Product Information as approved by the CHMP on 17 September 2026, pending endorsement by the European Commission

Annex III

Amendments to relevant sections of the product information

Note:

These amendments to the relevant sections of the product information are the outcome of the referral procedure.

The product information may be subsequently updated by the Member State competent authorities, in liaison with the Reference Member State, as appropriate, in accordance with the procedures laid down in Chapter 4 of Title III of Directive 2001/83/EC.

Amendments to relevant sections of the product information

The existing product information shall be amended (insertion, replacement or deletion of the text as appropriate) to reflect the agreed wording as provided below.

If the current Summary of Product Characteristics (SmPC) and package leaflet (PL) includes corresponding information in any sections, it should be deleted in order to avoid repeated information.

A. Summary of Product Characteristics

[…]

4.1 Therapeutic indications

[The following indication should be deleted and all references to it should be removed throughout the SmPC]

- Combination treatment of demyelinating diseases.

[The other indications should be revised and read as follows. Any related changes should be implemented as needed throughout the SmPC]

This medicinal product is indicated in adults for:

- symptomatic treatment of acquired mononeuropathies and polyneuropathies;
- adjunctive symptomatic treatment of myasthenia gravis;
- adjunctive symptomatic treatment of bulbar dysfunction during the recovery period following ischaemic stroke affecting the brainstem;
- adjunctive symptomatic treatment of motor impairment during the recovery period following ischaemic or haemorrhagic stroke, or traumatic brain injury;
- symptomatic treatment of mild to moderately severe Alzheimer's disease with or without vascular dementia;
- symptomatic treatment of intestinal atony.

4.2 Posology and method of administration

Posology

[The following text should be present at the top of section 4.2]

Treatment must be prescribed and supervised by a physician who is experienced in the diagnosis and treatment of these conditions.

Caution is required when switching between intramuscular and oral administration because systemic exposure differs between routes. Dose adjustment may be necessary (see section 5.2).

[The posology for each of the revised indications should be amended as follows]

Symptomatic treatment of acquired mononeuropathies and polyneuropathies

Treatment may be initiated either with intramuscular administration or with oral therapy.

Parenteral treatment:

Intramuscularly, 5-15 mg (1 ml of <product name> 5 mg/ml solution for injection or 1 ml of <product name> 15 mg/ml solution for injection) 1-2 times a day for 10-15 days. Treatment is then continued with <product name> tablets.

Oral treatment:

Orally, 20 mg 2-3 times a day.

Duration of treatment:

The duration of the treatment course is from 1 to 2 months. If necessary, the treatment course may be repeated several times at intervals of 1-2 months.

Adjunctive symptomatic treatment of myasthenia gravis

Treatment may be initiated either with intramuscular administration or with oral therapy.

Parenteral treatment:

Intramuscularly, 5-15 mg (1 ml of <product name> 5 mg/ml solution for injections or 1 ml of <product name> 15 mg/ml solution for injections) 1-2 times a day. Treatment is then continued with <product name> tablets.

Oral treatment:

Orally, 20-40 mg 2-3 times a day. Caution is advised when prescribing daily doses greater than 80 mg due to the lack of data regarding hepatic safety, particularly at higher doses (see section 4.4).

Duration of treatment:

The duration of the treatment course is determined individually.

Discontinuation should be considered when clinical benefit is no longer observed or if the patient does not tolerate the treatment.

Adjunctive symptomatic treatment of bulbar dysfunction during the recovery period following ischaemic stroke affecting the brainstem

Intramuscularly, 5-15 mg (1-2 ml of <product name> 5 mg/ml solution for injection or 1 ml of <product name> 15 mg/ml solution for injection) 1-2 times a day for 10-15 days. Further, the treatment is continued with <product name> tablet dosage form – 20 mg orally 2-3 times a day. The duration of the treatment course is 1-2 months.

Adjunctive symptomatic treatment of motor impairment during the recovery period following ischaemic or haemorrhagic stroke, or traumatic brain injury

Intramuscularly, 5-15 mg (1-2 ml of <product name> 5 mg/ml solution for injection or 1 ml of <product name> 15 mg/ml solution for injection) 1-2 times a day for 10-15 days. Further, the treatment is continued with <product name> tablet dosage form – 20 mg orally 2-3 times a day. The duration of the treatment course is 1-2 months.

Symptomatic treatment of mild to moderately severe Alzheimer's disease with or without vascular dementia

Treatment should be prescribed and supervised by a medical doctor who is a specialist in the diagnosis and treatment of Alzheimer's disease with or without vascular dementia. Diagnosis should be made according to accepted guidelines.

The dose and duration of the treatment are determined individually.

The recommended starting dose is 20 mg orally twice a day.

The total daily dose may be titrated in stepwise increments of 20 mg, at intervals of at least 1 to 2 weeks, under medical supervision, based on individual tolerability and clinical response, to a total daily dose of 60-80 mg taken orally, administered in 2-3 divided doses.

Clinical benefit should be reassessed on a regular basis, preferably within three months after initiation of treatment. Clinical studies included treatment durations of up to 12 months. Discontinuation should be considered when clinical benefit is no longer observed or if the patient does not tolerate treatment.

Symptomatic treatment of intestinal atony

The dose is 20 mg orally 2-3 times a day for 1-2 weeks.

[The following 'Special populations' information should be included]

Special populations

Patients with hepatic impairment

Caution should be exercised in patients with hepatic impairment (see section 4.4).

