PRODUCT MONOGRAPH

[Pr] METOCLOPRAMIDE OMEGA
(Metoclopramide Hydrochloride Injection USP)

5 mg/mL

Modifier of upper gastrointestinal tract motility
Antiemetic

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Modifier of upper gastrointestinal tract motility
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ACTION AND CLINICAL PHARMACOLOGY

Metoclopramide OMEGA (Metoclopramide Hydrochloride) is a benzamide derivative structurally related to procainamide. It has a dopamine antagonist activity with selective affinity for D-2 (non-adenylate cyclase linked) receptors. It has been suggested that the behavioural, motor and neuroendocrine effects of Metoclopramide are due to its antidopaminergic activity.

Metoclopramide has antiemetic properties, which are believed to result from its action on the chemoreceptor trigger zone. A peripheral mechanism of action also may be involved.

Metoclopramide increases resting pressure in the lower esophageal sphincter and the gastric fundus, and gives rise to an increase in the amplitude of peristaltic movements in the esophagus, gastric antrum and small intestine. These actions result in hastened esophageal clearance, accelerated gastric emptying and shortened transit time through the small bowel. These effects are blocked by atropine and opioids but not by vagotomy.

Metoclopramide elevates serum prolactin and also causes transient increases in circulating aldosterone levels. These effects are thought to be due to blockade of dopamine receptors at the pituitary and adrenocortical cellular level.

Following intravenous administration, peak plasma levels occur within minutes, and between 45 to 90 minutes after oral administration. The elimination half-life is approximately 3-5 hours. In patients with impaired renal function, the half-life is prolonged and may reach 14 hours or more. About 20% of the drug is eliminated unchanged in the urine, and 30-40% is eliminated as the sulfate conjugate. There is a first-pass effect after oral administration, and bioavailability varies between 60 and 100%. Metoclopramide is 15-20% bound to plasma proteins.

In some patients, Metoclopramide may produce sedation, drowsiness, galactorrhea, menstrual disorders and extra pyramidal reactions. Extra pyramidal symptoms are more frequent at higher than recommended doses, but may occur with therapeutic doses, particularly in children and in patients with impaired renal or hepatic function. Tardive dyskinesia has been reported following discontinuation of long-term treatment with Metoclopramide.

INDICATIONS AND CLINICAL USE

Metoclopramide OMEGA (Metoclopramide Hydrochloride) is useful as an adjunct in the management of delayed gastric emptying associated with subacute and chronic gastritis and sequelae of surgical operations such as vagotomy and pyloroplasty.

Metoclopramide OMEGA has been found useful in facilitating small bowel intubation.

Metoclopramide OMEGA is indicated for prophylaxis of vomiting associated with cancer chemotherapeutic regimens that include cisplatin as a component.

Metoclopramide OMEGA is indicated for the prophylaxis of postoperative vomiting.

CONTRAINDICATIONS

Metoclopramide OMEGA (Metoclopramide Hydrochloride) should not be used whenever stimulation of gastrointestinal motility might be dangerous, i.e. in the presence of gastrointestinal haemorrhage, mechanical obstruction or perforation. Metoclopramide is contraindicated in patients with known sensitivity or intolerance to the drug.

Metoclopramide should not be used in epileptics or patients receiving other drugs which are likely to cause extrapyramidal reactions, since the frequency and severity of seizures or extrapyramidal reactions may be increased.

Metoclopramide is contraindicated in children less than one year of age.

WARNINGS

WARNING:
Tardive dyskinesia has been reported to occur during long-term treatment (over 12 weeks) and following discontinuation of long-term treatment with Metoclopramide.
The risk of developing tardive dyskinesia increases with the duration of treatment and the total cumulative dose. The elderly, especially elderly women are at increased risk of developing this condition.

Tardive Dyskinesia
Tardive dyskinesia may develop in patients treated with Metoclopramide. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is not possible to predict which patients are likely to develop the syndrome.

Both risk of developing the syndrome and the likelihood that it will become irreversible are believed to increase with the duration of treatment and the total cumulative dose.

