

Package leaflet: Information for the user
Mysoline 250 mg Tablets
primidone

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any of the side effects, talk to your doctor, or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What Mysoline is and what it is used for
2. What you need to know before you take Mysoline
3. How to take Mysoline
4. Possible side effects
5. How to store Mysoline
6. Contents of the pack and other information

1. What Mysoline is and what it is used for

Mysoline contains primidone as the active ingredient. It belongs to a group of medicines used to treat seizures.

Mysoline is used for the treatment of certain types of epilepsy, seizures (fits) or shaking attacks.

2. What you need to know before you take Mysoline

Do not take Mysoline:

- If you are allergic to primidone, phenobarbital, or to any of the other ingredients of this medicine (listed in section 6).
- If you or anyone in your family has porphyria (a rare inherited metabolism disorder).
- If you are also taking:
 - cholic acid (used to treat congenital bile acid deficiency),
 - St. John's wort (herb used to treat depression),
 - isavuconazole or voriconazole (antifungal medicines),
 - cobicistat, nelfinavir or rilpivirine (used to treat HIV infection),
 - delamanid (used to treat tuberculosis),
 - telaprevir, daclatasvir, dasabuvir, ombitasvir/paritaprevir, ledipasvir (used to treat hepatitis),
 - lurasidone (used to treat schizophrenia),
 - sofosbuvir (used to treat hepatitis C virus infection).

Warnings and precautions

This medicine is not effective for certain forms of epilepsy. Your doctor will assess whether or not to prescribe you this medicine depending on the form of epilepsy that you have.

Consult your doctor immediately if the frequency of your seizures increases or if seizures of a different type appear.

Talk to your doctor or pharmacist before taking Mysoline:

- If you have ever had respiratory, kidney or liver problems.
- If you are pregnant or are trying to become pregnant (see below for further information)

If you go to hospital, tell the medical staff that you are taking Mysoline.

Your doctor may prescribe you vitamin D supplementation (in the case of long-term treatment).

A small number of people have had thoughts of harming or killing themselves while being treated with antiepileptics such as primidone. If at any time you have this type of thoughts, immediately contact your doctor.

- Potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis or DRESS syndrome) have been reported with the use of Mysoline, appearing initially as reddish target-like spots or circular patches, often with central blisters on the trunk.
- Additional signs to look for include ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes).
- These potentially life-threatening skin rashes are often accompanied by flu-like symptoms. The rash may progress to widespread blistering or peeling of the skin.
- The highest risk for occurrence of serious skin reactions is within the first weeks of treatment.
- If you have developed Stevens-Johnson syndrome, toxic epidermal necrolysis or DRESS syndrome with the use of Mysoline or any other medicine containing phenobarbital, you must not be re-started on these medicines at any time.

If you develop a rash or these skin symptoms, stop using primidone and seek immediate advice from a doctor and tell him that you are taking this medicine.

Other medicines and Mysoline

Tell your doctor or pharmacist if you are taking, have recently taken, or might take any other medicines. This is important because some medicines may affect the way Mysoline works, or Mysoline may affect the way other medicines work.

In particular, tell your doctor if you are taking any of the following:

- Other medicines used to treat epilepsy and other types of seizures (such as phenytoin, felbamate, valproic acid, carbamazepine, perampanel, lamotrigine, oxcarbazepine, stiripentol, tiagabine, zonisamide)
- Anticoagulants to prevent blood clots (such as acenocoumarol, fluindione, phenindione, warfarin)
- Barbiturates or benzodiazepines (such as sleeping tablets)
- Medicines used to treat severe pain, cough, or as a substitute for morphine addiction (such as methadone, oxycodone or fentanyl)
- Antibiotics (such as metronidazole, doxycycline, telithromycin)