[…]

4.4 Special warnings and precautions for use

[A warning on hepatotoxicity should be added as follows]

Ipidacrine is structurally related to tacrine, which is associated with hepatotoxicity. Currently available data from clinical trials and postmarketing settings do not indicate a risk of hepatotoxicity with the use of ipidacrine. However, data at doses > 80 mg/day are limited. Ipidacrine should therefore be prescribed with caution at doses greater than > 80 mg/day and in patients with current evidence or history of abnormal liver function indicated by significant abnormalities in serum transaminase (ALT/SGPT; AST/SGOT), bilirubin, and gamma-glutamyl transpeptidase (GGT) levels (see section 4.2).

[A precaution regarding high doses should be added as follows]

Dizziness, headache, somnolence, vomiting, allergic skin reactions, muscle cramps and weakness have been reported at high doses. Use with caution at high doses (see section 4.8).

[…]

B. Package Leaflet

[…]

1. What <product name> is and what it is used for

[The following indication should be deleted and all references to it should be removed throughout the PL]

- Combination treatment of demyelinating diseases.

[The other indications should be revised and read as follows. Any related changes should be implemented as needed throughout the PL]

The active substance of <product name>, ipidacrine hydrochloride (hereinafter – ipidacrine), is an anticholinesterase agent. It is used in adults for:

- symptomatic treatment of acquired mononeuropathies and polyneuropathies (nerve damage affecting one or several nerves);
- adjunctive symptomatic treatment of myasthenia gravis (a disease that causes muscle weakness);
- adjunctive symptomatic treatment of bulbar dysfunction (problems with mouth and throat muscles) during the recovery period following ischaemic stroke (sudden interruption of blood flow in the brain caused by blocked blood supply to a part of the brain) affecting the brainstem;
- adjunctive symptomatic treatment of motor (movement) impairment during the recovery period following ischaemic or haemorrhagic stroke (sudden interruption of blood flow in the brain caused by blocked blood supply to a part of the brain or bleeding in a part of the brain), or traumatic brain injury;
- symptomatic treatment of mild to moderately severe Alzheimer's disease with or without vascular dementia (loss of intellectual function);
- symptomatic treatment of intestinal atony (lack of normal intestine muscle movement).

2. What you need to know before you use <product name>

[…]

Warnings and precautions

[The following warning should be added in this section]

Talk to your doctor before using X if you have or have had:

- liver problems;

[…]

3. How to use <product name>

[The following text should be present at the top of section 3]

Always use this medicine exactly as your doctor has told you. Check with your doctor if you are not sure. The doctor will determine dose and duration of treatment based on your condition, and your treatment will be prescribed and supervised by a doctor experienced in these disorders.

[The posology for each of the revised indications should be reflected in the PL as follows]

Symptomatic treatment of acquired mononeuropathies and polyneuropathies

Your doctor may start your treatment with injections or tablets.

Dose:

- For injections: 5-15 mg intramuscularly (1 ml of <product name> 5 mg/ml solution for injection or 1 ml of <product name> 15 mg/ml solution for injection) 1-2 times a day for 10-15 days. Treatment is then continued with <product name> tablets.
- For tablets: 20 mg (1 tablet) by mouth 2-3 times a day.

Duration of treatment: 1-2 months. If necessary, your doctor may repeat the course several times at intervals of 1-2 months.

Adjunctive symptomatic treatment of myasthenia gravis

Your doctor may start your treatment with injections or tablets.

Dose:

- For injections: 5-15 mg intramuscularly (1 ml of <product name> 5 mg/ml solution for injections or 1 ml of <product name> 15 mg/ml solution for injections) 1-2 times a day. Treatment is then continued with <product name> tablets.
- For tablets: 20-40 mg (1-2 tablets) by mouth 2-3 times a day. Caution is advised with higher doses (above 80 mg per day) because there is limited information about liver safety at these levels.

Duration of treatment: your doctor will decide the duration of treatment. Your doctor may discontinue treatment if it is no longer effective or if you cannot tolerate it well.

Adjunctive symptomatic treatment of bulbar dysfunction during the recovery period following ischaemic stroke affecting the brainstem

Dose:

Intramuscularly, 5-15 mg (1-2 ml of <product name> 5 mg/ml solution for injection or 1 ml of <product name> 15 mg/ml solution for injection) 1-2 times a day for 10-15 days. Further, the treatment is continued with <product name> tablets – 20 mg (1 tablet) by mouth 2-3 times a day.

Duration of treatment: 1-2 months.

Adjunctive symptomatic treatment of motor impairment during the recovery period following ischaemic or haemorrhagic stroke, or traumatic brain injury

Dose:

Intramuscularly, 5-15 mg (1-2 ml of <product name> 5 mg/ml solution for injection or 1 ml of <product name> 15 mg/ml solution for injection) 1-2 times a day for 10-15 days. Further, the treatment is continued with <product name> tablets – 20 mg (1 tablet) by mouth 2-3 times a day.

Duration of treatment: 1-2 months.

Symptomatic treatment of mild to moderately severe Alzheimer's disease with or without vascular dementia

Dose:

The recommended starting dose is 20 mg by mouth twice a day.

If needed, your doctor may slowly increase the total daily dose by 20 mg at a time, with at least 1-2 weeks between adjustments, to a total daily dose of 60-80 mg, taken in 2-3 divided doses.

Duration of treatment: Your doctor will decide the dose and duration of treatment. Your doctor will regularly assess your treatment, usually within the first 3 months after starting the medicine, and may stop the treatment if it is no longer effective or if you cannot tolerate it well.

Symptomatic treatment of intestinal atony

Dose:

The dose is 20 mg (1 tablet) by mouth 2-3 times a day.

Duration of treatment: 1-2 weeks.

[The following 'Special patient groups' information should be included]

Special patient groups

[…]

Patients with liver problems

If you are suffering from liver disease, always use this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.

[…]