) than in healthy volunteers (see section 4.3).

Elderly patients:
It has been reported that pharmacokinetic studies in the elderly have shown variable results, A single dose study showed that the pharmacokinetics of bupropion and its metabolites in the elderly do not differ from those in the younger adults, Another reported pharmacokinetic study, single and multiple dose, has suggested that accumulation of bupropion and its metabolites may occur to a greater extent in the elderly, Clinical experience has not identified differences in tolerability between elderly and younger patients, but greater sensitivity in older patients cannot be ruled out (see section 4.4).

In-vitro release of bupropion with alcohol:
It has been reported that in-vitro at high alcohol concentrations (up to 40 %), bupropion is released more rapidly from the modified release formulation such as **BUPROPION XR 150 ADCO** (up to 20 % dissolved at 2 hours) (see section 4.3).

6. PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Tablet core:
Povidone
Sodium stearyl fumarate

Tablet coating:
Ethylcellulose
Hydroxypropyl cellulose
Methacrylic acid - Ethylacrylate copolymer (1:1) Type A
Silica, colloidal anhydrous
Macrogol 1500
Triethyl citrate
Opadry Clear YS-1-7006 (HPMC 2910/Hypromellose, Macrogol/PEG (MW 400), Macrogol/PEG (MW 8000))

6.2 Incompatibilities
Not applicable

6.3 Shelf life
2 years (24 months) when stored at or below 25 °C.

6.4 Special precautions for storage
Store at or below 25 °C.
Store in the original packaging.
Store in a cool, dry place.
Protect from moisture and light.

6.5 Nature and contents of container
White opaque HDPE bottle sealed with induction seal and child resistant cap (along with silica gel and activated carbon pillow pack, and oxygen and moisture absorber).
Pack sizes: 28 and 30 tablets. Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling
No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION
Adcock Ingram Limited
1 New Road, Erand Gardens
Midrand, 1685
South Africa
Customer Care: 0860 ADCOCK / 232625

8. REGISTRATION NUMBER(S)
S01-2/0967.865

9. DATE OF FIRST AUTHORISATION / RENEWAL OF THE AUTHORISATION
21 January 2021

10. DATE OF REVISION OF THE TEXT
Not applicable

01/2021

adcock ingram

PATIENT INFORMATION LEAFLET

SCHEDULING STATUS S5

BUPROPION XR 150 ADCO 150 mg extended release tablets
Bupropion hydrochloride
Sugar free

Read all of this leaflet carefully before you start taking BUPROPION XR 150 ADCO
• Keep this leaflet. You may need to read it again.
• If you have further questions, please ask your doctor, pharmacist, nurse or other health care provider.
• BUPROPION XR 150 ADCO has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

What is in this leaflet
1. What BUPROPION XR 150 ADCO is and what it is used for
2. What you need to know before you take BUPROPION XR 150 ADCO
3. How to take BUPROPION XR 150 ADCO
4. Possible side effects
5. How to store BUPROPION XR 150 ADCO
6. Contents of the pack and other information

1. What BUPROPION XR 150 ADCO is and what it is used for
BUPROPION XR 150 ADCO contains bupropion hydrochloride which belongs to a class of medicines called antidepressants. It's thought to interact with chemicals in the brain called noradrenaline and dopamine, which are linked with depression (mood disorder that causes a persistent feeling of sadness and loss of interest).

BUPROPION XR 150 ADCO is used for the treatment of depression and preventing a relapse and recurrence of further depressive episodes.

2. What you need to know before you take BUPROPION XR 150 ADCO
Do not take BUPROPION XR 150 ADCO:
• if you are 18 years or younger.
• if you are hypersensitive (allergic) to bupropion or any of the other ingredients of BUPROPION XR 150 ADCO listed in section 6.
• if you have a condition that causes fits (seizures), such as epilepsy, or if you have a history of fits.
• if you are being treated with other medicines containing bupropion as this may induce fits.
• if you have a brain tumour.
• if you are undergoing abrupt discontinuation of alcohol, sedatives (medicines used for sleeping), or medicines to treat anxiety (especially benzodiazepines or similar medicines) or if you are going to stop them while you are taking BUPROPION XR 150 ADCO.
• if you have an existing condition or history of eating disorders [(such as anorexia (a mental condition, characterised by an obsessive desire to lose weight, by refusing to eat and cause loss of appetite) or bulimia (an emotional disorder characterised by an obsessive desire to lose weight, in which bouts of extreme overeating are followed by fasting or self-induced vomiting or purging)].
• if you are taking medicines for depression or Parkinson's disease called monoamine oxidase inhibitors (MAOIs) or have taken them in the last 14 days.
• if you have moderate to severe liver disease including cirrhosis.

Warnings and precautions
Take special care with BUPROPION XR 150 ADCO
BUPROPION XR 150 ADCO has been shown to cause fits (seizures). This side effect is more likely to occur:
• if you have had a serious head injury or a history of head trauma
• if you ever had any fits or seizures in the past
• if you have a brain tumour
• if you are taking certain medicines that can cause fits (see "**Other medicines and BUPROPION XR 150 ADCO**" below)
• if you regularly drink a lot of alcohol
• if you take medicines used for sleeping (sedatives)
• if you have diabetes for which you use insulin or diabetes treatment tablets
• if you are using any stimulants or medicine to help you lose weight.
If you have a fit during treatment you should stop taking BUPROPION XR 150 ADCO and see your doctor.

