Vortiox™

Vortioxetine Hydrobromide INN

50117

PRESENTATION & DOSAGE FORMS:
Vortiox 5 mg: Light pink, round shaped, film coated tablet containing 6.355mg Vortioxetine Hydrobromide equivalent to 5mg Vortioxetine.
Vortiox 10 mg: Yellow, round shaped, film coated tablet containing 12.710mg Vortioxetine Hydrobromide equivalent to 10mg Vortioxetine.
Vortiox 20 mg: Pink, round shaped, film coated tablet containing 25.420mg Vortioxetine Hydrobromide equivalent to 20mg Vortioxetine.

INDICATIONS:
Adults

Vortiox (Vortioxetine hydrobromide) is indicated for the treatment of Major Depressive Disorder (MDD) in adults. Physicians who elect to use Vortiox for extended periods should periodically re-evaluate the usefulness of the drug for individual patients.

Pediatrics (<18 years of age):

Vortiox is not indicated for use in patients under the age of 18 years. [See special populations and conditions]

Geriatrics (≥65 years of age):

The lowest effective dose of 5 mg/day should always be used as the starting dose in elderly patients. [See special populations and conditions]

Dosage & Administration:
Vortiox should be administered as a single daily dose, with or without food.

RECOMMENDED DOSE AND DOSAGE ADJUSTMENT:

General Instruction for Use:

The recommended starting dose is 10 mg administered orally once daily without regard to meals. Dosage should then be increased to 20 mg/day, as tolerated, because higher doses demonstrated better treatment effects in trials conducted. A dose decrease down to 5 mg/day may be considered for patients who do not tolerate higher doses.

Maintenance/Continuation/Extended Treatment:

It is generally agreed that acute episodes of major depression should be followed by several months or longer of sustained pharmacologic therapy. A maintenance study of Vortiox demonstrated that Vortiox decreased the risk of recurrence of depressive episodes compared to placebo.

Discontinuing Treatment:

Although Vortiox can be abruptly discontinued, in placebo-controlled trials patients experienced transient adverse reactions such as headache and muscle tension following abrupt discontinuation of Vortiox 15 mg/day or 20 mg/day. To avoid these adverse reactions, it is recommended that the dose be decreased to 10 mg/day for one week before full discontinuation of Vortiox 15 mg/day or 20 mg/day.

Switching a Patient to or From a Monoamine Oxidase Inhibitor (MAOI) Intended to Treat Psychiatric Disorders:

At least 14 days should elapse between discontinuation of a MAOI intended to treat psychiatric disorders and initiation of therapy with Vortiox to avoid the risk of Serotonin Syndrome. Conversely, at least 21 days should be allowed after stopping Vortiox before starting an MAOI intended to treat psychiatric disorders.

SPECIAL POPULATIONS AND CONDITIONS:
Pediatric Use (<18 years of age):

Clinical studies on the use of Vortioxetine in pediatric patients have not been conducted; therefore, the safety and effectiveness of Vortioxetine in the pediatric population have not been established.

Geriatrics Use (≥65 years of age):

No dose adjustment is recommended on the basis of age. Results from a single-dose pharmacokinetic study in elderly (>65 years old) vs young (24 to 45 years old) subjects demonstrated that the pharmacokinetics were generally similar between the two age groups.

Pregnancy and lactations:

The safety of Vortioxetine in human pregnancy has not been established. Therefore, Vortiox should not be used during pregnancy or in women intending to become pregnant, unless the benefit outweighs the possible risk to the fetus. Patients should be advised to notify their physician if they become pregnant or intend to become pregnant. If Vortiox is used until or shortly before birth, discontinuation symptoms in the newborn should be considered.

Nursing Women:

Available data in animals have shown excretion of Vortioxetine/Vortioxetine metabolites in milk. It is expected that Vortiox will be excreted into human milk. Because a risk to the nursing child cannot be excluded, breast-feeding is not recommended during treatment with Vortiox.

Renal Impairment:

No dose adjustment is needed.

Hepatic Impairment:

No dose adjustment is recommended for patients with mild or moderate hepatic impairment. Vortiox is not recommended in patients with severe hepatic impairment.

CYP2D6 Poor Metabolizers:

The plasma concentration of Vortioxetine was approximately two times higher in CYP2D6 poor metabolizers than in extensive metabolizers. In the presence of strong CYP3A4/2C9-inhibitors, the exposure could potentially be higher, and a dosage adjustment may be required [see DRUG INTERACTIONS].

Use in Other Patient Populations:
No dose adjustment of Vortiox is needed on the basis of race, gender, ethnicity.

WARNING & PRECAUTIONS:
Clinical Worsening and Suicide Risk
All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

Families and caregivers of patients being treated with antidepressants for MDD or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms, as well as the emergence of suicidality, and to report such symptoms immediately to healthcare providers. Such monitoring should include daily observation by families and caregivers.

