

## **IMPORTANT MEDICINE SAFETY INFORMATION**

### **CLOBAZAM – RISK OF DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS)**

18 March 2026

**Dear Healthcare Professional,**

The following pharmaceutical companies, Equity Pharmaceuticals (Pty) Ltd, Pharmacare Ltd t/a Aspen Pharmacare and Adcock Ingram Limited in collaboration with the South African Health Products Regulatory Authority (SAHPRA), would like to inform you about the potential risk of drug reaction with eosinophilia and systemic symptoms (DRESS) associated with the use of clobazam-containing medicines.

#### **Summary**

- DRESS, also known as drug induced hypersensitivity syndrome (DIHS), is a rare, but serious, and potentially life-threatening fatal drug reaction, characterised by symptoms which include widespread rash, high body temperature, liver enzyme elevations, elevated white blood cell count (including eosinophils), enlarged lymph nodes and possibly other body organs (commonly liver).
- DRESS has been reported in association with the use of clobazam-containing medicines, with symptoms appearing within 2 weeks to 2 months after initiating treatment.
- Early recognition of this risk, discontinuation of treatment, and supportive care are crucial.

#### **Background on the safety concern**

Clobazam is a benzodiazepine indicated for the treatment of anxiety in neurotic patients and for pre-operative medication. It may be effective in relieving the acute symptoms of alcohol withdrawal syndrome but has no specific usefulness in the treatment of psychotic patients. Clobazam is only indicated when the disorder is severe, disabling or subjecting the individual to extreme stress.

DRESS is classified among the severe cutaneous adverse reactions (SCARs) (1), which are rare but potentially life-threatening reactions of delayed hypersensitivity. The mechanism and classification of SCARs are described as delayed T-cell mediated type IV hypersensitivity reactions in Gell and Coombs classification in which drug-specific T cells can be identified in the peripheral blood or skin infiltrates (2). The variation in clinical conditions has resulted in type IV reactions being further sub-classified according to different cytokine production patterns by T cell subsets and to the contribution of certain subpopulations of leukocytes to the inflammation and tissue damage. DRESS is considered a type IVb (T helper type 2) Th2-driven reaction (3).

The professional information (PI) and patient information leaflet (PIL) of products listed below will be updated to reflect the above safety information.

### ***Advice for Patients***

- Healthcare professionals should inform patients about the risk of DRESS associated with the use of clobazam-containing medicines.
- Patients should be warned about the associated signs and symptoms which include fever, rash, and organ-related issues which may occur 2 to 8 weeks post treatment, though they can occur earlier or later.
- Patients should be advised to seek immediate medical attention if signs and symptoms suggestive of DRESS appear. Healthcare professionals should alert patients that DRESS may lead to hospitalisation or death if untreated.
- Patients are to be informed not to stop the medication abruptly and to consult their healthcare professionals if necessary.

### ***Advice to Healthcare professionals***




- At the time of prescription, patients should be advised of the signs and symptoms of DRESS and be monitored closely for skin reactions. If signs and symptoms suggestive of DRESS appear, clobazam-containing medicines should be withdrawn immediately (3), and an alternative treatment should be considered (as appropriate); and in discussion with a specialist.

- If the patient has developed DRESS with the use of clobazam containing medicines, treatment with the medicine must not be restarted in this patient at any time.
- Healthcare professionals are urged to report any adverse drug reactions (ADRs), or product quality problems associated with the use of products listed below to SAHPRA via the ADR reporting form accessible at <https://www.sahpra.org.za/document/adverse-drug-reactions-and-quality-problem-reporting-form/> and email it to [adr@sahpra.org.za](mailto:adr@sahpra.org.za).
- Healthcare professionals may report ADRs via the e-Reporting link <https://vigiflow-forms.who-umc.org/za/ereporting>.
- Additionally, reporting can be done via the Med Safety App. The App can be downloaded into a smart mobile phone through Google Play or App Store. For more information on Med Safety App, please visit <https://medsafety.sahpra.org.za/>.
- For more information on ADR reporting of products listed below, please contact the SAHPRA Pharmacovigilance unit at [pvqueries@sahpra.org.za](mailto:pvqueries@sahpra.org.za), or alternatively use the contact details indicated below:

**Table 1: Company Products**

Company	Product name	Active ingredient	Registration Number	Contact details
Equity Pharmaceuticals (Pty) Ltd	Urbanol 10 mg Tablets	Each tablet contains 10 mg clobazam	M/2.6/128	Email : <a href="mailto:pharmacovigilance@equitypharma.co.za">pharmacovigilance@equitypharma.co.za</a>
	Urbanol 5 mg Capsules	Each capsule contains 5 mg clobazam	L/2.6/52	Tel: +27 12 345 1747
Pharmacare Ltd t/a Aspen Pharmacare	Qlocam 5 mg	Each capsule contains 5 mg clobazam	51/2.6/0566	Email: <a href="mailto:drugsafety@aspenpharma.com">drugsafety@aspenpharma.com</a>
	Qlocam 10 mg	Each tablet contains 10 mg clobazam	51/2.6/0567	Tel: +27 11 239 6200 or 0800 118 088
Adcock Ingram Limited	Clobazam 10 Adco	Each tablet contains 10 mg of clobazam	55/2.6/0546	Email : <a href="mailto:adcock.aereports@adcock.com">adcock.aereports@adcock.com</a>
	Clobazam 20 Adco	Each tablet contains 20 mg of clobazam	55/2.6/0547	Tel: 011 635 0134

Yours faithfully,

<p>Jeanne Maré Responsible Pharmacist Equity Pharmaceuticals (Pty) Ltd</p>  <p>Signature</p>	<p>Nikola Whelan Responsible Pharmacist Aspen Pharmacare</p>  <p>Signature</p>	<p>Deon Poovan Responsible Pharmacist Adcock Ingram Limited</p>  <p>Deon Poovan (Mar 19, 2026 13:17:31 GMT+2) Signature</p>
---	---	--

### References

- (1) Roujeau J.C. Clinical heterogeneity of drug hypersensitivity. *Toxicology*. 2005;209:123–129. doi: 10.1016/j.tox.2004.12.022.
- (2) Coombs, R.R.A., Gell, P.G.H., 1968. Classification of allergic reactions responsible for drug hypersensitivity reactions. In: Coombs, R.R.A., Gells, P.G.H. (Eds.), *Clinical Aspects of Immunology*, second ed. Davis, Philadelphia, PA, pp.575–596.
- (3) Marwa K, Goldin J, Kondamudi NP. Type IV Hypersensitivity Reaction. [Updated 2025 May 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK562228/>