If you are depressed, you can sometimes have thoughts of harming or killing yourself. These may be increased when first starting BUPROPION XR 150 ADCO, since it takes time to work, usually about two weeks but sometimes longer. You are more likely to think like this if you have previously had thoughts about killing yourself or if you are a young adult.
If you experience worsening of your depression and/or have thoughts of harming or killing yourself, whether or not you are taking antidepressant medicines contact your doctor or go to the hospital immediately.

Tell your doctor before you take BUPROPION XR 150 ADCO:
• if you have a bipolar disorder (extreme mood swings) or a family history of suicide, bipolar disorder or depression; BUPROPION XR 150 ADCO could bring on an episode of this illness
• if you have a recent history of heart attack (myocardial infarction) or diagnosed with unstable heart disease
• if you have high blood pressure or are using nicotine patches to stop smoking; your doctor may need to monitor your blood pressure
• if you have family history of glaucoma (increased pressure in the eyeball), are over 60, have had an eye injury, or have high blood pressure; you may be at risk of developing angle-closure glaucoma
• if you have kidney or liver disease as you may be more likely to get side effects; your doctor may need to start your treatment at a low dose and then gradually increase your dose
• if you are older than 65 years as you might be at a higher risk to experience side effects; your doctor may need to start your treatment at a low dose and then gradually increase your dose
• if you have a rare blood disorder called porphyria which is passed down in families (inherited); BUPROPION XR 150 ADCO may worsen your condition.
If any of the above applies to you, talk to your doctor again before taking BUPROPION XR 150 ADCO. He or she may want to pay special attention to your care or recommend another treatment.

Stop taking BUPROPION XR 150 ADCO immediately if you have any signs of an allergic reaction (see "**Possible side effects**" below).

Children and adolescents
Do not give this medicine to children younger than 18 years because the safety of BUPROPION XR 150 ADCO has not been established in patients younger than 18 years old.

Other medicines and BUPROPION XR 150 ADCO
Always tell your healthcare professional if you are taking any other medicine. (This includes complementary or traditional medicines).

If you are taking or have taken other antidepressants called monoamine oxidase inhibitors (MAOIs) in the last 14 days, tell your doctor without taking BUPROPION XR 150 ADCO (see also "**Do not take BUPROPION XR 150 ADCO**" in Section 2).

BUPROPION XR 150 ADCO might have interactions with other medicines which may result in intensification of side effects of BUPROPION XR 150 ADCO.
There may be a higher than usual chance of seizures/fits:
• if you take other medicines for depression or other mental illness
• if you take theophylline for asthma or lung disease
• if you take tramadol, a strong painkiller
• If you have been taking sedatives, or if you are going to stop them while you're taking BUPROPION XR 150 ADCO (see also "**Do not take BUPROPION XR 150 ADCO**" in Section 2).
• If you take medicines against malaria (such as mefloquine or chloroquine)
• If you take stimulants or other medicines to control your weight or appetite
• If you take steroids (by mouth or injection)
• If you take antibiotics called quinolones
• If you take some types of anti-histamines that can cause sleepiness
• If you take medicines for diabetes
Tell your doctor before you take BUPROPION XR 150 ADCO if any of the above applies to you.

There may be potentiation of side effects of other medicines when taken together with BUPROPION XR 150 ADCO:
• if you take other medicines for depression (such as nortriptyline, imipramine, desipramine, venlafaxine, paroxetine, sertraline, fluoxetine, or fluvoxamine) or other mental illness (such as haloperidol, risperidone or thioridazine)
• if you take beta-blockers (such as metoprolol)
• if you take medicines for irregular heart rhythm (such as propafenone or flecainide)
• if you take medicines for Parkinson's disease (such as levodopa, amantadine or orphenadrine)
• if you take cyclophosphamide or ifosfamide, mainly used to treat cancer
• if you take valproate, medicine to treat epilepsy
• if you take ticlopidine or clopidogrel, mainly used to prevent stroke
• if you take prasugrel, medicine used to prevent blood clots
• if you use nicotine patches to help you stop smoking.
If any of these applies to you, talk to your doctor immediately, before taking BUPROPION XR 150 ADCO. Your doctor may need to adjust your dose or recommend an alternative.

The effect of BUPROPION XR 150 ADCO may be weakened:
• if you take medicines that affect your body's ability to break down BUPROPION XR 150 ADCO (such as carbamazepine, phenytoin or phenobarbital (used to treat epilepsy) and medicines to treat HIV infection, ritonavir or efavirenz).
If you are taking any of these medicines, your doctor may need to adjust your dose of BUPROPION XR 150 ADCO.

BUPROPION XR 150 ADCO may weaken the effect of tamoxifen, a medicine used to treat breast cancer. Tell your doctor if this applies to you.

BUPROPION XR 150 ADCO may cause a false-positive urine tests for amphetamines. Tell your doctor that you are taking BUPROPION XR 150 ADCO if you require a urine test.

If you take digoxin for your heart, BUPROPION XR 150 ADCO may reduce its level in your blood, weakening the effect of digoxin. Your doctor might need to adjust the dose of digoxin and continue to monitor its level in your blood.

