

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1. NAME OF THE VETERINARY MEDICINAL PRODUCT**

Epityl 60mg Flavoured Tablets for Dogs

### **2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

#### **Active ingredient:**

Each tablet contains:  
Phenobarbital 60mg

For the full list of excipients, see section 6.1

### **3. PHARMACEUTICAL FORM**

Tablet

White, circular tablet with cross breakline on one side.  
The tablets can be divided into two or four equal parts.

### **4. CLINICAL PARTICULARS**

#### **4.1 Target species**

Dog

#### **4.2 Indications for use, specifying the target species**

Prevention of seizures due to generalized epilepsy in dogs.

#### **4.3 Contra-indications**

Do not use in animals with serious impaired hepatic function.  
Do not use in animals with serious renal or cardiovascular disorders.  
Do not use in dogs weighing less than 6 kg body weight.  
Do not use in case of hypersensitivity to the active substance or to any other barbiturates or to any of the excipients.

#### **4.4 Special warnings for each target species**

The decision to start antiepileptic drug therapy with phenobarbital should be evaluated for each individual case and depends on number, frequency, duration and severity of seizures in dogs.

Some of the dogs are free of epileptic seizures during the treatment, but some of the dogs show only a seizure reduction, and some of the dogs are considered to be non-responders.

## 4.5 Special precautions for use

### Special precautions for use in animals

Caution is recommended in animals with impaired hepatic and renal function, hypovolemia, anaemia and cardiac or respiratory dysfunction. The chance of hepatotoxic side effects can be diminished or delayed using an effective dose that is as low as possible. Monitoring of hepatic parameters is recommended in case of a prolonged therapy.

It is recommended to assess the clinical pathology of the patient 2-3 weeks after start of treatment and afterwards every 4-6 months, e.g. measurement of hepatic enzymes and serum bile acids. It is important to know that the effects of hypoxia etc. do cause increased levels of hepatic enzymes after a seizure. Phenobarbital may increase the activity of serum alkaline phosphatase and transaminases. These may demonstrate non-pathological changes, but could also represent hepatotoxicity, liver function tests are recommended. Increased liver enzyme values may not always require a dose reduction of phenobarbital if the serum bile acids are in the normal range.

In stabilised epileptic patients, it is not recommended to switch from other phenobarbital formulations to Epityl 60 mg tablets. However, if this cannot be avoided then additional caution should be taken. This includes more frequent plasma concentration sampling to ensure that therapeutic levels are maintained. Monitoring for increased side effects and for hepatic dysfunction should be conducted more regularly until stabilisation is confirmed. Withdrawal or transition from other types of anti-epileptic therapy should be made gradually to avoid precipitating an increase in the frequency of seizures.

The tablets are flavoured. In order to avoid any accidental ingestion, store tablets out of reach of the animals.

### Special precautions to be taken by the person administering the veterinary medicinal product to animals

- Barbiturates can cause hypersensitivity. People with known hypersensitivity to barbiturates should avoid contact with the product.
- Accidental ingestion may cause intoxication and could be fatal, particularly for children. Take utmost care that children do not come in contact with the product.
- Phenobarbital is teratogenic and may be toxic to unborn and breastfeeding children; it may affect the developing brain and lead to cognitive disorders. Phenobarbital is excreted in breast milk. Pregnant women, women of childbearing age and women who are breastfeeding should avoid accidental ingestion and prolonged skin contact with the product.
- Keep this product in its original packaging to avoid accidental ingestion.
- It is advisable to wear disposable gloves during administration of the product to reduce skin contact.
- In case of accidental ingestion, seek medical attention immediately, advising medical services of barbiturate poisoning; show the package leaflet or the label to the physician. If possible, the physician should be informed about the time and amount of ingestion, as this information may help to ensure that

appropriate treatment is given.

- Each time an unused part-tablet is stored until next use, it should be returned to the open blister space and inserted back into the cardboard box.
- Wash hands thoroughly after use.

#### **4.6 Adverse reactions (frequency and seriousness)**

All adverse effects noted below have been reported very rarely.

During start of therapy ataxia, and sedation can occur but these effects are usually transitory and disappear in most, but not all, patients with continued medication.

Some animals can demonstrate a paradoxical hyperexcitability, particularly after first starting therapy. As this hyperexcitability is not linked to overdosage, no reduction of dosage is needed. Polyuria, polydipsia and polyphagia can occur at average or higher therapeutic active serum concentrations; these effects can be diminished by limiting intake of food. Sedation and ataxia often become significant concerns as serum levels reach the higher ends of the therapeutic range. High plasma concentrations may be associated with hepatotoxicity. Phenobarbital can have deleterious effects on stem cells from bone marrow. Consequences are immunotoxic pancytopenia and/or neutropenia. These reactions disappear after the treatment's withdrawal. Treating dogs with phenobarbital may lower their TT4 or FT4 serum levels, however this may not be an indication of hypothyroidism. Treatment with thyroid hormone replacement should only be started if there are clinical signs of the disease.

