Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Stugeron 15 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains cinnarizine 15 mg.

Excipients: Each tablet contains 160 mg lactose monohydrate and 15 mg sucrose.

For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Tablet.
A biconvex, circular, white tablet engraved “S|15” on one side and “Janssen” on the other.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

For the prevention and control of motion sickness.

4.2 Posology and method of administration

For oral use. Stugeron should preferably be taken after meals.

Adults:
2 tablets 2 hours before travelling, then 1 tablet every 8 hours during the journey.

Children 5 - 12 years:
Half the adult dose.

4.3 Contraindications

Stugeron tablets are contra-indicated in patients with known hypersensitivity to cinnarizine or to any excipients listed in Section 6.1.

4.4 Special warnings and precautions for use

As with other antihistamines, Stugeron may cause epigastric upset, which may be diminished if taken after meals.

Cinnarizine is a vasodilator. While it has not been found to reduce blood pressure significantly, it should be used with caution in those with coronary artery disease or in patients with hypotension.

In patients with Parkinson's disease, Stugeron should only be given if the advantages outweigh the possible risk of aggravating this disease.

Stugeron may cause somnolence, especially at the start of treatment. Therefore, caution should be taken when alcohol or CNS depressants or tricyclic antidepressants are used concomitantly. (See Section 4.5)

Diagnostic interference:
Because of its antihistamine effect, Stugeron may prevent otherwise positive reactions to dermal reactivity indicators if used up to 4 days prior to skin testing.

Use of cinnarizine should be avoided in porphyria.

There have been no specific studies in hepatic or renal dysfunction. Stugeron should be used with care in patients with hepatic or renal insufficiency.

Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.
Avoid alcoholic drink.
Warning: Do not exceed the stated dose.

4.5 Interaction with other medicinal products and other forms of interaction

Stugeron may potentiate the sedative effect of CNS depressants, tricyclic antidepressants and alcohol, especially at the start of treatment. Alcoholic drink should be avoided.

Diagnostic Interference:
Because of its antihistamine effect, Stugeron may prevent an otherwise positive reaction to dermal reactivity indicators if used within 4 days prior to testing.

4.6 Fertility, pregnancy and lactation

Pregnancy
Stugeron tablets should not be taken during pregnancy unless considered essential by the physician.

Lactation
It is not known whether cinnarizine is excreted in breast milk. Use of Stugeron is not recommended in nursing mothers.

4.7 Effects on ability to drive and use machines

This product may cause drowsiness, especially at the start of treatment. If affected, do not drive or operate machinery.

4.8 Undesirable effects

The safety of Stugeron (30-225mg/day) was evaluated in 601 subjects (of which 303 were treated with Stugeron, 298 were given placebo) who participated in 6 placebo-controlled, double-blind clinical trials; 2 in the treatment peripheral circulatory disorders, 1 in the treatment of cerebral circulatory disorders, 1 in the treatment of vertigo, 1 in the prevention of motion sickness, and 1 in the treatment of both vertigo and cerebral circulatory disorders.

Six comparator trials and 13 open-label clinical trials were selected to determine the incidence of adverse reactions. In 19 studies, 937 subjects were treated with doses ranging from 25 to 450 mg/day Stugeron, in the treatment of peripheral circulatory disorders, cerebral circulatory disorders and vertigo.

Based on pooled safety data from these clinical trials, the most commonly reported (>1% incidence) Adverse Drug Reactions (ADRs) were: Somnolence (9.9%), Nausea (3.0%) and Weight Increased (1.5%).

Including the abovementioned ADR, the following ADRs have been observed from clinical trials and post-marketing experiences reported with the use of STUGERON. Frequencies displayed use the following convention:

Very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data).

