TramaCare
TRAMADOL CAPSULES BP 50mg

Read all of this leaflet carefully before you start taking this medicine.
- 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. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:

1. What TramaCare Tramadol Capsule 50mg is and what it is used for

Each TramaCare capsule contains Tramadol Hydrochloride BP 50mg.
TramaCare is indicated for the treatment of moderate to severe pain.

2. Before you are taking TramaCare Tramadol Capsule 50mg

TramaCare capsule is contraindicated in patients with:
- Hypersensitivity to tramadol hydrochloride or to any of the excipients.
- Acute intoxication with alcohol, hypnotics, analgesics, opioids, or psychotropic medicinal products.
- Receiving MAO inhibitors or who have taken them within the last 14 days.
- Epilepsy not adequately controlled by treatment.
- In narcotic withdrawal treatment.

Always ask your doctor or your pharmacist before taking this medicine.

Interaction with other medicinal products and other forms of interaction

- Tramadol should not be combined with MAO inhibitors.
- In patients treated with MAO inhibitors in the 14 days prior to the use of the opioid pethidine, life threatening interactions on the central nervous system, respiratory and cardiovascular function have been observed. The same interactions with MAO inhibitors cannot be ruled out during treatment with tramadol.
- Concomitant administration of tramadol with other centrally depressant medicinal products including alcohol may potentiate the CNS effects.
- The results of pharmacokinetic studies have so far shown that on the concomitant or previous administration of cimetidine (enzyme inhibitor) clinically relevant interactions are unlikely to occur. Simultaneous or previous administration of carbamazepine (enzyme inducer) may reduce the analgesic effect and shorten the duration of action.
- The combination with mixed agonist/antagonists (e.g., buprenorphine, nalbuphine, pentazocine) and tramadol is not advisable, because the analgesic effect of a pure agonist may be theoretically reduced in such circumstances.
- Tramadol can induce convulsions and increase the potential for selective serotonin re-uptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic anti- depressants, anti-psychotics and other seizure threshold lowering medicinal products (such as bupropion, mirtazapine, tetrahydrocannabinol) to cause convulsions.
- Concomitant therapeutic use of tramadol and serotonergic drugs, such as selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), MAO inhibitors, tricyclic antidepressants, and mirtazapine serotonin syndrome, a potentially life- threatening condition.
- Caution should be exercised during concomitant treatment with tramadol and coumarin derivatives (e.g., warfarin) due to reports of increased INR with major bleeding and ecchymoses in some patients.
- Other medicinal products known to inhibit CYP3A4, such as ketoconazole, ritonavir, and erythromycin, might inhibit the metabolism of tramadol (N-demethylation) and probably also the metabolism of the active O-demethylated metabolite. The clinical importance of such an interaction has not been studied.
- In a limited number of studies, the pre- or postoperative application of the antiemetic 5-HT3 antagonist ondansetron increased the requirement of tramadol in patients with postoperative pain. Sedative medicines such as benzodiazepines or related drugs.
- The concomitant use of opioids with sedative medicines such as benzodiazepines or related drugs increases the risk of sedation, respiratory depression, coma, and death because of additive CNS depressant effect. The dose and duration of concomitant use should be limited.

Warnings and precautions

- Tramadol may only be used with particular caution in opioid-dependent patients, patients with head injury, shock, a reduced level of consciousness of uncertain origin, disorders of the respiratory center or function, increased intracranial pressure.
- In patients sensitive to opiates the product should only be used with caution.
- Care should be taken when treating patients with respiratory depression, or if concomitant CNS depressant drugs are being administered, or if the recommended dosage is significantly exceeded as the possibility of respiratory depression cannot be excluded in these situations.
- Convulsions have been reported in patients receiving tramadol at the recommended dose levels. The risk may be increased when doses of tramadol exceed the recommended upper daily dose limit of 400mg. In addition, tramadol may increase the seizure risk in patients taking other medicinal products that lowers the seizure threshold. Patients with epilepsy or those susceptible to seizures should be only treated with tramadol if there are compelling circumstances. Tolerance, psychic, and physical dependence may develop, especially after long-term use. In patients with a tendency to drug abuse or dependence, treatment with Tramadol should only be carried out for short periods under strict medical supervision.
- When a patient no longer requires therapy with tramadol, it may be advisable to taper the dose gradually to prevent symptoms of withdrawal.
- Tramadol is not suitable as a substitute in opioid-dependent patients. Although it is an opioid agonist, tramadol cannot suppress morphine withdrawal symptoms.
- Tramadol should be used with caution in patients with impaired hepatic and renal function.

Sleep-related breathing disorders

Opioids can cause sleep-related breathing disorders including central sleep apnea (CSA) and sleep-related hypoxemia. Opioid use increases the risk of CSA in a dose-dependent fashion. In patients who present with CSA, consider decreasing the total opioid dosage.

Adrenal insufficiency

Opioid analgesics may occasionally cause reversible adrenal insufficiency requiring monitoring and glucocorticoid replacement therapy. Symptoms of acute or chronic adrenal insufficiency may include e.g. severe abdominal pain, nausea and vomiting, low blood pressure, extreme fatigue, decreased appetite, and weight loss.

Serotonin syndrome

Serotonin syndrome, a potentially life-threatening condition, has been reported in patients receiving tramadol in combination with other serotonergic agents or tramadol alone.
If concomitant treatment with other serotonergic agents is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose escalations. Symptoms of serotonin syndrome may include mental status changes, autonomic instability, neuromuscular abnormalities and/or gastrointestinal symptoms.
If serotonin syndrome is suspected, a dose reduction or discontinuation of therapy should be considered depending on the severity of the symptoms. Withdrawal of the serotonergic drugs usually brings about a rapid improvement.

