

Epanutin® 100 mg Hard Capsules

(phenytoin sodium)

APPROVED
By Aneela Mahmood at

PATIENT INFORMATION LEAFLET

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 available using the above name but will be referred to as Epanutin throughout this leaflet. This medicine is also available in other strengths.

What is in this leaflet:

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

1. WHAT EPANUTIN IS AND WHAT IT IS USED FOR

Epanutin is one of a group of medicines called anti-epileptic drugs; these medicines are used to treat epilepsy.

Epanutin can be used to control a variety of epileptic conditions, to control or prevent seizures during or after brain surgery or severe head injury. Epanutin can also be used to treat trigeminal neuralgia (facial nerve pain).

You should ask your doctor if you are unsure why you have been given Epanutin.

2. WHAT YOU NEED TO KNOW BEFORE YOU TAKE EPANUTIN

Do not take Epanutin

- if you are allergic to phenytoin, or any of the other ingredients of this medicine (listed in section 6).
- if you are allergic to other medicines with a similar chemical structure to Epanutin (e.g. hydantoins).

Warnings and precautions

Talk to your doctor or pharmacist before taking Epanutin.

Medicines are not always suitable for everyone. Your doctor needs to know before you take Epanutin if you suffer from or have suffered in the past from any of the following conditions:

- Liver disease.
- Kidney disease.
- Porphyria (an inherited disease that affects haemoglobin biosynthesis).

The following symptoms have been reported in some people treated with phenytoin at recommended doses:

- shortness of breath, becoming unconscious, or unresponsive. All can be the symptoms of the sudden, unexpected stopping of the heart (known as cardiac arrest). If you or someone you know is taking Epanutin and experiencing these symptoms, **seek immediate medical support**.
- severe allergic reactions like swelling of the eyelids, face, lips, mouth and/or throat, as well as the tongue may cause difficulty in breathing or swallowing (known as angioedema) and sudden wheeziness. All these can be symptoms leading to a sudden, unexpected stopping of the heart (known as cardiac arrest). **Stop taking your medicine and seek immediate medical help**.
- slower heartbeat (known as bradycardia).

A small number of people being treated with antiepileptics such as phenytoin sodium have had thoughts of harming or killing themselves. If at any time you have these thoughts, immediately contact your doctor.

Potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported with the use of Epanutin, appearing initially as reddish target-like spots or circular patches often with central blisters on the trunk. Additional signs to look for include ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes). These potentially life-threatening skin rashes are often accompanied by flu-like symptoms, including fever at the initiation of treatment. The rash may progress to widespread blistering or peeling of the skin. The highest risk for occurrence of serious skin reactions is within the first weeks of treatment. If you have developed Stevens-Johnson syndrome or toxic epidermal necrolysis with the use of Epanutin, you must not be re-started on Epanutin at any time.

If you develop a rash or these skin symptoms, stop taking Epanutin, seek urgent advice from a doctor and tell them that you are taking this medicine. Consult your doctor before permanently discontinuing Epanutin. If you suddenly stop taking this medicine you may have a seizure.

Talk to your doctor before taking Epanutin if you are of Taiwanese, Japanese, Malaysian or Thai origin and tests have shown that you carry the genetic variant CYP2C9*3.

Serious skin side effects can rarely occur during treatment with Epanutin. This risk may be associated with a variant in genes in a subject with Chinese or Thai origin. If you are of such origin and have been tested previously carrying this genetic variant (HLA-B*1502), discuss this with your doctor before taking Epanutin.

There is a risk of harm to the unborn child if Epanutin is used during pregnancy. Women of childbearing age should use effective contraception during treatment with Epanutin (see Pregnancy, contraception in women, and breast-feeding).

Other medicines and Epanutin

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Some medicines can affect the way Epanutin works and Epanutin itself can reduce the effectiveness of other medicines taken at the same time. These include:

- Medicines used for heart and circulation problems (amiodarone, digoxin, furosemide, reserpine, ticagrelor, warfarin, calcium channel blockers e.g. diltiazem, mexiletine, nicardipine, nifedipine, nimodipine, disopyramide and verapamil)
- Medicines used to lower blood cholesterol, (e.g. atorvastatin, fluvastatin and simvastatin)
- Medicines used for epilepsy (carbamazepine, lacosamide, lamotrigine, oxcarbazepine, phenobarbital, sodium valproate, topiramate and valproic acid, succinimides e.g. ethosuximide and vigabatrin)

