

- Pneumonia (infection of the lungs)
- Inability to resist the impulse, drive or temptation to perform an action that could be harmful to you or others, which may include:
 - Strong impulse to gamble excessively despite serious personal or family consequences.
 - Altered or increased sexual interest and behaviour of significant concern to you or to others, for example, an increased sexual drive.
 - Uncontrollable excessive shopping or spending
 - Binge eating (eating large amounts of food in a short time period) or compulsive eating (eating more food than normal and more than is needed to satisfy your hunger)*
- Delirium (decreased awareness, confusion, loss of reality)

Rare:

- Mania (agitation, feeling elated or over-excited)

Not known:

- After stopping or reducing your Oprymea treatment: Depression, apathy, anxiety, fatigue, sweating or pain may occur (called dopamine agonist withdrawal syndrome or DAWS).

Tell your doctor if you experience any of these behaviors; he will discuss ways of managing or reducing the symptoms.

For the side effects marked with * a precise frequency estimation is not possible, since these side effects were not observed in clinical studies among 2,762 patients treated with pramipexole. The frequency category is probably not greater than »uncommon«.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via Yellow Card Scheme, Website: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of this medicine.

5. HOW TO STORE OPRYMEA

- Keep out of the sight and reach of children.
- Do not use this medicine after the expiry date which is stated on the packaging after EXP. The expiry date refers to the last day of that month.
- If your doctor tells you to stop taking this medicine, take any remaining medicine back to the pharmacist for safe disposal. Only keep this medicine if your doctor advises you to.
- Store in the original package in order to protect from moisture.
- This medicine does not require any special temperature storage conditions.
- Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.
- If the tablets become discoloured or show any other signs of deterioration, you should seek the advice of your pharmacist who will tell you what to do.

6. CONTENTS OF THE PACK AND OTHER INFORMATION

What Oprymea contains

- The active substance is pramipexole. Each prolonged-release tablet contains 2.62 mg dihydrochloride monohydrate, respectively.
- The other ingredients are hypromellose, maize starch, colloidal anhydrous silica and magnesium stearate.

What Oprymea looks like and contents of the pack

- Oprymea 2.62 mg prolonged-release tablets are white or almost white, round (diameter 10 mm), slightly biconvex tablets engraved with P13 on one side and 262 on the other side, with bevelled edges and possible spots.

Boxes of 30 tablets in blisters of 10 tablets are available.

Manufacturer and Licence Holder

This medicine is manufactured by KRKA, d.d., Novo mesto, Šmarješka cesta 6, 8501 Novo mesto, Slovenia and is procured from within the EU and repackaged by the Product Licence Holder: Lexon (UK) Limited, Unit 18, Oxleasow Road, East Moons Moat, Redditch, Worcestershire, B98 0RE.

If you have any questions or are not sure about anything, ask your doctor or pharmacist. They will have additional information about this medicine and will be able to advise you

POM PLGB 15184/2219 - Oprymea 2.62 mg prolonged-release tablets

Oprymea is a registered trademark of KRKA, tovarna zdravil, d.d., Novo mesto

Leaflet revision date: 19/02/2024

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Phone Lexon (UK) Limited,
Tel: 01527 505414 to obtain the leaflet in a format suitable for you

PATIENT INFORMATION LEAFLET Oprymea® 2.62 mg prolonged-release tablets (pramipexole)

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- 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 only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

Your medicine is called Oprymea 2.62mg prolonged-release tablets and will be referred to as Oprymea throughout the rest of this leaflet. Please note that this leaflet also contains information about other strengths Oprymea 0.26mg, Oprymea 0.52mg, Oprymea 1.05mg, Oprymea 2.1mg, Oprymea 1.57mg and Oprymea 3.15mg prolonged-release tablets.

What is in this leaflet

1. What Oprymea is and what it is used for
2. What you need to know before you take Oprymea
3. How to take Oprymea
4. Possible side effects
5. How to store Oprymea
6. Contents of the pack and other information

1. WHAT OPRYMEA IS AND WHAT IT IS USED FOR

Oprymea contains the active substance pramipexole and belongs to a group of medicines known as dopamine agonists, which stimulate dopamine receptors in the brain. Stimulation of the dopamine receptors triggers nerve impulses in the brain that help to control body movements.

Oprymea is used to treat the symptoms of primary Parkinson's disease in adults. It can be used alone or in combination with levodopa (another medicine for Parkinson's disease).