3. How to take TramaCare Tramadol Capsule 50mg

For oral administration use only

Adults and children aged over 12 years and over
Acute pain: An initial dose is 50-100mg depending on the intensity of pain. This can be followed by doses of 50 or 100mg 4-6 hours later, and duration of therapy should be matched to clinical need. A total daily dose of 400mg should not be exceeded except in special clinical circumstances.
Pain associated with chronic conditions: Use an initial dose of 50mg and then titrate dose according to pain severity. The initial dose may be followed if necessary by 50-100mg every 4-6 hours. The recommended doses are intended as a guideline. Patients should always receive the lowest dose that provides effective pain control. A total daily dose of 400mg should not be exceeded except in special clinical circumstances. The need for continued treatment should be assessed at regular intervals as withdrawal symptoms and dependence have been reported. The capsules are to be taken whole, not divided or chewed, with sufficient liquid, independent of meals.
Tramadol should under no circumstances be administered for longer than absolutely necessary. If long-term pain treatment with tramadol is necessary in view of the nature and severity of the illness, then careful and regular monitoring should be carried out (if necessary with breaks in treatment) to establish whether and to what extent further treatment is necessary.

Children

<u>Tramadol capsules are not suitable for children below the age of 12 years.</u>

Geriatric patients

A dose adjustment is not usually necessary in patients up to 75 years without clinically manifest hepatic or renal insufficiency. In elderly patients over 75 years elimination may be prolonged. Therefore, if necessary the dosage interval is to be extended according to the patient's requirements.

Renal insufficiency/Dialysis

In patients with renal and/or hepatic insufficiency the elimination of tramadol is delayed. In these patients prolongation of the dosage intervals should be carefully considered according to the patient's requirements. In cases of severe renal and/or severe hepatic insufficiency tramadol are not recommended.

Overdoses

Symptoms: In principle, on intoxication with tramadol symptoms similar to those of other centrally acting analgesics (opioids) are to be expected. These include in particular miosis, vomiting, cardiovascular collapse, consciousness disorders up to coma, convulsions and respiratory depression up to respiratory arrest. Serotonin syndrome has also been reported.

Treatment: The general emergency measures apply. Keep open the respiratory tract (aspiration), maintain respiration and circulation depending on the symptoms. The stomach is to be emptied by vomiting (conscious patient) or gastric irrigation. The antidote for respiratory depression is naloxone. In animal experiments naloxone had no effect on convulsions. In such cases diazepam should be given intravenously.
In case of intoxication orally, gastrointestinal decontamination with activated charcoal or by gastric lavage is only recommended within 2 hours after tramadol intake. Gastrointestinal decontamination at a later time point may be useful in case of intoxication with exceptionally large quantities or prolonged-release formulation.
Tramadol is minimally eliminated from the serum by hemodialysis or hemofiltration. Therefore, treatment of acute intoxication with tramadol with hemodialysis or hemofiltration alone is not suitable for detoxification.

4. Possible side effects

Like all medicines, TramaCare capsule can cause side effects, although not everybody gets them.
If any of the side effects in the list below gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

Very common: Dizziness, nausea.
Common: Headache, somnolence, vomiting, constipation, dry mouth, sweating, fatigue.
Uncommon: Cardiovascular regulation (palpitations, tachycardia, postural hypotension, or cardiovascular collapse). These adverse effects may occur especially in connection with intravenous administration and if the patient is experiencing physical stress, Retching; gastrointestinal irritation (a feeling of pressure in the stomach, bloating), diarrhea, dermal reactions (e.g. pruritus, rash, urticaria).
Rare: Changes in appetite, hallucinations, confusion, sleep disturbance, anxiety, and nightmares. Psychic side-effects may occur following administration of tramadol, which vary individually in intensity and nature (depending on personality and duration of medication). These include changes in mood (usually elation, occasionally dysphoria), changes in activity (mostly reduced, occasionally increased) and changes in cognitive and sensorial ability (e.g., decision behaviors, perception disorders). Dependence may occur, paraesthesia, tremor, respiratory depression, epileptiform convulsions, involuntary muscle contractions, syncope, blurred vision, miosis, mydriasis, motorial weakness, micturition disorders (difficulty in passing urine and urinary retention), allergic reactions (e.g. dyspnoea, bronchospasm, wheezing, angioneurotic oedema) and anaphylaxis; symptoms of withdrawal reactions, similar to those occurring during opiate withdrawal, may occur as follows: agitation, anxiety, nervousness, insomnia, hyperkinesia, tremor and gastrointestinal symptoms.
Unknown: hypoglycemia, speech disorders, serotonin syndrome. Other symptoms that have very rarely been seen with tramadol discontinuation include: panic attacks, severe anxiety, hallucinations, paraesthesias, tinnitus and unusual CNS symptoms (i.e. confusion, delusions, depersonalization, derealization, paranoia).

5. How to store TramaCare Tramadol Capsule 50mg

Store at a temperature below 30°C.
Protect from light and moisture.
Keep the medicine out of reach of children.

6. Further Information

What TramaCare Tramadol Capsule 50mg contains

The active ingredient is Tramadol Hydrochloride.
Each capsule contains 50mg of Tramadol Hydrochloride.

What TramaCare Tramadol Capsule 50mg look like and contents of the pack

Each box contains 10 blisters and each blister contains 10 capsules.
TramaCare Tramadol Capsule 50mg are green and yellow capsules.
Shelf life: 36 months

TramaCare manufactured exclusively for:
AdvaCare Phrma USA
by Cian Healtcare Ltd.
Khasra No. 248, Vill - Sisona, Bhagwanpur, Roorkee,
Distt. Haridwar, Uttarakhand, India
www.AdvacarePharma.com