- Medicines used to treat fungal infections (e.g. amphotericin B, itraconazole, ketoconazole, miconazole, posaconazole and voriconazole)
- Medicines used for tuberculosis and other infections (chloramphenicol, clarithromycin, isoniazid, rifampicin, sulphonamides, sulfadiazine, sulfamethoxazole-trimethoprim, doxycycline, ciprofloxacin, efavirenz, fosamprenavir, indinavir, lopinavir/ritonavir, ritonavir and saquinavir)
- Medicines used for stomach ulcers (omeprazole, sucralfate, the medicines known as H₂ antagonists e.g. cimetidine and some antacids)
- Medicines used for asthma and bronchitis (theophylline)
- Medicines used for pain and inflammation (salicylates e.g. aspirin and steroids)
- Medicines used for sleeplessness, depression and psychiatric disorders (chlordiazepoxide, clozapine, diazepam, disulfiram, fluoxetine, methylphenidate, paroxetine, phenothiazines, trazodone, tricyclic antidepressants, fluvoxamine, quetiapine and sertraline)
- Medicines used for diabetes (tolbutamide).
- Some hormone replacement therapies (oestrogens), oral contraceptives (the birth control pill)
- Medicines used for organ and tissue transplants, to prevent rejection (cyclosporin and tacrolimus)
- Medicines used for cancer (antineoplastic agents, e.g. bleomycin, capecitabine, carboplatin, cisplatin, doxorubicin, fluorouracil and methotrexate)
- Muscle relaxants used for surgery (neuromuscular blockers), some anaesthetic drugs (methadone)
- Medicines used as anticoagulants (e.g. rivaroxaban, dabigatran, apixaban, edoxaban)
- Some products available without a prescription (folic acid, theophylline, St John's Wort, vitamin D).

Your doctor may need to test the amount of Epanutin in your blood to help decide if any of these medicines are affecting your treatment.

The herbal preparation St John's Wort (*Hypericum perforatum*) should **not** be taken at the same time as this medicine. If you already take St John's Wort, consult your doctor before stopping the St John's Wort preparation.

Epanutin may also interfere with certain laboratory tests that you may be given.

Epanutin with food, drink and alcohol

Epanutin can be taken before or after food and drinks. Drinking a lot of alcohol can also affect the concentration of phenytoin in your blood.

Pregnancy, contraception in women and breast-feeding

Pregnancy

What you should know about the use of antiepileptic drugs in pregnancy

If you are pregnant or think you may be pregnant, you must tell your doctor straight away and discuss possible risks the epilepsy medicine you are taking might pose to your unborn baby

If you are planning to become pregnant you should discuss your epilepsy treatment with your doctor as early as possible before you become pregnant.

You should not stop your treatment without discussing this with your doctor. Suddenly stopping may lead to breakthrough seizures which may harm you and your unborn baby. It is important that your epilepsy is well controlled.

Taking phenytoin during pregnancy increases the chance that the baby may have a physical birth abnormality.

Studies with women treated with phenytoin for epilepsy during pregnancy have shown that around 6 babies in every 100 will have serious physical birth abnormalities. This compares to 2-3 babies in every 100 born to women who don't have epilepsy.

The most common types of serious physical birth abnormalities (major congenital malformations) reported for phenytoin include abnormalities of the lip and palate, heart, skull, nail and finger disorders and growth abnormalities. Some of these may occur together as part of a fetal hydantoin syndrome.

Taking more than one epilepsy medicine at the same time may also increase the risk of physical birth abnormalities. Where possible, your doctor will consider using one epilepsy medicine only to control your epilepsy.

Your doctor may advise you to take folic acid if you're planning to become pregnant and while you're pregnant. Your doctor may adjust your epilepsy medicine when you take folic acid.

Some studies observed that taking phenytoin during pregnancy increases the chance that the baby may have problems affecting learning and thinking abilities.

If you take Epanutin during pregnancy, your baby is also at risk for bleeding problems right after birth. Your doctor may give you and your baby a medicine to prevent this. Moreover, your child should be closely monitored.

Contraception in women

If you are a woman of childbearing age and are not planning a pregnancy, you should use effective contraception during treatment with Epanutin.

Epanutin may affect how hormonal contraceptives, such as the contraceptive (birth control) pill, work and make them less effective at preventing pregnancy. Talk to your doctor, who will discuss with you the most suitable type of contraception to use while you are taking Epanutin.

Breast-feeding

Epanutin passes into breast milk. You should not take Epanutin if you are breast-feeding.

Driving and using machines

Epanutin may cause dizziness or drowsiness, especially during the first few weeks of treatment. If you experience these symptoms, do not drive or use any tools or machinery.

Epanutin contains lactose, a type of sugar.

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

Information about sodium content

This medicine contains less than 1 mmol sodium (23 mg) per capsule, that is to say essentially "sodium free".

3. HOW TO TAKE EPANUTIN

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

It is best to take Epanutin at the same time each day.

Swallow the capsules whole, with plenty of water.

Adults

The amount of Epanutin needed varies from one person to another. Most adults need between 200 mg and 500 mg a day either as a single or divided dose. Occasionally higher doses are needed.

Use in children and adolescents

Infants and children usually start on a dose that depends on their weight (5 mg per day for every kg they weigh) and is given as a divided dose, twice a day. The dose is then adjusted up to a maximum of 300 mg a day.

Elderly and patients with kidney or liver disease

The dose of Epanutin for elderly patients, patients with kidney or liver disease, or those who may be taking other medicines may also need careful consideration and adjustment by their doctor.

