

Brancico XL (Quetiapine fumarate) 50mg, 150mg, 200mg, 300mg and 400mg prolonged-release tablets Prescribing Information. Prescribers should consult the SmPC before prescribing.

Presentation: Each Brancico XL prolonged-release tablet contains 50mg, 150mg, 200mg, 300mg and 400mg of quetiapine fumarate and 14mg, 42mg, 56mg, 85mg and 113mg of lactose (anhydrous) respectively.

Indications: In adults for treatment of schizophrenia, bipolar disorder (moderate to severe manic episodes, major depressive episodes, prevention of recurrence of manic or depressed episodes who previously responded to quetiapine treatment) and an add-on treatment of major depressive episodes in patients with major depressive disorder (MDD) who have had sub-optimal response to antidepressant monotherapy.

Dosage and administration: Different dosing schedules exist for each indication and the lowest effective dose should be used. Dose is titrated up for all indications. Ensure patients receive clear information on the appropriate dosage for their condition. See SmPC for further details. Switching from quetiapine immediate-release (IR) tablets: patients currently being treated with divided doses of immediate release quetiapine tablets may be switched to Brancico XL at the equivalent total daily dose, taken once daily. Individual dosage adjustments may be necessary.

Method of Administration: administered once daily, without food. The tablets should be swallowed whole.

Special Populations: Paediatric Population: not recommended in patients aged under 18 years. Elderly: use with caution. The rate of dose titration may need to be slower, and the daily therapeutic doses lower than that used in younger patients. Starting dose should be 50mg/day. Renal impairment: dosage adjustment not necessary. Hepatic impairment: use with caution, especially during initial dosing period. Starting dose is 50mg/day.

Fertility, pregnancy and lactation: Pregnancy: only use during pregnancy if the benefits justify the potential risks. Neonates exposed to antipsychotics (including quetiapine) during the third trimester are at risk of adverse reactions including extrapyramidal and/or withdrawal symptoms that may vary in severity and duration following delivery. Consequently, newborns should be monitored carefully. Breastfeeding: Due to lack of robust data, a decision must be made whether to discontinue breast-feeding or to discontinue quetiapine therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman. Fertility: no human data available.

Contraindications: Hypersensitivity to the active substance or to any of the excipients. Concomitant administration of cytochrome P450 3A4 inhibitors, such as HIV-protease

inhibitors, azole-antifungal agents, erythromycin, clarithromycin and nefazodone.

Special warnings and precautions: Suicide/suicidal thoughts or clinical worsening: risk of suicide may increase in the early stages of recovery, monitor patients closely. Consider the potential risk of suicide-related events after abrupt cessation of treatment. Close supervision of patients, in particular those at high risk, should accompany drug therapy, especially in early treatment and following dose changes. Alert patients (and caregivers of patients) of the need to monitor. Metabolic risk: assess patient's metabolic parameters at time of treatment initiation and regularly control any changes in these parameters during the course of treatment. Extrapyramidal symptoms: development of akathisia has been reported during first few weeks of treatment. In patients who develop these symptoms, increasing the dose may be detrimental. Tardive dyskinesia: dose reduction or discontinuation should be considered. Symptoms can worsen or arise after discontinuation of treatment. Somnolence and dizziness: patients experiencing somnolence of severe intensity may require more frequent contact for a minimum of 2 weeks from onset or until symptoms improve. Treatment discontinuation may need to be considered. Orthostatic hypotension: onset usually occurs during the initial dose-titration period Sleep apnoea syndrome: use in caution in patients receiving concomitant central nervous system depressants and who have a history of, or are at risk for sleep apnoea. Seizures: use with caution in patients with a history of seizures. Neuroleptic malignant syndrome: associated with antipsychotic treatment. In such an event, quetiapine should be discontinued and appropriate medical treatment given. Severe neutropenia (neutrophil count <0.5 x10⁹/L) and agranulocytosis: most cases have occurred within a couple of months of starting and some cases were fatal. Quetiapine should be discontinued in patients with a neutrophil count <1.0 x 10⁹/L. Patients should be observed for signs and symptoms of infection and neutrophil counts followed (until they exceed 1.5 x10⁹/L). Neutropenia should be considered in patients presenting with infection or fever, particularly in the absence of obvious predisposing factor(s), and should be managed as clinically appropriate. Anti-cholinergic (muscarinic) effects: use with caution in patients receiving medications having anti-cholinergic (muscarinic) effects. Use with caution in patients with a current diagnosis or prior history of urinary retention, clinically significant prostatic hypertrophy, intestinal obstruction or related conditions, increased intraocular pressure or narrow angle glaucoma. Weight gain: should be monitored and managed as clinically appropriate. Hyperglycaemia: observe for signs and symptoms and monitor patients with diabetes mellitus or with risk factors for diabetes mellitus. Lipids: increases in triglycerides, LDL and total cholesterol, and decreases in HDL cholesterol can occur. QT prolongation: use with caution in patients with cardiovascular disease or family history of QT prolongation and when quetiapine is prescribed either with medicines known to increase QT interval, or with

