1.5.5.1 Professional information – clean copy

Submitted: 28.07.2005
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17.10.2008 (CCC recommendation)
19.10.2010 (CCC recommendation-C_{max} value)
04.03.2015 (Applicant Transfer)
30.01.2017 (Regulation 9 & 10 update)
31.03.2022 (Safety update and SMPC format update)
27.10.2022 Approved by SAHPRA

PROFESSIONAL INFORMATION

SCHEDULING STATUS S4

1 NAME OF THE MEDICINE

RANTRAL MR 10 (Tablets)

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains alfuzosin hydrochloride 10 mg in a modified release formulation.

Contains sugar: Lactose anhydrous 77 mg per tablet

3 PHARMACEUTICAL FORM

Tablets

White to off-white, uncoated, round, biconvex tablets debossed with 'RY 10' on one side of the tablet.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

RANTRAL MR 10 is indicated for the treatment of functional symptoms of benign prostatic hyperplasia.

Adjunctive therapy with urethral catheterisation for acute urinary retention (AUR) related to benign prostatic hyperplasia (BPH).

4.2 Posology and method of administration

Posology

Adults

Benign prostatic hyperplasia (BPH): The recommended dose for RANTRAL MR 10 is one tablet daily to be taken after meals as bioavailability in the fasting state is less than in the fed state.

Acute urinary retention (AUR): One 10 mg tablet daily after a meal to be taken from the first day of catheterisation.

Special populations

Elderly population

Elderly, treated hypertensive patients and renal insufficiency

RANTRAL MR 10 is not indicated in these patient populations as a 5 mg dosage form is not available.

Paediatric population

Efficacy and safety of RANTRAL MR 10 in children less than 18 years has not been established. RANTRAL MR 10 is contraindicated in children (see section 4.3).

Method of administration

Tablet should be swallowed whole. See section 4.4.

4.3 Contraindications

RANTRAL MR 10 is contra-indicated in:

- hypersensitivity to alfuzosin or any of the ingredients in the medicine
- orthostatic hypotension
- combination with other alpha$_1$-adrenoceptor blockers
- hepatic insufficiency
- severe renal insufficiency
- children
- pregnancy and lactation

4.4 Special warnings and precautions for use

In some subjects, in particular patients receiving antihypertensive medications, postural hypotension with or without symptoms (dizziness, fatigue, sweating) may develop within a few hours following administration. In such cases, the patient should lie down until the symptoms have completely disappeared. These effects are usually transient, occur at the beginning of treatment and do not usually prevent the continuation of treatment. The patient should be warned of the possible occurrence of such events.

In coronary patients, RANTRAL MR 10 (alfuzosin hydrochloride) should not be prescribed alone.

In patients with coronary artery disease and ischaemic heart disease/angina pectoris, the specific treatment for coronary insufficiency should be continued.
If angina pectoris reappears or gets worse, RANTRAL MR 10 should be discontinued.
Patients with a known hypersensitivity to alpha$_1$-adrenoceptor blockers should be closely monitored.

Intraoperative Floppy Iris Syndrome (IFIS, a variant of small pupil syndrome) has been observed during cataract surgery in some patients on or previously treated with some alpha1-blockers (including RANTRAL 10 MR).
Although the risk of this event with RANTRAL 10 MR appears very low, ophthalmic surgeons should be informed in advance of cataract surgery of current or past use of alpha1-blockers, as IFIS may lead to increased procedural complications

Tablet should be swallowed whole. Any other mode of administration, such as crunching, crushing, chewing, grinding or pounding to powder should be prohibited. These actions may lead to inappropriate release and absorption of the drug and therefore possible early adverse reactions.

As with all alpha1-receptor blockers, RANTRAL 10 MR should be used with caution in patients with acute cardiac failure.

Concomitant use of RANTRAL 10 MR and potent CYP3A4 inhibitors (such as itraconazole, ketoconazole, protease inhibitors, clarithromycin, telithromycin and nefazodone) should be avoided (see section 4.5). RANTRAL 10 MR should not be used concomitantly with CYP3A4 inhibitors that are known to increase the QTc interval (e.g. itraconazole and clarithromycin) and a temporary interruption of RANTRAL 10 MR treatment is recommended if treatment with such medicine is initiated.

Prolonged erections and priapism have been reported with alpha-1 blockers including alfuzosin in post marketing experience. If priapism is not treated immediately, it could result in penile tissue damage and permanent loss of potency, therefore the patient should seek immediate medical assistance (see section 4.8).