If you take more Epanutin than you should

Epanutin is dangerous in overdose. If you accidentally take too much Epanutin contact your doctor at once or go to the nearest hospital casualty department. Always take the labelled medicine package with you, whether there is any Epanutin left or not.

If you forget to take Epanutin

If you forget to take a dose, take it as soon as you remember unless it is time for your next dose.

Do not take a double dose to make up for a forgotten dose.

If you stop taking Epanutin

Do not stop taking Epanutin unless your doctor tells you to. If you suddenly stop taking this medicine you may have a seizure. Should you need to stop taking Epanutin, your doctor will have decided which is the best method for you.

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.

Tell your doctor immediately if you experience any of the following symptoms after taking this medicine. Although they are very rare, these symptoms can be serious.

- Severe allergic reaction like swelling of eyelids, face, lips, mouth and/or throat, as well as the tongue which may cause difficulty breathing or swallowing (known as angioedema) and sudden wheeziness. **Stop taking your medicine immediately and tell your doctor.**
- If you develop a severe skin rash that causes blistering, (this can also affect the mouth and tongue). These may be signs of a condition known as Stevens Johnson Syndrome, or toxic epidermal necrolysis (TEN). **Your doctor will stop your treatment in these cases.**
- If you notice bruising, fever, you are looking pale or you have a severe sore throat. These may be the first signs of an abnormality of the blood, including decreases in the number of red cells, white cells or platelets. Your doctor may take regular blood samples to test for these effects.
- If you experience a serious skin reaction: a red, scaly rash with bumps under the skin and blisters. These may be signs of a condition known as acute generalized exanthematous pustulosis (AGEP). The frequency of this side effect is not known (cannot be estimated from available data).
- Skin rash and fever with swollen glands, particularly in the first two months of treatment, as these may be signs of a hypersensitivity reaction. If these are severe and you also experience pain and inflammation of the joints this could be related to a condition called systemic lupus erythematosus.
- If you experience confusion or have a severe mental illness, as this may be a sign that you have high amounts of phenytoin in your blood. On rare occasions, when the amount of phenytoin in the blood remains high, irreversible brain injury has occurred. Your doctor may test your blood to see how much phenytoin is in the blood and may change your dose.

Other side-effects that may occur are:

- **Effects on your nervous system:** unusual eye movements, unsteadiness, difficulty in controlling movements, shaking, abnormal or uncoordinated movements, slurred speech, confusion, pins and needles or numbness, drowsiness, dizziness, vertigo, sleeplessness, nervousness, twitching muscles, headaches and taste change.
- **Effects on your skin:** skin rash including measles-like reactions which are mild and hives (raised, itchy areas of skin).
- **Effects on your stomach and intestines:** feeling sick, being sick and constipation.
- **Effects on your blood and lymph system:** swelling of the lymph glands, a decrease in the number of a type of red blood cell (pure red cell aplasia).
- **Effects on your liver and kidney:** inflammation of the kidneys and liver, liver damage (seen as yellowing of the skin and whites of the eye).
- **Effects on your reproductive system:** changes in the shape of the penis, painful erection.
- **Effects on your hands, face and body:** changes in the hands with difficulty in straightening the fingers, changes in facial features, enlarged lips or gums, increased or abnormal body or facial hair.
- **Effects on medical tests:** increased levels of blood sugar, or decreased levels of blood calcium, folic acid and vitamin D and abnormal thyroid function test results. If you also do not get enough vitamin D in your diet or from exposure to sunlight, you may suffer from bone pain or fractures.
- **Effects on your respiratory system:** problems breathing, inflammation of the lining of the lung.
- **Effects on your immune system:** problems with the body's defence against infection, inflammation of the wall of the arteries.
- **Effects on your bones:** There have been reports of bone disorders including osteopenia and osteoporosis (thinning of the bone) and fractures. Check with your doctor or pharmacist if you are on long-term antiepileptic medication, have a history of osteoporosis, or take steroids.

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the 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 EPANUTIN

- Keep out of the sight and reach of children.
- Do not store above 25°C. Store in the original container.
- Do not use Epanutin after the expiry date which is stamped on the pack. The expiry date refers to the last day of that month.
- If your capsules become discoloured or show any signs of deterioration, consult your pharmacist who will tell you what to do.
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. CONTENTS OF THE PACK AND OTHER INFORMATION

What Epanutin contains

Epanutin contains 100 mg of the active ingredient, phenytoin sodium. The other ingredients are lactose monohydrate, magnesium stearate, gelatin, titanium dioxide E171, sodium lauryl sulfate, erythrosine E127, quinoline yellow E104, ink (Shellac Glaze ~ 45% ethanol, black iron oxide, N -butyl alcohol, purified water, propylene glycol, anhydrous ethanol, isopropyl alcohol, ammonium hydroxide 28%).

What Epanutin looks like and contents of the pack

Epanutin is supplied as a white powder in a hard gelatin capsule with a white opaque body and orange cap, radially printed 'EPANUTIN 100' on both cap and body, available in bottles containing 100 capsules.

