

Package Leaflet: Information for the user

Venlafaxin Liconsa 300 mg prolonged-release tablet venlafaxine

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4

What is in this leaflet:

1. What <invented name> is and what it is used for
2. What you need to know before you take <invented name>
3. How to take <invented name>
4. Possible side effects
5. How to store <invented name>
6. Contents of the pack and other information

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

<invented name> contains the active substance venlafaxine.

<invented name> is an antidepressant that belongs to a group of medicines called serotonin and norepinephrine reuptake inhibitors (SNRIs). This group of medicines is used to treat depression and other conditions such as anxiety disorders. It is not fully understood how antidepressants work, but they may help by increasing the levels of serotonin and norepinephrine in the brain.

<invented name> is a treatment for adults with depression. Treating depression properly is important to help you get better. If it is not treated, your condition may not go away and may become more serious and more difficult to treat.

2. What you need to know before you take <invented name>

Do not take <invented name>

- If you are allergic to venlafaxine or any of the other ingredients of this medicine (listed in section 6).
- If you are also taking or have taken any time within the last 14 days any medicines known as irreversible monoamine oxidase inhibitors (MAOIs), used to treat depression or Parkinson's disease. Taking an irreversible MAOI together with venlafaxine, can cause serious or even life-threatening side effects. Also, you must wait at least 7 days after you stop taking venlafaxine before you take any MAOI (see also the section entitled "Other medicines and venlafaxine" and the information in that section about 'Serotonin syndrome').

Warnings and precautions

Talk to your doctor **before** taking <invented name>

- If you use other medicines that taken together with venlafaxine could increase the risk of developing serotonin syndrome (see the section "Other medicines and <invented name>").
- If you have a swallowing, stomach or intestinal disorder that reduces your ability to swallow or pass foods by normal bowel movements.

- If you have eye problems, such as certain kinds of glaucoma (increased pressure in the eye).
- If you have a history of high blood pressure.
- If you have a history of heart problems.
- If you have been told you have an abnormal heart rhythm.
- If you have a history of fits (seizures).
- If you have a history of low sodium levels in your blood (hyponatraemia).
- If you have a history of bleeding disorders (tendency to develop bruises or a tendency to bleed easily) or if you are taking other medicines that may increase the risk of bleeding e.g., warfarin (used to prevent blood clots) or if you are pregnant (see 'Pregnancy and breastfeeding').
- If you have a history of, or if someone in your family has had, mania or bipolar disorder (feeling over-excited or euphoric).
- If you have a history of aggressive behaviour.

<invented name> may cause a sensation of restlessness or an inability to sit or stand still during the first few weeks of treatment. You should tell your doctor if this happens to you.

Do not drink alcohol while being treated with <invented name> as it can lead to extreme tiredness and unconsciousness. Concomitant use with alcohol and/or certain medicines can make your symptoms of depression and other conditions, such as anxiety disorders worse.

Thoughts of suicide and worsening of your depression or anxiety disorder

If you are depressed and/or have anxiety disorders, you can sometimes have thoughts of harming or killing yourself. These thoughts may be increased when you first start taking antidepressants, since these medicines all take time to work, usually about two weeks, but sometimes longer. These thoughts may also occur when your dose is decreased or during discontinuation of treatment with <invented name>.

You may be more likely to think like this:

- If you have previously had thoughts about killing yourself or harming yourself.
- If you are a young adult. Information from clinical trials has shown an increased risk of suicidal behaviour in young adults (less than 25 years old) with psychiatric conditions who were treated with an antidepressant.

If you have thoughts of harming or killing yourself at any time, contact your doctor or go to a hospital straight away.

You may find it helpful to tell a relative or close friend that you are depressed, and ask them to read this leaflet. You might ask them to tell you if they think your depression is getting worse, or if they are worried about changes in your behaviour.

Dry mouth

Dry mouth is reported in 10 % of patients treated with venlafaxine. This may increase the risk of tooth decay (caries). Therefore, you should take special care in your dental hygiene.

