NABIVARA

(B r i v a r a c e t a m)

ٹیبلیٹس/اورل سلوشن

Tablets/ Oral Solution

نیبی ویرا

(بریویراسیٹام)

COMPOSITION:

Nabivara 25mg Tablets
Each film coated tablet contains:
Brivaracetam 25mg
[Innovator's Specs.]

Nabivara 50mg Tablets
Each film coated tablet contains:
Brivaracetam 50mg
[Innovator's Specs.]

Nabivara 100mg Tablets
Each film coated tablet contains:
Brivaracetam 100mg
[Innovator's Specs.]

Nabivara 10mg/ml Oral Solution
Each ml contains:
Brivaracetam ... 10mg
[Innovator's Specs.]

DESCRIPTION:
The chemical name of Brivaracetam is (2S)-2-[(4R)-2-oxo-4-propyltetrahydro-1H-pyrrol-1-yl] butanamide.

INDICATIONS: Nabivara is indicated for the treatment of partial-onset seizures in patients 1 month of age and older.

DOSAGE AND ADMINISTRATION:
Monotherapy or Adjunctive Therapy: The recommended dosage for patients 1 month of age and older. In pediatric patients weighing less than 50kg, the recommended dosing regimen is dependent upon body weight. When initiating treatment, gradual dose escalation is not required. Dosage should be adjusted based on clinical response and tolerability.
Recommended Dosage for Patients 1 Month of Age and Older:

Age and Body Weight	Initial Dosage	Minimum and Maximum Maintenance Dosage
Adults (16 years and older)	50mg twice daily (100mg per day)	25mg to 100mg twice daily (50mg to 200mg per day)
Pediatric patients weighing 50kg or more	25mg to 50mg twice daily (50mg to 100mg per day)	25mg to 100mg twice daily (50mg to 200mg per day)
Pediatric patients weighing 20kg to less than 50kg	0.5mg/kg to 1mg/kg twice daily (1mg/kg to 2mg/kg per day)	0.5mg/kg to 2mg/kg twice daily (1mg/kg to 4mg/kg per day)
Pediatric patients weighing 11kg to less than 20kg	0.5mg/kg to 1.25mg/kg twice daily (1mg/kg to 2.5mg/kg per day)	0.5mg/kg to 2.5mg/kg twice daily (1mg/kg to 5mg/kg per day)
Pediatric patients weighing less than 11kg	0.75mg/kg to 1.5mg/kg twice daily (1.5mg/kg to 3mg/kg per day)	0.75mg/kg to 3mg/kg twice daily (1.5mg/kg to 6mg/kg per day)

Nabivara Oral Solution: A calibrated measuring syringe is provided to measure and deliver the prescribed dose accurately. Do not use household teaspoon or tablespoon. Shake well before use. Keep the cap tightly closed.

CLINICAL PHARMACOLOGY:
Mechanism of Action: The precise mechanism by which Brivaracetam exerts its anticonvulsant activity is not known. Brivaracetam displays a high and selective affinity for synaptic vesicle protein 2A(SV2A) in the brain, which may contribute to the anticonvulsant effect.

Pharmacokinetics: The pharmacokinetics of Brivaracetam are similar when used as monotherapy or as adjunctive therapy for the treatment of partial - onset seizures.

Absorption: Brivaracetam is highly permeable and is rapidly and almost completely absorbed after oral administration. Pharmacokinetics is dose-proportional from 10 to 600mg. The median T_{max} for tablets taken without food is 1 hour (range 0.25 to 3 hours). Co-administration with a high-fat meal slowed absorption, but the extent of absorption remained unchanged.

Distribution: Brivaracetam is weakly bound to plasma proteins (≤ 20%). The volume of distribution is 0.5 L/kg, a value close to that of the total body water. Brivaracetam is rapidly and evenly distributed in most tissues.

Metabolism: Brivaracetam is primarily metabolized by hydrolysis of the amide moiety to form the corresponding carboxylic acid metabolite, and secondarily by hydroxylation on the propyl side chain to form the hydroxy metabolite.

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Elimination: Brivaracetam is eliminated primarily by metabolism and by excretion in the urine.

Excretion: More than 95% of the dose, including metabolites, is excreted in the urine within 72 hours after intake. Fecal excretion accounts for less than 1% of the dose. Less than 10% of the dose is excreted unchanged in the urine. Thirty-four percent of the dose is excreted as the carboxylic acid metabolite in urine. The terminal plasma half-life ($t_{1/2}$) is approximately 9 hours.

CONTRAINDICATIONS:
Hypersensitivity to brivaracetam or any of the inactive ingredients in **Nabivara**.

WARNINGS AND PRECAUTIONS:
Suicidal Behavior and Ideation: Monitor patients for suicidal behavior and ideation.

Neurological Adverse Reactions: Monitor for somnolence and fatigue, and advice patients not to drive or operate machinery until they have gained sufficient experience on Brivaracetam.

Psychiatric Adverse Reactions: Behavioral reactions including psychotic symptoms, irritability, depression, aggressive behavior, and anxiety; monitor patients for symptoms.

Hypersensitivity:
Bronchospasm and Angioedema: Advise patients to seek immediate medical care. Discontinue and do not restart Brivaracetam if hypersensitivity occurs.

Withdrawal of Antiepileptic Drugs: Brivaracetam should be gradually withdrawn.

SIDE EFFECTS:
The following are the side effects as described below:
Suicidal Behavior and Ideation, irritability, depression, aggressive behavior, anxiety, somnolence/sedation, dizziness, fatigue, and nausea/vomiting.

DRUG INTERACTIONS:
Rifampin: Co-administration with rifampin decreases Brivaracetam plasma concentrations likely because of CYP2C19 induction. Increase the Brivaracetam dose by up to 100% (i.e., double the dosage) in patients while receiving concomitant treatment with rifampin.

Carbamazepine: Co-administration with carbamazepine may increase exposure to carbamazepine-epoxide, the active metabolite of carbamazepine. If tolerability issues arise, carbamazepine dose reduction should be considered.

Phenytoin: Because Brivaracetam can increase plasma concentrations of phenytoin, phenytoin levels should be monitored in patients when concomitant Brivaracetam is added to or discontinued from ongoing phenytoin therapy.

Levetiracetam: Brivaracetam provided no added therapeutic benefit to levetiracetam when the two drugs were co-administered.

OVERDOSAGE:
There is no specific antidote for overdose with Brivaracetam. In the event of overdose, standard medical practice for the management of any overdose should be used. An adequate airway, oxygenation, and ventilation should be ensured; monitoring of cardiac rate and rhythm and vital signs is recommended. A certified poison control center should be contacted for updated information on the management of overdose with Brivaracetam. There are no data on the removal of Brivaracetam using hemodialysis, but because less than 10% of brivaracetam is excreted in urine, hemodialysis is not expected to enhance Brivaracetam clearance.

INSTRUCTIONS:
Store below 30° C. Protect from heat, light and moisture. Keep out of the reach of children.

PRESENTATION:
Nabivara 25mg Tablets are available in pack size of 14's.
Nabivara 50mg Tablets are available in pack size of 14's.
Nabivara 100mg Tablets are available in pack size of 14's.
Nabivara 10mg/ml oral Solution is available in pack size of 60ml.

ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دُور رکھیں۔

Manufactured by:
NABIQASIM INDUSTRIES (PVT.) LTD.
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Rev: 07-23/0