1.3.1.1 PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

SCHEDULING STATUS

S4

PROPRIETARY NAME AND DOSAGE FORM

TAMSUL 0,4 SR (prolonged-release hard capsule)

COMPOSITION

Each prolonged-release hard capsule of TAMSUL 0,4 SR contains 0,4 mg of tamsulosin hydrochloride.

Excipients:

Colloidal anhydrous silica, gelatin, glycerol dibehenate, macrogol, maltodextrin, methacrylic acid-ethyl acrylate copolymer, methylcellulose, polysorbate, red iron oxide (C.I. 77491), simethicone, sodium alginate, sodium lauryl sulfate, sorbic acid, titanium dioxide (C.I. 77891), yellow iron oxide (C.I. 77492)

Contains sugar: Maltodextrin 19,5 mg

CATEGORY AND CLASS

A 32.16 Others

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

Tamsulosin binds selectively and competitively to the postsynaptic alpha$_1$-adrenoceptors in

particular to the subtype alpha$_{1A}$, with relaxation of smooth muscle in the bladder neck and prostate, resulting in an improvement in urine flow rate. Alpha$_1$-blockers reduce blood pressure by lowering peripheral resistance.

Pharmacokinetic properties

Absorption

Tamsulosin is absorbed from the intestine and is almost completely bioavailable. Absorption of tamsulosin is reduced by a recent meal. Uniformity of absorption can be improved by taking tamsulosin after breakfast.

After a single dose of tamsulosin taken after a meal, plasma levels of tamsulosin peaked at approximately 6 hours.

In the steady state, which is reached by day 5 of multiple dosing, C_{max} in patients is about two-thirds higher than that reached after a single dose. Although this was seen in elderly patients, the same finding would also be expected in younger patients.

Distribution

There is considerable inter-patient variation in plasma levels, both after single and multiple dosing.

Tamsulosin is about 99 % bound to plasma proteins and volume of distribution is small (about 0,21 l/kg).

Metabolism

Tamsulosin has a low first pass effect, being metabolised slowly. Most tamsulosin is present in the form of unchanged medicine. It is metabolised in the liver.

None of the metabolites are more active than the parent compound.

Elimination

Tamsulosin and its metabolites are mainly excreted in the urine with about 9 % of a dose being present as an unchanged medicine. The elimination half-life after a single dose is about 10 hours. The elimination half-life in the steady state is about 13 hours.

INDICATIONS

TAMSUL 0,4 SR is indicated for the treatment of functional symptoms of benign prostatic hyperplasia (BPH).

CONTRAINDICATIONS

TAMSUL 0,4 SR is contraindicated in patients with:

- Hypersensitivity to tamsulosin hydrochloride or to any excipients in TAMSUL 0,4 SR (see COMPOSITION).
- A history of orthostatic hypotension.
- Hepatic insufficiency.

WARNINGS AND SPECIAL PRECAUTIONS

A decrease in blood pressure with orthostatic hypotension and syncope may occur during treatment with TAMSUL 0,4 SR. At the first signs of orthostatic hypotension (dizziness, weakness), the patient should sit or lie down until the symptoms have disappeared.

Before therapy with TAMSUL 0,4 SR is initiated, the patient should be examined in order to exclude the presence of other conditions, which can cause the same symptoms as benign prostatic hyperplasia. Digital rectal examination and, when necessary, determination of prostate specific antigen (PSA) should be performed before treatment and at regular intervals afterwards.

TAMSUL 0,4 SR is intended for male patients only.

Effects on ability to drive and use machines

Since adverse reactions such as headache and dizziness have been reported in patients receiving TAMSUL 0,4 SR, patients should not drive, use machinery or perform any tasks that require concentration, until they are certain that TAMSUL 0,4 SR does not adversely affect their ability to do so (see SIDE EFFECTS).

Excipients

Contains sugars - monosaccharides and disaccharides (glucose, fructose, dextrose, lactose, maltose, sucrose, galactose) which may have an effect on the glycaemic control of patients with diabetes mellitus.

Patients with the rare hereditary conditions of galactose intolerance e.g. galactosaemia, Lapp lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase insufficiency or fructose intolerance should not take TAMSUL 0,4 SR.