BUPROPION XR 150 ADCO with food and alcohol
Alcohol can affect the way BUPROPION XR 150 ADCO works. Minimise your alcohol intake or avoid it completely. Talk to your doctor if you need to stop drinking alcohol before taking BUPROPION XR 150 ADCO. Do not stop suddenly, it may be risky.

Pregnancy and breastfeeding
If you are pregnant or breastfeeding, think you may be pregnant or are planning to have a baby, please consult your doctor, pharmacist or other healthcare provider for advice before taking BUPROPION XR 150 ADCO.

You should not take BUPROPION XR 150 ADCO when you are pregnant. Some studies have reported an increase in the risk of birth defects, particularly heart defects, in babies whose mothers were taking BUPROPION XR 150 ADCO.

The safe use of BUPROPION XR 150 ADCO in breastfeeding women has not been established. The ingredients of BUPROPION XR 150 ADCO can pass into breast milk. You should not breastfeed your baby while taking BUPROPION XR 150 ADCO.

Driving and using machines
BUPROPION XR 150 ADCO may cause dizziness, impair your ability to perform tasks requiring judgement or concentration, such as driving and operating machinery.
You should not drive or operate machines until you know how BUPROPION XR 150 ADCO affects you.

3. How to take BUPROPION XR 150 ADCO
Do not share medicines prescribed for you with any other person.
Always take BUPROPION XR 150 ADCO exactly as your doctor has instructed you. You should check with your doctor or pharmacist if you are unsure.
The usual dosage of BUPROPION XR 150 ADCO is one tablet (150 mg) taken daily in the morning.
Your doctor may increase your dose to 300 mg (two tablets) once a day if your depression does not improve.
Do not take more than the prescribed dose of BUPROPION XR 150 ADCO.
BUPROPION XR 150 ADCO must be swallowed whole. Do not chew, crush or split the tablets as this may lead to a higher risk of side effects including fits.
You must wait for at least 24 hours before taking the next tablet.

Your doctor will tell you how long your treatment with BUPROPION XR 150 ADCO will last. Do not stop treatment early because it may take some time for BUPROPION XR 150 ADCO to have an effect on your depression. If you have the impression that the effect of BUPROPION XR 150 ADCO is too strong or too weak, tell your doctor or pharmacist.
BUPROPION XR 150 ADCO should not to be used by children aged less than 18 years.
Please tell your doctor if you are an elderly patient (older than 65 years), have liver or kidney disease as your dose of BUPROPION XR 150 ADCO may need to be adjusted.

If you take more BUPROPION XR 150 ADCO than you should
In the event of overdosage, consult your doctor or pharmacist. If neither is available, contact the nearest hospital or poison centre. Take this leaflet and the rest of the remaining BUPROPION XR 150 ADCO with you so the doctor will know what you have taken.
Signs and symptoms of overdosage: If you take too many tablets you may experience fits, drowsiness, hallucinations (seeing or hearing things that are not real), paraesthesia (numbness or tingling sensation), nausea, vomiting, loss of consciousness and/or abnormal reading of the heart (seen on ECG, electric activity of your heart), irregular or fast heartbeat.

If you forget to take BUPROPION XR 150 ADCO
Do not take a double dose to make up for the forgotten individual doses. If you miss a dose, wait and continue to take the next dose at the usual time.

If you stop taking BUPROPION XR 150 ADCO
Do not stop taking BUPROPION XR 150 ADCO or reduce your dose without talking to your doctor first. Your doctor will lower the dose over a time period to avoid the returning of depression or other unwanted effects.

4. Possible side effects
BUPROPION XR 150 ADCO can have side effects.
Not all side effects reported for BUPROPION XR 150 ADCO are included in this leaflet. Should your general health worsen or if you experience any untoward effects while taking BUPROPION XR 150 ADCO, please consult your provider for advice.

If any of the following happens, stop taking BUPROPION XR 150 ADCO and tell you doctor immediately or go to the casualty department at your nearest hospital:
• allergic reactions presenting as red skin or rash (like nettle rash) with development of itchiness and wheals (urticaria).
• fits (seizures or convulsions), the chance of this happening is higher if you take too much BUPROPION XR 150 ADCO, if you take certain medicines, or if you are at higher than usual risk of fits; talk to your doctor if you are concerned
• allergic reactions presenting as blisters and peeling skin, unusual wheezing or difficulty in breathing, swollen eyelids, lips or tongue, pains in muscles or joints, collapse or blackout.
These are all very serious side effects. If you have them, you may have had a serious reaction to BUPROPION XR 150 ADCO. You may need urgent medical attention or hospitalisation.

Tell your doctor immediately or go to the casualty department at your nearest hospital if you notice any of the following:
• chest pain.
• changes in the way your heart beats, for example if you notice it beating faster or irregular.
• thoughts of harming or killing themselves while taking BUPROPION XR 150 ADCO or soon after stopping treatment (see "**Take special care with BUPROPION XR 150 ADCO**" in section 2).
These are all serious side effects. You may need urgent medical attention.