The bottles contain a desiccant which should not be eaten.

Manufacturer and product licence holder

Epanutin is manufactured by Pfizer Manufacturing Deutschland GmbH, Mooswaldallee 1, D-79090, Freiburg, Germany.

Procured from within the EU by product licence holder Star Pharmaceuticals Ltd, 5 Sandridge Close, Middlesex HA1 1XD. Repackaged by Servipharm Ltd.

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Blind or partially sighted?

Is this leaflet hard to see or read?

Call 020 8423 2111 to obtain the leaflet in a format suitable for you.

Phenytoin Sodium Flynn

100 mg Hard Capsules

(phenytoin sodium)

1765
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PATIENT INFORMATION LEAFLET

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Your medicine is available using the above name but will be referred to as Phenytoin throughout this leaflet. This medicine is also available in other strengths.

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1. WHAT PHENYTOIN IS AND WHAT IT IS USED FOR

Phenytoin is one of a group of medicines called anti-epileptic drugs; these medicines are used to treat epilepsy.

Phenytoin can be used to control a variety of epileptic conditions, to control or prevent seizures during or after brain surgery or severe head injury. Phenytoin can also be used to treat trigeminal neuralgia (facial nerve pain).

You should ask your doctor if you are unsure why you have been given Phenytoin.

2. WHAT YOU NEED TO KNOW BEFORE YOU TAKE PHENYTOIN

Do not take Phenytoin

- if you are allergic to phenytoin, or any of the other ingredients of this medicine (listed in section 6).
- if you are allergic to other medicines with a similar chemical structure to Phenytoin (e.g. hydantoins).

Warnings and precautions

Talk to your doctor or pharmacist before taking Phenytoin.

Medicines are not always suitable for everyone. Your doctor needs to know before you take Phenytoin if you suffer from or have suffered in the past from any of the following conditions:

- Liver disease.
- Kidney disease.
- Porphyria (an inherited disease that affects haemoglobin biosynthesis).

The following symptoms have been reported in some people treated with phenytoin at recommended doses:

- shortness of breath, becoming unconscious, or unresponsive. All can be the symptoms of the sudden, unexpected stopping of the heart (known as cardiac arrest). If you or someone you know is taking Phenytoin and experiencing these symptoms, **seek immediate medical support**.
- severe allergic reactions like swelling of the eyelids, face, lips, mouth and/or throat, as well as the tongue may cause difficulty in breathing or swallowing (known as angioedema) and sudden wheeziness. All these can be symptoms leading to a sudden, unexpected stopping of the heart (known as cardiac arrest). **Stop taking your medicine and seek immediate medical help**.
- slower heartbeat (known as bradycardia).

A small number of people being treated with antiepileptics such as phenytoin sodium have had thoughts of harming or killing themselves. If at any time you have these thoughts, immediately contact your doctor.

Potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported with the use of Phenytoin, appearing initially as reddish target-like spots or circular patches often with central blisters on the trunk. Additional signs to look for include ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes). These potentially life-threatening skin rashes are often accompanied by flu-like symptoms, including fever at the initiation of treatment. The rash may progress to widespread blistering or peeling of the skin. The highest risk for occurrence of serious skin reactions is within the first weeks of treatment. If you have developed Stevens-Johnson syndrome or toxic epidermal necrolysis with the use of Phenytoin, you must not be re-started on Phenytoin at any time.

If you develop a rash or these skin symptoms, stop taking Phenytoin, seek urgent advice from a doctor and tell them that you are taking this medicine. Consult your doctor before permanently discontinuing Phenytoin. If you suddenly stop taking this medicine you may have a seizure.

Talk to you doctor before taking Phenytoin if you are of Taiwanese, Japanese, Malaysian or Thai origin and tests have shown that you carry the genetic variant CYP2C9*3.

Serious skin side effects can rarely occur during treatment with Phenytoin. This risk may be associated with a variant in genes in a subject with Chinese or Thai origin. If you are of such origin and have been tested previously carrying this genetic variant (HLA-B*1502), discuss this with your doctor before taking Phenytoin.

There is a risk of harm to the unborn child if Phenytoin is used during pregnancy. Women of childbearing age should use effective contraception during treatment with Phenytoin (see Pregnancy, contraception in women, and breast-feeding).

