For the use only of a Registered Medical Practitioner or a Hospital or Laboratory

TORPANEL SUSPENSION

1. Generic Name

Perampanel Oral Suspension 0.5 mg/ml

2. Qualitative and quantitative Composition:

Each ml Contains:

Perampanel I.P. …….0.5 mg

The Excipients used are Sucrose, Methyl Paraben, Propyl paraben, Disodium Edetate, Sodium Benzoate, Sorbitol Solution 70 % Non-Crystallising, Sucralose, Xanthan Gum, Propylene Glycol, Citric Acid Monohydrate, Sodium Citrate and Menthol.

3. Dosage form and strength

Dosage form: Suspension

Strength: Perampanel 0.5 mg

4. Clinical particulars

4.1. Therapeutic indication

It is Indicated adjunctive therapy for the treatment of:

- Partial-onset Seizures with or without secondarily generalized seizures in patients with epilepsy 12 years of age and older.
- Primary Generalized Tonic-Clonic Seizures in patients with epilepsy 12 years of age and older.

4.2. Posology and method of administration

Posology

Perampanel Oral Suspension must be titrated, according to individual patient response, in order to optimise the balance between efficacy and tolerability.

Perampanel suspension should be taken orally once daily at bedtime.

It may be taken with or without food, but preferably always under the same conditions. Switching between the tablet and suspension formulation should be done with caution.

The physician should prescribe the most appropriate formulation and strength according to weight and dose.

Partial-Onset Seizures

Perampanel at doses of 4 mg/day to 12 mg/day has been shown to be effective therapy in partial-onset seizures.

The following table summarises the recommended posology for adults, adolescents and children from 4 years of age. More details are provided below the table. Adult/adolescent (12years and older)

	Adult/adolescent (12 years and older)	**Children (4 – 11 years); weighing:**		
		≥ 30 kg	**20 - < 30 kg**	**< 20 kg**
Recommended starting dose	2 mg/day (4 ml/day)	2 mg/day (4 ml/day)	1 mg/day (2 ml/day)	1 mg/day (2 ml/day)
Titration (incremental steps)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	1 mg/day (2 ml/day) (no more frequently than weekly intervals)	1 mg/day (2 ml/day) (no more frequently than weekly intervals)
Recommended maintenance dose	4 – 8 mg/day (8 – 16 ml/day)	4 – 8 mg/day (8 – 16 ml/day)	4 – 6 mg/day (8 – 12 ml/day)	2 – 4 mg/day (4 – 8 ml/day)
Titration (incremental steps)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	1 mg/day (2 ml/day) (no more frequently than weekly intervals)	0.5 mg/day (1 ml/day) (no more frequently than weekly intervals)
Recommended maximum dose	12 mg/day (24 ml/day)	12 mg/day (24 ml/day)	8 mg/day (16 ml/day)	6 mg/day (12 ml/day)

Primary Generalised Tonic-Clonic Seizures

Perampanel at a dose up to 8 mg/day has been shown to be effective in primary generalised tonic-clonic seizures.

The following table summarises the recommended posology for adults, adolescents and children from 7 years of age. More details are provided below the table.

	Adult/adolescent (12 years and older)	**Children (7 – 11 years); weighing:**		
		≥ 30 kg	**20 - < 30 kg**	**< 20 kg**
Recommended starting dose	2 mg/day (4 ml/day)	2 mg/day (4 ml/day)	1 mg/day (2 ml/day)	1 mg/day (2 ml/day)
Titration (incremental steps)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	1 mg/day (2 ml/day) (no more frequently than weekly intervals)	1 mg/day (2 ml/day) (no more frequently than weekly intervals)
Recommended maintenance dose	Up to 8 mg/day (Up to 16 ml/day)	4 – 8 mg/day (8 – 16 ml/day)	4 – 6 mg/day (8 – 12 ml/day)	2 – 4 mg/day (4 – 8 ml/day)
Titration (incremental steps)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	2 mg/day (4 ml/day) (no more frequently than weekly intervals)	1 mg/day (2 ml/day) (no more frequently than weekly intervals)	0.5 mg/day (1 ml/day) (no more frequently than weekly

	Adult/adolescent (12 years and older)	Children (7 – 11 years); weighing:		
		≥ 30 kg	20 - < 30 kg	< 20 kg
				intervals)
Recommended maximum dose	12 mg/day (24 ml/day)	12 mg/day (24 ml/day)	8 mg/day (16 ml/day)	6 mg/day (12 ml/day)

Withdrawal

It is recommended that discontinuation be undertaken gradually to minimise the potential for rebound seizures. However, due to its long half-life and subsequent slow decline in plasma concentrations, perampanel can be discontinued abruptly if absolutely needed.