Less commonly, the syndrome can develop after relatively brief treatment periods at low doses; in these cases, symptoms appear more likely to be reversible. Prolonged treatment (greater than 12 weeks) with Metoclopramide should be avoided unless therapeutic benefit is thought to outweigh the risks to the patient developing tardive dyskinesia.

There is no known treatment for established cases of tardive dyskinesia although the syndrome may remit, partially or completely, within several weeks to months after Metoclopramide has been withdrawn.

Metoclopramide itself, however, may suppress (or partially suppress) the signs of tardive dyskinesia, thereby masking the underlying disease process. The effect of this symptomatic suppression upon the long term course of the syndrome is unknown.

Other Extrapyramidal Symptoms (EPS)

- Acute Dystonic Reactions

Acute dystonic reactions occur in approximately 1 in 500 patients treated with the usual adult dosage of 30-40 mg/day of Metoclopramide. These usually are seen during the first 24-48 hours of treatment with Metoclopramide, occur more frequently in pediatric patients and adult patients less than 30 years of age and are even more frequent at the higher doses used in prophylaxis of vomiting due to cancer chemotherapy. These symptoms may include involuntary movements of limbs and facial grimacing, torticollis, oculogyric crisis, rhythmic protrusion of tongue, bulbar type of speech, trismus, or dystonic reactions resembling tetanus. Rarely, dystonic reactions may present as stridor and dyspnea, possibly due to laryngospasm. If these symptoms should occur, immediate treatment by health care professionals should be initiated to treat this condition.

- Pediatrics

WARNING:

- Metoclopramide is contraindicated in children less than one year of age.
- Metoclopramide should not be used in children greater than 1 year of age unless the anticipated benefits clearly outweigh potential risks.
- Extra pyramidal symptoms may also occur in children receiving the daily recommended dose of metoclopramide that should not exceed 0.5 mg/kg.

- Parkinsonian-like Symptoms

Parkinsonian-like symptoms, including bradykinesia, tremor, cogwheel rigidity, or mask-like facies, have occurred more commonly within the first 6 months after beginning treatment with Metoclopramide, but occasionally after longer periods. These symptoms generally subside within 2-3 months following discontinuance of Metoclopramide. Patients with preexisting Parkinson's disease should be given Metoclopramide cautiously, if at all, since such patients may experience exacerbation of parkinsonian symptoms when taking Metoclopramide.

Neuroleptic Malignant Syndrome (NMS)

There have been rare reports of an uncommon but potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) associated with Metoclopramide. Clinical manifestations of NMS include hyperthermia, muscle rigidity, altered consciousness, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis and cardiac arrhythmias). When these symptoms occur, treatment with Metoclopramide and other drugs not essential to concurrent therapy should be discontinued immediately. Intensive symptomatic treatment and medical monitoring should be initiated.

Depression
Mental depression has occurred in patients with and without prior history of depression. Symptoms have ranged from mild to severe and have included suicidal ideation and suicide. Metoclopramide should be given to patients with a prior history of depression only if the expected benefits outweigh the potential risks.

Use in Pregnancy: The safe use of **Metoclopramide OMEGA** (Metoclopramide Hydrochloride) in pregnancy has not been established. Therefore, Metoclopramide should not be used in pregnant women, unless in the opinion of the physician the expected benefits to the patient outweigh the potential risks to the fetus.

Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent *in vitro*, a factor of potential importance if the prescription of these drugs is contemplated in a patient with previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhe, gynecomastia and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. An increase in mammary neoplasms has been found in rodents after chronic administration of neuroleptic drugs. Neither clinical studies nor epidemiologic studies conducted to date, however, have shown an association between chronic administration of these drugs and mammary tumorigenesis. The available evidence is considered too limited to be conclusive at this time.

Use in Children: The daily dose should not exceed 0.5 mg/kg, since with higher doses extra-pyramidal symptoms frequently occur.

PRECAUTIONS

The recommended dosage of **Metoclopramide OMEGA** (Metoclopramide Hydrochloride) should usually not be exceeded since a further increase in dosage will not produce a corresponding increase in clinical response.

