

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGE

CARDBOARD BOX

1. NAME OF THE VETERINARY MEDICINAL PRODUCT

Phenoleptil 12.5 mg tablets

2. STATEMENT OF ACTIVE SUBSTANCES

Each tablet contains 12.5 mg phenobarbital.

3. PACKAGE SIZE

50 tablets
100 tablets
250 tablets
500 tablets
1000 tablets

4. TARGET SPECIES

Dogs.



5. INDICATIONS

6. ROUTES OF ADMINISTRATION

For oral use only.

7. WITHDRAWAL PERIODS

8. EXPIRY DATE

Exp. {mm/yyyy}

9. SPECIAL STORAGE PRECAUTIONS

Keep the blister strips in the outer carton in order to protect from light.
Do not store above 30°C.

10. THE WORDS “READ THE PACKAGE LEAFLET BEFORE USE”

Read the package leaflet before use.

11. THE WORDS “FOR ANIMAL TREATMENT ONLY”

For animal treatment only.

12. THE WORDS “KEEP OUT OF THE SIGHT AND REACH OF CHILDREN”

Keep out of the sight and reach of children.

13. NAME OF THE MARKETING AUTHORISATION HOLDER

[Company logo]

14. MARKETING AUTHORISATION NUMBERS

Vm 50406/3010
Vm 50406/5012

15. BATCH NUMBER

Lot {number}

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

BLISTER

1. NAME OF THE VETERINARY MEDICINAL PRODUCT

Phenoleptil



2. QUANTITATIVE PARTICULARS OF THE ACTIVE SUBSTANCES

12.5 mg phenobarbital/tablet.

3. BATCH NUMBER

Lot {number}

4. EXPIRY DATE

Exp. {mm/yyyy}

B. PACKAGE LEAFLET

PACKAGE LEAFLET

1. Name of the veterinary medicinal product

Phenoleptil 12.5 mg tablets for dogs

2. Composition

Each tablet contains:

Active substance:

Phenobarbital 12.5 mg

White to off white, circular, biconvex tablet with brown speckles and a score line on one side (6 mm diameter). The tablets cannot be divided

3. Target species

Dogs.

4. Indications for use

Prevention of seizures due to generalised epilepsy in dogs.

5. Contraindications

Do not use in cases of hypersensitivity to the active substance or any other barbiturates or any of the excipients.

Do not use in animals with serious impaired hepatic function.

Do not use in animals with serious renal or cardiovascular disorders.

Do not use in dogs weighing less than 5 kg body weight.

6. Special warnings

Special warnings:

The decision to start antiepileptic drug therapy with phenobarbital should be evaluated for each individual case and depends on number, frequency, duration and severity of seizures in dogs.

General recommendations for initiating therapy include a single seizure occurring more than once every 4-6 weeks, cluster seizure activity (i.e. more than one seizure within 24 h) or status epilepticus regardless of frequency.

To achieve successful therapy, administration of tablets must be at the same time each day.

Withdrawal or transition from other types of antiepileptic therapy should be made gradually to avoid precipitating an increase in the frequency of seizures.

Some of the dogs are free of epileptic seizures during the treatment, but some of the dogs show only a seizure reduction, and some of the dogs are considered to be non-responders.

Special precautions for safe use in the target species:

These tablets should not be divided. Doses for smaller dogs cannot be adjusted in accordance with the 20% regimen, and therefore special care should be taken in monitoring these animals. Also see “Administration routes and dosages” section.

Caution is recommended in animals with impaired hepatic and renal function, hypovolemia, anemia and cardiac or respiratory dysfunction.

The chance of hepatotoxic side effects can be diminished or delayed using an effective dose that is as low as possible. Monitoring of hepatic parameters is recommended in case of a prolonged therapy.

It is recommended to assess the clinical pathology of the patient 2-3 weeks after start of treatment and afterwards every 4-6 months, e.g. measurement of hepatic enzymes and serum bile acids. It is important to know that the effects of hypoxia etc. do cause increased levels of hepatic enzymes after a seizure.

Phenobarbital may increase the activity of serum alkaline phosphatase and transaminases. These may demonstrate non-pathological changes, but could also represent hepatotoxicity. Therefore, in the case of suspected hepatotoxicity, liver function tests are recommended. Increased liver enzyme values do not require a dose reduction of phenobarbital if the serum bile acids are in the normal range.

Monitoring of hepatic parameters is recommended in case of a prolonged therapy, because of phenobarbital’s hepatotoxicity.

The tablets are flavoured. In order to avoid any accidental ingestion, store tablets out of reach of animals.

Special precautions to be taken by the person administering the veterinary medicinal product to animals:

Barbiturates can cause hypersensitivity. People with known hypersensitivity to barbiturates should avoid contact with the veterinary medicinal product. Administer the veterinary medicinal product with caution. It is advisable to wear disposable gloves during administration of the veterinary medicinal product to reduce skin contact. Wash hands thoroughly after use.