Diabetes

Your blood glucose levels may be altered due to <invented name>. Therefore, the dosages of your diabetes medicines may need to be adjusted.

Sexual problems

Medicines like <invented name> (so called SNRIs) may cause symptoms of sexual dysfunction (see section 4). In some cases, these symptoms have continued after stopping treatment.

Children and adolescents

<invented name> should normally not be used for children and adolescents under 18 years. Also, you should know that patients under 18 have an increased risk of side effects, such as suicide attempt,

suicidal thoughts and hostility (predominantly aggression, oppositional behaviour and anger) when they take this class of medicines. Despite this, your doctor may prescribe this medicine for patients under 18 because he/she decides that this is in their best interests. If your doctor has prescribed this medicine for a patient under 18, and you want to discuss this, please go back to your doctor. You should inform your doctor if any of the symptoms listed above develop or worsen when patients under 18 are taking venlafaxine. Also, the long-term safety effects concerning growth, maturation and cognitive and behavioural development of this medicine in this age group has not yet been demonstrated.

Other medicines and <invented name>

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

Your doctor should decide whether you can take <invented name> with other medicines.

Do not start or stop taking any medicines, including those bought without a prescription, natural and herbal remedies, before checking with your doctor or pharmacist.

- Monoamine oxidase inhibitors which are used to treat depression or Parkinson's disease **must not be taken with venlafaxine**. Tell your doctor if you have taken these medicines within the last 14 days. (MAOIs: see the section "What you need to know before you take <invented name>").
- **Serotonin syndrome:**
A potentially life-threatening condition, or Neuroleptic Malignant Syndrome (NMS)-like reactions (see the section "Possible Side Effects"), may occur with venlafaxine treatment, particularly when taken with other medicines.

Examples of these medicines include:

- Triptans (used for migraine)
- Other medicines to treat depression, for instance SNRIs, SSRIs, tricyclics, or medicines containing lithium
- Medicines containing amphetamines (used to treat attention deficit hyperactivity disorder (ADHD), narcolepsy and obesity)
- Medicines containing linezolid, an antibiotic (used to treat infections)
- Medicines containing moclobemide, a MAOI (used to treat depression)
- Medicines containing sibutramine (used for weight loss)
- Medicines containing opioids (e.g., buprenorphine, tramadol, fentanyl, tapentadol, pethidine, or pentazocine) (used to treat severe pain)
- Medicines containing dextromethorphan (used to treat coughing)
- Medicines containing methadone (used to treat opioid drug addiction or severe pain)
- Medicines containing methylene blue (used to treat high levels of methaemoglobin in the blood)
- Products containing St. John's Wort (also called *Hypericum perforatum*, a natural or herbal remedy used to treat mild depression)
- Products containing tryptophan (used for problems such as sleep and depression)
- Antipsychotics (used to treat a disease with symptoms such as hearing, seeing or sensing things which are not there, mistaken beliefs, unusual suspiciousness, unclear reasoning and becoming withdrawn)

Signs and symptoms of serotonin syndrome may include a combination of the following: restlessness, hallucinations, loss of coordination, fast heart beat, increased body temperature, fast changes in blood pressure, overactive reflexes, diarrhoea, coma, nausea, vomiting.

In its most severe form, serotonin syndrome can resemble Neuroleptic Malignant Syndrome (NMS). Signs and symptoms of NMS may include a combination of fever, fast heart beat, sweating, severe muscle stiffness, confusion, increased muscle enzymes (determined by a blood test).

Tell your doctor immediately, or go to the casualty department at your nearest hospital if you think serotonin syndrome is happening to you.

You must tell your doctor if you are taking medicines that can affect your heart rhythm.

Examples of these medicines include:

- Antiarrhythmics such as quinidine, amiodarone, sotalol or dofetilide (used to treat abnormal heart rhythm)
- Antipsychotics such as thioridazine (See also Serotonin syndrome above)
- Antibiotics such as erythromycin or moxifloxacin (used to treat bacterial infections)
- Antihistamines (used to treat allergy)

The following medicines may also interact with <invented name> and should be used with caution. It is especially important to mention to your doctor or pharmacist if you are taking medicines containing:

- Ketoconazole (an antifungal medicine)
- Haloperidol or risperidone (to treat psychiatric conditions)
- Metoprolol (a beta blocker to treat high blood pressure and heart problems)

<invented name> with food, drink and alcohol

Venlafaxine should be taken with food (see section 3 “How to take <invented name>”).