Other medicines and Phenytoin

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Some medicines can affect the way Phenytoin works and Phenytoin itself can reduce the effectiveness of other medicines taken at the same time. These include:

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- Medicines used to lower blood cholesterol, (e.g. atorvastatin, fluvastatin and simvastatin)
- Medicines used for epilepsy (carbamazepine, lacosamide, lamotrigine, oxcarbazepine, phenobarbital, sodium valproate, topiramate and valproic acid, succinimides e.g. ethosuximide and vigabatrin)

- Medicines used to treat fungal infections (e.g. amphotericin B, fluconazole, itraconazole, ketoconazole, miconazole, posaconazole and voriconazole)
- Medicines used for tuberculosis and other infections (chloramphenicol, clarithromycin, isoniazid, rifampicin, sulphonamides, sulfadiazine, sulfamethoxazole-trimethoprim, doxycycline, ciprofloxacin, efavirenz, fosamprenavir, indinavir, lopinavir/ritonavir, ritonavir and saquinavir)
- Medicines used for stomach ulcers (omeprazole, sucralfate, the medicines known as H₂ antagonists e.g. cimetidine and some antacids)
- Medicines used for asthma and bronchitis (theophylline)
- Medicines used for pain and inflammation (salicylates e.g. aspirin and steroids)
- Medicines used for sleeplessness, depression and psychiatric disorders (chloridiazepoxide, clozapine, diazepam, disulfiram, fluoxetine, methylphenidate, paroxetine, phenothiazines, trazodone, tricyclic antidepressants, fluvoxamine, quetiapine and sertraline)
- Medicines used for diabetes (tolbutamide).
- Some hormone replacement therapies (oestrogens), oral contraceptives (the birth control pill)
- Medicines used for organ and tissue transplants, to prevent rejection (cyclosporin and tacrolimus)
- Medicines used for cancer (antineoplastic agents, e.g. bleomycin, capecitabine, carboplatin, cisplatin, doxorubicin, fluorouracil and methotrexate)
- Muscle relaxants used for surgery (neuromuscular blockers), some anaesthetic drugs (methadone)
- Medicines used as anticoagulants (e.g. rivaroxaban, dabigatran, apixaban, edoxaban)
- Some products available without a prescription (folic acid, theophylline, St John's Wort, vitamin D).

Your doctor may need to test the amount of Phenytoin in your blood to help decide if any of these medicines are affecting your treatment.

The herbal preparation St John's Wort (*Hypericum perforatum*) should **not** be taken at the same time as this medicine. If you already take St John's Wort, consult your doctor before stopping the St John's Wort preparation.

Phenytoin may also interfere with certain laboratory tests that you may be given.

Phenytoin with food, drink and alcohol

Phenytoin can be taken before or after food and drinks. Drinking a lot of alcohol can also affect the concentration of phenytoin in your blood.

Pregnancy, contraception in women and breast-feeding

Pregnancy

What you should know about the use of antiepileptic drugs in pregnancy

If you are pregnant or think you may be pregnant, you must tell your doctor straight away and discuss possible risks the epilepsy medicine you are taking might pose to your unborn baby

If you are planning to become pregnant you should discuss your epilepsy treatment with your doctor as early as possible before you become pregnant.

You should not stop your treatment without discussing this with your doctor. Suddenly stopping may lead to breakthrough seizures which may harm you and your unborn baby. It is important that your epilepsy is well controlled.

Taking phenytoin during pregnancy increases the chance that the baby may have a physical birth abnormality.

Studies with women treated with phenytoin for epilepsy during pregnancy have shown that around 6 babies in every 100 will have serious physical birth abnormalities. This compares to 2-3 babies in every 100 born to women who don't have epilepsy.

The most common types of serious physical birth abnormalities (major congenital malformations) reported for phenytoin include abnormalities of the lip and palate, heart, skull, nail and finger disorders and growth abnormalities. Some of these may occur together as part of a fetal hydantoin syndrome.

Taking more than one epilepsy medicine at the same time may also increase the risk of physical birth abnormalities. Where possible, your doctor will consider using one epilepsy medicine only to control your epilepsy.

Your doctor may advise you to take folic acid if you're planning to become pregnant and while you're pregnant. Your doctor may adjust your epilepsy medicine when you take folic acid.

Some studies observed that taking phenytoin during pregnancy increases the chance that the baby may have problems affecting learning and thinking abilities.

If you take Phenytoin during pregnancy, your baby is also at risk for bleeding problems right after birth. Your doctor may give you and your baby a medicine to prevent this. Moreover, your child should be closely monitored.

Contraception in women

If you are a woman of childbearing age and are not planning a pregnancy, you should use effective contraception during treatment with Phenytoin.

Phenytoin may affect how hormonal contraceptives, such as the contraceptive (birth control) pill, work and make them less effective at preventing pregnancy. Talk to your doctor, who will discuss with you the most suitable type of contraception to use while you are taking Phenytoin.

Breast-feeding

Phenytoin passes into breast milk. You should not take Phenytoin if you are breast-feeding.

Driving and using machines

Phenytoin may cause dizziness or drowsiness, especially during the first few weeks of treatment. If you experience these symptoms, do not drive or use any tools or machinery.

Phenytoin contains lactose, a type of sugar.

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

Information about sodium content

This medicine contains less than 1 mmol sodium (23 mg) per capsule, that is to say essentially "sodium free".

3. HOW TO TAKE PHENYTOIN

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

It is best to take Phenytoin at the same time each day.

Swallow the capsules whole, with plenty of water.

