

NEW ZEALAND DATA SHEET

KINSON



1. Product Name

KINSON, 25 mg carbidopa (as monohydrate) and 100 mg levodopa, tablet.

2. Qualitative and Quantitative Composition

Each tablet contains 25 mg of carbidopa (as monohydrate) and 100 mg of levodopa.

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form

A yellow, round, flat bevel edged tablet debossed 'LC' break line '2' on one side and 'α' on the other. 9 mm diameter.

The tablet can be divided into equal doses.

4. Clinical Particulars

4.1 *Therapeutic indications*

KINSON is indicated for the treatment of Parkinson's disease and syndrome. It is useful in relieving many of the symptoms of Parkinsonism, particularly rigidity and bradykinesia. KINSON frequently is helpful in the management of tremor, dysphagia, sialorrhea, and postural instability associated with Parkinson's disease and syndrome.

When therapeutic response to levodopa alone is irregular, and signs and symptoms of Parkinson's disease are not evenly controlled throughout the day, substitution of KINSON usually is effective in reducing fluctuations in response.

By reducing certain adverse reactions produced by levodopa alone, KINSON permits more patients to obtain adequate relief of the symptoms of Parkinson's disease.

KINSON is also indicated for patients with Parkinsonism who are taking vitamin preparations that contain pyridoxine hydrochloride (Vitamin B₆).

4.2 *Dose and method of administration*

Dose

The optimum daily dosage of KINSON must be determined by careful titration in each patient. KINSON tablets are available in a 1:4 ratio of carbidopa to levodopa.

The total levodopa dose in a 24-hr period should be similar and divided accordingly, with doses given approximately every three to four hours.

General considerations

Dosage should be titrated to the individual patient needs and this may require adjusting both the individual dose and the frequency of administration.

Studies show that the peripheral dopa decarboxylase is saturated by carbidopa at approximately 70 to 100 mg a day. Patients receiving less than this amount of carbidopa are more likely to experience nausea and vomiting.

Standard antiparkinson medicines, other than levodopa alone, may be continued while KINSON is being administered, although their dosage may have to be adjusted.

Low dose selective MAO-B inhibitors can be given with KINSON (see section 4.3). Dosage adjustment of KINSON may be necessary when these agents are added to an existing KINSON treatment regimen.

Usual initial dosage

Dosage is best initiated with one tablet of KINSON three times a day. This dosage schedule provides 75 mg of carbidopa per day. Dosage may be increased by one tablet every day or every other day, (given at intervals of 3 to 4 hours) as necessary, until a dosage equivalent of eight tablets of KINSON a day is reached.

Response has been observed in one day, and sometimes after one dose. Fully effective doses usually are reached within seven days as compared to weeks or months with levodopa alone.

How to transfer patients from levodopa

Because both therapeutic and adverse responses occur more rapidly with KINSON than when levodopa is given, patients should be monitored closely during the dose adjustment period. Specifically, involuntary movements will occur more rapidly with KINSON than with levodopa. The occurrence of involuntary movements may require dosage reduction. Blepharospasm may be a useful early sign of excess dosage in some patients.

Levodopa should be discontinued at least 12 hours before KINSON is started (24 hours for slow-release preparations of levodopa). A daily dosage of KINSON should be chosen that will provide approximately 20 percent of the previous levodopa daily dosage.

Patients who are taking less than 1500 mg of levodopa a day should be started on one tablet of KINSON three or four times a day.

Maintenance

Therapy should be individualised and adjusted according to the desired therapeutic response. At least 70 to 100 mg of carbidopa per day should be provided for optimal inhibition of extracerebral decarboxylation of levodopa.

Experience with total daily dosages of carbidopa greater than 200 mg is limited.

Maximum recommended dose

200 mg of carbidopa, and 2 g of levodopa. This is about 3 mg/kg of carbidopa, and 30 mg/kg of levodopa in a patient weighing 70 kg.

Paediatric population

See section 4.4.