Missed doses

Single missed dose: As perampanel has a long half-life, the patient should wait and take their next dose as scheduled.

If more than 1 dose has been missed, for a continuous period of less than 5 half-lives (3 weeks for patients not taking perampanel metabolism-inducing anti-epileptic drugs (AED), 1 week for patients taking perampanel metabolism-inducing AEDs (see section 4.5)), consideration should be given to re-start treatment from the last dose level.

If a patient has discontinued perampanel for a continuous period of more than 5 half-lives, it is recommended that initial dosing recommendations given above should be followed.

Elderly (65 years of age and above)

Clinical studies of Perampanel Oral Suspension in epilepsy did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Analysis of safety information in 905 perampanel-treated elderly patients (in double-blind studies conducted in non-epilepsy indications) revealed no age-related differences in the safety profile. In combination with the lack of age- related difference in perampanel exposure, the results indicate that dose-adjustment in the elderly is not required. Perampanel should be used with caution in elderly taking into account the drug interaction potential in polymedicated patients.

Renal impairment

Dose adjustment is not required in patients with mild renal impairment. Use in patients with moderate or severe renal impairment or patients undergoing hemodialysis is not recommended.

Hepatic impairment

Dose increases in patients with mild and moderate hepatic impairment should be based on clinical response and tolerability. For patients with mild or moderate hepatic impairment, dosing can be initiated at 2 mg (4 ml). Patients should be up-titrated using 2 mg (4 ml) doses no faster than every 2 weeks based on tolerability and effectiveness.

Perampanel dosing for patients with mild and moderate impairment should not exceed 8 mg. Use in patients with severe hepatic impairment is not recommended.

Pediatric population

The safety and efficacy of perampanel have not yet been established in children below 4 years of age in the POS indication or in children below 7 years of age in the PGTCS indication.

Method of administration

Perampanel Oral Suspension, 0.5 mg/mL, should be shaken well before every administration.

4.3. Contraindications

Hypersensitivity to the active substance or to any of the excipients.

4.4. Special warnings and precautions for use

Suicidal ideation

Suicidal ideation and behaviour have been reported in patients treated with anti-epileptic medicinal products in several indications. A meta-analysis of randomised placebo-controlled trials of anti-epileptic medicinal products has also shown a small increased risk of suicidal ideation and behaviour. The mechanism of this risk is not known and the available data do not exclude the possibility of an increased risk for perampanel.

Therefore, patients (children, adolescents, and adults) should be monitored for signs of suicidal ideation and behaviours and appropriate treatment should be considered. Patients (and caregivers of patients) should be advised to seek medical advice should sign of suicidal ideation or behaviour emerge.

Severe cutaneous adverse reactions (SCARs)

Severe cutaneous adverse reactions (SCARs) including drug reaction with eosinophilia and systemic symptoms(DRESS) and Stevens - Johnson Syndrome (SJS), which can be life-threatening or fatal, have been reported (frequency unknown; see section 4.8) in association with perampanel treatment.

At the time of prescription patients should be advised of the signs and symptoms and monitored closely for skin reactions.

Symptoms of DRESS include typically, although not exclusively, fever, rash associated with other organ system involvement, lymphadenopathy, liver function tests abnormalities and eosinophilia. It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not evident.

Symptoms of SJS include typically although not exclusively, skin detachment (epidermal necrosis/blister) < 10%, erythematous skin (confluent), rapid progression, painful atypical target-like lesions and/or purpuric macules in wide dissemination or large erythema (confluent), bullous/erosive involvement of more than 2 mucous membranes.

If signs and symptoms suggestive of these reactions appear, perampanel should be withdrawn immediately and an alternative treatment considered (as appropriate).

If the patient has developed a serious reaction such as SJS or DRESS with the use of perampanel, treatment with perampanel must not be restarted in this patient at any time.