2. WHAT YOU NEED TO KNOW BEFORE YOU TAKE OPRYMEA

Do not take Oprymea

- if you are allergic to pramipexole or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor before taking Oprymea. Tell your doctor if you have (had) or develop any medical conditions or symptoms, especially any of the following:

- Kidney disease
- Hallucinations (seeing, hearing or feeling things that are not there). Most hallucinations are visual
- Dyskinesia (e.g. abnormal, uncontrolled movements of the limbs). If you have advanced Parkinson's disease and are also taking levodopa, you might develop dyskinesia during the up-titration of Oprymea.

- Dystonia (inability of keeping your body and neck straight and upright (axial dystonia)). In particular, you may experience forward flexion of the head and neck (also called antecollis), forward bending of the lower back (also called camptocormia) or sideways bending of the back (also called pleurothotonus or Pisa Syndrome). If this happens, your doctor may want to change your medication.
- Sleepiness and episodes of suddenly falling asleep
- Psychosis (e.g. comparable with symptoms of schizophrenia)
- Vision impairment. You should have regular eye examinations during treatment with Oprymea
- Severe heart or blood vessels disease. You will need to have your blood pressure checked regularly, especially at the beginning of treatment. This is to avoid postural hypotension (a fall in blood pressure on standing up).

Tell your doctor if you or your family/carer notices that you are developing urges or cravings to behave in ways that are unusual for you and you cannot resist the impulse, drive or temptation to carry out certain activities that could harm yourself or others. These are called impulse control disorders and can include behaviours such as addictive gambling, excessive eating or spending, an abnormally high sex drive or preoccupation with an increase in sexual thoughts or feelings. Your doctor may need to adjust or stop your dose.

Tell your doctor if you or your family/carer notices that you are developing mania (agitation, feeling elated or over-excited) or delirium (decreased awareness, confusion or loss of reality). Your doctor may need to adjust or stop your dose.

Tell your doctor if you experience symptoms such as depression, apathy, anxiety, fatigue, sweating or pain after stopping or reducing your Oprymea treatment. If the problems persist more than a few weeks, your doctor may need to adjust your treatment.

Oprymea prolonged-release tablet is a specially designed tablet from which the active ingredient is gradually released, once the tablet has been ingested. Parts of tablets may occasionally be passed and seen in the stool (faeces) and may look like whole tablets. Inform your doctor if you find tablet pieces in your faeces.

Children and adolescents

Oprymea is not recommended for use in children or adolescents under 18 years.

Other medicines and Oprymea

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines. This includes medicines, herbal remedies, health foods or supplements that you have obtained without a prescription.

You should avoid taking Oprymeia together with antipsychotic medicines.

Take care if you are taking the following medicines:

- cimetidine (to treat excess stomach acid and stomach ulcers)
- amantadine (which can be used to treat Parkinson's disease)
- mexiletine (to treat irregular heartbeats, a condition known as ventricular arrhythmia)
- zidovudine (which can be used to treat the acquired immune deficiency syndrome (AIDS), a disease of the human immune system)
- cisplatin (to treat various types of cancers)
- quinine (which can be used for the prevention of painful night-time leg cramps and for the treatment of a type of malaria known as falciparum malaria (malignant malaria))
- procainamide (to treat irregular heart beat).

If you are taking levodopa, the dose of levodopa is recommended to be reduced when you start treatment with Oprymeia.

Take care if you are using any medicines that calm you down (have a sedative effect) or if you are drinking alcohol. In these cases Oprymeia may affect your ability to drive and operate machinery.

Oprymeia with food, drink and alcohol

You should be cautious while drinking alcohol during treatment with Oprymeia. Oprymeia can be taken with or without food.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your doctor will then discuss with you if you should continue to take Oprymeia.

The effect of Oprymeia on the unborn child is not known. Therefore, do not take Oprymeia if you are pregnant unless your doctor tells you to do so.

Oprymeia should not be used during breast-feeding. Oprymeia can reduce the production of breast milk. Also, it can pass into the breast milk and can reach your baby. If use of Oprymeia is unavoidable, breast-feeding should be stopped.

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines

Oprymeia can cause hallucinations (seeing, hearing or feeling things that are not there). If affected, do not drive or use machines.

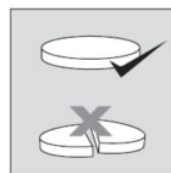
Oprymeia has been associated with sleepiness and episodes of suddenly falling asleep, particularly in patients with Parkinson's disease. If you experience these side effects, you must not drive or operate machinery. You should tell your doctor if this occurs.

3. HOW TO TAKE OPRYMEA

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure. The doctor will advise you on the right dosing.

Take Oprymeia prolonged-release tablets only once a day and each day at about the same time.

You can take Oprymeia with or without food. Swallow the tablets whole with water.