Tell your doctor if you notice any of the following:
Frequent side effects:
• difficulty in sleeping (make sure you take BUPROPION XR 150 ADCO in the morning)
• headache
• dry mouth, feeling sick, vomiting, tummy pain or other upsets (constipation)
• fever, dizziness, itching, sweating and skin rash (sometimes due to an allergic reaction)
• shakiness, tremor, weakness, tiredness
• feeling anxious or agitated
• changes in the taste of food, loss of appetite (anorexia)
• increase in blood pressure sometimes severe, flushing
• ringing in the ears, visual disturbances.
Less frequent side effects:
• feeling depressed (see "**Take special care with BUPROPION XR 150 ADCO**" in section 2).
• difficulty concentrating, feeling confused, restless, irritable, hostile, aggressive, strange dreams, tingling or numbness, loss of memory, fainting
• weight loss, changes in blood sugar levels
twitching, muscle stiffness, uncontrolled movements, problems with walking or coordination
• yellowing of skin or the whites of your eyes (jaundice) which may be caused by raised liver enzymes, hepatitis
• urinating more or less than usual.
• worsening of psoriasis (thickened patches of red skin)
• feeling unreal or strange (depersonalisation), seeing or hearing things that are not there (hallucinations), sensing or believing things that are not true (delusions), severe suspiciousness (paranoia)
• feeling dizzy or fainting when getting up too quickly.
Side effects with unknown frequency:
• loss of contact with reality and unable to think or judge clearly (psychosis), other symptoms may include hallucinations and/or delusions.
• low sodium levels in the blood
If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

Reporting of side effects
If you get side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects to SAHPRA via the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8. By reporting side effects, you can help provide more information on the safety of BUPROPION XR 150 ADCO.

5. How to store BUPROPION XR 150 ADCO
STORE ALL MEDICINES OUT OF REACH OF CHILDREN
Store at or below 25 °C.
Store in the original packaging.
Store in a cool, dry place.
Protect from moisture and light.
Keep the container tightly closed.
Do not use after the expiry date stated on the bottle.
Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

6. Contents of the pack and other information
What BUPROPION XR 150 ADCO contains
The active substance is bupropion hydrochloride. Each tablet contains 150 mg of bupropion hydrochloride.
The other ingredients are ethyl cellulose, hydroxy propyl cellulose, macrogols 1500, methacrylic acid - ethyl acrylate copolymer (1:1) Type A, Opadry Clear YS-1-7006 (hypromellose, macrogol 400, macrogol 8000), povidone, silica colloidal anhydrous, sodium stearyl fumarate and triethyl citrate.

What BUPROPION XR 150 ADCO looks like and contents of the pack
BUPROPION XR 150 ADCO is white to pale yellow, round, biconvex tablets plain on both the sides.
BUPROPION XR 150 ADCO are packed in white opaque HDPE bottles sealed with an induction seal and child resistant caps (along with silica gel and activated carbon pillow pack, and oxygen and moisture absorber).
Pack sizes available: 28 and 30 tablets per bottle.
Not all pack sizes may be marketed.

Holder of Certificate of Registration
Adcock Ingram Limited
1 New Road, Erand Gardens
Midrand, 1685
South Africa
Customer Care: 0860 ADCOCK / 232625

This leaflet was last revised in
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50/1.2/0967.965

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PASIËNTINLIGTINGSTUK

SKEDULERINGSTATUS S5

BUPROPION XR 150 ADCO 150 mg verlengde vrystelling tablette
Bupropion hidrochloried
Suikervry

Lees hierdie hele inligtingstuk noukeurig deur voordat u begin om BUPROPION XR 150 ADCO te neem
• Hou hierdie inligtingstuk. U moet dit dalk weer lees.
• Indien u verdere vrae het, vra asseblief u dokter, apteker, verpleegster of ander gesondheidsorgkundige.
• BUPROPION XR 150 ADCO is vir u persoonlik voorgeskryf en u moet nie u medisyne met ander persone deel nie. Dit kan skadelik wees vir hulle, selfs al is hulle simptome dieselfde as u s'n.

Wat is in hierdie inligtingstuk
1. Wat BUPROPION XR 150 ADCO is en waarvoor dit gebruik word
2. Wat u moet weet voordat u BUPROPION XR 150 ADCO neem
3. Hoe om BUPROPION XR 150 ADCO te neem
4. Moontlike newe-effekte
5. Hoe om BUPROPION XR 150 ADCO te bêre
6. Inhoud van die verpakking en ander inligting

1. Wat BUPROPION XR 150 ADCO is en waarvoor dit gebruik word
BUPROPION XR 150 ADCO bevat bupropion hidrochloried wat behoort aan 'n klas medisyne wat antidepressante genoem word. Daar word vermoed dat dit 'n interaksie het met chemikalieë in die brein wat noradrenaline en dopamien genoem word, wat verband hou met depressie (gemoedsversteuring wat 'n aanhoudende gevoel van hartseer en verlies aan belangstelling veroorsaak).
BUPROPION XR 150 ADCO word gebruik vir die behandeling van depressie en voorkoming van 'n terugkeer en herhaling van verdere depressiewe episodes.