Absence and myoclonic seizures

Absence and myoclonic seizures are two common generalised seizure types that frequently occur in IGE patients. Other AEDs are known to induce or aggravate these seizure types. Patients with myoclonic seizures and absence seizures should be monitored while on Perampanel.

Nervous system disorders

Perampanel may cause dizziness and somnolence and therefore may influence the ability to drive or use machines.

Abuse potential

Caution should be exercised in patients with a history of substance abuse and the patient should be monitored for symptoms of perampanel abuse.

Falls

There appears to be an increased risk of falls, particularly in the elderly; the underlying reason is unclear.

4.5. Drugs interactions

Perampanel is not considered a strong inducer or inhibitor of cytochrome P450 or UGT enzymes.

Hormonal contraceptives

In healthy women receiving 12 mg (but not 4 or 8 mg/day) for 21 days concomitantly with a combined oral contraceptive, Perampanel was shown to decrease the levonorgestrel exposure (mean Cmax and AUC values were each decreased by40%). Ethinylestradiol AUC was not affected by Perampanel 12 mg whereas Cmax was decreased by 18%. Therefore, the possibility of decreased efficacy of hormonal progestative-containing contraceptives should be considered for women needing Perampanel 12 mg/day and an additional reliable method (intra-uterine device (IUD), condom) is to be used.

Interactions between Perampanel and other anti-epileptic medicinal products

Potential interactions between Perampanel and other anti-epileptic drugs (AEDs) were assessed in clinical studies. A population PK analysis of three pooled Phase 3 studies in adolescent and adult patients with partial- onset seizures evaluated the effect of Perampanel (up to 12 mg once daily) on the PK of other AEDs. In another population PK analysis of pooled data from twenty Phase 1 studies in healthy subjects, with Perampanel up to 36 mg, and one Phase 2 and six Phase 3 studies in paediatric, adolescent and adult patients with partial-onset seizures or primary generalised tonic-clonic seizures, with Perampanel up to 16 mg once daily, evaluated the effect of concomitant AEDs of perampanel clearance. The effect of these interactions on average steady state concentration is summarised in the following table.

AED coadministered	Influence of AED on Perampanel concentration	Influence of Perampanel on AED concentration
Carbamazepine	3 fold decrease	<10% decrease
Clobazam	No influence	<10% decrease
Clonazepam	No influence	No influence
Lamotrigine	No influence	<10% decrease
Levetiracetam	No influence	No influence
Oxcarbazepine	2 fold decrease	35% increase
Phenobarbital	20% decrease	No influence
Phenytoin	2 fold decrease	No influence
Topiramate	20% decrease	No influence
Valproic Acid	No influence	<10% decrease
Zonisamide	No influence	No influence

Alcohol

The effects of perampanel on tasks involving alertness and vigilance such as driving ability were additive or supra-additive to the effects of alcohol itself, as found in a pharmacodynamic interaction study in healthy subjects. Multiple dosing of perampanel 12 mg/day increased levels of anger, confusion, and depression as assessed using the Profile of Mood State 5-point

rating scale. These effects may also be seen when Perampanel is used in combination with other central nervous system (CNS) depressants.

Effect of cytochrome P450 inhibitors on perampanel pharmacokinetics

In healthy subjects, the CYP3A4 inhibitor ketoconazole (400 mg once daily for 10 days) increased perampanel AUC by20% and prolonged perampanel half-life by 15% (67.8 h vs 58.4 h). Larger effects cannot be excluded when perampanel is combined with a CYP3A inhibitor with longer half-life than ketoconazole or when the inhibitor is given for a longer treatment duration.

4.6. Use in special populations (such as pregnant women, lactating women, paediatric patients, geriatric patients etc.)

Pregnancy

There are limited amounts of data (less than 300 pregnancy outcomes) from the use of perampanel in pregnant women. Studies in animals did not indicate any teratogenic effects in rats or rabbits, but embryotoxicity was observed in rats at maternally toxic doses. Perampanel is not recommended during pregnancy.

Lactation

Studies in lactating rats have shown excretion of perampanel and/or its metabolites in milk. It is not known whether perampanel is excreted in human milk. A risk to the newborns/infants cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Perampanel therapy taking into account the benefit of breast--feeding for the child and the benefit of therapy for the woman.

Fertility

In the fertility study in rats, prolonged and irregular oestrous cycles were observed at high-dose (30 mg/kg) in females; however, these changes did not affect the fertility and early embryonic development. There were no effects on male fertility. The effect of perampanel on human fertility has not been established.