Metoclopramide may decrease the absorption of drugs from the stomach (e.g. Digoxin) whereas absorption from the small bowel may be accelerated (e.g. acetaminophen, tetracyclines, levodopa, ethanol).

Care should be exercised when Metoclopramide is administered in combination with a MAO inhibitor. In an animal study, pretreatment with MAO inhibitor increased the toxicity of intravenous Metoclopramide (refer to TOXICOLOGY).

Anticholinergic drugs antagonize the effects of Metoclopramide on gastrointestinal motility. Metoclopramide should not be used in conjunction with ganglioplegic or neuroleptic drugs since potentiating of effects might occur. The sedative effects of Metoclopramide may be potentiated by sedatives, hypnotics, narcotics and anxiolytics.

Metoclopramide should not be used in patients with epilepsy or extra-pyramidal symptoms unless the expected benefits outweigh the risk of increased frequency and severity of seizures or extra pyramidal reactions.

In patients with pheochromocytoma, intravenously administered Metoclopramide may cause a hypertensive crisis. These crises may be controlled by intravenous phentolamine.

ADVERSE REACTIONS

In general, the incidence of adverse reactions correlates with the dose and duration of Metoclopramide administration. Tardive dyskinesia, which in some cases appear to be irreversible, has been reported during long-term treatment (over 12 weeks) and following discontinuation of long-term Metoclopramide therapy. Therefore, prolonged treatment with Metoclopramide should be avoided. Tardive dyskinesia is characterized most frequently by involuntary movements of the tongue, face, month or jaw, and sometimes by involuntary movements of the trunk and/or extremities.

Drowsiness, fatigue and lassitude occur in approximately 10% of patients at the usual recommended dosage. Less frequent adverse reactions, occurring in approximately 5% of patients, are insomnia, headache, dizziness and bowel disturbances. Galactorrhea and menstrual disorders also have been reported.

The more serious adverse reactions associated with the use of Metoclopramide are parkinsonism and/or other extra-pyramidal reactions. These consist often of a feeling of restlessness, facial spasms, involuntary movements and, in some cases torticollis, muscular twitching, trismus, oculogyric crisis and opisthotonus. Dystonic reactions resembling tetanus have been reported. Extra-pyramidal side effects appear to occur more frequently at higher than usual recommended dosage. Tardive dyskinesia, which in some cases appears to be irreversible, has been reported after discontinuation of long-term Metoclopramide therapy. Therefore, prolonged treatment with Metoclopramide should be avoided.

SYMPTOMS AND TREATMENT OF OVERDOSAGE

Extra pyramidal side effects as described in the preceding section are the most frequently reported adverse reactions to overdosage. Management of overdosage consists or gastric emptying, close

observation and supportive therapy. Antiparkinson and antihistamine/anticholinergic drugs such as diphenhydramine hydrochloride have effectively controlled extra pyramidal reactions.

For management of a suspected drug overdose,

contact your regional Poison Control Centre Immediately.

DOSAGE AND ADMINISTRATION

NOTE EXCEPT FOR PROPHYLAXIS OF CISPLATIN-INDUCED VOMITING INDUCED DURING ANTI-CANCER THERAPY, THE TOTAL DAILY DOSAGE MUST NOT EXCEED 0.5 MG/KG BODY WEIGHT.

As an adjunct in the management of delayed gastric emptying:

Adults: One vial (10 mg) Intramuscular or Intravenous (slowly) two or three times a day, if necessary.

For small bowel intubation:

Adults: One vial (10 mg) slowly intravenous - preferably at the time when the tip of the tube reaches the pyloric region.

Children (5 to 14 years): Single dose of 0.1 mg/kg slowly intravenous

For the prophylaxis of cisplatin-induced vomiting:

RECOMMENDED ADULT DOSAGE: For patients treated with cisplatin in doses up to and including 100 mg/m^2, **Metoclopramide Omega** (Metoclopramide Hydrochloride) may be administered by infusion after dilution (see intravenous infusions) in single doses of 1 mg/kg of body weight. For patients treated with cisplatin in doses greater than 100 mg/m^2, the single recommended dose may be increased to 2 mg/kg of body weight, administered by infusion.