Do not drink alcohol while being treated with <invented name>. Concomitant use with alcohol can lead to extreme tiredness and unconsciousness and can make your symptoms of depression and other conditions, such as anxiety disorders worse.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine. You should use <invented name> only after discussing the potential benefits and the potential risks to your unborn child with your doctor.

Make sure your midwife and/or doctor knows you are on <invented name>. When taken during pregnancy, similar drugs (SSRIs) may increase the risk of a serious condition in babies, called persistent pulmonary hypertension of the newborn (PPHN), making the baby breathe faster and appear bluish. These symptoms usually begin during the first 24 hours after the baby is born. If this happens to your baby you should contact your midwife and/or doctor immediately.

If you take <invented name> near the end of your pregnancy there may be an increased risk of heavy vaginal bleeding shortly after birth, especially if you have a history of bleeding disorders. Your doctor or midwife should be aware that you are taking <invented name> so they can advise you.

If you are taking this medicine during pregnancy, in addition to having trouble breathing, another symptom your baby might have when it is born is not feeding properly. If your baby has these symptoms when it is born and you are concerned, contact your doctor and/or midwife who will be able to advise you.

<invented name> passes into breast milk. There is a risk of an effect on the baby. Therefore, you should discuss the matter with your doctor, and he/she will decide whether you should stop breast-feeding or stop the therapy with this medicine.

Driving and using machines

Do not drive or use any tools or machines until you know how <invented name> affects you.

<invented name> contains lactose

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

3. How to take <invented name>

Always take this medicine exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

The usual recommended starting dose for treatment of depression is 75 mg per day. The dose can be raised by your doctor gradually, and if needed, even up to a maximum dose of 375 mg daily.

Take <invented name> at approximately the same time each day, either in the morning or in the evening. Tablet must be swallowed whole with fluid and not divided, crushed, chewed or dissolved.

<invented name> should be taken with food.

If you have liver or kidney problems, talk to your doctor, since your dose of this medicine may need to be different.

Do not stop taking <invented name> without talking to your doctor (see the section “If you stop taking <invented name>”).

If you take more <invented name> than you should

Call your doctor or pharmacist immediately if you take more than the amount of this medicine prescribed by your doctor.

Overdose can be life-threatening, especially with concomitant use of alcohol and/or certain medicines (see “Other medicines and <invented name>”).

The symptoms of a possible overdose may include a rapid heart beat, changes in level of alertness (ranging from sleepiness to coma), blurred vision, seizures or fits, and vomiting.

If you forget to take <invented name>

If you miss a dose, take it as soon as you remember. However, if it is time for your next dose, skip the missed dose and take only a single dose as usual. Do not take a double dose to make up for a forgotten dose. Do not take more than the daily amount of <invented name> that has been prescribed for you in one day.

If you stop taking <invented name>

Do not stop taking your treatment or reduce the dose without the advice of your doctor even if you feel better. If your doctor thinks that you no longer need <invented name>, he/she may ask you to reduce your dose slowly before stopping treatment altogether. Side effects are known to occur when people stop using this medicine, especially when it is stopped suddenly or the dose is reduced too quickly. Some patients may experience symptoms such as suicidal thoughts, aggressiveness, tiredness, dizziness, light-headedness, headache, sleeplessness, nightmares, dry mouth, loss of appetite, nausea, diarrhoea, nervousness, agitation, confusion, ringing in the ears, tingling or rarely electric shock sensations, weakness, sweating, seizures, or flu-like symptoms, problems with eyesight and increase in blood pressure (which can cause headache, dizziness, ringing in the ears, sweating, etc.)