4.3 Contraindications

Non-selective monoamine oxidase (MAO) inhibitors are contraindicated for use with KINSON. These inhibitors must be discontinued at least two weeks prior to initiating therapy with KINSON. KINSON

may be administered concomitantly with the manufacturer's recommended dose of a MAO inhibitor with selectivity for MAO type B (e.g. selegiline HCl) (see section 4.5).

KINSON is contraindicated in patients with known hypersensitivity to carbidopa, levodopa or any other component of this medication (see section 6.1), and in patients with narrow angle glaucoma.

Since levodopa may activate a malignant melanoma, KINSON should not be used in patients with suspicious undiagnosed skin lesions or a history of melanoma.

4.4 Special warnings and precautions for use

KINSON is not recommended for the treatment of medicine-induced extrapyramidal reactions.

KINSON may be given to patients already receiving levodopa alone; however, the levodopa alone must be discontinued at least 12 hours before KINSON is started. KINSON should be substituted at a dosage that will provide approximately 20 percent of the previous levodopa dosage (see section 4.2).

Dyskinesias may occur in patients previously treated with levodopa alone because carbidopa permits more levodopa to reach the brain and, thus, more dopamine to be formed. The occurrence of dyskinesias may require dosage reduction.

As with levodopa, KINSON may cause involuntary movements and mental disturbances. These reactions are thought to be due to increased brain dopamine following administration of levodopa, and use of KINSON may cause a recurrence. Dosage reduction may be required. All patients should be observed carefully for the development of depression with concomitant suicidal tendencies. Patients with past or current psychoses should be treated with caution.

Caution should be exercised with concomitant administration of psychoactive medicines and KINSON (see section 4.5).

KINSON should be administered cautiously to patients with severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic or endocrine disease, or a history of peptic ulcer disease (because of the possibility of upper gastrointestinal haemorrhage) or of convulsions.

As with levodopa, care should be exercised in administering KINSON to patients with a history of myocardial infarction who have atrial, nodal, or ventricular arrhythmia. In such patients, cardiac function should be monitored with particular care during the period of initial dosage administration and titration.

Patients with chronic wide-angle glaucoma may be treated cautiously with KINSON, provided the intraocular pressure is well controlled and the patient monitored carefully for changes in intraocular pressure during therapy.

A symptom complex resembling the neuroleptic malignant syndrome including muscular rigidity, elevated body temperature, mental changes, and increased serum creatine phosphokinase has been reported when antiparkinsonian agents were withdrawn abruptly. Therefore, patients should be observed carefully when the dosage of KINSON is reduced abruptly or discontinued, especially if the patient is receiving neuroleptics. As with levodopa, periodic evaluations of hepatic, haematopoietic, cardiovascular and renal function are recommended during extended therapy.

If general anaesthesia is required, KINSON may be continued as long as the patient is permitted to take fluids and medication by mouth. If therapy is interrupted temporarily, the usual daily dosage may be administered as soon as the patient is able to take oral medication.

Melanoma

Epidemiological studies have shown that patients with Parkinson's disease have a higher risk (2- to approximately 6-fold higher) of developing melanoma than the general population. Whether the

increased risk observed was due to Parkinson's disease or other factors, such as drugs used to treat Parkinson's disease, is unclear.

For the reasons stated above, patients and providers are advised to monitor for melanomas frequently and on a regular basis when using KINSON for any indication. Ideally, periodic skin examinations should be performed by appropriately qualified individuals (e.g. dermatologists).

Patients should be regularly monitored for the development of impulse control disorders. Patients and caregivers should be made aware that behavioural symptoms of impulse control disorders including pathological gambling, increased libido, hypersexuality, compulsive spending and binge/compulsive eating can occur in patients treated with dopamine agonists and/or other dopaminergic treatments containing levodopa including KINSON. Review of treatment is recommended if such symptoms develop.

Paediatric population

Safety and effectiveness of KINSON in infants and children have not been established, and its use in patients below the age of 18 years is not recommended.

