1. **PRODUCT CHARACTERISTICS**

**4.1 Therapeutic Indications**

Anxiety, tension and other somatic symptoms or mental health conditions associated with anxiety disorder.

Panic attacks with or without agoraphobia.

Benzodiazepines are only recommended when the condition is serious or disabling and puts the subject at great risk.

**4.2 Posology and method of administration**

*Agoraphobia and panic disorder*

For patients with agoraphobia in association with panic attacks or in patients with a panic

disorder with or without agoraphobia, the initial dose is 0.5-1 mg to be taken at

bedtime for 1-2 days. The dose should then be adapted according to the individual patient’s

needs. Increases in dose should not exceed 1 mg every 3-4 days. Initial doses can be

increased at mid-day, then in the morning and finally in the afternoon or evening until a

dosage plan of 3-4 times daily is achieved, for a period of no more than 8 months.

* 1. **Contraindications**

XXXX is not recommended in patients with a known hypersensitivity to benzodiazepines, alprazolam or any other excipients mentioned in paragraph 6.1. Furthermore, alprazolam is not recommended in patients with acute closed-angle glaucoma. It can be used in patients with chronic open angle glaucoma provided that they receive appropriate treatment. Benzodiazepines are also not recommended in patients with myasthenia gravis, acute pulmonary insufficiency, severe hepatic impairment or sleep apnoea syndrome.

1. **PHARMACOLOGICAL PROPERTIES**

**5.1 Pharmacodynamic properties**

#### Pharmacodynamic group: benzodiazepine derivatives: ATC code: N05BA12

XXXX contains an active ingredient of alprazolam, a triazolobenzodiazepine.

Alprazolam is effective in anxiety disorders and panic disorders. Alprazolam binds to the GABA receptor of benzodiazepines, creating a synergy with the GABA receptor and its inhibitory neurotransmitter, thus causing a reduction in the neuron’s electrical excitability. This characteristic grants the molecule anxiolytic, hypnotic and sedative properties.

Clinical studies on healthy volunteers have revealed that single doses up to 4 mg produce effects that can be considered extensions of its pharmacological properties. No significant effects on the cardiovascular system or respiratory system have been noted.

**5.2 Pharmacokinetic properties**

Following oral administration, the alprazolam is quickly absorbed. Maximum plasma levels are obtained 1-2 hours after administration of the drug. Plasma levels are proportionate to the dose: over the dose range of 0.5 to 3.0 mg, peak levels of 8.0 - 37.0 ng/mL were observed.

The average half life of alprazolam in a healthy adult is 11.2 hours (range: 6.3 to 26.9 hours). Its principle metabolites are alpha-hydroxyalprazolam and a benzophenone. The biological activity of the hydroxyalprazolam is around half that of alprazolam. The benzophenone is inactive.

The plasma levels of these metabolites are extremely low; their half-lives however are of the same order of magnitude as alprazolam.

Alprazolam and its metabolites are primarily excreted in urine. Alprazolam doesn’t affect the prothrombin time or the plasma concentrations of warfarin in volunteers who have been orally administered with the latter.

*In vitro*, alprazolam is approximately 80% bound to the serum proteins.

After administering a pregnant female rat with C-14 alprazolam, the radioactivity is evenly distributed throughout the foetuses, with C-14 concentrations identical to those present in the blood and skeletal muscle of the mother.

Disparities in the kinetics and metabolism of benzodiazepines have been noted in various pathological conditions, including alcoholism, hepatic or renal impairment, and similarly in geriatric patients.