Abridged Prescribing Information:

Active Ingredient: SKIZORIL MD orodispersible tablets contain clozapine 25 mg / 50 mg/ 100mg/ 200 mg; SKIZORIL tablets contains clozapine 25 mg / 50 mg/ 100mg/ 200 mg.

Indication: Management of schizophrenic patients. **Dosage & Administration:** 12.5 mg once or twice on the first day, followed by 25 mg once or twice on the second day. If well tolerated, the daily dose may then be increased slowly in increments of 25 to 50 mg in order to achieve a dose level of up to 300 mg/day within 2 to 3 weeks. Thereafter, if required, the daily dose may be further increased in increments of 50 to 100 mg at half-weekly or, preferably, weekly intervals. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Patients unable to undergo regular blood tests. History of toxic or idiosyncratic granulocytopenia/agranulocytosis (with the exception of granulocytopenia/agranulocytosis from previous chemotherapy). History of Clozapine-induced agranulocytosis. Clozapine treatment must not be started concurrently with substances known to have a substantial potential for causing agranulocytosis; concomitant use of depot antipsychotics is to be discouraged Impaired bone marrow function. Uncontrolled epilepsy. Alcoholic and other toxic psychoses, drug intoxication, comatose conditions. Circulatory collapse and/or CNS depression of any cause. Severe renal or cardiac disorders (e.g. myocarditis). Active liver disease associated with nausea, anorexia or jaundice; progressive liver disease, hepatic failure. Paralytic ileus. **Warnings & Precautions:** Withdrawal: Avoid abrupt discontinuation of clozapine; instead, clozapine dose should be gradually reduced over a period of at least one to two weeks in order to reduce the risk of withdrawal reactions. Clozapine can cause agranulocytosis. Eosinophilia: Assess for organ involvement (e.g., myocarditis, pancreatitis, hepatitis, co litis, nephritis). Discontinue if these occur. QT Interval Prolongation: Can be fatal. Consider additional risk factors for prolonged QT interval (disorders and drugs). Metabolic Changes: Atypical antipsychotic drugs have been associated with metabolic changes that may increase cardiovascular/cerebrovascular risk. These metabolic changes include: Hyperglycemia and Diabetes Mellitus: Monitor for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Monitor glucose regularly in patients with diabetes or at risk for diabetes. Dyslipidemia: Undesirable alterations in lipids have occurred in patients treated with atypical antipsychotics. Weight Gain: Significant weight gain has occurred. Monitor weight gain. **Pregnancy & Lactation:** Pregnancy category B. Clozapine is present in human milk. Because of the potential for serious adverse reactions in nursing infants from clozapine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Drug Interaction:** Concomitant use of Strong CYP1A2 Inhibitors: Reduce clozapine dose to one-third when coadministered with strong CYP1A2 inhibitors. Concomitant use of Strong CYP3A4 Inducers is not recommended. Discontinuation of CYP1A2 or CYP3A4 Inducers: Consider reducing clozapine dose when CYP1A2 (e.g., tobacco smoke) or CYP 3A4 inducers (e.g., carbamazepine) are discontinued. **Adverse Reactions:** Most common adverse reactions (≥5%) were: CNS react ions (sedation, dizzin ess/vertigo, headache, and tremor); cardiovascular reactions (tachycardia, hypotension, and syncope); autonomic nervous system reactions (hypersalivation, sweating, dry mouth, and visual disturbances); gastrointestinal reactions (constipation and nausea); and fever. **Overdose:** Most of the fatalities were associated with cardiac failure or pneumonia caused by aspiration and occurred at doses above 2000 mg. There have been reports of patients recovering from an overdose in excess of 10 000 mg. However, in a few adult individuals, primarily those not previously exposed to Clozapine, the ingestion of doses as low as 400 mg led to life-threatening comatose conditions and, in one case, to death. In young children, the intake of 50 to 200 mg resulted in strong sedation or coma without being lethal. Signs and symptoms: Drowsiness, lethargy, areflexia, coma, confusion, hallucinations, agitation, delirium, extrapyramidal symptoms, hyperreflexia, convulsions; hypersalivation, mydriasis, blurred vision, thermolability; hypotension, collapse, tachycardia, cardiac arrhythmias; aspiration pneumonia, dyspnoea, respiratory depression or failure. There are no specific antidotes for Clozapine. *(For details, please refer full prescribing information)*

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