Adults

The amount of Phenytoin needed varies from one person to another. Most adults need between 200 mg and 500 mg a day either as a single or divided dose. Occasionally higher doses are needed.

Use in children and adolescents

Infants and children usually start on a dose that depends on their weight (5 mg per day for every kg they weigh) and is given as a divided dose, twice a day. The dose is then adjusted up to a maximum of 300 mg a day.

Elderly and patients with kidney or liver disease

The dose of Phenytoin for elderly patients, patients with kidney or liver disease, or those who may be taking other medicines may also need careful consideration and adjustment by their doctor.

If you take more Phenytoin than you should

Phenytoin is dangerous in overdose. If you accidentally take too much Phenytoin contact your doctor at once or go to the nearest hospital casualty department. Always take the labelled medicine package with you, whether there is any Phenytoin left or not.

If you forget to take Phenytoin

If you forget to take a dose, take it as soon as you remember unless it is time for your next dose.

Do not take a double dose to make up for a forgotten dose.

If you stop taking Phenytoin

Do not stop taking Phenytoin unless your doctor tells you to. If you suddenly stop taking this medicine you may have a seizure. Should you need to stop taking Phenytoin, your doctor will have decided which is the best method for you.

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.

Tell your doctor immediately if you experience any of the following symptoms after taking this medicine. Although they are very rare, these symptoms can be serious.

- Severe allergic reaction like swelling of eyelids, face, lips, mouth and/or throat, as well as the tongue which may cause difficulty breathing or swallowing (known as angioedema) and sudden wheeziness. **Stop taking your medicine immediately and tell your doctor.**
- If you develop a severe skin rash that causes blistering, (this can also affect the mouth and tongue). These may be signs of a condition known as Stevens Johnson Syndrome, or toxic epidermal necrolysis (TEN). **Your doctor will stop your treatment in these cases.**
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- **Effects on your bones:** There have been reports of bone disorders including osteopenia and osteoporosis (thinning of the bone) and fractures. Check with your doctor or pharmacist if you are on long-term antiepileptic medication, have a history of osteoporosis, or take steroids.

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6. CONTENTS OF THE PACK AND OTHER INFORMATION

What Phenytoin contains

Phenytoin contains 100 mg of the active ingredient, phenytoin sodium. The other ingredients are lactose monohydrate, magnesium stearate, gelatin, titanium dioxide E171, sodium lauryl sulfate, erythrosine E127, quinoline yellow E104, ink (Shellac Glaze ~ 45% ethanol, black iron oxide, N -butyl alcohol, purified water, propylene glycol, anhydrous ethanol, isopropyl alcohol, ammonium hydroxide 28%).

What Phenytoin looks like and contents of the pack

Phenytoin is supplied as a white powder in a hard gelatin capsule with a white opaque body and orange cap, radially printed 'PHENYTOIN 100' on both cap and body, available in bottles containing 100 capsules.

The bottles contain a desiccant which should not be eaten.

Manufacturer and product licence holder

Phenytoin is manufactured by Pfizer Manufacturing Deutschland GmbH, Mooswaldallee 1, D-79090, Freiburg, Germany.

Procured from within the EU by product licence holder Star Pharmaceuticals Ltd, 5 Sandridge Close, Middlesex HA1 1XD. Repackaged by Servipharm Ltd.

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PL 20636/1765

Leaflet revision and issue date (Ref) 04.01.22[28]

Blind or partially sighted?

Is this leaflet hard to see or read?

Call 020 8423 2111 to obtain the leaflet in a format suitable for you.

Phenytoin Sodium Flynn

100 mg Hard Capsules

(phenytoin sodium)

1765
04.01.22[28]

PATIENT INFORMATION LEAFLET

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 available using the above name but will be referred to as Phenytoin throughout this leaflet. This medicine is also available in other strengths.

What is in this leaflet:

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

1. WHAT PHENYTOIN IS AND WHAT IT IS USED FOR

Phenytoin is one of a group of medicines called anti-epileptic drugs; these medicines are used to treat epilepsy.

Phenytoin can be used to control a variety of epileptic conditions, to control or prevent seizures during or after brain surgery or severe head injury. Phenytoin can also be used to treat trigeminal neuralgia (facial nerve pain).

You should ask your doctor if you are unsure why you have been given Phenytoin.

2. WHAT YOU NEED TO KNOW BEFORE YOU TAKE PHENYTOIN

Do not take Phenytoin

- if you are allergic to phenytoin, or any of the other ingredients of this medicine (listed in section 6).
- if you are allergic to other medicines with a similar chemical structure to Phenytoin (e.g. hydantoins).

Warnings and precautions

Talk to your doctor or pharmacist before taking Phenytoin.

Medicines are not always suitable for everyone. Your doctor needs to know before you take Phenytoin if you suffer from or have suffered in the past from any of the following conditions:

- Liver disease.
- Kidney disease.
- Porphyria (an inherited disease that affects haemoglobin biosynthesis).