Use in the elderly

There is wide experience in the use of levodopa and carbidopa in elderly patients (see section 4.2).

Use in hepatic impairment

KINSON should be administered cautiously to patients with hepatic disease. Periodic evaluation of hepatic function is recommended during extended therapy.

Use in renal impairment

KINSON should be administered cautiously to patients with renal disease. Periodic evaluation of renal function is recommended during extended therapy.

4.5 Interaction with other medicines and other forms of interaction

Caution should be exercised when the following medicines are administered concomitantly with KINSON:

Antihypertensive agents

Symptomatic postural hypotension has occurred when carbidopa/levodopa is added to the treatment of a patient receiving antihypertensive medicines. Therefore, when therapy with KINSON is started, dosage adjustment of the antihypertensive medicine may be required.

Antidepressants

For patients receiving monoamine oxidase inhibitors, see section 4.3.

There have been rare reports of adverse reactions, including hypertension and dyskinesia, resulting from the concomitant use of tricyclic antidepressants and carbidopa/levodopa.

Iron

Studies demonstrate a decrease in the bioavailability of carbidopa and/or levodopa when it is ingested with ferrous sulphate or ferrous gluconate.

Other medicines

Dopamine D₂ receptor antagonists (e.g. phenothiazines, butyrophenones and risperidone) and isoniazid may reduce the therapeutic effects of levodopa. In addition, the beneficial effects of levodopa in Parkinson's disease have been reported to be reversed by phenytoin and papaverine. Patients taking these medicines with KINSON should be carefully observed for loss of therapeutic response.

Use of KINSON with dopamine-depleting agents (e.g., reserpine and tetrabenazine) or other drugs known to deplete monoamine stores is not recommended.

Concomitant therapy with selegiline and carbidopa-levodopa may be associated with severe orthostatic hypotension not attributable to carbidopa-levodopa alone (see section 4.3).

Since levodopa competes with certain amino acids, the absorption of levodopa may be impaired in some patients on a high protein diet.

4.6 Fertility, pregnancy and lactation

Pregnancy

Although the effects of KINSON on human pregnancy are unknown both levodopa and combinations of carbidopa and levodopa have caused visceral and skeletal malformations in rabbits (see section 5.3). Therefore, use of KINSON in women of childbearing potential requires that the anticipated benefits of the medicine be weighed against possible hazards should pregnancy occur.

Breast-feeding

It is not known whether carbidopa is excreted in human milk. In a study of one nursing mother with Parkinson's disease, excretion of levodopa in human breast milk was reported. Because many medicines are excreted in human milk and because of the potential for serious adverse reactions in infants, a decision should be made whether to discontinue nursing or to discontinue the use of KINSON, taking into account the importance of the medicine to the mother.

Fertility

No data available. For pre-clinical fertility data refer to section 5.3.

4.7 Effects on ability to drive and use machines

Levodopa has been associated with somnolence and episodes of sleep onset. Sudden onset of sleep during daily activities, in some cases without awareness or warning signs, has been reported very rarely. Patients should be informed of this and advised to exercise caution while driving or operating machines during treatment with levodopa. Patients who have experienced somnolence and/or an episode of sudden sleep onset must refrain from driving or operating machines.

4.8 Undesirable effects

Adverse effects that occur frequently in patients receiving carbidopa/levodopa are those due to the central neuropharmacologic activity of dopamine. These reactions usually can be diminished by dosage reduction. The most common side effects are dyskinesias including choreiform, dystonic, and other involuntary movements and nausea. Muscle twitching and blepharospasm may be taken as early signs to consider reduction.

Other adverse effects reported in clinical trials or in post-marketing experience include:

Body as a whole: syncope, chest pain, anorexia.

Cardiovascular: cardiac irregularities and/or palpitation, orthostatic effects including hypotensive episodes, hypertension, phlebitis.

Gastrointestinal: vomiting, gastrointestinal bleeding, development of duodenal ulcer, diarrhoea, dark saliva.