If adverse effects are severe, the decrease in the administered dose is recommended.

The frequency of adverse reactions is defined using the following convention:

- very common (more than 1 in 10 animals treated displaying adverse reaction(s))
- common (more than 1 but less than 10 animals in 100 animals treated)
- uncommon (more than 1 but less than 10 animals in 1,000 animals treated)
- rare (more than 1 but less than 10 animals in 10,000 animals treated)
- very rare (less than 1 animal in 10,000 animals treated, including isolated reports)

#### **4.7 Use during pregnancy, lactation or lay**

Phenobarbital crosses the placental barrier and at higher doses (reversible) withdrawal symptoms in newborns cannot be excluded. Studies in laboratory animals have shown evidence of action of phenobarbital on prenatal growth, especially concerning sexual development. Neonatal bleeding tendencies have been associated with phenobarbital treatment during pregnancy. Administration of Vitamin K to the dam for 10 days before parturition may help to minimize these effects on the fetus.

The safety of the product has not been established during pregnancy of dogs. The benefits of treatment may be greater than the potential risks associated with epileptic seizures on the fetus (hypoxia and acidosis). Therefore, in case of pregnancy, termination of antiepileptic treatment is not recommended; however, the dose should be as low as possible.

Phenobarbital is excreted in small amounts in breast milk and during nursing, pups should be monitored carefully for undesired sedative effects. Weaning early may be an option. If somnolence/sedative effects (that could interfere with suckling) appear in nursing newborns, an artificial suckling method should be chosen.

Use during pregnancy and lactation only according to the benefit/risk assessment by

the responsible veterinarian.

#### **4.8 Interaction with other medicinal products and other forms of interaction**

A therapeutic dose of phenobarbital for antiepileptic therapy can significantly induce plasma proteins, (such as  $\alpha$ 1acid glycoprotein, AGP), which bind drugs. Phenobarbital may reduce the activity of some drugs by increasing the rate of metabolism through induction of drug-metabolising enzymes in liver microsomes. Therefore special attention must be paid to the pharmacokinetics and doses of drugs simultaneously administered. The plasmatic concentration of a range of drugs (for example cyclosporine, thyroid hormones and theophylline) is decreased in the case of concurrent administration of phenobarbital. Concurrent use with other drugs having a central depressive action (like narcotic analgesics, morphinic derivatives, phenothiazines, antihistamines, clomipramine and chloramphenicol) can increase the effect of phenobarbital.

Cimetidine and ketoconazole are inhibitors of hepatic enzymes: concurrent use with phenobarbital can induce an increase of serum concentration of phenobarbital. Phenobarbital may decrease the absorption of griseofulvin. Concurrent use with potassium bromide increases the risk of pancreatitis. Use of phenobarbital tablets in conjunction with primidone is not recommended as primidone is predominantly metabolized to phenobarbital.

The following drugs can decrease the convulsive threshold: quinolones, high doses of  $\beta$ -lactam antibiotic, theophyllin, aminophyllin, cyclosporine and propofol for example). Medications which may alter the seizure threshold should only be used if really necessary and when no safer alternative exists.

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#### **4.9 Amounts to be administered and administration route**

For oral administration. The required dosage will differ to some extent between individuals and with the nature and severity of the disorder.

Tablets must be given at the same time each day and should be co-ordinated with feeding times in a consistent manner to optimise treatment success.

Dogs should be dosed orally, starting with a dose of 2-5mg per kg bodyweight per day. The dose should be divided and administered twice daily.

Steady state serum concentrations are not reached until 1-2 weeks after treatment is initiated. The full effect of the medication does not appear for two weeks and doses should not be increased during this time.

If seizures are not being controlled, the dosage may be increased by 20% at a time, with associated monitoring of serum phenobarbital levels. The phenobarbital serum concentration may be checked after steady state has been achieved, and if it is less than 15 $\mu$ g/ml the dose may be adjusted accordingly. If seizures recur the dose may be raised up to a maximum serum concentration of 45 $\mu$ g/ml. High plasma concentrations may be associated with hepatotoxicity. Blood samples could be taken

at the same time to allow plasma phenobarbital concentration to be determined preferably during trough levels, shortly before the next dose of phenobarbital is due. Plasma concentrations should be interpreted in conjunction with the observed response to therapy and a full clinical assessment including monitoring for evidence of toxic effects in each animal.