The following symptoms have been reported in some people treated with phenytoin at recommended doses:

- shortness of breath, becoming unconscious, or unresponsive. All can be the symptoms of the sudden, unexpected stopping of the heart (known as cardiac arrest). If you or someone you know is taking Phenytoin and experiencing these symptoms, **seek immediate medical support**.
- severe allergic reactions like swelling of the eyelids, face, lips, mouth and/or throat, as well as the tongue may cause difficulty in breathing or swallowing (known as angioedema) and sudden wheeziness. All these can be symptoms leading to a sudden, unexpected stopping of the heart (known as cardiac arrest). **Stop taking your medicine and seek immediate medical help**.
- slower heartbeat (known as bradycardia).

A small number of people being treated with antiepileptics such as phenytoin sodium have had thoughts of harming or killing themselves. If at any time you have these thoughts, immediately contact your doctor.

Potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported with the use of Phenytoin, appearing initially as reddish target-like spots or circular patches often with central blisters on the trunk. Additional signs to look for include ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes). These potentially life-threatening skin rashes are often accompanied by flu-like symptoms, including fever at the initiation of treatment. The rash may progress to widespread blistering or peeling of the skin. The highest risk for occurrence of serious skin reactions is within the first weeks of treatment. If you have developed Stevens-Johnson syndrome or toxic epidermal necrolysis with the use of Phenytoin, you must not be re-started on Phenytoin at any time.

If you develop a rash or these skin symptoms, stop taking Phenytoin, seek urgent advice from a doctor and tell them that you are taking this medicine. Consult your doctor before permanently discontinuing Phenytoin. If you suddenly stop taking this medicine you may have a seizure.

Talk to you doctor before taking Phenytoin if you are of Taiwanese, Japanese, Malaysian or Thai origin and tests have shown that you carry the genetic variant CYP2C9*3.

Serious skin side effects can rarely occur during treatment with Phenytoin. This risk may be associated with a variant in genes in a subject with Chinese or Thai origin. If you are of such origin and have been tested previously carrying this genetic variant (HLA-B*1502), discuss this with your doctor before taking Phenytoin.

There is a risk of harm to the unborn child if Phenytoin is used during pregnancy. Women of childbearing age should use effective contraception during treatment with Phenytoin (see Pregnancy, contraception in women, and breast-feeding).

Other medicines and Phenytoin

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Some medicines can affect the way Phenytoin works and Phenytoin itself can reduce the effectiveness of other medicines taken at the same time. These include:

- Medicines used for heart and circulation problems (amiodarone, digoxin, furosemide, reserpine, ticagrelor, warfarin, calcium channel blockers e.g. diltiazem, mexiletine, nicardipine, nifedipine, nimodipine, disopyramide and verapamil)
- Medicines used to lower blood cholesterol, (e.g. atorvastatin, fluvastatin and simvastatin)
- Medicines used for epilepsy (carbamazepine, lacosamide, lamotrigine, oxcarbazepine, phenobarbital, sodium valproate, topiramate and valproic acid, succinimides e.g. ethosuximide and vigabatrin)

- Medicines used to treat fungal infections (e.g. amphotericin B, fluconazole, itraconazole, ketoconazole, miconazole, posaconazole and voriconazole)
- Medicines used for tuberculosis and other infections (chloramphenicol, clarithromycin, isoniazid, rifampicin, sulphonamides, sulfadiazine, sulfamethoxazole-trimethoprim, doxycycline, ciprofloxacin, efavirenz, fosamprenavir, indinavir, lopinavir/ritonavir, ritonavir and saquinavir)
- Medicines used for stomach ulcers (omeprazole, sucralfate, the medicines known as H₂ antagonists e.g. cimetidine and some antacids)
- Medicines used for asthma and bronchitis (theophylline)
- Medicines used for pain and inflammation (salicylates e.g. aspirin and steroids)
- Medicines used for sleeplessness, depression and psychiatric disorders (chlordiazepoxide, clozapine, diazepam, disulfiram, fluoxetine, methylphenidate, paroxetine, phenothiazines, trazodone, tricyclic antidepressants, fluvoxamine, quetiapine and sertraline)
- Medicines used for diabetes (tolbutamide).
- Some hormone replacement therapies (oestrogens), oral contraceptives (the birth control pill)
- Medicines used for organ and tissue transplants, to prevent rejection (cyclosporin and tacrolimus)
- Medicines used for cancer (antineoplastic agents, e.g. bleomycin, capecitabine, carboplatin, cisplatin, doxorubicin, fluorouracil and methotrexate)
- Muscle relaxants used for surgery (neuromuscular blockers), some anaesthetic drugs (methadone)
- Medicines used as anticoagulants (e.g. rivaroxaban, dabigatran, apixaban, edoxaban)
- Some products available without a prescription (folic acid, theophylline, St John's Wort, vitamin D).

Your doctor may need to test the amount of Phenytoin in your blood to help decide if any of these medicines are affecting your treatment.

The herbal preparation St John's Wort (*Hypericum perforatum*) should **not** be taken at the same time as this medicine. If you already take St John's Wort, consult your doctor before stopping the St John's Wort preparation.