Haematologic: leukopenia, haemolytic and non-haemolytic anaemia, thrombocytopenia, agranulocytosis.

Hypersensitivity: angioedema, urticaria, pruritus, Henoch-Schönlein purpura.

Nervous system/psychiatric: neuroleptic malignant syndrome (see section 4.4), bradykinetic episodes (the “on-off” phenomenon), dizziness, somnolence including very rarely excessive daytime somnolence and sudden sleep onset episodes, paraesthesia, psychotic episodes including delusions, hallucinations and paranoid ideation, depression with or without development of suicidal tendencies, dementia, dream abnormalities, agitation, confusion.

Pathological (compulsive) gambling, increased libido, hypersexuality, compulsive spending/buying, and binge/compulsive eating can occur in patients treated with dopamine agonists and/or other dopamine treatments containing levodopa including KINSON (see section 4.4).

Respiratory: dyspnoea.

Skin: alopecia, rash, dark sweat.

Urogenital: dark urine.

Rarely convulsions have occurred; however, a causal relationship with carbidopa/levodopa has not been established.

Other adverse effects that have been reported with levodopa or levodopa/carbidopa combinations and may be potential adverse effects with KINSON are listed below:

Nervous system/psychiatric: asthenia, decreased mental acuity, disorientation, ataxia, numbness, increased hand tremor, muscle cramps, trismus, activation of latent Horner’s syndrome, insomnia, anxiety, euphoria, falling and gait abnormalities.

Gastrointestinal: dyspepsia, dry mouth, bitter taste, sialorrhoea, dysphagia, bruxism, hiccups, abdominal pain and distress, constipation, flatulence, burning sensation of tongue.

Investigations: weight gain or loss

Metabolic: oedema.

Skin: flushing, increased sweating, pigmentation of teeth and skin.

Urogenital: urinary retention, urinary incontinence, priapism.

Special senses: diplopia, blurred vision, dilated pupils, oculogyric crises.

Miscellaneous: weakness, faintness, fatigue, headache, hoarseness, malaise, hot flashes, sense of stimulation, bizarre breathing patterns, malignant melanoma (see section 4.3).

Laboratory tests

Abnormalities in various laboratory tests have occurred with carbidopa-levodopa preparations and may occur with KINSON. These include elevations of liver function tests such as alkaline phosphatase, SGOT (AST), SGPT (ALT), lactic dehydrogenase, bilirubin, blood urea nitrogen, creatinine, uric acid, and positive Coombs’ test.

Decreased haemoglobin, haematocrit, elevated serum glucose, and white blood cells, bacteria and blood in the urine have been reported.

Carbidopa-levodopa preparations may cause a false-positive reaction for urinary ketone bodies when a test tape is used for determination of ketonuria. This reaction will not be altered by boiling the urine specimen. False-negative tests may result with the use of glucose-oxidase methods of testing for glucosuria.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions <https://nzphvc.otago.ac.nz/reporting/>.

4.9 Overdose

Management of acute overdosage with KINSON is basically the same as management of acute overdosage with levodopa; however, pyridoxine is not effective in reversing the actions of carbidopa/levodopa.

Electrocardiographic monitoring should be instituted and the patient carefully observed for the possible development of arrhythmias; if required, appropriate anti-arrhythmic therapy should be given. The possibility that the patient may have taken other medicines as well as KINSON should be taken into consideration. To date, no experience has been reported with dialysis; hence, its value in overdosage is not known.

A 60 year old male patient is reported to have ingested 60 25/250 carbidopa/levodopa tablets. Upon hospitalisation two hours after ingestion symptoms were sinus tachycardia, nausea and vomiting. Supportive therapy was instituted and the patient was asymptomatic the following day.

For further advice on management of overdose please contact the National Poisons Information Centre (0800 POISON or 0800 764 766).