System Organ Class	**Adverse Drug Reactions**		
	Frequency Category		
	Common (≥ 1/100 to < 1/10)	Uncommon (≥1/1,000 to <1/100)	**Not Known**
Nervous System Disorders	Somnolence	Hypersomnia	Dyskinesia; Extrapyramidal Disorder; Parkinsonism; Tremor
Gastrointestinal	Nausea	Vomiting;	

disorders		Abdominal Pain Upper; Dyspepsia	
Hepatobiliary disorders			Cholestatic Jaundice
Skin and subcutaneous tissue disorders		Hyperhidrosis; Lichenoid Keratosis	Lichen Planus; Subacute Cutaneous Lupus Erythematosus
Musculoskeletal and Connective Tissue Disorders			Muscle rigidity
General Disorders and Administration Site Conditions		Fatigue	
Investigations	Weight Increased		

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance
Website: www.hpra.ie

4.9 Overdose

Symptoms
Acute cinnarizine overdoses have been reported with doses ranging from 90 to 2,250 mg. The most commonly reported signs and symptoms associated with overdose of cinnarizine include: alterations in consciousness ranging from somnolence to stupor and coma, vomiting, extrapyramidal symptoms, and hypotonia. In a small number of young children, seizures developed. Clinical consequences were not severe in most cases, but deaths have been reported after single and polydrug overdoses involving cinnarizine.

Treatment
There is no specific antidote. For any overdose, the treatment is symptomatic and supportive care.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC Code N07CA02
Pharmacotherapeutic group: Antivertigo preparations

Cinnarizine has been shown to be a non-competitive antagonist of the smooth muscle contractions caused by various vasoactive agents, including histamine.

Cinnarizine also acts on vascular smooth muscle by selectively inhibiting the calcium influx into depolarised cells, thereby reducing the availability of free Ca^{2+} ions for the induction and maintenance of contraction.

Vestibular eye reflexes induced by caloric stimulation of the labyrinth in guinea pigs are markedly depressed by cinnarizine.

Cinnarizine has been shown to inhibit nystagmus.

5.2 Pharmacokinetic properties

In animals, cinnarizine is extensively metabolised, N-dealkylation being the major pathway. Approximately two thirds of the metabolites are excreted with the faeces, the rest in the urine, mainly during the first five days after a single dose.

Absorption
In man, after oral administration, absorption is relatively slow, peak serum concentrations occurring after 2.5 to 4 hours.

Distribution
The plasma protein binding of cinnarizine is 91%.

Metabolism
Cinnarizine is extensively metabolised mainly via CYP2D6, but there is considerable interindividual variation in the extent of metabolism.

Elimination
The reported elimination half-life for cinnarizine ranges from 4 to 24 hours.

The elimination of metabolites occurs as follows: one third in the urine drug is excreted in the urine (unchanged as metabolites and glucuronide conjugates) and two thirds in the faeces.

5.3 Preclinical safety data

Nonclinical safety studies showed that effects were observed only after chronic exposures from approximately 7 to 35 times the recommended maximum daily human dose of 90 mg/day calculated on a body surface area basis. Cinnarizine blocked the cardiac hERG channel in vitro, however in isolated cardiac tissue and following intravenous application in guinea-pigs, no QTc prolongation or proarrhythmic effects were observed at substantially higher exposures than those expected clinically.

In reproductive studies in the rat, rabbit, and dog, there was no evidence of adverse effects on fertility and no teratogenicity. At high doses associated with maternal toxicity in the rat there was a decreased litter size, an increase in resorptions and a decrease in fetal birth weight.

In vitro mutagenicity studies indicated that the parent compound is not mutagenic however, after reacting with nitrite and forming the nitrosation product, a weak mutagenic activity was observed. Carcinogenicity studies have not been conducted however, no pre-neoplastic changes were evident during chronic 18-month oral administration in rats up to approximately 35 times the maximum human dose level.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose Monohydrate
Maize Starch
Sucrose
Talc
Magnesium Stearate
Povidone K90

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

Blister packs of aluminium foil/PVC, containing 15 tablets.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 MARKETING AUTHORISATION HOLDER

JNTL Consumer Health I (Ireland) Limited
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D24 YK8N
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8 MARKETING AUTHORISATION NUMBER

PA23490/024/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 19 April 1993

Date of last renewal: 19 April 2008

10 DATE OF REVISION OF THE TEXT

March 2024