The 10 mL vial containing 50 mg (5 mg/mL) of Metoclopramide Hydrochloride and the 30 mL single dose vial containing 150 mg (5 mg/mL) of Metoclopramide Hydrochloride are designed for I.V. Infusion with dilution. Dilute the calculated amount in 50 mL of a parenteral solution (5% Dextrose Injection or 0.9% Sodium Chloride Injection). Inject the infusion slowly over a 15-minute period and repeat the dose every 2 hours for two doses, then every 3 hours for three doses. (When the 2 mg/kg dose is used, the last dose may be omitted).

If 2 mL vials containing 5 mg/mL are used for intravenous infusion, dilute the calculated amount of Metoclopramide in 50 mL of parenteral solution (5% Dextrose Injection or 0.9% Sodium Chloride Injection) as indicated above.

WARNING: Infusions are stable at room temperature (15-30°C) for 24 hours.

For the prophylaxis of postoperative vomiting

Adults: 10 mg intramuscularly given near the end of surgery. 20 mg may be required if the patient is in the high risk group (e.g., general anesthesia of two hours or more, abdominal or pelvic surgery with visceral manipulation, absence of gastric suction). Dosing may be repeated every four to six hours.

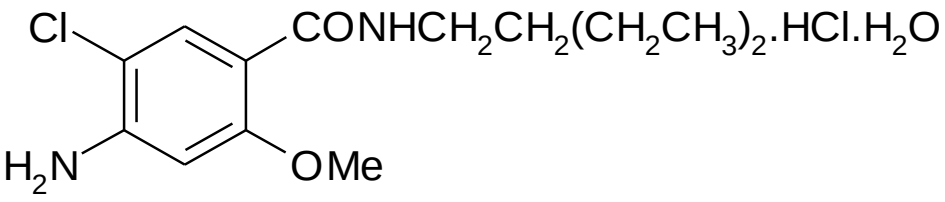
PHARMACEUTICAL INFORMATION

Drug Substance

Proper Name: Metoclopramide Hydrochloride

Chemical Name: 4-amino-5-chloro-N-[(2-diethylamino)ethyl]-2-o-anisamide monohydrochloride monohydrate
Benzamide, 4-amino-5-chloro-N-[(2-diethylamino)ethyl]-2-methoxy monohydrochloride monohydrate

Structural Formula:



Metoclopramide Hydrochloride has a molecular weight of approximately 354 g/mol. It is a white crystalline powder, odourless with a melting point of 183ºC.

Metoclopramide Hydrochloride is very soluble in water, freely soluble in ethanol, sparingly soluble in dichloromethane and particularly in soluble in ether. The pH range according to BP is 4.6 to 6.5.

Composition

Each ml of **METOCLOPRAMIDE OMEGA** (Metoclopramide Hydrochloride) contains 5 mg of Metoclopramide Hydrochloride and 8.5 mg of sodium chloride USP in water for injection. Sodium hydroxide and hydrochloric acid may be used to adjust pH.

Stability and Storage Recommendations

Store at 15°C - 30°C. Protect from light. Single use vial. Discard unused portion.

Intravenous Infusions

For doses in excess of 10 mg, **METOCLOPRAMIDE OMEGA** should be diluted in 50 ml using any of the following parenteral solutions:

- 5% Dextrose Injection
- 0.9% Sodium Chloride Injection

NOTE: As with all parenteral drug products, intravenous admixtures should be inspected visually for clarity, particulate matter, precipitate, discolouration and leakage prior to administration, whenever solution and container permit. Solutions showing haziness, particulate matter, precipitate, discolouration or leakage should not be used. Discard

unused portions.

WARNING: Infusions are stable at room temperature (15-30°C) for 24 hours.