4.7. Effects on ability to drive and use machines

Perampanel has moderate influence on the ability to drive and use machines.

Perampanel may cause dizziness and somnolence and, therefore, may influence the ability to drive or use machines. Patients are advised not to drive a vehicle, operate complex machinery or engage in other potentially hazardous activities until it is known whether perampanel affects their ability to perform these tasks.

4.8. Undesirable effects

Tabulated list of adverse reactions

In the table below, adverse reactions, which were identified based on review of the full Perampanel clinical studies safety database, are listed by System Organ Class and frequency. The following convention has been

used for the classification of adverse reactions: very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to <1/100), not known (cannot be estimated from the available data).

Within each frequency category, adverse reactions are presented in order of decreasing seriousness.

System Organ Class	Very common	Common	Uncommon	Not known
Metabolism and nutrition disorders	Decreased appetite	Increased appetite		
Psychiatric disorders		Aggression, Anger, Anxiety, Confusional state	Suicidal ideation Suicide attempt	
Nervous system disorders	Dizziness Somnolence	Ataxia Dysarthria Balance disorder Irritability		
Eye disorders		Diplopia Vision blurred		
Ear and labyrinth disorders		Vertigo		
Gastrointestinal disorders		Nausea		
Skin and subcutaneous tissue disorders				Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)* Stevens – Johnson Syndrome (SJS)*
Musculoskeletal and connective tissue disorders		Back pain		
General disorders		Gait disturbance Fatigue		
Investigations		Weight increased		
Injury, poisoning and procedural complications		Fall		

Pediatric population

Based on the clinical trial database of 196 adolescents exposed to perampanel from double-blind studies for partial-onset seizures and primary generalized tonic-clonic seizures, the overall safety profile in adolescents was similar to that of adults, except for aggression, which was observed more frequently in adolescents than in adults.

Based on the clinical trial database of 180 pediatric patients exposed to perampanel from a multicenter, open label study, the overall safety profile in children was similar to that established for adolescents and adults, except for somnolence, irritability, aggression, and agitation, which were observed more frequently in the paediatric study compared to studies in adolescents and adults.

Available data in children did not suggest any clinically significant effects of perampanel on growth and development parameters including body weight, height, thyroid function, insulin-like growth factor-1 (IGF-1) level, cognition (as assessed by Aldenkamp-Baker neuropsychological assessment schedule [ABNAS]), behaviour (as assessed by Child Behavior Checklist [CBCL]), and dexterity (as assessed by Lafayette Grooved Pegboard Test [LGPT]). However, long term effects [greater than 1 year] on learning, intelligence, growth, endocrine function, and puberty in children remain unknown.

Reporting of 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. Report suspected adverse reactions via any point of contact available at www.torrentpharma.com or at email: pv@torrentpharma.com or call on 1800-120-3001.

4.9. Overdose

There have been post-marketing cases of intentional and accidental overdose in pediatric patients with doses of perampanel up to 36 mg and in adult patients with doses up to 300 mg. The adverse reactions observed included altered mental status, agitation, aggressive behaviour, coma and depressed level of consciousness. The patients recovered without sequelae.

There is no available specific antidote to the effects of perampanel.

General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of the patient. In view of its long half-life, the effects caused by perampanel could be prolonged. Because of low renal clearance special interventions such as forced diuresis, dialysis or hemoperfusion are unlikely to be of value.

5. Pharmacological properties

5.1. Mechanism of Action

Perampanel is a first-in-class selective, non-competitive antagonist of the ionotropic α-amino-3-hydroxy-5- methyl-4-isoxazolepopionic acid (AMPA) glutamate receptor on post-synaptic neurons. Glutamate is the primary excitatory neurotransmitter in the central nervous system and is implicated in a number of neurological disorders caused by neuronal over excitation. Activation of AMPA receptors by glutamate is thought to be responsible for most fast excitatory synaptic transmission in the brain. In in vitro studies, perampanel did not compete with AMPA for binding to the AMPA receptor, but perampanel binding was displaced by noncompetitive AMPA receptor antagonists, indicating that perampanel is a noncompetitive AMPA receptor antagonist. In vitro, perampanel inhibited AMPA-induced (but not NMDA-induced) increase in intracellular calcium. *In vivo*, perampanel significantly prolonged seizure latency in an AMPA- induced seizure model.