5. Pharmacological Properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: dopaminergic agents, ATC code: N04BA02

Mechanism of action

KINSON is a combination of carbidopa, an aromatic amino acid decarboxylase inhibitor, and levodopa, the metabolic precursor of dopamine, for the treatment of Parkinson's disease and syndrome.

Levodopa relieves the symptoms of Parkinson's disease by being decarboxylated to dopamine in the brain. Carbidopa, which does not cross the blood-brain barrier, inhibits the extracerebral decarboxylation of levodopa, making more levodopa available for transport to the brain and subsequent conversion to dopamine.

KINSON improves overall therapeutic response as compared to levodopa. KINSON provides effective long lasting levodopa plasma levels at doses that are approximately 80 percent lower than those needed with levodopa alone.

While pyridoxine hydrochloride (Vitamin B₆) is known to accelerate the peripheral metabolism of levodopa to dopamine, carbidopa prevents this action.

The carbidopa component of KINSON does not decrease adverse reactions due to central effects of levodopa. By permitting more levodopa to reach the brain, particularly when nausea and vomiting is not a dose limiting factor, certain adverse CNS effects, e.g. dyskinesias, may occur at lower dosages and sooner during therapy with KINSON than with levodopa.

5.2 Pharmacokinetic properties

Onset of action with usual doses of KINSON

Response has been observed in one day and sometimes after one dose. Fully effective doses usually are reached within seven days.

Half-life carbidopa, levodopa, carbidopa/levodopa

The plasma half-life of levodopa is about 50 minutes. When carbidopa and levodopa are administered together, the half-life of levodopa is increased to about one and one-half hours.

Carbidopa

Absorption

Following an oral dose of radioactive labelled carbidopa to healthy subjects and to patients with Parkinson's disease, maximum plasma levels of radioactivity were reached in two to four hours in the normal subjects and in one and one-half to five hours in the patients.

Biotransformation and elimination

Following an oral dose of radioactive labelled carbidopa to healthy subjects and to patients with Parkinson's disease approximately equal quantities were excreted in the urine and the faeces by both groups. Comparison of urinary metabolites in healthy subjects and patients indicated that carbidopa is metabolised to the same degree in both. Urinary excretion of unchanged carbidopa was essentially complete in seven hours and represented 35 percent of the total urinary radioactivity. Only metabolites were present thereafter. No hydrazines were found.

Among the metabolites excreted by humans are α -methyl-3-methoxy-4-hydroxyphenyl-propionic acid and α -methyl-3, 4 dihydroxyphenyl-propionic acid. These accounted for approximately 14 and 10 percent, respectively, of the radioactive metabolites excreted. Two minor metabolites were found.

One was identified as 3, 4 dihydroxyphenyl-acetone and the other tentatively identified as N-methylcarbidopa. They each accounted for less than five percent of the urinary metabolites. Unchanged carbidopa also is present in the urine. No conjugates were found.

Levodopa

Absorption, biotransformation and elimination

Levodopa is rapidly absorbed from the gastrointestinal tract and extensively metabolised. Although more than 30 metabolites may be formed, it is converted mainly to dopamine, epinephrine and norepinephrine, and eventually to dihydroxy-phenylacetic acid, homovanillic acid, and vanilmandelic acid. 3-O-methyldopa appears in the plasma and cerebrospinal fluid. Its significance is not known.

When single test doses of radioactive levodopa are given to fasting patients with Parkinson's disease, plasma levels of radioactivity peak in one-half to two hours and remain measurable for four to six hours. At peak levels, about 30 percent of the radioactivity appears as catecholamines, 15 percent as dopamine, and 10 percent as dopa. Radioactive compounds are rapidly excreted in the urine, one-third of the dose appearing in two hours. Eighty to ninety percent of urinary metabolites are phenylcarboxylic acids, principally homovanillic acid. Over 24 hours, one to two percent of recovered radioactivity is dopamine, and less than one percent is epinephrine, norepinephrine, and unchanged levodopa.