Do not chew, divide or crush the prolonged-release tablets. If you do, there is a danger you could overdose, because the medicine may be released into your body too quickly.

During the first week, the usual daily dose is 0.26 mg pramipexole. The dose will be increased every 5-7 days as directed by your doctor until your symptoms are controlled (maintenance dose).

Ascending dose schedule of Oprymeia prolonged-release tablets		
Week	Daily dose (mg)	Number of tablets
1	0.26	One Oprymeia 0.26 mg prolonged-release tablet.
2	0.52	One Oprymeia 0.52 mg prolonged-release tablet, OR two Oprymeia 0.26 mg prolonged-release tablets.
3	1.05	One Oprymeia 1.05 mg prolonged-release tablet, OR two Oprymeia 0.52 mg prolonged-release tablets, OR four Oprymeia 0.26 mg prolonged-release tablets.

The usual maintenance dose is 1.05 mg per day. However, your dose may have to be increased even further. If necessary, your doctor may increase your dose up to a maximum of 3.15 mg of pramipexole a day. A lower maintenance dose of one Oprymeia 0.26 mg prolonged-release tablet a day is also possible.

Patients with kidney disease

If you have kidney disease, your doctor may advise you to take the usual starting dose of 0.26 mg prolonged-release tablets only every other day for the first week. After that, your doctor may increase the dosing frequency to one 0.26 mg prolonged-release tablet every day. If a further dose increase is necessary, your doctor may adjust it in steps of 0.26 mg pramipexole.

If you have serious kidney problems, your doctor may need to switch you to a different pramipexole medicine. If during treatment your kidney problems get worse, you should contact your doctor as soon as possible.

If you are switching from Oprymeia (immediate release) tablets

Your doctor will base your dose of Oprymeia prolonged-release tablets on the dose of Oprymeia (immediate release) tablets you were taking.

Take your Oprymeia (immediate release) tablets as normal the day before you switch. Then take your Oprymeia prolonged-release tablets next morning and do not take any more Oprymeia (immediate release) tablets.

If you take more Oprymeia than you should

If you accidentally take too many tablets,

- Contact your doctor or nearest hospital casualty department immediately for advice.
- You may experience vomiting, restlessness, or any of the side effects as described in chapter 4 "Possible side effects".

If you forget to take Oprymeia

If you forget to take a dose of Oprymeia, but remember within 12 hours of your usual time, take your tablet straightaway and then take your next tablet at the usual time.

If you forget for more than 12 hours, simply take the next single dose at the usual time. Do not take a double dose to make up for a forgotten tablet dose.

If you stop taking Oprymeia

Do not stop taking Oprymeia without first talking to your doctor. If you have to stop taking this medicine, your doctor will reduce the dose gradually. This reduces the risk of worsening symptoms.

If you suffer from Parkinson's disease you should not stop treatment with Oprymeia abruptly. A sudden stop could cause you to develop a medical condition called neuroleptic malignant syndrome which may represent a major health risk. The symptoms include:

- akinesia (loss of muscle movement)
- rigid muscles
- fever
- unstable blood pressure
- tachycardia (increased heart rate)
- confusion
- depressed level of consciousness (e.g. coma).

If you stop or reduce Oprymeia you may also develop a medical condition called dopamine agonist withdrawal syndrome. The symptoms include depression, apathy, anxiety, fatigue, sweating or pain. If you experience these symptoms you should contact your physician.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Evaluation of these side effects is based on the following frequencies:

Very common	may affect more than 1 in 10 people
Common	may affect up to 1 in 10 people
Uncommon	may affect up to 1 in 100 people
Rare	may affect up to 1 in 1,000 people
Very rare	may affect up to 1 in 10,000 people
Not known	Frequency cannot be estimated from the available data

You may experience the following side effects:

Very common:

- Dyskinesia (e.g. abnormal, uncontrolled movements of the limbs)
- Sleepiness
- Dizziness
- Nausea (sickness)

Common:

- Urge to behave in an unusual way
- Hallucinations (seeing, hearing or feeling things that are not there)
- Confusion
- Tiredness (fatigue)
- Sleeplessness (insomnia)
- Excess of fluid, usually in the legs (peripheral oedema)
- Headache
- Hypotension (low blood pressure)
- Abnormal dreams
- Constipation
- Visual impairment
- Vomiting (being sick)
- Weight loss including decreased appetite

Uncommon:

- Paranoia (e.g. excessive fear for one's own well-being)
- Delusion
- Excessive daytime sleepiness and suddenly falling asleep
- Amnesia (memory disturbance)
- Hyperkinesia (increased movements and inability to keep still)
- Weight increase
- Allergic reactions (e.g. rash, itching, hypersensitivity)
- Fainting
- Cardiac failure (heart problems which can cause shortness of breath or ankle swelling)*
- Inappropriate antidiuretic hormone secretion*
- Restlessness
- Dyspnoea (difficulties to breathe)
- Hiccups

PATIENT INFORMATION LEAFLET
Oprymeia® 2.62 mg prolonged-release tablets
 (pramipexole)

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Tell your doctor if you experience any of these behaviors; he will discuss ways of managing or reducing the symptoms.