Your doctor will advise you on how you should gradually discontinue <invented name> treatment. This can take a period of several weeks or months. In some patients, discontinuation may need to occur very gradually over periods of months or longer. If you experience any of these or other symptoms that are troublesome, ask your doctor for further advice.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

If any of the following happen, do not take more <invented name>. **Tell your doctor immediately, or go to the casualty department at your nearest hospital:**

Uncommon (may affect up to 1 in 100 people)

- Swelling of the face, mouth, tongue, throat, hands, or feet, and/or a raised itchy rash (hives), trouble swallowing or breathing

Rare (may affect up to 1 in 1,000 people)

- Chest tightness, wheezing, trouble swallowing or breathing
- Severe skin rash, itching or hives (elevated patches of red or pale skin that often itch)
- Signs and symptoms of serotonin syndrome which may include restlessness, hallucinations, loss of coordination, fast heart beat, increased body temperature, fast changes in blood pressure, overactive reflexes, diarrhoea, coma, nausea, vomiting.
In its most severe form, serotonin syndrome can resemble Neuroleptic Malignant Syndrome (NMS). Signs and symptoms of NMS may include a combination of fever, fast heart beat, sweating, severe muscle stiffness, confusion, increased muscle enzymes (determined by a blood test).
- Signs of infection, such as high temperature, chills, shivering, headaches, sweating, flu-like symptoms. This may be the result of a blood disorder which leads to an increased risk of infection.
- Severe rash, which may lead to severe blistering and peeling of the skin.
- Unexplained muscle pain, tenderness or weakness. This may be a sign of rhabdomyolysis.

Frequency not known (cannot be estimated from the available data)

- Signs and symptoms of a condition called “stress cardiomyopathy” which may include chest pain, shortness of breath, dizziness, fainting, irregular heart beat.

Other side effects that you should tell your doctor about include (The frequency of these side effects are included in the list “Other side effects that may occur” below):

- Coughing, wheezing and shortness of breath which may be accompanied by a high temperature
- Black (tarry) stools or blood in stools
- Itchiness, yellow skin or eyes, or dark urine, which may be symptoms of inflammation of the liver (hepatitis)
- Heart problems, such as fast or irregular heart rate, increased blood pressure
- Eye problems, such as blurred vision, dilated pupils
- Nerve problems, such as dizziness, pins and needles, movement disorder (muscle spasms or stiffness), seizures or fits
- Psychiatric problems, such as hyperactivity and feeling unusually overexcited
- Withdrawal effects (see the section “How to take <invented name>, if you stop taking <invented name>”).
- Prolonged bleeding - if you cut or injure yourself, it may take slightly longer than usual for bleeding to stop.

Do not be concerned if you see a tablet in your stools after taking this medicine. As the tablet travels the length of your gastrointestinal tract, venlafaxine is slowly released. The shape of the tablet remains undissolved and is eliminated in your stools. Therefore, even though you may see a tablet in your stools, your dose of venlafaxine has been absorbed.

Other side effects that may occur

Very common (may affect more than 1 in 10 people)

- Dizziness; headache; drowsiness
- Insomnia
- Nausea; dry mouth; constipation
- Sweating (including night sweats)

Common (may affect up to 1 in 10 people)

- Appetite decreased
- Confusion; feeling separated (or detached) from yourself; lack of orgasm; decreased libido; agitation; nervousness; abnormal dreams
- Tremor; a sensation of restlessness or an inability to sit or stand still; pins and needles; altered taste sensation; increased muscle tonus
- Visual disturbance including blurred vision; dilated pupils; inability of the eye to automatically change focus from distant to near objects
- Ringing in the ears (tinnitus)
- Fast heart beat; palpitations
- Increase in blood pressure; flushing
- Shortness of breath; yawning
- Vomiting; diarrhoea
- Mild rash; itching
- Increased frequency in urination; inability to pass urine; difficulties passing urine
- Menstrual irregularities such as increased bleeding or increased irregular bleeding; abnormal ejaculation/orgasm (males); erectile dysfunction (impotence)
- Weakness (asthenia); fatigue; chills
- Weight gain; weight loss
- Increased cholesterol

Uncommon (may affect up to 1 in 100 people)