RANTRAL MR 10 contains lactose as an inactive ingredient. Patients with a rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take RANTRAL MR 10**.**

4.5 Interaction with other medicines and other forms of interaction

Concomitant use with alpha$_1$-adrenoceptor blockers may result in hypotension (see section 4.3).

Combinations to be taken into account:

- Antihypertensive medicines (section 4.4).
- Nitrates
- General anaesthetics: Administration of general anaesthetics to a patient treated with RANTRAL MR 10 may lead to decrease in blood pressure.
- Potent CYP3A4 inhibitors such as ketoconazole, itraconazole and ritonavir since RANTRAL MR 10 blood levels are increased.

4.6 Fertility, pregnancy and lactation

Safety and efficacy in pregnancy and lactation have not been established.

4.7 Effects on ability to drive and use machines

There are no data available on the effect of driving vehicles. As side-effects such as vertigo, dizziness and asthenia may occur, these should be taken into account when driving vehicles and operating machinery.

4.8 Undesirable effects

b) Tabulated list of adverse reactions

System Organ Class	Frequency	Adverse event
Nervous system disorders	Frequent: Less frequent:	Faintness, vertigo, dizziness and headache Drowsiness, malaise and syncope
Eye disorders	Unknown Frequency	Intraoperative Floppy Iris Syndrome (IFIS) Vision abnormal
Cardiac disorders	Less frequent Unknown Frequency	Symptomatic hypotension (postural), tachycardia, palpitations, oedema, flushes and chest pain (See section 4.4). Syncope, angina pectoris in patients with pre-existing coronary artery disease Atrial fibrillation
Vascular disorders	Less frequent	Hypotension (postural) Flushing
Blood and lymphatic system disorders	Unknown Frequency	Neutropenia Thrombocytopenia
Respiratory, thoracic and mediastinal disorders	Less frequent	Rhinitis
Gastro-intestinal	Frequent	Nausea, gastralgia, abdominal pain and diarrhoea

system disorders	Less frequent	Dry mouth, vomiting
Hepato-biliary disorders	Unknown Frequency	Hepatocellular injury, cholestatic liver disease
Skin and subcutaneous tissue disorders	Less frequent:	Dry mouth, rash, pruritus, urticaria, angioedema
Reproductive system and breast disorders	Unknown Frequency	Priapism
General disorders	Less frequent	Asthenia, malaise, flushes, oedema, chest pain

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

4.9 Overdose

In case of overdosage, the patient should be hospitalised, kept in the supine position and conventional treatment of hypotension should take place.

RANTRAL 10 MR is not easily dialysable because of its high degree of protein binding. Treatment is symptomatic and supportive.

5 PHARMACOLOGICAL PROPERTIES

PHARMACOLOGICAL CLASSIFICATION

A 5.2 Adrenolytics (sympatholytics). Pharmacotherapeutic group: alpha-adrenoreceptor antagonists. ATC code: G04CA01

5.1 Pharmacodynamic properties

Alfuzosin hydrochloride is an orally active quinazoline derivative.

It is a selective peripherally acting antagonist of post-synaptic alpha$_1$-adrenoreceptors.

Reported *In vitro* pharmacological studies have documented the selectivity of alfuzosin hydrochloride for the alpha1-adrenoceptors located in the prostate, bladder base and prostatic urethra.

Alpha$_1$-adrenoreceptors blockade decreases infra-vesical obstruction via a direct action on prostatic smooth muscle.

Reported *In vivo* animal studies have shown that alfuzosin hydrochloride decreases urethral pressure and therefore, resistance to urine flow during micturition. Moreover, alfuzosin hydrochloride inhibits the hypertonic response of the urethra more readily than that of vascular muscle, and shows functional uroselectivity in experimental animals.

In man, alfuzosin hydrochloride improves voiding parameters by reducing urethral tone and bladder outlet resistance and facilitates bladder emptying.

In addition, alfuzosin significantly increases the success rate of spontaneous voiding after catheter removal in men with an episode of acute urinary retention (AUR) related to benign prostatic hyperplasia (BPH).

5.2 Pharmacokinetics properties

Alfuzosin hydrochloride is absorbed with a mean absolute bioavailability of 64 %.

RANTRAL MR 10 tablets are bioequivalent to the innovator under fed and fasting conditions in healthy, adult, male subjects. Under fed conditions, RANTRAL MR 10 tablets have a mean C_{max} of 15,4 ng/ml and a T_{max} of 7 hours. The half-life is 8,5 hours. The AUC_t and $AUC_{-\infty}$ are 232,8 and 235,1 ng.hr/ml respectively. Under fasting conditions, RANTRAL MR 10 tablets have a mean C_{max} of 9,2 ng/ml and a T_{max} of 5,2 hours. The elimination half-life is 11,2 hours. The AUC_t and $AUC_{-\infty}$ are 172,2 and 181,5 ng.hr/ml respectively.