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1. WHAT OPRYMEA IS AND WHAT IT IS USED FOR

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Warnings and precautions

Talk to your doctor before taking Oprymeia. Tell your doctor if you have (had) or develop any medical conditions or symptoms, especially any of the following:

- Kidney disease
- Hallucinations (seeing, hearing or feeling things that are not there). Most hallucinations are visual
- Dyskinesia (e.g. abnormal, uncontrolled movements of the limbs). If you have advanced Parkinson's disease and are also taking levodopa, you might develop dyskinesia during the up-titration of Oprymeia.

- Dystonia (inability of keeping your body and neck straight and upright (axial dystonia)). In particular, you may experience forward flexion of the head and neck (also called antecollis), forward bending of the lower back (also called camptocormia) or sideways bending of the back (also called pleurothotonus or Pisa Syndrome). If this happens, your doctor may want to change your medication.
- Sleepiness and episodes of suddenly falling asleep
- Psychosis (e.g. comparable with symptoms of schizophrenia)
- Vision impairment. You should have regular eye examinations during treatment with Oprymeia
- Severe heart or blood vessels disease. You will need to have your blood pressure checked regularly, especially at the beginning of treatment. This is to avoid postural hypotension (a fall in blood pressure on standing up).

Tell your doctor if you or your family/carer notices that you are developing urges or cravings to behave in ways that are unusual for you and you cannot resist the impulse, drive or temptation to carry out certain activities that could harm yourself or others. These are called impulse control disorders and can include behaviours such as addictive gambling, excessive eating or spending, an abnormally high sex drive or preoccupation with an increase in sexual thoughts or feelings. Your doctor may need to adjust or stop your dose.

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Oprymeia prolonged-release tablet is a specially designed tablet from which the active ingredient is gradually released, once the tablet has been ingested. Parts of tablets may occasionally be passed and seen in the stool (faeces) and may look like whole tablets. Inform your doctor if you find tablet pieces in your faeces.

Children and adolescents

Oprymeia is not recommended for use in children or adolescents under 18 years.

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You should avoid taking Oprymea together with antipsychotic medicines.

Take care if you are taking the following medicines:

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- cisplatin (to treat various types of cancers)
- quinine (which can be used for the prevention of painful night-time leg cramps and for the treatment of a type of malaria known as falciparum malaria (malignant malaria))
- procainamide (to treat irregular heart beat).

If you are taking levodopa, the dose of levodopa is recommended to be reduced when you start treatment with Oprymea.

Take care if you are using any medicines that calm you down (have a sedative effect) or if you are drinking alcohol. In these cases Oprymea may affect your ability to drive and operate machinery.

Oprymea with food, drink and alcohol

You should be cautious while drinking alcohol during treatment with Oprymea. Oprymea can be taken with or without food.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. Your doctor will then discuss with you if you should continue to take Oprymea.

The effect of Oprymea on the unborn child is not known. Therefore, do not take Oprymea if you are pregnant unless your doctor tells you to do so.

Oprymea should not be used during breast-feeding. Oprymea can reduce the production of breast milk. Also, it can pass into the breast milk and can reach your baby. If use of Oprymea is unavoidable, breast-feeding should be stopped.

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines

Oprymea can cause hallucinations (seeing, hearing or feeling things that are not there). If affected, do not drive or use machines.

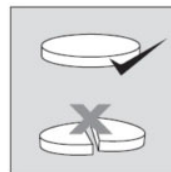
Oprymea has been associated with sleepiness and episodes of suddenly falling asleep, particularly in patients with Parkinson's disease. If you experience these side effects, you must not drive or operate machinery. You should tell your doctor if this occurs.

3. HOW TO TAKE OPRYMEA

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure. The doctor will advise you on the right dosing.

Take Oprymea prolonged-release tablets only once a day and each day at about the same time.

You can take Oprymea with or without food. Swallow the tablets whole with water.



Do not chew, divide or crush the prolonged-release tablets. If you do, there is a danger you could overdose, because the medicine may be released into your body too quickly.