The precise mechanism by which perampanel exerts its antiepileptic effects in humans remains to be fully elucidated.

5.2. Pharmacodynamic properties

A pharmacokinetic-pharmacodynamic (efficacy) analysis was performed based on the pooled data from the 3 efficacy trials for partial-onset seizures. In addition, a pharmacokinetic-pharmacodynamic (efficacy) analysis was performed in one efficacy trial for primary generalized tonic-clonic seizures. In both analyses, perampanel exposure is correlated with reduction in seizure frequency.

Psychomotor performance

Single and multiple doses of 8 mg and 12 mg impaired psychomotor performance in healthy volunteers in a dose-related manner. The effects of perampanel on complex tasks such as driving ability were additive or supra-additive to the impairment effects of alcohol. Psychomotor performance testing returned to baseline within 2 weeks of cessation of perampanel dosing.

Cognitive function

In a healthy volunteer study to assess the effects of perampanel on alertness, and memory using a standard battery of assessments, no effects of perampanel were found following single and multiple doses of perampanel up to 12 mg/day.

In a placebo-controlled study conducted in adolescent patients, no significant changes in cognition relative to placebo as measured by Cognitive Drug Research (CDR) System Global Cognition Score were observed for perampanel. In the open label extension, no significant changes were observed in global CDR system score after 52 weeks of perampanel treatment.

In an open-label uncontrolled study conducted in paediatric patients, no clinically important changes in cognition relative to baseline as measured by ABNAS were observed following adjunctive perampanel.

Alertness and mood

Levels of alertness (arousal) decreased in a dose-related manner in healthy subjects dosed with perampanel from 4 to12 mg/day. Mood deteriorated following dosing of 12 mg/day only; the changes in mood were small and reflected a general lowering of alertness. Multiple dosing of perampanel 12 mg/day also enhanced the effects of alcohol on vigilance and alertness, and increased levels of anger, confusion and depression as assessed using the Profile of Mood State 5-point rating scale.

Cardiac electrophysiology

Perampanel did not prolong the QTC interval when administered in daily doses up to 12 mg/day and did not have a dose-related or clinically important effect on QRS duration.

5.3. Pharmacokinetic properties

The pharmacokinetics of perampanel have been studied in healthy adult subjects (age range 18 to 79), adults, adolescents, and paediatric patients with partial-onset seizures and primary generalised tonic-clonic seizures,adults with Parkinson's disease, adults with diabetic neuropathy, adults with multiple sclerosis, and patients with hepatic impairment.

Absorption

Perampanel is readily absorbed after oral administration with no evidence of marked first-pass metabolism. Perampanel oral suspension is bioequivalent on a mg per mg basis to perampanel tablets under fasted conditions. When a single 12-mg dose of both formulations was administered with a high fat meal, perampanel oral suspension achieves equivalent AUC0-inf and approximately 23 % lower Cmax and 2 hours' delay in time to peak exposure (tmax) compared tothe tablet formulation. However, population pharmacokinetic analysis demonstrated that under simulated steady state exposure conditions, Cmax and AUC, of perampanel oral suspension were bioequivalent to the tablet formulation under both fasted and fed conditions.

When coadministered with a high fat meal, Cmax and AUC0-inf of a single 12-mg dose of perampanel oral suspension were approximately 22% and 13%, respectively, lower compared to fasted conditions.

Distribution

Data from in vitro studies indicate that perampanel is approximately 95% bound to plasma proteins.

In vitro studies show that perampanel is not a substrate or significant inhibitor of organic anion transporting polypeptides(OATP) 1B1 and 1B3, organic anion transporters (OAT) 1, 2, 3, and 4, organic cation transporters (OCT) 1, 2, and 3, and the efflux transporters P-glycoprotein and Breast Cancer Resistance Protein (BCRP).

Biotransformation

Perampanel is extensively metabolised via primary oxidation and sequential glucuronidation. The metabolism of perampanel is mediated primarily by CYP3A based on clinical study results in healthy subjects administered radio labelled perampanel and supported by

in vitro studies using recombinant human CYPs and human liver microsomes.

Following administration of radio labelled perampanel, only trace amounts of perampanel metabolites were observed in plasma.