2. Wat u moet weet voordat u BUPROPION XR 150 ADCO neem
Moenie BUPROPION XR 150 ADCO neem:
• indien u jonger as 18 jaar is nie.
• indien u hipersensitief (of allergies) teenoor bupropion of enige van die ander bestanddele van BUPROPION XR 150 ADCO is nie, gelys in afdeling 6.
• indien u 'n toestand het wat aanvalle (stuipe) veroorsaak, soos epilepsie, of indien u 'n geskiedenis van aanvalle het nie.
• indien u behandel word met ander medisyne wat bupropion bevat nie, aangesien dit aanvalle kan veroorsaak.
• indien u 'n breingewas het nie.
• indien u skielike ophou om alkohol, kalmeermiddels (medisyne wat gebruik word om te slaap), of medisyne vir die behandeling van angs (veral bensodiasepiene of soortgelyke medisyne) te neem of indien u dit gaan stop terwyl u BUPROPION XR 150 ADCO neem.
• indien u 'n bestaande toestand of geskiedenis van eetversteurings het nie [(soos anoreksie ('n geestestoestand, gekenmerk deur 'n obsessiewe begeerte om gewig te verloor, deur te weier om te eet en verlies in eetlus te veroorsaak) of bulimie ('n emosionele afwyking, gekenmerk deur 'n obsessiewe begeerte om gewig te verloor, waarin aanvalle van ekstreme ooreet gevolg word deur vastende of self-geïndiseerde braking of reiniging)].
• indien u medisyne neem vir depressie of Parkinson se siekte, genaamd monoamien oksidase, of dit die afgelope 14 dae geneem het.
• indien u matige of ernstige lewersiekte het, insluitend sirrose.

Waarskuwings en voorsorgmaatreëls
Neem spesiale sorg met BUPROPION XR 150 ADCO
Daar is getoon dat BUPROPION XR 150 ADCO aanvalle (stuipe) veroorsaak. Dit is waarskynlik dat hierdie newe-effek voorkom:
• indien u 'n ernstige kopbesering of koptrauma gehad het
• indien u ooit enige aanvalle of stuipe in die verlede gehad het
• indien u 'n breingewas het
• indien u sekere medisyne gebruik wat aanvalle kan veroorsaak (sien "**Ander medisyne en BUPROPION XR 150 ADCO**)
• indien u gereeld baie alkohol drink
• indien u medisyne neem vir slaap (kalmeermiddels)
• indien u diabetes het waarvoor u insulien of diabetesbehandeling tablette gebruik
• indien u stimulante of medisyne gebruik om gewig te verloor.
Indien u 'n aanval gedurende behandeling het, moet u ophou om BUPROPION XR 150 ADCO te neem en u dokter spreek.

Indien u depressief is, kan u soms daaraan dink om uself skade aan te doen of dood te maak. Dit kan verhoog word wanneer u vir die eerste keer begin om BUPROPION XR 150 ADCO te gebruik, aangesien dit tyd neem om te werk, gewoonlik ongeveer twee weke, maar soms langer. U kan meer geneig wees om so te dink indien u voorheen gedagtes gehad het om uself dood te maak of indien u 'n jong volwassene is.
Indien u ervaar dat u depressie vererger en/of u daaraan dink om uself skade aan te doen of dood te maak, of u antidepressante gebruik of nie, kontak u dokter of gaan onmiddellik na die hospitaal.

Vertel u dokter voordat u BUPROPION XR 150 ADCO neem:
• indien u 'n bipolêre versteuring (uiterste gemoedsteurings), of 'n familiegeskiedenis van selfmoord, bipolêre versteuring of depressie het; BUPROPION XR 150 ADCO kan 'n episode van hierdie siekte meebring
• indien u 'n onlangse geskiedenis van hartaanval (miokardiale infarksie) het of gediagnoseer is met onstabiele hartsiekte
• indien hoë bloeddruk het of indien u nikotienplakkers gebruik om op te hou rook; u dokter sal dalk u bloeddruk moet monitor
• indien u familiegeskiedenis van gloukoom (verhoogde druk in die oogbal) het, ouer as 60 is, 'n oogbesering gehad het of hoë bloeddruk het; kan u die risiko loop om nouhoek gloukoom te ontwikkel
• indien u nier- of lewersiekte het, aangesien u meer geneig kan wees om newe-effekte te kry; u dokter sal dalk met 'n lae dosis moet begin en dan u dosis geleidelik verhoog
• indien u ouer as 65 jaar is, aangesien u dalk 'n groter risiko het om newe-effekte te ervaar; u dokter sal dalk met 'n lae dosis moet begin en dan u dosis geleidelik verhoog
• indien u 'n seldsame bloedversteuring het, genaamd porfirie wat in families oorgedra (oorgeërf) word; BUPROPION XR 150 ADCO kan u toestand vererger
Indien enige van bogenoemde op u van toepassing is, raadpleeg u dokter voordat u begin om BUPROPION XR 150 ADCO te neem. Hy of sy sal dalk spesiale aandag wil gee aan u sorg of 'n ander behandeling aanbeveel.

Hou onmiddellik op om BUPROPION XR 150 ADCO te neem indien u enige tekens van 'n allergiese reaksie het (sien "Moontlike newe-effekte" hieronder).

Kinders en adolessente
Moenie hierdie medisyne aan kinders jonger as 18 jaar gee nie, omdat die veiligheid van BUPROPION XR 150 ADCO nie by pasiënte jonger as 18 jaar bevestig is nie.