Levodopa/carbidopa

Effect of carbidopa on levodopa metabolism

In healthy subjects carbidopa increased plasma levels of levodopa by statistically significant amounts, as measured against placebo. This has been demonstrated when carbidopa is given before levodopa and when the two medicines are given simultaneously. In one study, pre-treatment with carbidopa increased plasma levels of a single dose of levodopa about five times and extended the duration of measurable plasma concentrations of levodopa from four hours to eight hours. When the two medicines were given simultaneously in other studies, similar results were obtained.

In a study in which a single dose of stem-labelled levodopa was given to patients with Parkinson's disease who had been pre-treated with carbidopa, there was an increase in the half-life of total

plasma radioactivity derived from the levodopa, from 3 to 15 hours. The proportion of radioactivity remaining as unmetabolised levodopa was increased at least three times by carbidopa. Plasma and urinary dopamine and homovanillic acid were both decreased by carbidopa pre-treatment.

5.3 Preclinical safety data

Animal teratology and reproductive studies

Carbidopa showed no evidence of teratogenicity in mice or rabbits at doses of 120 mg/kg/day.

Levodopa produced visceral and skeletal malformations in rabbits at doses of 125 and 250 mg/kg/day.

With combinations of carbidopa and levodopa, in doses ranging from 25/250 to 100/500 mg/kg/day, there was no evidence of teratogenicity in mice, but in rabbits visceral and skeletal malformations occurred which were quantitatively and qualitatively similar to those seen with levodopa alone.

Carbidopa had no effect on the mating performance, fertility or survival of the young when administered orally to rats at doses of 30, 60, or 120 mg/kg/day. The highest dose caused a moderate decrease in body weight gain in males.

The administration of carbidopa/levodopa at dose levels of 10/20, 10/50 or 10/100 mg/kg/day did not adversely affect the fertility of male or female rats, their reproductive performance, or the growth and survival of their young.

Carcinogenicity

There were no significant differences between treated and control rats with respect to mortality or neoplasia in a 96 week study of carbidopa at oral doses of 25, 45, or 135 mg/kg/day.

Combinations of carbidopa and levodopa (10/20, 10/50 and 10/100 mg/kg/day) were given orally to rats for 106 weeks. No effect on mortality or incidence and type of neoplasia was seen when compared to concurrent controls.

6. Pharmaceutical Particulars

6.1 List of excipients

Each KINSON tablet also contains:

- microcrystalline cellulose,
- maize starch,
- sodium starch glycollate,
- purified talc,
- povidone,
- magnesium stearate and
- quinoline yellow.

The tablets are gluten and lactose free.

Sulphites may be present in this product in trace amounts.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

White HDPE bottles with white PP child-resistant closure: 30 months.

White HDPE bottle with black PP child-resistant closure: 36 months.

6.4 Special precautions for storage

Store at or below 30°C.

6.5 Nature and contents of container

White HDPE bottle with PP child-resistant closure (white or black) , containing 50 or 100 tablets.

Not all pack types and sizes may be marketed.

6.6 Special precautions for disposal

Not applicable.

7. Medicines Schedule

Prescription Medicine

8. Sponsor Details

Mylan New Zealand Ltd
PO Box 11183
Ellerslie
AUCKLAND
Customer Services Freephone: 0800 579 811

9. Date of First Approval

6 October 1994

10. Date of Revision of the Text

11 May 2020

Section	Summary of changes
-	Editorial changes to amend grammatical inconsistencies and to further align to SmPC format.
3	Removal of duplicate statement stating contents of tablet.
4.2	Addition of total levodopa dose in 24 hour period should be similar and divided accordingly. Additional information included regarding response time.
4.2	Cross reference to paediatric population warning and precaution.
4.4	Revised paediatric population heading. Additional information added for use in the elderly; hepatic and renal impairment.

5.2	Revised pharmacokinetic properties for carbidopa. Restructure of pharmacokinetic properties for levodopa.
6.1	Excipients bullet pointed. Sulphites statement added.
8	Sponsor phone number updated.