Accidental ingestion may cause intoxication and could be fatal, particularly for children. Take utmost care that children do not come in contact with the product. In case of accidental ingestion, seek medical attention immediately, advising medical services of barbiturate poisoning; show the package leaflet or the label to the physician. If possible, the physician should be informed about the time and amount of ingestion, as this information may help to ensure that appropriate treatment is given.

Phenobarbital is teratogenic and may be toxic to unborn and breastfeeding children; it may affect the developing brain and lead to cognitive disorders. Phenobarbital is excreted in breast milk. Pregnant women, women of childbearing age and women who are breastfeeding should avoid accidental ingestion and prolonged skin contact with the product.

Keep this veterinary medicinal product in its original packaging to avoid accidental ingestion.

Special precautions for the protection of the environment:

Not applicable.

Other precautions:
Not applicable.

Pregnancy and lactation:

The safety of the veterinary medicinal product has not been established during pregnancy and lactation.

Use only according to the benefit-risk assessment by the responsible veterinarian.

Phenobarbital crosses the placental barrier and at higher doses (reversible) withdrawal symptoms in newborns cannot be excluded. Studies in laboratory animals have shown evidence of action of phenobarbital on prenatal growth, especially concerning sexual development. Neonatal bleeding tendencies have been associated with phenobarbital treatment during pregnancy. Administration of Vitamin K to the dam for 10 days before parturition may help to minimize these effects on the foetus.

The benefits of treatment may be greater than the potential risks associated with epileptic seizures on the foetus (hypoxia and acidosis). Therefore, in case of pregnancy, termination of antiepileptic treatment is not recommended; however, the dose should be as low as possible.

Phenobarbital is excreted in small amounts in breast milk and during nursing pups should be monitored carefully for undesired sedative effects. Weaning early may be an option. If somnolence/sedative effects (that could interfere with suckling) appear in nursing newborns, an artificial suckling method should be chosen.

Interaction with other medicinal products and other forms of interaction:

A therapeutic dose of phenobarbital for antiepileptic therapy can significantly induce plasma protein (such as α 1acid glycoprotein, AGP), which bind drugs. Therefore special attention must be paid to the pharmacokinetics and doses of drugs simultaneously administered.

The plasmatic concentration of cyclosporine, thyroid hormones and theophylline is decreased in the case of concurrent administration of phenobarbital. The effectiveness of these substances is diminished too.

Cimetidine and ketoconazole are inhibitors of hepatic enzymes: concurrent use with phenobarbital can induce an increase of serum concentration of phenobarbital.

Concurrent use with potassium bromide increases the risk of pancreatitis.

Concurrent use with other drugs having a central depressive action like narcotic analgesics, morphinic derivatives, phenothiazines, antihistamines, clomipramine and chloramphenicol can increase the effect of phenobarbital.

Phenobarbital may enhance the metabolism of, and therefore decrease the effect of, antiepileptics, chloramphenicol, corticosteroids, doxycycline, beta blockers and metronidazole.

The reliability of oral contraceptives is lower.

Phenobarbital may decrease the absorption of griseofulvin.

The following drugs can decrease the convulsive threshold: quinolones, high doses of β -lactam antibiotic, theophyllin, aminophyllin, cyclosporine and propofol for example). Medications which may alter the seizure threshold should only be used if really necessary and when no safer alternative exists.

Overdose:

Symptoms of overdose are:

- depression of the central nervous system demonstrated by signs ranging from sleep to coma,
- respiratory problems,

- cardiovascular problems, hypotension and shock leading to renal failure and death.

In case of overdose remove ingested veterinary medicinal product from the stomach, for example by lavage. Activated charcoal may be given. Offer respiratory support.

There is no specific antidote, but CNS stimulants (like Doxapram) may stimulate the respiratory centre. Give oxygen support.

Special restrictions for use and special conditions for use:

Not applicable.

Major incompatibilities:

Not applicable.

7. Adverse events

Dogs:

Rare (1 to 10 animals / 10,000 animals treated):	Ataxia (incoordination) ^{a,d} , Dizziness ^a Lethargy ^a
Very rare (<1 animal / 10,000 animals treated, including isolated reports):	Sleepiness – Neurological disorder ^a , Sedation ^d Hyperexcitation ^b Polyuria (increased urination) ^c Polydipsia (increased thirst) ^c , Polyphagia (increased appetite) ^c Hepatic toxicosis ^e Pancytopenia ^{f,g} , Neutropenia ^g , Low thyroxine ^h

^a During start of the therapy. These effects are usually transitory and disappear in most, but not all, patients with continued medication.

^b Paradoxical, particularly after first starting therapy. As this hyperexcitability is not linked to overdosage, no reduction of dosage is needed.