Serotonin Syndrome

The development of a potentially life-threatening serotonin syndrome has been reported with serotonergic antidepressants including Vortioxetine, when used alone but more often when used concomitantly with other serotonergic drugs (including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, and St. John's Wort), and with drugs that impair metabolism of serotonin (in particular, MAOIs, both those intended to treat psychiatric disorders and also others, such as linezolid and intravenous methylene blue).

Abnormal Bleeding

The use of drugs that interfere with serotonin reuptake inhibition, including Vortioxetine, may increase the risk of bleeding events. Concomitant use of aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), warfarin, and other anticoagulants may add to this risk.

Activation of Mania/Hypomania

As with all antidepressants, use Vortiox cautiously in patients with a history or family history of bipolar disorder, mania, or hypomania.

Angle Closure Glaucoma

The pupillary dilation that occurs following use of many antidepressant drugs, including Vortioxetine, may trigger an angle closure attack in a patient with anatomically narrow angles who does not have a patent iridectomy.

Hyponatremia

Hyponatremia has occurred because of treatment with serotonergic drugs.

ADVERSE EVENTS:
The following adverse reactions are discussed in greater detail in other sections of the label.
- Hypersensitivity [See Contraindications]
- Clinical Worsening and Suicide Risk [See box warning]
- Serotonin Syndrome
- Abnormal Bleeding
- Activation of Mania/Hypomania
- Angle Closure Glaucoma
- Hyponatremia

CONTRAINDICATIONS:
Vortioxetine Hydrobromide is contraindicated in:
- Patients with known hypersensitivity to Vortioxetine or any of the excipients of the drug product. Angioedema has been reported in patients treated with Vortioxetine.
- Patients with concomitant use of Monoamine Oxidase Inhibitors (MAOIs) [see DRUG INTERACTIONS].

DRUG INTERACTIONS:
CNS Active Agents

Monoamine Oxidase Inhibitors:

Adverse reactions, some of which are serious or fatal, can develop in patients who use MAOIs or who have recently been discontinued from an MAOI and started on a serotonergic antidepressant(s) or who have recently had SSRI or SNRI therapy discontinued prior to initiation of an MAOI.

Serotonergic Drugs

Based on the mechanism of action of Vortioxetine and the potential for serotonin toxicity, serotonin syndrome may occur when Vortiox is co-administered with other drugs that may affect the serotonergic neurotransmitter systems (e.g., SSRIs, SNRIs, triptans, buspirone, tramadol, and tryptophan products etc.). Closely monitor symptoms of serotonin syndrome if Vortiox is co-administered with other serotonergic drugs. Treatment with VORTIOX and any concomitant serotonergic agents should be discontinued immediately if serotonin syndrome occurs.

Other CNS Active Agents

No clinically relevant effect was observed on steady-state lithium exposure following coadministration with multiple daily doses of Vortioxetine. Multiple doses of Vortioxetine did not affect the pharmacokinetics or pharmacodynamics.
Potential for Other Drugs to Affect VORTIOX
Reduce Vortiox dose by half when a strong CYP2D6 inhibitor (e.g., bupropion, fluoxetine, paroxetine, quinidine) is co-administered. Consider increasing the Vortiox dose when a strong CYP inducer (e.g., rifampin, carbamazepine, phenytoin) is co-administered. The maximum dose is not recommended to exceed three times the original dose.

OVERDOSAGE:
There is limited experience with Vortioxetine overdose. Medical follow-up in a specialized environment is recommended.

STORAGE AND STABILITY:
Store at 30°C or below in a dry place.

PACKAGE QUANTITIES:
Vortiox 5mg film coated tablet: 3x 10's tablet in Alu-PVDC blister packs.
Vortiox 10mg film coated tablet: 3x 10's tablet in Alu-PVDC blister packs.
Vortiox 20mg film coated tablet: 2x 10's tablet in Alu-PVDC blister packs.

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS
- Increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants.
- Monitor for worsening and emergence of suicidal thoughts and behaviors.
- Vortioxetine has not been evaluated for use in pediatric patients.

Manufactured by
synovia
Synovia Pharma PLC., Station Road, Tongi, Gazipur.
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Direction Slip Artwork Legend		
Name of Printed D/S	Vortiox DS	
Oracle Code	3021000288	
Synovia Version No	01	
Artwork generation date	21.05.2023	
Dimensions	W-255mm x H-387mm (Both Side)	
Minimum font size	5.5 pt	
Color Ref	Pantone process black C ■ Pantone 2347 C ■	
Artwork Prepared By	In House (Farhad iqbal)	
Change Control Ref No (Optional for draft artwork, Mandatory for final artwork)	2022TONGI0171	
Artwork Checked By	Quality Control	
	Change Control Coordinator	
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