Phenytoin may also interfere with certain laboratory tests that you may be given.

Phenytoin with food, drink and alcohol

Phenytoin can be taken before or after food and drinks. Drinking a lot of alcohol can also affect the concentration of phenytoin in your blood.

Pregnancy, contraception in women and breast-feeding

Pregnancy

What you should know about the use of antiepileptic drugs in pregnancy

If you are pregnant or think you may be pregnant, you must tell your doctor straight away and discuss possible risks the epilepsy medicine you are taking might pose to your unborn baby

If you are planning to become pregnant you should discuss your epilepsy treatment with your doctor as early as possible before you become pregnant.

You should not stop your treatment without discussing this with your doctor. Suddenly stopping may lead to breakthrough seizures which may harm you and your unborn baby. It is important that your epilepsy is well controlled.

Taking phenytoin during pregnancy increases the chance that the baby may have a physical birth abnormality.

Studies with women treated with phenytoin for epilepsy during pregnancy have shown that around 6 babies in every 100 will have serious physical birth abnormalities. This compares to 2-3 babies in every 100 born to women who don't have epilepsy.

The most common types of serious physical birth abnormalities (major congenital malformations) reported for phenytoin include abnormalities of the lip and palate, heart, skull, nail and finger disorders and growth abnormalities. Some of these may occur together as part of a fetal hydantoin syndrome.

Taking more than one epilepsy medicine at the same time may also increase the risk of physical birth abnormalities. Where possible, your doctor will consider using one epilepsy medicine only to control your epilepsy. Your doctor may advise you to take folic acid if you're planning to become pregnant and while you're pregnant. Your doctor may adjust your epilepsy medicine when you take folic acid.

Some studies observed that taking phenytoin during pregnancy increases the chance that the baby may have problems affecting learning and thinking abilities.

If you take Phenytoin during pregnancy, your baby is also at risk for bleeding problems right after birth. Your doctor may give you and your baby a medicine to prevent this. Moreover, your child should be closely monitored.

Contraception in women

If you are a woman of childbearing age and are not planning a pregnancy, you should use effective contraception during treatment with Phenytoin.

Phenytoin may affect how hormonal contraceptives, such as the contraceptive (birth control) pill, work and make them less effective at preventing pregnancy. Talk to your doctor, who will discuss with you the most suitable type of contraception to use while you are taking Phenytoin.

Breast-feeding

Phenytoin passes into breast milk. You should not take Phenytoin if you are breast-feeding.

Driving and using machines

Phenytoin may cause dizziness or drowsiness, especially during the first few weeks of treatment. If you experience these symptoms, do not drive or use any tools or machinery.

Phenytoin contains lactose, a type of sugar.

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

Information about sodium content

This medicine contains less than 1 mmol sodium (23 mg) per capsule, that is to say essentially "sodium free".

3. HOW TO TAKE PHENYTOIN

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

It is best to take Phenytoin at the same time each day.

Swallow the capsules whole, with plenty of water.

Adults

The amount of Phenytoin needed varies from one person to another. Most adults need between 200 mg and 500 mg a day either as a single or divided dose. Occasionally higher doses are needed.

Use in children and adolescents

Infants and children usually start on a dose that depends on their weight (5 mg per day for every kg they weigh) and is given as a divided dose, twice a day. The dose is then adjusted up to a maximum of 300 mg a day.

Elderly and patients with kidney or liver disease

The dose of Phenytoin for elderly patients, patients with kidney or liver disease, or those who may be taking other medicines may also need careful consideration and adjustment by their doctor.

If you take more Phenytoin than you should

Phenytoin is dangerous in overdose. If you accidentally take too much Phenytoin contact your doctor at once or go to the nearest hospital casualty department. Always take the labelled medicine package with you, whether there is any Phenytoin left or not.

If you forget to take Phenytoin

If you forget to take a dose, take it as soon as you remember unless it is time for your next dose.

Do not take a double dose to make up for a forgotten dose.

If you stop taking Phenytoin

Do not stop taking Phenytoin unless your doctor tells you to. If you suddenly stop taking this medicine you may have a seizure. Should you need to stop taking Phenytoin, your doctor will have decided which is the best method for you.

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.

Tell your doctor immediately if you experience any of the following symptoms after taking this medicine. Although they are very rare, these symptoms can be serious.

- Severe allergic reaction like swelling of eyelids, face, lips, mouth and/or throat, as well as the tongue which may cause difficulty breathing or swallowing (known as angioedema) and sudden wheeziness. **Stop taking your medicine immediately and tell your doctor.**
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* Flynn is a trademark of Flynn Pharma Ltd. However, this product is not manufactured or sold by Flynn Pharma Ltd but has been imported from the EU as Epanutin® by Tenolol Ltd. It is considered by the Medicines and Healthcare products Regulatory Agency to be equivalent to Phenytoin Sodium Flynn 100mg Hard Capsules distributed by Flynn Pharma Ltd.

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