Ander medisyne en BUPROPION XR 150 ADCO
Vertel altyd u gesondheidsorgkundige indien u enige ander medisyne neem. (Dit sluit komplimentêre en tradisionele medisyne in).

Indien u antidepressante, genaamd monoamienoksidase-inhbeerders (MAOIs) neem of in die laaste 14 dae geneem het, vertel u dokter sonder om BUPROPION XR 150 ADCO te neem (sien ook "**Moenie BUPROPION XR 150 ADCO neem**" in afdeling 2).

BUPROPION XR 150 ADCO kan interaksies met ander medisyne hê wat kan lei tot intensivisering van newe-effekte van BUPROPION XR 150 ADCO.
Die kans van aanvalle/stuipe kan 'n hoër as gewoonlik wees:
• indien u ander medisyne vir depressie of ander geestesongesteldhede neem
• indien u teofillien vir asma en longsiektes neem
• indien u tramadol, 'n sterk pynstiller, neem
• indien u kalmeermiddels neem, of indien u gaan ophou om dit te gebruik terwyl u BUPROPION XR 150 ADCO neem (sien ook "**Moenie BUPROPION XR 150 ADCO neem**" in afdeling 2)
• Indien u medisyne teen malaria neem (soos meflokien of chlorokien)
• Indien u stimulante of ander medisyne neem om u gewig of aptyt te beheer
• indien u steroïede neem (per mond of inspuiting)
• indien u antibiotika neem wat kinolone genoem word
• indien u sommige tipes antihistamiene neem wat slaperigheid kan veroorsaak
• indien u medisyne vir diabetes neem
Vertel u dokter voordat u BUPROPION XR 150 ADCO neem indien enige van die bogenoemde op u van toepassing is.

Die newe-effekte van ander medisyne kan versterk word indien dit saam met BUPROPION XR 150 ADCO geneem word:
• indien u ander medisyne vir depressie (soos nortriptilien, imipramien, desipramien, venlafaksien, paroksetien, sentralien, fluksetien of fluvoksamien) of ander geestesongesteldheid (soos haloperidol, risperidoon of tioridasien) neem
• indien u beta-blokkers neem (soos metoprolol)
• indien u medisyne vir onreëlmatige hartklop neem (soos propafenoon of flekaïenied)
• indien u medisyne vir Parkinson se siekte neem (soos levodopa, amantadien of orfenadrien)
• indien u siklofosfamied of ifosfamied neem, hoofsaaklik om kanker te behandel
• indien u valproaat neem, medisyne om epilepsie te behandel
• indien u tiklopidien of klopidogrel neem, hoofsaaklik om beroerte te voorkom
• indien u prasugrel neem, medisyne of bloedklonte te voorkom
• indien u nikotienplakkers gebruik om u te help ophou rook.
Indien enige van hierdie op u van toepassing is, praat onmiddellik met u dokter, voordat u BUPROPION XR 150 ADCO neem. U dokter moet dalk u dosis aanpas of 'n alternatief voorstel.

Die effek van BUPROPION XR 150 ADCO kan verswak:
• indien u medisyne neem wat u liggaam se vermoë beïnvloed om BUPROPION XR 150 ADCO af te breek (soos karbamasepien, fenitoïen of fenobarbital (gebruik om epilepsie te behandel) en medisyne om MIV-infeksie te behandel, ritinovir of efavirens).
Indien u enige van hierdie medisyne neem, sal u dokter dalk u dosis van BUPROPION XR 150 ADCO moet aanpas.

BUPROPION XR 150 ADCO kan die effek van tamoksifen verswak, medisyne gebruik om borskanker te behandel. Vertel u dokter indien dit tot u van toepassing is.

BUPROPION XR 150 ADCO kan vals positief urientoets vir amfetamiene veroorsaak. Vertel u dokter dat u BUPROPION XR 150 ADCO neem indien u 'n urientoets benodig.

Indien u digoksien vir u hart neem, kan BUPROPION XR 150 ADCO die vlak in u bloed verminder, wat die effek van digoksien kan verswak. U dokter moet dalk die dosis van digoksien aanpas en aanhou om die vlak daarvan in u bloed te monitor.

BUPROPION XR 150 ADCO met voedsel en alkohol
Alkohol kan die manier waarop BUPROPION XR 150 ADCO werk beïnvloed. Verminder u alkoholinname of vermy dit heeltemal. Praat met u dokter indien u moet ophou om alkohol te drink voordat u BUPROPION XR 150 ADCO neem, Moenie skielik stop nie, dit kan riskant wees.

Swangerskap en borsvoeding
Indien u swanger is of borsvoed, dink dat u swanger kan wees of beplan om 'n baba te hê, raadpleeg asseblief u dokter, apteker of ander gesondheidsorgkundige vir advies voordat u BUPROPION XR 150 ADCO neem.

U moet nie BUPROPION XR 150 ADCO neem indien u swanger is nie. Sommige studies het 'n toename in die risiko van geboortedefekte, veral hartafwykings, gerapporteer by babas wie se moeders BUPROPION XR 150 ADCO geneem het.

Die veilige gebruik van BUPROPION XR 150 ADCO in vroue wat borsvoed, is nie vasgestel nie. Die bestanddele van BUPROPION XR 150 ADCO kan in borsmelk uitgeskei word. U moet nie u baba borsvoed terwyl u BUPROPION XR 150 ADCO neem nie.