concomitant neuroleptics. Cardiomyopathy and myocarditis: In patients with suspected cardiomyopathy or myocarditis discontinuation of quetiapine should be considered. Severe Cutaneous skin reactions (SCARs): including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), acute generalised exanthematous pustulosis (AGEP), erythema multiforme (EM) and drug reaction with eosinophilia and systemic symptoms (DRESS) which can be life threatening or fatal have been reported very rarely with quetiapine treatment. Withdrawal: acute withdrawal symptoms such as insomnia, nausea, headache, diarrhoea, vomiting, dizziness, and irritability may occur after abrupt cessation. Gradual withdrawal over a period of at least 1-2 weeks is advisable. Elderly patients with dementia-related psychosis: Brancico XL is not approved for the treatment of dementia-related psychosis due to an increased risk of cerebrovascular adverse events. Use with caution in patients with risk factors for stroke. Elderly with Parkinson's disease (PD) / parkinsonism: use with caution. Dysphagia: use with caution in patients at risk for aspiration pneumonia. Constipation and intestinal obstruction: manage such patients with close monitoring and urgent care. Venous thromboembolism (VTE): as patients treated with antipsychotics often present with acquired risk factors for VTE, all possible risk factors for VTE should be identified before and during treatment with quetiapine and preventive measures undertaken. Pancreatitis: has been reported. Misuse and abuse: caution may be needed when prescribing to patients with a history of alcohol or drug abuse. Lactose: patients with rare hereditary problems of galactose intolerance, the total lactase deficiency, or glucose-galactose malabsorption should not take this medicine.

Drug Interactions: Other centrally acting medicinal products, alcohol, medications having anti-cholinergic (muscarinic) effects, CYP3A4 inhibitors, grapefruit juice, carbamazepine, phenytoin, hepatic enzyme inducers, thioridazine, lithium, valproate, medicinal products known to cause electrolyte imbalance or to increase QT interval, methadone and tricyclic antidepressants.

Effects on ability to drive/use machines: May interfere with activities requiring mental alertness. Advise patients not to drive or operate machinery, until individual susceptibility to this is known.

Undesirable effects: Decreased haemoglobin, leucopenia, decreased neutrophil count, eosinophils increased, neutropenia, thrombocytopenia, agranulocytosis, hypersensitivity, anaphylactic reaction, hyperprolactinaemia, decreases in total T4, decreases in free T4, decreases in total T3, increases in TSH, hypothyroidism, inappropriate antidiuretic hormone secretion, elevations in serum triglyceride levels, elevations in total cholesterol (predominantly LDL cholesterol), decreases in HDL cholesterol, weight gain, increased appetite, hyper-

glycaemia, diabetes mellitus, abnormal dreams and nightmares, suicidal ideation, suicidal behaviour, dizziness, somnolence, headache, extrapyramidal symptoms, dysarthria, seizure, tardive dyskinesia, syncope, tachycardia, palpitations, QT prolongation, bradycardia, cardiomyopathy and myocarditis, vision blurred, orthostatic hypotension, venous thromboembolism, stroke dyspnea, dry mouth, constipation, dyspepsia, vomiting, pancreatitis, intestinal obstruction/ileus, elevations in serum ALT, elevations in gamma-GT levels, hepatitis, angioedema, stevens-johnson syndrome, toxic epidermal necrolysis, erythema multiforme, Acute generalised exanthematous pustulosis (AGEP), drug reaction with eosinophilia and systemic symptoms (DRESS), cutaneous vasculitis, rhabdomyolysis, withdrawal symptoms, mild asthenia, peripheral oedema, irritability, pyrexia, neuroleptic malignant syndrome, hypothermia, urinary retention, drug withdrawal syndrome neonatal, ventricular arrhythmia, sudden unexplained death, cardiac arrest.

Pack size and UK list price:

Brancico XL 50mg (PL 17780/0760) pack size:60 £8.99
Brancico XL 150mg (PL 17780/0761) pack size:60 £19.49
Brancico XL 200mg (PL 17780/0762) pack size:60 £19.49
Brancico XL 300mg (PL 17780/0763) pack size:60 £33.74
Brancico XL 400mg (PL 17780/0764) pack size:60 £44.99

Legal category: POM

Marketing Authorisation Holder: Zentiva Pharma UK Limited, 12 New Fetter Lane, London, EC4A 1JP, UK

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**Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Zentiva via email to PV-United-Kingdom@zentiva.com or via phone on
0800 090 2408.**