PLAVIX® Abbreviated Prescribing Information

PRESENTATION: Each film-coated tablet contains 75 mg of clopidogrel (as hydrogen sulphate). **INDICATIONS**: (I) Secondary Prevention of atherothrombotic events; Clopidogrel is indicated in (1) Adult patients suffering from myocardial infarction (from a few days until less than 35 days), ischemic stroke (from 7 days until less than 6 months) or established peripheral arterial disease. (2) Adult patients suffering from acute coronary syndrome (2a) Non-ST segment elevation acute coronary syndrome (unstable angina or non-Q-wave myocardial infarction), including patients undergoing a stent placement following percutaneous coronary intervention, in combination with acetylsalicylic acid (ASA). (2b) ST segment elevation acute myocardial infarction, in combination with ASA in medically treated patients eligible for thrombolytic therapy. (II) Prevention of atherothrombotic and thromboembolic events in atrial fibrillation. In adult patients with atrial fibrillation who have at least one risk factor for vascular events, are not suitable for treatment with Vitamin K antagonists (VKA) and who have a low bleeding risk, clopidogrel is indicated in combination with ASA for the prevention of atherothrombotic and thromboembolic events, including stroke. **Dosage and method of administration**: Adults and the elderly It should be taken at a dose of 75 mg daily, as a single dose. In patients with acute coronary syndrome: - without ST-segment elevation MI (unstable angina pectoris or non-Q myocardial infarction): clopidogrel treatment should be initiated at a dose of single loading 300 mg and then continued with a dose of 75 mg once daily (in combination with acetylsalicylic acid (ASA) 75-325 mg daily). Is recommended that the doses of ASA do not exceed 100 mg. The optimal duration of treatment has not been established exactly. - with ST segment elevation MI: clopidogrel should be given as a single dose of 75 mg daily, initially as a loading dose of 300 mg in combination with ASA and with or without thrombolytics. In patients over 75 years of age, treatment with clopidogrel should be initiated without a loading dose. The associated treatment must start as soon as possible after the onset of symptoms and continued for at least four weeks. The benefit of combining clopidogrel with ASA may more than four weeks has not been studied in this context. In patients with atrial fibrillation, clopidogrel should be given as a single daily dose of 75 mg. Treatment with ASA (75-100 mg daily) should be started and continued in combination with clopidogrel. If a dose is missed: within less than 12 hours after the scheduled time: patients should take the dose immediately and then take the next dose at the appointed time; for more than 12 hours: patients he must take the next dose at the appointed time, and the dose must not be doubled. Clopidogrel should not be used in children. **CONTRA-INDICATIONS**: Hypersensitivity to the active substance or to any of the excipients. Severe hepatic impairment. Active pathological bleeding such as peptic ulcer or intracranial hemorrhage. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE**: Bleeding and hematological disorders: risk of bleeding and hematological side effects. Clopidogrel should be used with caution in patients who may be at risk increased bleeding in case of trauma, surgery or other pathological conditions and in patients treated with ASA, heparin, IIb / IIIa glycoprotein inhibitors or nonsteroidal anti-inflammatory drugs (NSAIDs), including COX-2 inhibitors, or selective reuptake inhibitors serotonin (SSRIs), or other associated bleeding drugs such as pentoxifylline. Patients should be followed carefully for any signs of bleeding including occult bleeding, especially during the first weeks of treatment and/or after invasive cardiac procedures or surgery. Co-administration of clopidogrel and oral anticoagulants is not recommended. If a patient is to undergo elective surgery and antiplatelet effect is temporarily not desirable, clopidogrel should be discontinued 7 days prior to surgery. Patients should inform physicians and dentists that they are taking clopidogrel, before scheduling any surgery and before taking any new medication. Thrombotic thrombocytopenic purpura (PTT) were reported cases very rarely. Therapeutic experience with clopidogrel is limited in patients with renal impairment. Therefore, clopidogrel should be used with caution in these patients. Experience is limited in patients with moderate hepatic disease who may have bleeding diatheses. Clopidogrel should therefore be used with caution in this population. - See full SmPC.

The concomitant use with strong or moderate CYP2C19 inhibitors is to be discouraged.

