PROFESSIONAL INFORMATION

SCHEDULING STATUS:

S4

1. NAME OF THE MEDICINE

Finasteride 1 Unicorn, film coated tablet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 1 mg of finasteride as the active ingredient.

Excipients with known effect

Finasteride 1 Unicorn contains sugar (lactose monohydrate 87,49 mg/tablet).

This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium-free'.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Round, biconvex, red film coated tablets with a 6,5 mm nominal diameter.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Finasteride 1 Unicorn temporarily delays further hair loss and increases hair density in the vertex and anterior mid scalp area in men (aged between 18 and 41 years) with early signs of androgenetic alopecia.

Finasteride 1 Unicorn is not effective in postmenopausal women with androgenetic alopecia.

4.2 Posology and method of administration

The recommended dosage is one 1 mg tablet daily.

In general, daily use for 3 months or more is necessary before increased hair growth and/or prevention of further hair loss is observed.

Continued use is recommended to obtain maximum benefit. Withdrawal of treatment leads to reversibility of effect within 12 months.

Finasteride 1 Unicorn is not indicated for use in women or children.

Method of administration

Oral use. Finasteride 1 Unicorn may be taken with or without food.

4.3 Contraindications

- Contraindicated in women, including pregnant women (see section 4.6).
- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
- Contraindicated in children and adolescents.
- Finasteride 1 Unicorn should not be taken by men who are already taking other medicines containing finasteride or any other 5α-reductase inhibitor such as dutasteride for benign prostatic hyperplasia or any other condition.

4.4 Special warnings and precautions for use

Paediatric population

Finasteride 1 Unicorn should not be used in children and adolescents. There are no data demonstrating efficacy or safety of finasteride in children under the age of 18.

Elderly

Clinical studies with medicine containing Finasteride have not been conducted in elderly men with male pattern hair loss.

Effects on Prostate Specific Antigen (PSA)

In clinical studies in men taking medicine containing finasteride, 18-41 years of age, the mean

value of serum prostate-specific antigen (PSA) decreased.

When finasteride as contained in Finasteride 1 Unicorn is used for treatment of male pattern hair loss in older men who also have benign prostatic hyperplasia (BPH), consideration should be given to the fact that in older men with BPH, PSA levels are decreased by approximately 50 %.

Effects on fertility

Male infertility and/or poor seminal quality have occurred (see also section 4.6).

Exposure to Finasteride 1 Unicorn (by pregnant women) – risk to male foetus. See section 4.6 Fertility, pregnancy and lactation.

Hepatic impairment

The effect of hepatic impairment on the pharmacokinetics of finasteride has not been studied.

Breast Cancer

Breast cancer has been reported in men taking medicine containing finasteride during the post-marketing period. Medical practitioners should instruct patients to immediately report any changes in their breast tissue such as lumps, pain, gynaecomastia or nipple discharge.

Men with family history of male breast carcinoma should be monitored.

Mood alterations and depression

Mood alterations including depressed mood, depression and, less frequently, suicidal ideation have been reported in patients treated with finasteride 1 mg. Patients should be monitored for psychiatric symptoms. If symptoms occur, treatment with Finasteride 1 Unicorn should be discontinued.

Lactose intolerance

Finasteride 1 Unicorn contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Sodium

Finasteride 1 Unicorn contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicines and other forms of interaction

Finasteride is metabolised primarily through the cytochrome P450 3A4 system. Although the risk for finasteride to affect the pharmacokinetics of other medicines is estimated to be minor, it is likely that inhibitors and inducers of cytochrome P450 3A4 will affect the plasma concentration of finasteride. However, based on established safety margins, any increase due to concomitant use of such inhibitors is unlikely to be of clinical significance.

Finasteride 1 Unicorn should not be taken by men who are already taking other medicines containing finasteride or any other 5α-reductase inhibitor such as dutasteride for benign prostatic hyperplasia or any other condition (see section 4.3).

Compounds that have been tested in man have included antipyrine, digoxin, glyburide, propranolol, theophylline, and warfarin and no interactions were found.