- Asthma medicines (such as theophylline, montelukast)
- Medicines containing hormones (such as the oral contraceptive pill, oestrogen-progestogen, progestogens, ulipristal)
- Thyroid hormones,
- Medicines used to treat high blood pressure or heart conditions (such as beta-blockers, nimodipine)
- Ciclosporin (used to prevent rejection of an organ transplant and also for other diseases of the body's immune system),
- Medicines used to treat mental health problems or depression (such as tricyclic antidepressants, lamotrigine, mianserin, quetiapine, sertraline),
- Medicines containing steroids,
- Medicines used to treat cancer (such as cyclophosphamide, etoposide, abiraterone, axitinib, eribulin, ifosfamide, bosutinib, crizotinib, dabrafenib, dasatinib, erlotinib, gefitinib, imatinib, lapatinib, nilotinib, pazopanib, ruxolitinib, sorafenib, sunitinib, vandetanib, regorafenib, vemurafenib, vismodegib, cabozantinib, ceritinib, ibrutinib, olaparib, ponatinib, carbazitaxel, docetaxel, irinotecan, procarbazine,
- Medicines containing morphine or similar medicines called opiates,
- Bedaquiline, delamanid (used to treat tuberculosis),
- Quinine (used to treat malaria),
- Medicines used to treat viral infections such as HIV infection or hepatitis C (such as boceprevir, dolutegravir, lopinavir, maraviroc, ritonavir, simeprevir),
- Antifungal medicines (albendazole, itraconazole, posaconazole),
- Anticoagulants (such as apixaban, dabigatran, rivaroxaban or ticagrelor),
- Folates (vitamin B9),
- Medicines used to reduce immunity (immunosuppressants such as tacrolimus, sirolimus, everolimus),
- Deferasirox (iron chelator),
- Medicine used to treat cystic fibrosis (ivacaftor),
- Medicines used to treat a heart disease or high blood pressure, or to regulate your heart rhythms (such as class IA antiarrhythmics, calcium antagonists, bosentan, dronedarone, ivabradine, macitentan, nimodipine, propafenone, ranolazine or beta-blockers (metoprolol, propranolol)),
- Antiparasitic drugs (albendazole, praziquantel).

Mysoline with food, drink and alcohol

Alcohol can react with Mysoline. Ask your doctor for advice if you want to drink alcohol.

Pregnancy, breast-feeding and fertility

Pregnancy

If taken during pregnancy, primidone, which is extensively metabolised to phenobarbital, can cause serious birth defects and can affect the way in which the child develops as it grows. Birth defects which have been reported in studies include cleft lip (split in the top lip) and cleft palate (split in the roof of the mouth) and heart abnormalities. Other birth defects have also been reported, such as malformation of the penis (hypospadias), smaller than normal head size, facial, nail and finger abnormalities. If you take phenobarbital during pregnancy you have a higher risk than other women of having a child with birth defects that require medical treatment. In the general population, the baseline risk of major malformations is 2-3%. This risk is increased by about 3 times in women taking phenobarbital.

Babies born to mothers using phenobarbital during pregnancy may also be at increased risk of being smaller than expected

Neurodevelopmental disorders (delays in development due to disorders in brain development) have been reported among children exposed to phenobarbital (main primidone metabolite) during pregnancy. Studies on the risk of neurodevelopmental disorders remain contradictory.

Mysoline should not be used during pregnancy unless nothing else works for you.

Talk to your doctor immediately if you are pregnant. Your doctor should discuss the possible effects of Mysoline tablets on the unborn child and the risks and benefits of treatment should be considered carefully. Do not stop taking primidone until you have discussed this with your doctor, as stopping the medication abruptly may increase the risk of developing seizures, which may have harmful effects on you and the unborn child.

Your doctor will consider stopping the treatment or will assess the potential benefit of continuing treatment in the absence of an alternative that presents less risk for the unborn child, in which case:

- During pregnancy: your doctor will adjust your dose to get the minimum effective dose for you and will set up specialised prenatal monitoring that is appropriate for your specific case and for your treatment.
- Before delivery: you will need to take vitamin K to prevent the bleeding this medicine may cause during the first 24 hours of your baby's life.
- After childbirth: an injection of vitamin K may also be prescribed for your baby, at birth, to avoid any bleeding.

If you have taken Mysoline during the last third of the pregnancy, appropriate monitoring should be conducted to detect potential disorders in the newborn, such as seizures, excessive crying, muscle weakness, sucking disorders.

Contraception

If you are a woman of childbearing age you should use effective contraception during treatment with Mysoline and for two months after treatment. Mysoline may affect how hormonal contraceptives, such as the contraceptive pill, work and make them less effective at preventing pregnancy. Talk to your doctor, who will discuss with you the most suitable type of contraception to use while you are taking Mysoline.

If you are a woman of childbearing age and are planning a pregnancy, talk to your doctor before you stop contraception and before you become pregnant about switching to other suitable treatments in order to avoid exposing the unborn baby to phenobarbital (The primidone contained in Mysoline is extensively metabolised to phenobarbital).

Breastfeeding

You should not breastfeed if you are taking this medicine. Contact your doctor straight away if you are breastfeeding or want to breastfeed.

Driving and using machines

Mysoline can make you feel sleepy. If this is the case, do not drive or operate machinery

3. How to take Mysoline

Always take Mysoline exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The dosage will be determined by your doctor and adjusted gradually on individual basis.