AVAILABILITY OF DOSAGE FORM

Each 2 mL vial contains 10 mg of Metoclopramide Hydrochloride (5 mg/ml). Available in boxes of 10 vials.

Each 10 mL vial for I.V. Infusion (with Dilution) contains 50 mg of Metoclopramide Hydrochloride (5 mg/ml). Available in boxes of 5 vials.

Each 30 mL **single use vial** for I.V. Infusion (with Dilution) contains 150 mg of Metoclopramide Hydrochloride (5 mg/ml). Available in boxes of 1 vial.

PHARMACOLOGY

Metoclopramide is a dopamine antagonist which appears to block preferentially the D-2 (non-adenylate cyclase linked) receptors.

In the rat, Metoclopramide antagonizes apomorphine-induced stereotype, causes catalepsy, elevates prolactin, aldosterone and plasma renin levels, and enhances dopamine turnover in mesolimbic and striatal structures.

Metoclopramide antagonizes *in vitro* the dopamine-induced inhibition of potassium-evoked ^{3}H acetylcholine release in striatal structures. In the rat, parenteral administration of Metoclopramide decreases striatal acetylcholine levels. The extra pyramidal side effects caused by Metoclopramide and other neuroleptics may be consequence of this action.

Oral administration of Metoclopramide to rats for 39 days induced behavioural supersensitivity to apomorphine and enhanced specific binding of ^{3}H-spiroperidol to striatal membranes. These effects are induced by other neuroleptic drugs, and are associated with a potential to elicit tardive dyskinesia in man.

In experimental animals, Metoclopramide enhances gastrointestinal motility, increasing both resting muscle tension and the amplitude of peristaltic movements. Metoclopramide also is a potent antagonist of vomiting induced by apomorphine, hydergine, tetrodotoxin and copper sulfate. Its mechanism of action appears to be blockade of dopamine receptors in the chemoreceptor trigger zone. In the cat, spontaneous electrical discharges from this zone are stimulated by apomorphine and abolished by Metoclopramide.

Metoclopramide is virtually inactive as an antagonist at the D-1 (adenylate cyclase linked) dopamine receptors, and is without potency in displacing radio labelled ligands in receptor models designed to

evaluate antipsychotic potential.

In the rat, intra ventricular administration of Metoclopramide and spiroperidol produce comparable dose-dependent depression of responding in electrical self-stimulation procedures. When administered by the intra peritoneal route, the potency of Metoclopramide, but not that of spiroperidol, is decreased by a factor of 30.

TOXICOLOGY

The acute, oral LD_{50} in the rat and rabbit is approximately 720 mg/kg and the IV LD_{50} in the rabbit and mouse is approximately 40 mg/kg.

In rats which received Metoclopramide in the diet at levels of 10, 20 and 40 mg/kg for 77 weeks, gross weights were decreased in the mid and high dose groups. In purebred beagles which received 10, 20 or 40 mg/kg/day for five days a week for 54 weeks, miosis and fine and coarse tremors were seen in all drug-treated animals. Sedation and/or hyperactivity occurred occasionally. Tolerance did not develop. In general, the signs observed at all drug levels lasted approximately 3 to 5 hours after dosing. The severity increased gradually during the first 2 months of the stud. Frequent swallowing, panting and ptyalism occurred. There was a slight decrease of body weight and food consumption.

In a drug interaction study, rabbits were pretreated intramuscularly with 15 mg of either saline or of phenelzine per kg of body weight. (This dose of the MAO inhibitor is lethal in about 40% of rabbits). Twenty hours later, Metoclopramide was administered intravenously at doses of 3.75, 7.50 and 15 mg/kg.

Saline-pretreated rabbits showed only minimal symptomatology at the low and mid-dose of Metoclopramide; each of these doses of Metoclopramide was lethal in 3 of 5 animals in phenelzine-pretreated rabbits. Thus, pretreatment with phenelzine appeared to potentiate the toxicity of Metoclopramide.

Reproduction studies in mice and rats dosed orally with 1,5 or 10 mg/kg from day 1 to day 17 or 18 of gestation, respectively disclosed no abnormalities and no effects of Metoclopramide on fetal size and fetal weight.