Although specific interaction studies were not performed, in clinical studies finasteride doses of 1 mg or more were used concomitantly with the following medicines without any evidence of clinically significant adverse interactions: ACE inhibitors, paracetamol, alpha-blockers benzodiazepines, beta-blockers, calcium-channel blockers, cardiac nitrates, diuretics, H2 antagonists, HMG-CoA reductase inhibitors, prostaglandin synthetase inhibitors (NSAIDs) and quinolones.

4.6 Fertility, pregnancy and lactation

Pregnancy

Finasteride 1 Unicorn is contra-indicated in women due to the risk in pregnancy. Because of the ability of type II 5α-reductase inhibitors to inhibit conversion of testosterone to dihydrotestosterone (DHT) in some tissues, these medicines, including finasteride, may cause abnormalities of the external genitalia of a male foetus when administered to pregnant woman.

Exposure to Finasteride 1 Unicorn (by pregnant women) – risk to male foetus:

Women, who are pregnant or may potentially be pregnant, should not handle crushed or broken tablets of Finasteride 1 Unicorn for the same reasons mentioned above, because of the possibility of absorption of finasteride and the subsequent potential risk to a male foetus.

Finasteride 1 Unicorn tablets are coated and will prevent contact with the active ingredient during normal handling, provided the tablets have not been broken or crushed. In addition, since Finasteride 1 Unicorn is present in semen, male patients should wear a condom or otherwise avoid exposure of female sexual partners at risk of becoming pregnant.

Exposure to finasteride: risk to male foetus

Studies have shown that a small amount of finasteride, less than 0,001 % of the 1 mg dose per ejaculation, has been detected in the seminal fluid of men taking finasteride tablets.

Other studies of exposure to finasteride during pregnancy via semen of men taking 1 mg or higher doses were reported.

Breastfeeding

Finasteride 1 Unicorn is not indicated for use in women. It is not known whether finasteride is excreted in human milk.

Fertility

Long-term data on fertility in humans are lacking, and specific studies in sub-fertile men have

not been conducted.

Spontaneous incidences of infertility and /or poor seminal quality have been reported. In some of these reports, patients had other risk factors that might have contributed to infertility. Normalisation or improvement of seminal quality has been reported after discontinuation of finasteride.

4.7 Effects on ability to drive and use machines

Finasteride 1 Unicorn has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Tabulated list of adverse reactions

	Less frequent	**Frequency unknown**
Immune system disorders:		Hypersensitivity reactions, including rash, pruritus, urticaria and angioedema (swelling of the lips, tongue, throat and face)
Psychiatric disorders:	Decreased libido, depression	Anxiety
Cardiac disorder:		Palpitations
Hepatobiliary disorders:		Increased hepatic enzymes
Reproductive system and breast disorders:	Erectile dysfunction, ejaculation disorder (including decreased volume of ejaculate).	Breast tenderness and enlargement, testicular pain, haematospermia, infertility, poor seminal quality*

* Normalisation or improvement of seminal quality has been reported after discontinuation of finasteride.

In addition, persistence of sexual dysfunction (decreased libido, erectile dysfunction and ejaculation disorder) after discontinuation of treatment with Finasteride tablets, have been

reported (see section 4.4).

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the "6.04 Adverse Drug Reactions Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

Adverse reactions must also be reported to Unicorn Pharmaceuticals (Pty) Ltd to vigilance@unicornpharma.co.za.

4.9 Overdose

In clinical studies, single doses of finasteride up to 400 mg and multiple doses of finasteride up to 80 mg/day for three months did not result in dose-related undesirable effects.

There is no specific treatment for overdosage with Finasteride 1 Unicorn. Treatment is symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group:

5α-reductase inhibitor. ATC code: D11AX10

Category and Class: A 21.12 Hormone Inhibitors

Finasteride is synthetic 4-azasteroid compound that is a competitive and specific inhibitor of Type II 5-alpha reductase, an intracellular enzyme that metabolises the androgen testosterone into dihydrotestosterone (DHT). Inhibition of this enzyme blocks the peripheral conversion of testosterone to the androgen DHT, resulting in significant decreases in serum and tissue DHT concentrations. Finasteride produces a rapid reduction in serum DHT concentration, reaching

significant suppression within 24 hours of dosing. Finasteride decreases scalp and serum DHT concentrations and inhibits the process responsible for miniaturisation of the scalp hair follicles in men with male pattern hair loss.