Recent ischemic stroke, In view of the lack of data, clopidogrel cannot be recommended during the first 7 days after acute ischemic stroke. Cross-reactions among thienopyridines, Patients should be evaluated for history of hypersensitivity to thienopyridines (such as clopidogrel, ticlopidine, prasugrel) since cross-reactivity among thienopyridines has been reported. Thienopyridines may cause mild to severe allergic reactions such as rash, angioedema, or hematological cross-reactions such as thrombocytopenia and neutropenia. Patients who had developed a previous allergic reaction and/or hematological reaction to one thienopyridine may have an increased risk of developing the same or another reaction to another thienopyridine. Monitoring for signs of hypersensitivity in patients with a known allergy to thienopyridines is advised. Acquired hemophilia, it has been reported following use of clopidogrel. In cases of confirmed isolated activated Partial Thromboplastin Time (aPTT) prolongation with or without bleeding, acquired hemophilia should be considered. Patients with a confirmed diagnosis of acquired hemophilia should be managed and treated by specialists, and clopidogrel should be discontinued. **FERTILITY**, **PREGNANCY AND LACTATION**: As no clinical data on exposure to clopidogrel during pregnancy are available, it is preferable not to use clopidogrel during pregnancy as a precautionary measure and breast-feeding should not be continued during treatment with Plavix. Clopidogrel was not shown to alter fertility in animal studies. **EFFECT ON ABILITY TO DRIVE AND USE MACHINES**: Clopidogrel has no or negligible influence on the ability to drive and use machines. **UNDESIRABLE EFFECTS**: UNDESIRABLE EFFECTS: Adverse reactions that occurred either during clinical studies or that were spontaneously reported, their frequency is defined using the following conventions: common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000). Common: Hematoma, Epistaxis, Gastrointestinal hemorrhage, diarrhea, abdominal pain, dyspepsia, bruising and bleeding at puncture site. Uncommon: Thrombocytopenia, leucopenia, eosinophilia, Intracranial bleeding (some cases were reported with fatal outcome), headache, paresthesia, dizziness, Eye bleeding (conjunctival, ocular, retinal), Gastric ulcer and

duodenal ulcer, gastritis, vomiting, nausea, constipation, flatulence, Rash, pruritus, skin bleeding (purpura), Hematuria, Bleeding time prolonged, neutrophil count decreased, and platelet count decreased. Rare: Neutropenia, including Severe neutropenia, Vertigo, Retroperitoneal hemorrhage, Gynaecomastia. Very rare: Thrombotic thrombocytopenic purpura (TTP), aplastic anemia, pancytopenia, agranulocytosis, severe thrombocytopenia, granulocytopenia, anemia, Serum sickness, anaphylactoid reactions, Hallucinations, confusion, Taste disturbances, Serious hemorrhage, hemorrhage of operative wound, vasculitis, hypotension, Respiratory tract bleeding (hemoptysis, pulmonary hemorrhage), bronchospasm, interstitial pneumonitis, Gastrointestinal and retroperitoneal hemorrhage with fatal outcome, pancreatitis, colitis (including ulcerative or lymphocytic colitis), stomatitis, Acute liver failure, hepatitis, abnormal liver function test, Bullous dermatitis (toxic epidermal necrolysis, Stevens Johnson Syndrome, erythema multiforme), angioedema, rash erythematous, urticaria, eczema, lichen planus, Musculo-skeletal bleeding (hemarthrosis), arthritis, arthralgia, myalgia, Glomerulonephritis, blood creatinine increased and Fever. - see full SmPC. **OVERDOSAGE**: Overdose following clopidogrel administration may lead to prolonged bleeding time and subsequent bleeding complications. No antidote to the pharmacological activity of clopidogrel has been found. If prompt correction of prolonged bleeding time is required, platelet transfusion may reverse the effects of clopidogrel.

MARKETING AUTHORIZATION HOLDER: SANOFI, P.O. Box 9874 Jeddah 21423, Saudi Arabia

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For more safety information, please refer to the locally approved full prescribing information

To report any side effect(s):

Saudi Arabia: The National Pharmacovigilance Centre (NPC):

SFDA Call Center: 19999, Email: npc.drug@sfda.gov.sa, website: http://ade.sfda.gov.sa

Full prescribing information is available upon request: SANOFI, Kingdom of Saudi Arabia,

P.O. Box 9874, Jeddah 21423, K.S.A, Tel: +966-12-669-3318, Fax: +966-12-663-6191

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For Pharmacovigilance, please contact: +966-544-284-797, ksa_pharmacovigilance@sanofi.com

To report any Product Technical Complaint, please contact Sanofi Quality department:

Email: KSA_PTC_Reporting@sanofi.com, Phone: +966-12-669-3318 EXTs: 1029 - 2036

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