Rabbits of the Fauve de Bourgogne strain were dosed orally with 10 or 20 mg of Metoclopramide from day 1 to day 25 of gestation. There was an apparent reduction in litter size in the group treated with 10 mg/kg. No effects were observed in young delivered spontaneously and raised to weaning. New Zealand albino rabbits received 5, 10, or 20 mg of Metoclopramide/day in capsules from the 8^{th} to the 16^{th} day of gestation. Offspring were delivered by cesarean section on day 29 or 30. Metoclopramide did not cause any adverse effects.

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IMPORTANT: PLEASE READ

CONSUMER INFORMATION

[Pr] METOCLOPRAMIDE OMEGA

Metoclopramide Hydrochloride Injection USP

This leaflet is part of a "Product Monograph" published when METOCLOPRAMIDE OMEGA was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about METOCLOPRAMIDE OMEGA. Contact your doctor or pharmacist if you have any questions about the drug.

ABOUT THIS MEDICATION

What the medication is used for:

METOCLOPRAMIDE OMEGA is a drug used to treat symptoms of slowed stomach emptying seen in people with gastritis, and in those recovering from certain types of gastric tests or surgery.

METOCLOPRAMIDE OMEGA, when used before surgery, can help reduce vomiting after surgical procedures.

What it does:

METOCLOPRAMIDE OMEGA is a drug used to help speed the movement of food through the stomach and intestines, by stimulating the muscles of the gastrointestinal tract. This injectable product is administered by a healthcare professional by intravenous (in the vein) infusion.

When it should not be used:

Do not take METOCLOPRAMIDE OMEGA if you:

- are allergic (hypersensitive) to metoclopramide or any of the other ingredients listed in **"What the nonmedicinal ingredients are."**
- are experiencing bleeding (hemorrhage), a blockage (obstruction), or a tear (perforation) in your stomach or intestines.
- metoclopramide should not be used in children less than 1 year of age.

What the medicinal ingredient is:

The active substance of METOCLOPRAMIDE OMEGA is metoclopramide hydrochloride.

What the important nonmedicinal ingredients are:

The non-medicinal ingredients are: sodium chloride USP in water for injection. Sodium hydroxide and hydrochloric acid may be used to adjust pH.

What dosage forms it comes in:

METOCLOPRAMIDE OMEGA is an injectable solution, containing metoclopramide hydrochloride, 5 mg/mL, in 2 mL, 10 mL and 30 mL vials.

WARNINGS AND PRECAUTIONS

- **A condition called tardive dyskinesia (see description below) has occurred with long-term (over 12 weeks) use of metoclopramide and even after long-term treatment has been stopped. The chance of this occurring increases with duration of treatment, total cumulative dose and in the elderly, particularly elderly women.**

Children:

- **metoclopramide must not be used in children under 1 year of age.**
- **metoclopramide should not be used in children over 1 year of age unless the doctor believes the benefit outweighs the risk.**
- **extrapyramidal symptoms (e.g. shaking, tremor, stiffness and involuntary movement) may occur in children. Children's dosage should not exceed 0.5 mg/kg/day.**

Before METOCLOPRAMIDE OMEGA is administered to you, be sure to tell your doctor if you:

- have a history of bleeding (hemorrhage), a blockage (obstruction), or a tear (perforation) in your stomach or intestines.
- have a history of seizures (e.g. epilepsy).
- are pregnant. METOCLOPRAMIDE OMEGA should not be taken in pregnancy unless your doctor believes the benefit outweighs the risk to the fetus.
- are breastfeeding. Metoclopramide can pass into the breast milk and harm your baby. Talk to your doctor about the best way to feed your baby if you take metoclopramide.
- have ever been diagnosed with breast cancer.
- have kidney problems.
- have an adrenal gland tumour called pheochromocytoma.

Contact your doctor immediately if the following occur while taking metoclopramide:

- You develop symptoms of tardive dyskinesia or dystonia with symptoms such as involuntary movement of lips, eyes, tongue, face, head and limbs.