Bestuur en gebruik van masjiene
BUPROPION XR 150 ADCO kan duiseligheid veroorsaak, u vermoë benadeel om take te verrig wat oordeel en konsentrasie benodig, soos bestuur en gebruik van masjiene.
U moet nie bestuur of masjiene gebruik voordat u weet hoe BUPROPION XR 150 ADCO u beïnvloed nie.

3. Hoe om BUPROPION XR 150 ADCO te neem
Moenie medisyne wat vir u voorgeskryf is met enige ander persoon deel nie.
Neem BUPROPION XR 150 ADCO altyd presies soos u dokter se instruksies. Raadpleeg u dokter of apteker indien u onseker is.
Die gewone dosis van BUPROPION XR 150 ADCO is een tablet (150 mg) geneem elke dag in die oggend.
U dokter kan u dosis na 300 mg (twee tablette) vermeerder, eenkeer per dag indien u depressie nie verbeter nie.
Moenie meer as die voorgeskrewe dosis van BUPROPION XR 150 ADCO neem nie.
BUPROPION XR 150 ADCO moet heel gesluk word. Moenie kou, fyndruk of verdeel nie, want dit kan lei tot 'n hoër risiko vir newe-effekte, insluitend aanvalle.
U moet ten minste 24 uur wag voordat u die volgende tablet neem.

U dokter sal vir u vertel hoe lank u behandeling met BUPROPION XR 150 ADCO sal duur. Moenie behandeling vroeg stop nie, want dit kan 'n rukkie neem voordat BUPROPION XR 150 ADCO 'n uitwerking op u depressie het. Vertel u dokter of apteker indien u die indruk het dat die uitwerking van BUPROPION XR 150 ADCO te sterk of te swak is.
BUPROPION XR 150 ADCO moet nie gebruik word by kinders jonger as 18 jaar nie. Vertel asseblief vir u dokter indien u 'n ouer pasiënt (ouer as 65 jaar) is, lewer- of niersiekte het, aangesien u dosis van BUPROPION XR 150 ADCO dalk aangepas moet word.

Indien u meer BUPROPION XR 150 ADCO neem as wat u moet
In die geval van 'n oordosering, raadpleeg u dokter of apteker. Indien geeneen beskikbaar is nie, kontak die naaste hospitaal of gifbeheersentrum. Neem hierdie inligting en die res van die oorblywende BUPROPION XR 150 ADCO saam met u sodat die dokter sal weet wat u geneem het.

Tekens en simptome van oordosering: Indien u te veel tablette neem, kan u dalk aanvalle, lomerigheid, hallusinasies (dinge sien of hoor wat nie regtig is nie), parastesie (gevoelloosheid of tintelende sensasie) naarheid, braking, verlies van bewussyn en/of abnormale lees van die hart (gesien op EKG, elektriese aktiwiteit van u hart), onreëlmatige of vinnige hartklop, ervaar.

Indien u vergeet om BUPROPION XR 150 ADCO te neem
Moenie 'n dubbele dosis neem om op te maak vir vergete individuele dosisse nie. Indien u 'n dosis mis, wag en gaan voort met die volgende dosis op die gewone tyd.

Indien u ophou om BUPROPION XR 150 ADCO te neem
Moenie ophou om BUPROPION XR 150 ADCO te neem of u dosis te verminder sonder om eers met u dokter te praat nie. U dokter sal die dosis oor 'n tydperk verlaag om die terugkeer van depressie of ander ongewenste effekte te voorkom.

4. Moontlike newe-effekte
BUPROPION XR 150 ADCO kan newe-effekte hê.
Nie alle newe-effekte wat aangemeld is vir BUPROPION XR 150 ADCO is in hierdie inligtingstuk ingesluit nie. Indien u algemene gesondheid vererger of indien u enige ongewenste effekte ervaar terwyl u BUPROPION XR 150 ADCO neem, raadpleeg asseblief u voorsiener vir advies.

Indien enige van die volgende gebeur, hou op om BUPROPION XR 150 ADCO te neem en vertel onmiddellik u dokter of gaan na die ongevalle afdeling van u naaste hospitaal:
• allergiese reaksies wat voorkom as 'n rooi vel of uitslag (soos brandneteluitslag) met die ontwikkeling van jeukerigheid en swellings (urikarie).
• aanvalle (stuipe of konvulsies), die kans dat dit sal plaasvind is groter indien u te veel BUPROPION XR 150 ADCO neem, indien u sekere medisyne neem of indien u 'n groter risiko het of aanvalle te kry; praat met u dokter indien u bekommerd is.
• allergiese reaksies wat voorkom as blase en afsilferende vel, ongewone hyging of probleme met asemhaling, geswelde ooglede, lippe of tong, pyn in spiere of gewrigte, ineenstorting of verlies van bewussyn.
Hierdie is alles baie ernstige newe-effekte. Indien u dit het, het u dalk 'n ernstige reaksie teenoor BUPROPION XR 150 ADCO gehad. U benodig dalk dringende mediese hulp of hospitalisasie.