Finasteride appeared to inhibit both C19 and C21 steroid metabolism and hence appeared to have an inhibitory effect on both hepatic and peripheral Type II 5 alpha-reductase activity. The serum DHT metabolites androstenediol glucuronide and aldosterone glucuronide were also significantly reduced.

5.2 Pharmacokinetic properties

Absorption

The oral bioavailability of finasteride is approximately 80 %. The bioavailability is not affected by food. Maximum finasteride plasma concentrations are reached approximately 2 hours after dosing and the absorption is complete after 6 to 8 hours.

Distribution

Protein binding is approximately 93 %. The volume of distribution of finasteride is approximately 76 litres. There is modest accumulation of finasteride in plasma after multiple dosing. At steady-state following dosing with 1 mg/day, maximum finasteride plasma concentration averaged 9,2 ng/mL and was reached 1 to 2 hours post dose; $AUC_{(0\text{-}24\ hr)}$ was 53 ng-hr/mL. Finasteride has been recovered in the cerebrospinal fluid (CSF), but does not appear to concentrate preferentially to the CSF. A small amount of finasteride has also been detected in the seminal fluid of subjects receiving the medicine.

Metabolism

Finasteride is metabolised primarily via the cytochrome P450 3A4 enzyme subfamily. Following an oral dose of ^{14}C-finasteride in man, two metabolites of finasteride were identified that possess only a small fraction of the 5-alpha reductase inhibitory activity of finasteride.

Elimination

Following an oral dose of ^{14}C-finasteride in men 39 % of the dose was excreted in the urine in the form of metabolites (virtually no unchanged Finasteride was excreted in the urine) and 57 % of total dose was excreted in the faeces. Plasma clearance is approximately 165 mL/min. Mean terminal half-life is approximately 5 to 6 hours in men 18 to 60 years of age and 8 hours in men more than 70 years of age. These findings are of no clinical significance and hence, a reduction in dosage in the elderly is not warranted.

Characteristics in renal impairment patients

In patients with chronic renal impairment whose creatinine clearance ranged from 9 to 55 mL/min the disposition of a single dose of ^{14}C-finasteride was not different from that in healthy volunteers. Protein binding also did not differ in patients with renal impairment. A portion of the metabolites that are normally excreted renally are excreted in the faeces.

It therefore appears that faecal excretion increases commensurate to the decrease in urinary excretion of metabolites. No adjustment in dosage is necessary in non-dialysed patients with renal impairment.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core:

Colloidal anhydrous silica, docusate sodium, iron oxide yellow (colourant), lactose monohydrate, magnesium stearate, microcrystalline cellulose, pregelatinised maize starch, sodium starch glycollate (type A).

Coating:

Opadry pink containing hypromellose, hydroxypropyl cellulose, iron oxide red (E172), iron oxide yellow (E172), talc and titanium dioxide (E171).

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months.

6.4 Special precautions for storage

Store at or below 25°C.

Keep the blisters in the outer carton until required for use.

Do not use the tablets after the expiry date printed on the container.

Return all unused medicine to your pharmacist.

Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

6.5 Nature and contents of container

Finasteride 1 Unicorn is packed in white or silver blister packs.

Each blister contains 10 or 14 tablets and packed into outer cartons of 30 or 28 tablets respectively.

6.6 Special precautions for disposal and other handling

Crushed or broken tablets of Finasteride 1 Unicorn should not be handled by women when they are or may potentially be pregnant (see section 4.6).

7. HOLDER OF CERTIFICATE OF REGISTRATION

Unicorn Pharmaceuticals (Pty) Ltd

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8. REGISTRATION NUMBER(S)

A 48/21.12/0594

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

19 July 2021

10. DATE OF REVISION OF THE TEXT

Not applicable