Mysoline is normally taken twice a day. Try to take your tablets at the same time each day.

Swallow the tablets whole with a drink of water.

The tablet can be divided into equal doses.

Epilepsy

At first, your dose may be as little as 125 mg (half a 250 mg tablet). This will be adjusted by your doctor until your condition is controlled. Typical maintenance doses are as follows:

Age group	Daily dose (milligrams)
Adults and children over 9 years	750 to 1500
Children 6 to 9 years	750 to 1000
Children 2 to 5 years	500 to 750
Children up to 2 years	250 to 500

Elderly / Patients with renal or liver disease

Lower doses may be prescribed. Please check with your doctor.

If you take more Mysoline than you should

If you take more than your normal dose, contact your doctor or the nearest hospital.

If you forget to take Mysoline

If you miss a dose, take it as soon as you remember. Do not take a double dose to make up for a forgotten tablet.

If you stop taking Mysoline

Do not stop taking Mysoline unless your doctor tells you to, even if you are feeling well. You may have become dependent on Mysoline, and could therefore experience a withdrawal reaction if you stop treatment too quickly. Mysoline treatment should be reduced gradually to prevent this.

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

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Common (may affect up to 1 in 10 people)

- Lack of energy (apathy), coordination disorders, visual disturbances, rolling of the eyes.
- Nausea.

Uncommon (may affect up to 1 in 100 people)

- Headache, dizziness.
- Vomiting.
- Allergic skin reaction.

Rare (may affect up to 1 in 1,000 people)

- Decreased number of some blood cells (red blood cells or white blood cells or platelets) or enlargement of lymph nodes.
- Changes in mood or behaviour, libido disorders.
- Joint or bone pain, Dupuytren's contracture (a thickening of fibrous tissue in the palm of the hand that causes one or more fingers to draw back), osteomalacia (bone softening due to vitamin D deficiency).
- Exfoliative dermatitis (common redness and peeling of the skin), lupus erythematosus (disease which causes inflammation of various parts of the body including the skin, joints, lungs, kidneys, heart and liver).
- Raised levels of enzymes in your liver (gamma GT, alkaline phosphatase).

Very rare (may affect up to 1 in 10,000 people)

- Potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported (see section 2).

Not known (frequency cannot be estimated from the available data)

- Allergic reactions which may include fever, rash, increased numbers of some blood cells (eosinophils), increase of some liver enzymes.
- There have been reports of bone disorders including osteopenia and osteoporosis (thinning of the bone) and fractures. Check with your doctor or pharmacist if you are on long-term antiepileptic medication, have a history of osteoporosis, or take steroids.
- Anorexia, fatigue
- Potentially life-threatening skin rashes (drug rash with eosinophilia and systemic symptoms) have been reported (see section 2).

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system: HPRA Pharmacovigilance, Website: www.hpra.ie.

By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Mysoline

- Keep this medicine out of the sight and reach of children.
- Do not use this medicine after the expiry date which is stated on the carton and blister after EXP or VAL. The expiry date refers to the last day of that month. Take any expired tablets back to the pharmacy.
- Do not store above 25°C. Store in the original package in order to protect from light and moisture. Keep the outer carton tightly closed.
- If your doctor tells you to stop taking your tablets, take any tablets you have left back to the pharmacy.
- Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Mysoline contains

The active substance is primidone. Each tablet contains 250 mg primidone. The other ingredients are povidone, gelatin, carmellose calcium, magnesium stearate, stearic acid and purified water.

What Mysoline looks like and contents of the pack

The tablets are white uncoated tablets for oral use. One side of the tablet has the letter "M" imprinted either side of a scoreline. The other side of the tablet is plain. Mysoline 250 mg Tablets are available in blister packs containing 100 tablets.

Parallel Product Authorisation holder:

IMED Healthcare Ltd, Unit 625 Kilshane Avenue, Northwest Business Park, Ballycoolin, Dublin 15, Ireland.

Manufacturer

Allphamed Pharbil Arzneimittel GmbH (Fab. Göttingen) DEU, Hildebrandstrasse, 10-12, 37081 Göttingen, Germany.

Repackaged by

Cast Healthcare Ltd, Unit E The Business Centre, 5-7 Tobermore Road, Draperstown, Magherafelt, BT45 7AG, UK(NI) or IMED Healthcare Ltd, Unit 625 Kilshane Avenue, Northwest Business Park, Ballycoolin, Dublin 15, Ireland.

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You can get information on epilepsy from the following organization: Brainwave Irish Epilepsy Association: 01 455 7500.

This leaflet was last revised in November 2021.