Vertel u dokter onmiddellik of gaan na die ongevalle afdeling van u naaste hospitaal indien u enige van die volgende opmerk:
• borspyn.
• veranderinge in die manier waarop u hart klop, byvoorbeeld indien u agterkom dat dit vinniger of onreëlmatig klop.
• gedagtes om uself skade aan te doen of dood te maak terwyl u BUPROPION XR 150 ADCO neem of kort nadat die behandeling gestaak is (sien "**Neem spesiale sorg met BUPROPION XR 150 ADCO**" in afdeling 2).
Hierdie is alles ernstige newe-effekte. U benodig dalk dringende mediese hulp.

Vertel u dokter indien u enige van die volgende opmerk:
Dikwelse newe-effekte:
• probleme met slaap (maak seker u neem BUPROPION XR 150 ADCO in die oggend)
• hoofpyn
• droë mond, siek voel, braking, maagpyn of ander ongesteldhede (hardlywigheid)
• koors, duiseligheid, jeuk, sweet en veluitslag (soms as gevolg van 'n allergiese reaksie)
• bewerigheid, bewing, swakheid, moegheid
• angstig of opgewonde voel
• veranderinge in die smaak van voedsel, verlies van aptyt (anoreksie)
• verhoging in bloeddruk soms erg, blosing
• lui in die ore, visuele versteuringe

Minder dikwelse newe-effekte:
• voel depressief (sien "**Neem spesiale sorg met BUPROPION XR 150 ADCO**" in afdeling 2).
• probleme met konsentrasie, voel verward, rusteloos, geïrriteerd, vyandig, aggressief, vreemde drome, tinteling of gevoelloosheid, geheueverlies, floute
• gewigsverlies, veranderinge in bloedsuikervlakke
• rukkings, spierstyfheid, ongekontroleerde bewegings, probleme met loop of koördinasie
• vergeling van die vel of die wit van u oë (geelsug) wat veroorsaak kan word deur verhoogde lewerensieme, hepatitis
• urineer meer of minder as gewoonlik.
• verergering van psoriase (verdikte kolle met rooi vel)
• voel onwerklik of vreemd (depersonalisering), sien of hoor dinge wat nie daar is nie (hallusinasies), voel of glo dinge wat nie waar is nie (dwalings), erge agterdog (paranoia)
• voel duiselig of floute wanneer te vinnig opstaan.

Newe-effekte met onbekende frekwensie:
• verlies aan kontak met die werklikheid en nie in staat om duidelik te dink (psigose) en te oordeel nie, ander simptome kan hallusinasies en/of drogbeelde insluit.
•lae natriumvlakke in die bloed
Indien u enige newe-effekte ervaar wat nie in hierdie inligtingstuk genoem is nie, stel asseblief u dokter of apteker in kennis.

Rapportering van newe-effekte
Indien u newe-effekte kry, praat met u dokter, apteker of verpleegster. Dit sluit enige moonlike newe-effekte in wat nie in hierdie inligtingstuk gelys is nie. U kan ook newe-effekte aan SAHPRA rapporteer via die "**6.04 Adverse Drug Reaction Reporting Form**", aanlyn gevind onder SAHPRA publikasies: https:www.sahpra.org.za/Publications/Index/8. Deur newe-effekte te rapporteer, kan u help om meer inligting te voorsien oor die veiligheid van BUPROPION XR 150 ADCO.

5. Hoe om BUPROPION XR 150 ADCO te bêre
BERE ALLE MEDISYNE BUITE BEREIK VAN KINDERS.
Bêre teen of benede 25 °C.
Bêre in die oorspronklike verpakking.
Bêre in 'n koel, droë plek.
Beskerm teen vog en lig.
Hou die houer dig toe.
Moenie gebruik na die vervaldatum wat op die bottel aangedui is nie.
Neem alle ongebruikte medisyne terug na u apteker.
Moenie ongebruikte medisyne in dreine en rioolstelsels (bv. toilette) weggooi nie.

6. Inhoud van die verpakking en ander inligting
Wat BUPROPION XR 150 ADCO bevat
Die aktiewe bestanddeel is bupropion hidrochloried. Elke tablet bevat 150 mg bupropion hidrochloried.
Die ander bestanddele is etielsellulose, hidroksiepropielsellulose, makrogol 1500, metakrielsuur-etielakrilaatkopolimeer (1:1) Tipe A, Opandry Clear YS-1-7006 (hipromellose, makrogol 400, makrogol 8000), povidoon, watervrye kolloïdale silika, natriumstearielfumaraat en trietielsitraat.

Hoe BUPROPION XR 150 ADCO lyk en die inhoud van die verpakking
BUPROPION XR 150 ADCO is wit tot vaal geel, ronde, bikonvekse tablette, gewoon aan beide kante.
BUPROPION XR 150 ADCO is verpak in wit ondeursigtige HDPE bottels geseël met 'n induksie-seël en kinderveilige doppe (saam met silikagel en geaktiveerde koolstof kussingpakkie, en suurstof- en vogabsorbeerder).
Verpakkingsgroottes beskikbaar: 28 en 30 tablette per bottel.
Nie alle verpakkingsgroottes word noodwendig bemark nie.

Houer van Sertifikaat van Registrasie
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Hierdie inligtingstuk was laas hersien:
Nie van toepassing nie

Registrasie nommer:
50/1.2/0967.965

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adcock ingram