INTERACTIONS

No interactions have been seen when TAMSUL 0,4 SR was given concomitantly with

atenolol, enalapril, nifedipine or theophylline.

Concomitant administration with cimetidine increases plasma levels of TAMSUL 0,4 SR and concomitant administration with furosemide decreases the plasma levels of TAMSUL 0,4 SR, but as levels remain within the normal range posology need not be changed.

Diazepam, propranolol, amitriptyline, diclofenac, glibenclamide, simvastatin and warfarin do not change the free fraction of TAMSUL 0,4 SR in human plasma, *in-vitro*.

Neither does TAMSUL 0,4 SR change the free fractions of diazepam, propranolol, trichlormethiazide and chlormadinone.

No interactions at the level of hepatic metabolism have been observed during *in-vitro* studies with liver microsomal fractions (representative of the cytochrome P450-linked drug metabolising enzyme system), involving amitriptyline, salbutamol, glibenclamide and finasteride.

Diclofenac and warfarin, however, may increase the elimination rate of TAMSUL 0,4 SR.

Concurrent administration of other alpha$_1$-adrenoceptor antagonists could lead to hypotensive effects.

HUMAN REPRODUCTION

TAMSUL 0,4 SR should not be used in females.

DOSAGE AND DIRECTIONS FOR USE

One TAMSUL 0,4 SR capsule to be taken daily after breakfast.

The sustained release formulation of TAMSUL 0,4 SR should be swallowed whole with water (about 150 ml) in the standing or sitting position.

The sustained release formulation of TAMSUL 0,4 SR should not be crushed or chewed, as this will interfere with the sustained release property of this active ingredient.

SIDE EFFECTS

Immune system disorders

Less frequent: Hypersensitivity reactions, such as rash, pruritus and urticaria can occur occasionally. Angio-oedema has been reported

Nervous system disorders

Frequent: Dizziness, headache

Less frequent: Depression, nervousness, sleep disturbances, hallucinations, drowsiness

Eye disorders

Less frequent: Reddened sclera, blurred vision

Ear and labyrinth disorders

Less frequent: Vertigo, tinnitus

Cardiac disorder

Less frequent: Postural hypotension, palpitations and syncope

Respiratory, thoracic and mediastinal disorders

Frequent: Rhinitis

Less frequent: Chest pain, dyspnoea, nasal congestion, epistaxis

Gastrointestinal disorders

Frequent: Nausea, diarrhoea

Less frequent: Constipation, vomiting, dryness of the mouth

Hepatobiliary disorders

Less frequent: Abnormal liver enzyme values; pancreatitis

Renal and urinary disorders

Less frequent: Urinary frequency and incontinence

Reproductive system and breast disorders

Frequent: Abnormal ejaculation

Less frequent: Impotence and priapism has been reported

General disorders and administrative site conditions

Less frequent: Arthralgia, diaphoresis

Frequent: Asthenia, palpitations

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENTS

No cases of acute overdosage have been reported. However, acute hypotension could theoretically occur after overdosage in which case cardiovascular support should be given.

Blood pressure can be restored and heart rate brought back to normal by lying the patient down. If this does not help then volume expanders and, when necessary, vasopressors could be employed.

Renal function should be monitored and general supportive measures applied.

Dialysis is unlikely to be of help as TAMSUL 0,4 SR is very highly bound to proteins.

Measures such as emesis, can be taken to impede absorption.

When large quantities are involved, gastric lavage can be applied and activated charcoal and an osmotic laxative, such as sodium sulphate, can be administered.

IDENTIFICATION

Orange, no. 2 Coni-Snap hard gelatin capsules, with white to yellowish granules.

PRESENTATION

30 prolonged-release hard capsules are packed in a clear polyvinylchloride-polyvinylidene chloride film sealed with an aluminium foil backing. There are 10 capsules per blister strip and 3 blister strips are packed into an outer cardboard carton together with a leaflet.

100 prolonged-release hard capsules are packed in a white high-density polyethylene container and sealed with a white polypropylene child-resistant, tamper-evident screw cap together with a leaflet.

Not all packs and pack sizes are necessarily marketed.

STORAGE INSTRUCTIONS

Store at or below 25 °C.

Protect from light.

Keep in original packaging until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER

A40/34/0316

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION

PHARMACARE LIMITED

Healthcare Park

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