Elimination

Following administration of a radio labelled perampanel dose to either 8 healthy adults or elderly subjects, approximately30% of recovered radioactivity was found in the urine and 70% in the faeces. In urine and faeces, recovered radioactivity was primarily composed of a mixture of oxidative and conjugated metabolites. In a population pharmacokinetic analysis of pooled data from 19 Phase 1 studies, the average t½ of perampanel was 105 hours. When dosed in combination with the strong CYP3A inducer carbamazepine, the average t½ was 25 hours.

Linearity/non-linearity

In a population PK analysis on pooled data from twenty Phase 1 studies in healthy subjects receiving perampanel between 0.2 and 36 mg either as single or multiple doses, one Phase 2 and five Phase 3 studies in patients with partial-onset seizure receiving perampanel between 2 and 16 mg/day and two Phase 3 studies in patients with primary generalised tonic-clonic seizures receiving perampanel between 2 and 14 mg/day a linear relationship was found between dose and perampanel plasma concentrations.

6. Nonclinical properties

6.1. Animal Toxicology or Pharmacology

Carcinogenesis

Perampanel was administered orally to mice (1, 3, 10, or 30 mg/kg/day) and rats (10, 30, or 100 mg/kg/day in males; 3,10, or 30 mg/kg/day in females) for up to 104 weeks. There was no evidence of drug-related tumors in either species.

Plasma perampanel exposures (AUC) at the highest doses tested were less than that in humans dosed at 8 mg/day.

Mutagenesis

Perampanel was negative in the in vitro Ames and mouse lymphoma tk assays, and in the in vivo rat micronucleus assay.

Impairment of Fertility

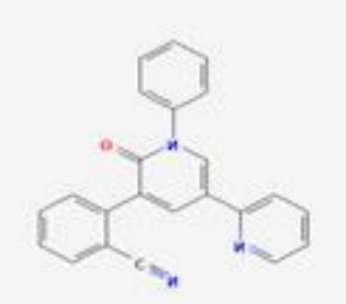
In male and female rats administered perampanel (oral doses of 1, 10, or 30 mg/kg/day) prior to and throughout mating and continuing in females to gestation day 6, there were no clear effects on fertility. Prolonged and/or irregular estrus cycles were observed at all doses but

particularly at the highest dose tested. Plasma perampanel exposures (AUC) at all doses were lower than that in humans dosed at 8 mg/day.

7. Description

Perampanel:

Perampanel is 2-(2-oxo-1-phenyl-5-pyridin-2-yl-1,2-dihydropyridin-3-yl) benzonitrile hydrate. . The empirical formula is $C_{23}H_{15}N_3O$, and its molecular weight is 362.9 g/mol. The chemical structural formula is:



TORPANEL:

Perampanel Oral Suspension are White to off white suspension.

The Excipients used are Sucrose, Methyl Paraben, Propyl paraben, Disodium Edetate, Sodium Benzoate, Sorbitol Solution 70 % Non-Crystallising, Sucralose, Xanthan Gum, Propylene Glycol, Citric Acid Monohydrate, Sodium Citrate and Menthol.

8. Pharmaceutical particulars

8.1. Incompatibilities

Not applicable

8.2. Shelf-life

Do not use later than date of expiry.

8.3. Packaging information

TORPANEL is available in bottle pack of 100 ml.

8.4. Storage and handing instructions.

Store protected from moisture, At a temperature not exceeding 30°C.

Keep out of reach of children.

Keep the bottle well closed after every use.

Shake well before use.

9. Patient Counselling Information

Ask the patients to inform the treating physicians in case of any of the below:

- Have any allergies
- Have kidney or liver problems
- Are pregnant or plan to become pregnant
- Are breastfeeding or plan to breastfeed
- Have any serious illness

- Are taking any medicines (prescription, over the counter, vitamins, or herbal products)

10. Details of manufacturer

Akums Drug & Pharmaceuticals Ltd.

Plot no. 22, Sector-6A, I.I.E.,

SIDCUL, Ranipur, Haridwar-249 403,

Uttarakhand, INDIA.

11. Details of permission or licence number with date

Mfg. Licence No: 123/UA/2007 Issued on:21.05.2024.

12. Date of revision

NA

MARKETED BY

TORRENT PHARMACEUTICALS LTD.

IN/TORPANEL SUSPENSION 100 ml/JUN 2026/01/PI