- Over activity, racing thoughts and decreased need for sleep (mania)
- Hallucinations; feeling separated (or detached) from reality; abnormal orgasm; lack of feeling or emotion; feeling over-excited; grinding of the teeth
- Fainting; involuntary movements of the muscles; impaired coordination and balance
- Feeling dizzy (particularly when standing up too quickly); decrease in blood pressure
- Vomiting blood, black tarry stools (faeces) or blood in stools; which can be a sign of internal bleeding
- Sensitivity to sunlight; bruising; abnormal hair loss
- Inability to control urination
- Stiffness, spasms and involuntary movements of the muscles
- Slight changes in blood levels of liver enzymes

Rare (may affect up to 1 in 1,000 people)

- Seizures or fits
- Coughing, wheezing and shortness of breath which may be accompanied by a high temperature
- Disorientation and confusion often accompanied by hallucination (delirium)
- Excessive water intake (known as SIADH)
- Decrease in blood sodium levels
- Severe eye pain and decreased or blurred vision
- Abnormal, rapid or irregular heart beat, which could lead to fainting
- Severe abdominal or back pains (which could indicate a serious problem in the gut, liver or pancreas)
- Itchiness, yellow skin or eyes, dark urine, or flu-like symptoms, which are symptoms of inflammation of the liver (hepatitis)

Very rare (may affect up to 1 in 10,000 people)

- Prolonged bleeding, which may be a sign of reduced number of platelets in your blood, leading to an increased risk of bruising or bleeding

- Abnormal breast milk production
- Unexpected bleeding, e.g. bleeding gums, blood in the urine or in vomit, or the appearance of unexpected bruises or broken blood vessels (broken veins)

Frequency not known (cannot be estimated from the available data)

- Suicidal ideation and suicidal behaviours; cases of suicidal ideation and suicidal behaviours have been reported during venlafaxine therapy or early after treatment discontinuation (see section 2, What you need to know before you take <invented name>)
- Aggression
- Vertigo
- Heavy vaginal bleeding shortly after birth (postpartum haemorrhage), see Pregnancy and breast-feeding in section 2 for more information

<invented name> sometimes causes unwanted effects that you may not be aware of, such as increases in blood pressure or abnormal heart beat; slight changes in blood levels of liver enzymes, sodium or cholesterol. More rarely, <invented name> may reduce the function of platelets in your blood, leading to an increased risk of bruising or bleeding. Therefore, your doctor may wish to do blood tests occasionally, particularly if you have been taking <invented name> for a long time.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly **via the national reporting system listed in Appendix V**. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store <invented name>

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the packaging after EXP. The expiry date refers to the last day of that month.

This medicinal product does not require any special temperature storage conditions. Store in the original package in order to protect from moisture.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What <invented name> contains

The active substance is venlafaxine.

Each prolonged-release tablet contains 300 mg venlafaxine (as hydrochloride).

The other ingredients are

Mannitol (E421), Povidone, Macrogol, Cellulose microcrystalline (E 460(i)), Colloidal anhydrous silica, Magnesium stearate (E 470b), Cellulose acetate, Hypromellose, Lactose monohydrate, Titanium dioxide (E171), Triacetin.

What <invented name> looks like and contents of the pack

300 mg prolonged-release tablet: round, biconvex, white to off white tablet.

<invented name> is available in blisters of 10, 14, 20, 28, 30, 42, 50, 56, 60, 98, 100 and 500 prolonged-release tablet.

Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

<To be completed nationally>

This medicinal product is authorised in the Member States of the European Economic Area under the following names:

Name of the Member States	Name of the medicinal product
Sweden	Venlafaxin Liconsa 300 mg depottabletter
Spain	Zarelis Retard 300 mg comprimidos de liberación prolongada
Finland	Venlafaxin Sandoz 300 mg depottabletit
Portugal	Milven 300 mg comprimidos de libertação prolongada

This leaflet was last approved <{MM/YYYY}>2026-06-26

Other sources of information

Detailed information on this medicine is available on the website of {name of Member State Agency (link)}.