^c At average or higher therapeutic active serum concentrations; these effects can be diminished by limiting intake of both food and water.

^d Often become significant concerns as serum levels reach the higher ends of the therapeutic range.

^e Associated with high plasma concentrations.

^f Immunotoxic.

^g Consequences of deleterious effects of phenobarbital on stem cells from bone marrow. These reactions disappear after the treatment's withdrawal.

^h This may not be an indication of hypothyroidism. Treatment with thyroid hormone replacement should only be started if there are clinical signs of the disease.

If adverse effects are severe, a decrease in the administered phenobarbital dose is recommended.

Reporting adverse events is important. It allows continuous safety monitoring of a product. If you notice any side effects, even those not already listed in this package leaflet, or you think that the medicine has not worked, please contact, in the first

instance, your veterinarian. You can also report any adverse events to the marketing authorisation holder or the local representative of the marketing authorisation holder using the contact details at the end of this leaflet, or via your national reporting system:

8. Dosage for each species, routes and method of administration

Oral use.

Amounts to be administered:

The recommended initial dosage is 2.5 mg phenobarbital per kg body weight twice daily.

Tablets must be given at the same time each day to achieve successful therapy.

Eventual adjustments of this dosage should be made on the basis of clinical efficacy, blood levels and the occurrence of undesirable side effects. Also see the “Special warnings” section.

9. Advice on correct administration

The serum phenobarbital concentrations should be measured after steady state has been achieved. The ideal therapeutic range for serum phenobarbital concentration is between 15 and 40 µg/ml. If serum phenobarbital concentration is less than 15 µg/ml or the seizures are not controlled the dose may be increased by 20% at a time, with associated monitoring of serum phenobarbital levels up to a maximum serum concentration 45 µg/ml. The ultimate doses may vary considerably (ranging from 1 mg to 15 mg per kg body weight twice daily) because of the differences in phenobarbital excretion and differences in sensitivity among patients.

If the seizures are not being satisfactorily controlled and if the maximum level concentration is about 40µg/ml, then the diagnosis should be reconsidered and/or a second antiepileptic veterinary medicinal product (such as bromides) should be added to the treatment protocol.

In stabilised epileptic patients, it is not recommended to switch this tablet formulation for another phenobarbital formulation. However, if this cannot be avoided then additional caution should be taken. It is recommended to try to achieve as similar dosages as possible compared with the previous formulation used, taking into consideration current plasma concentration measurements. Monitoring for increased side effects and for hepatic dysfunction should be conducted more regularly until stabilisation is confirmed.

Stabilisation protocols as for initiating treatments should be followed.

Withdrawal of therapy with Phenobarbital formulations should be made gradually to avoid precipitating an increase in the frequency of seizures.

10. Withdrawal periods

Not applicable.

11. Special storage precautions

Keep out of the sight and reach of children.

Keep the blister strips in the outer carton in order to protect from light.

Do not store above 30°C.

Do not use this veterinary medicinal product after the expiry date which is stated on the blister and the carton after Exp. The expiry date refers to the last day of that month.

12. Special precautions for disposal

Medicines should not be disposed of via wastewater or household waste.

Use take-back schemes for the disposal of any unused veterinary medicinal product or waste materials derived thereof in accordance with local requirements and with any applicable national collection systems. These measures should help to protect the environment.

Ask your veterinary surgeon or pharmacist how to dispose of medicines no longer required.

13. Classification of veterinary medicinal products

Veterinary medicinal product subject to prescription.

14. Marketing authorisation numbers and pack sizes

Vm 50406/3010

Vm 50406/5012

Aluminium/PVC strips with 10 tablets packed in cardboard boxes with 5, 10, 25, 50 or 100 strips.

Aluminium/PVC/PE/PVdC strips with 10 tablets packed in cardboard boxes with 5, 10, 25, 50 or 100 strips.

Not all pack sizes may be marketed.

15. PID LINK (Do not print heading)

[The following statement must be included where reference to the European Union Product Database is included on the product information. This statement is relevant to both UK(GB) and UK(NI) products:]

Find more product information by searching for the 'Product Information Database' on www.gov.uk.

16. Contact details

Marketing authorisation holder:

Dechra Regulatory B.V.

Handelsweg 25

5531 AE Bladel

The Netherlands

[Company logo]

Manufacturer responsible for batch release:

Lelypharma B.V.
Zuiveringweg 42
8243 PZ Lelystad
The Netherlands

Genera Inc.
Svetonedeljska cesta 2, Kalinovica
10436 Rakov Potok
Croatia

Only the site testing and releasing the batches will be mentioned on the printed leaflet.

Local representative and contact details to report suspected adverse reactions:

For any information about this veterinary medicinal product, please contact the local representative of the marketing authorisation holder.

17. Other information

Gavin Hall
Approved: 09 July 2025