During the first week, the usual daily dose is 0.26 mg pramipexole. The dose will be increased every 5-7 days as directed by your doctor until your symptoms are controlled (maintenance dose).

Ascending dose schedule of Oprymea prolonged-release tablets		
Week	Daily dose (mg)	Number of tablets
1	0.26	One Oprymea 0.26 mg prolonged-release tablet.
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3	1.05	One Oprymea 1.05 mg prolonged-release tablet, OR two Oprymea 0.52 mg prolonged-release tablets, OR four Oprymea 0.26 mg prolonged-release tablets.

The usual maintenance dose is 1.05 mg per day. However, your dose may have to be increased even further. If necessary, your doctor may increase your dose up to a maximum of 3.15 mg of pramipexole a day. A lower maintenance dose of one Oprymea 0.26 mg prolonged-release tablet a day is also possible.

Patients with kidney disease

If you have kidney disease, your doctor may advise you to take the usual starting dose of 0.26 mg prolonged-release tablets only every other day for the first week. After that, your doctor may increase the dosing frequency to one 0.26 mg prolonged-release tablet every day. If a further dose increase is necessary, your doctor may adjust it in steps of 0.26 mg pramipexole.

If you have serious kidney problems, your doctor may need to switch you to a different pramipexole medicine. If during treatment your kidney problems get worse, you should contact your doctor as soon as possible.

If you are switching from Oprymea (immediate release) tablets

Your doctor will base your dose of Oprymea prolonged-release tablets on the dose of Oprymea (immediate release) tablets you were taking.

Take your Oprymea (immediate release) tablets as normal the day before you switch. Then take your Oprymea prolonged-release tablets next morning and do not take any more Oprymea (immediate release) tablets.

If you take more Oprymea than you should

If you accidentally take too many tablets,

- Contact your doctor or nearest hospital casualty department immediately for advice.
- You may experience vomiting, restlessness, or any of the side effects as described in chapter 4 "Possible side effects".

If you forget to take Oprymea

If you forget to take a dose of Oprymea, but remember within 12 hours of your usual time, take your tablet straightaway and then take your next tablet at the usual time.

If you forget for more than 12 hours, simply take the next single dose at the usual time. Do not take a double dose to make up for a forgotten tablet dose.

If you stop taking Oprymea

Do not stop taking Oprymea without first talking to your doctor. If you have to stop taking this medicine, your doctor will reduce the dose gradually. This reduces the risk of worsening symptoms.

If you suffer from Parkinson's disease you should not stop treatment with Oprymea abruptly. A sudden stop could cause you to develop a medical condition called neuroleptic malignant syndrome which may represent a major health risk. The symptoms include:

- akinesia (loss of muscle movement)
- rigid muscles
- fever
- unstable blood pressure
- tachycardia (increased heart rate)
- confusion
- depressed level of consciousness (e.g. coma).

If you stop or reduce Oprymea you may also develop a medical condition called dopamine agonist withdrawal syndrome. The symptoms include depression, apathy, anxiety, fatigue, sweating or pain. If you experience these symptoms you should contact your physician.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Evaluation of these side effects is based on the following frequencies:

Very common	may affect more than 1 in 10 people
Common	may affect up to 1 in 10 people
Uncommon	may affect up to 1 in 100 people
Rare	may affect up to 1 in 1,000 people
Very rare	may affect up to 1 in 10,000 people
Not known	Frequency cannot be estimated from the available data

You may experience the following side effects:

Very common:

- Dyskinesia (e.g. abnormal, uncontrolled movements of the limbs)
- Sleepiness
- Dizziness
- Nausea (sickness)

Common:

- Urge to behave in an unusual way
- Hallucinations (seeing, hearing or feeling things that are not there)
- Confusion
- Tiredness (fatigue)
- Sleeplessness (insomnia)
- Excess of fluid, usually in the legs (peripheral oedema)
- Headache
- Hypotension (low blood pressure)
- Abnormal dreams
- Constipation
- Visual impairment
- Vomiting (being sick)
- Weight loss including decreased appetite

Uncommon:

- Paranoia (e.g. excessive fear for one's own well-being)
- Delusion
- Excessive daytime sleepiness and suddenly falling asleep
- Amnesia (memory disturbance)
- Hyperkinesia (increased movements and inability to keep still)
- Weight increase
- Allergic reactions (e.g. rash, itching, hypersensitivity)
- Fainting
- Cardiac failure (heart problems which can cause shortness of breath or ankle swelling)*
- Inappropriate antidiuretic hormone secretion*
- Restlessness
- Dyspnoea (difficulties to breathe)
- Hiccups