- You develop Parkinson's symptoms such as tremor, restlessness, muscle rigidity, facial spasms, involuntary movements, and difficulty completing daily tasks.

- You develop symptoms of neuroleptic malignant syndrome with symptoms such as high temperature, muscle rigidity, irregular or fast heartbeat.

- You feel depressed or have thoughts about hurting or killing yourself.

INTERACTIONS WITH THIS MEDICATION

Some medications may block the effects of METOCLOPRAMIDE OMEGA, such as anticholinergic drugs. METOCLOPRAMIDE OMEGA may intensify the effect of alcohol and drugs absorbed from the intestines, such as neuroleptics.

Interactions may occur with monoamine oxidase inhibitors (e.g. some drugs used to treat depression).

Some drugs may increase the risk of drowsiness with METOCLOPRAMIDE OMEGA, such as sedatives, hypnotics, narcotics, and anxiolytics.

METOCLOPRAMIDE OMEGA may decrease the absorption of drugs from the stomach (e.g. digoxin) whereas absorption from the small bowel may be accelerated (e.g. acetaminophen, tetracyclines, levodopa, alcohol).

PROPER USE OF THIS MEDICATION

METOCLOPRAMIDE OMEGA is administered by a healthcare professional by intravenous (in the vein) infusion.

Usual dose:

Note: **Except for prophylaxis of cisplatin-induced vomiting induced during anti-cancer therapy, the total daily dosage must not exceed 0.5 mg/kg body weight.**

As an adjunct in the management of delayed gastric emptying:
Adults: One vial (10 mg) Intramuscular or Intravenous (slowly) two or three times a day, if necessary.

Overdose:

In case of drug overdose, contact a health care practitioner (or doctor), hospital emergency department or regional poison control centre, even if there are no symptoms.

Missed Dose: If you feel that an administration of a dose has been missed, contact your healthcare professional.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Common side effects
The most common side effects are drowsiness and fatigue.

Other possible common side effects include insomnia, headache, dizziness and bowel disturbances.

If any of these affects you severely, **tell your doctor**.

If you notice any other side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor or pharmacist		Stop taking drug and call your doctor or pharmacist
		Only if severe	In all cases	
Rare	Muscular twitching		✓	
	Restlessness		✓	
	Facial Spasms or movements		✓	
	Unusual eye movements		✓	
	Involuntary or unusual movements		✓	
	Muscle rigidity		✓	
	Tremors		✓	
	High temperature, fast or irregular heartbeat		✓	
	Feeling depressed or thoughts about hurting or killing yourself		✓	
	Hypersensitivity (allergic) reaction with symptoms such as rash, hives, breathing difficulty, swelling of the mouth, throat and extremities		✓	

This is not a complete list of side effects. For any unexpected effects while taking METOCLOPRAMIDE OMEGA, contact your doctor or pharmacist.

HOW TO STORE IT

The healthcare professional will store the product at 15°C to 30°C, protected from light.

IMPORTANT: PLEASE READ

Reporting Suspected Side Effects

You can report any suspected adverse reactions associated with the use of health products to the Canada Vigilance Program by one of the following 3 ways:

- Report online at www.healthcanada.gc.ca/medeffect
- Call toll-free at 1-866-234-2345
- Complete a Canada Vigilance Reporting Form and:
  - Fax toll-free to 1-866-678-6789, or
  - Mail to: Canada Vigilance Program
    Health Canada
    Postal Locator 0701E
    Ottawa, ON, K1A 0K9

Postage paid labels, Canada Vigilance Reporting Form and the adverse reaction reporting guidelines are available on the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect.

NOTE: Should you require information related to the management of side effects, contact your health professional. The Canada Vigilance Program does not provide medical advice.

MORE INFORMATION

For more information, please contact your doctor, pharmacist or other healthcare professional.

This document plus the full product monograph, prepared for health professionals can be found at:

www.omegalaboratory.com

or by contacting the sponsor:

Omega Laboratories Limited at: 514-335-0310

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