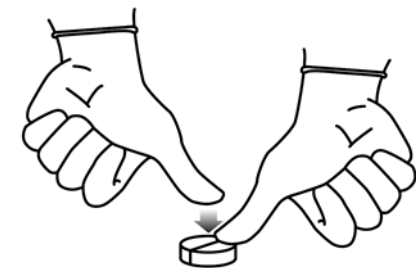
Clinical data suggests that considerable variation in plasma concentrations of phenobarbital may be observed in some animals. This variation may result in an animal with a trough plasma concentration of phenobarbital below the typical minimum therapeutic level ( 15 µg/ml) and a peak plasma concentration approaching the maximum level ( 45 µg/ml). If the seizure control is inadequate in such animals, care should be taken when increasing the dose as toxic levels may be reached or exceeded. Peak and trough plasma concentrations of phenobarbital may need to be measured in such animals. (Peak plasma concentrations are reached within approximately 3 hours after administration).

If the seizures are not being satisfactorily controlled and if the maximum plasma concentration of phenobarbital is about 40µg/ml, then the diagnosis should be reconsidered and/or a second antiepileptic product (such as bromides) should be added to the treatment protocol.

Tablets can be divided into equal halves or quarters to ensure accurate dosing. To break a cross scored tablet into quarters, place the tablet on an even surface with the scored side up and apply pressure on the middle with your thumb.



To break a tablet into two halves, place the tablet on an even surface with the scored side up, hold one half of the tablet and press down on the other half.



#### **4.10 Overdose (symptoms, emergency procedures, antidotes), if necessary**

Symptoms of overdose are:

- depression of the central nervous system demonstrated by signs ranging from sleep to coma,
- respiratory problems,

- cardiovascular problems, hypotension and shock leading to renal failure and death.

In case of overdose remove ingested product from the stomach, and give respiratory and cardiovascular support as necessary.

There is no specific antidote, but CNS stimulants, (like Doxapram) may stimulate the respiratory centre.

#### **4.11 Withdrawal period(s)**

Not applicable.

### **5. PHARMACOLOGICAL PROPERTIES**

Pharmacotherapeutic group: Antiepileptics/barbiturates and derivatives ATC Vet Code QN03AA02.

#### **5.1 Pharmacodynamic properties**

The antiepileptic effects of phenobarbital are probably the result of at least two mechanisms: Decreased monosynaptic transmission, which presumably results in reduced neuronal excitability and an increase in the motor cortex's threshold for electrical stimulation.

#### **5.2 Pharmacokinetic particulars**

After oral administration of phenobarbital to dogs, the drug is rapidly absorbed and maximal plasma concentrations are reached within 3 hours. Bioavailability is between 86%-96%. About 45% of the plasma concentration is protein bound. Metabolism is by aromatic hydroxylation of the phenyl group in the para position, and about one third of the drug is excreted unchanged in the urine. Elimination half-lives vary considerably between individuals and range from about 40-90 hours. Steady state serum concentrations are not reached until 1-2 weeks after treatment is initiated.

After oral administration of the product to 16 beagle dogs twice daily, at 12 hours intervals, for 14 days, at a dose rate of 0.5 tablet per dog, which equated to 4-5 mg/kg bodyweight, maximum plasma concentrations reached within 3 hours varied from 32.30 to 47.64 µg/ml and minimum plasma concentrations varied from 12.94 to 21.05 µg/ml.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Lactose monohydrate  
Microcrystalline cellulose  
Magnesium stearate  
Maize starch  
Talc  
Grilled meat flavour

### **6.2 Major Incompatibilities**

Not applicable

### **6.3 Shelf life**

Shelf life of the veterinary medicinal product as packaged for sale: 3 years  
Shelf life of divided tablets: 2 days

### **6.4. Special precautions for storage**

This veterinary medicinal product does not require any special storage conditions. Divided tablets should be stored in the original pack. Any divided tablet portions remaining after 2 days should be discarded. Keep the blister in the outer carton.

### **6.5 Nature and composition of immediate packaging**

Blister strips (PVC/Aluminium) containing 10 tablets in cartons of 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 500 and 1000 tablets.

White HDPE containers with a polypropylene child resistant cap containing 100 or 500 tablets.

Not all pack sizes may be marketed.

### **6.6 Special precautions for the disposal of unused veterinary medicinal product or waste materials derived from the use of such products**

Any unused veterinary medicinal product or waste material derived from such veterinary medicinal products should be disposed of in accordance with local requirements.

## **7. MARKETING AUTHORISATION HOLDER**

Chanelle Pharmaceuticals Manufacturing Ltd  
Loughrea  
Co. Galway  
Ireland

**8. MARKETING AUTHORISATION NUMBER**

Vm 08749/4034

**9. DATE OF FIRST AUTHORISATION**

19 September 2013

**10. DATE OF REVISION OF THE TEXT**

September 2018



Approved 03 September 2018