Maximum blood levels and bioavailability are affected by food intake.

Compared to middle aged volunteers, the pharmacokinetic parameters (C_{max} and AUC) are not increased in elderly patients.

Compared to subjects with normal renal function, mean C_{max} and AUC values were about 5 % and 7 % increased in patients with mild to moderate renal impairment, without modification of the apparent elimination half-life. There are no data available on severe renal impairment.

The binding of alfuzosin hydrochloride to total proteins is about 90 %.

Alfuzosin hydrochloride undergoes extensive metabolism by the liver, with only 11 % of the parent compound being excreted as the unchanged product in the urine.

The majority of the metabolites, which are inactive, are excreted in the faeces (75 % to 91 %).

It is reported that in subjects aged over 75 years, absorption of alfuzosin hydrochloride is more rapid and the peak levels are higher. Bioavailability may be increased and in some patients the volume of distribution is reduced. The elimination half-life remains unchanged.

The volume of distribution and clearance of alfuzosin hydrochloride are increased in renal insufficiency, with or without dialysis, owing to an increase in the free fraction.
In patients with severe hepatic insufficiency, the elimination half-life of alfuzosin hydrochloride is prolonged. A two-fold increase in C_{max} values and a three–fold increase in the AUC is observed. Bioavailability is increased in comparison with that in healthy volunteers.

The pharmacokinetic profile of alfuzosin hydrochloride is not affected by chronic cardiac insufficiency.

5.3 Preclinical safety data

Not applicable

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

- Lactose monohydrate
- Povidone
- Colloidal anhydrous silica Ph.Eur
- Purified talc
- Magnesium stearate Ph.Eur
- Hypromellose
- Hydroxypropyl cellulose

6.2 Incompatibilities

Not applicable

6.3 Shelf life

36 Months

Store at or below 25 °C in the original container, protected from moisture.

KEEP OUT OF REACH OF CHILDREN.

6.4 Special precautions for storage

Protect from moisture. Keep blister in carton until required for use.

6.5 Nature and contents of container

Ten tablets are packed in clear, transparent, Aclar laminated PVC and aluminium foil blister strips. Cartons contain 30 or 60 tablets.

6.6 Special precautions for disposal and other handling

No special requirements

7 HOLDER OF CERTIFICATE OF REGISTRATION

Ranbaxy Pharmaceuticals (Pty) Ltd

14 Lautre Road, Stormill Ext 1

Roodepoort, 1724

South Africa

8 REGISTRATION NUMBER

A40/5.2/0392

DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

1. Last approval: November 2010

10 DATE OF REVISION OF THE TEXT

27 October 2022

PROFESSIONELE INLIGTING

SKEDULERINGSTATUS S4

1 NAAM VAN DIE MEDISYNE

RANTRAL MR 10 (Tablette)

2 KWALITATIEWE EN KWANTITATIEWE SAMESTELLING

Elke tablet bevat 10 mg alfusosienhidrochloried in ‘n gemodifiseerde vrystellingsformulering.

Bevat suiker: 77 mg anhidriese laktose per tablet

3 FARMASEUTIESE VORM

Tablette

Wit tot naaswit, onbedekte, ronde, bikonvekse tablette gedruk met 'RY 10' op een kant van die tablet.

4 KLINIESE BESONDERHEDE

4.1 Terapeutiese indikasies

RANTRAL MR 10 word aangedui vir die behandeling van funksionele simptome van goedaardige prostaathiperplasie.

Toegevoegde terapie met uretrale kateterisasie vir akute urinêre retensie (AUR) verwant aan goedaardige prostaathiperplasie (BPH).

4.2 Posologie en metode van toediening

Posologie

Volwassenes

Goedaardige prostaathiperplasie (BPH): Die aanbevole dosis vir RANTRAL MR 10 is een tablet daagliks om na maaltye geneem te word aangesien die biobeskikbaarheid in die vastende toestand minder is as in die gevoegde toestand.

Akute urinêre retensie (AUR): Een 10 mg tablet daagliks na ‘n maaltyd om te neem vanaf die eerste dag van kateterisasie.

Spesiale populasies

Bejaarde populasie

Bejaardes, behandelde hipertensiewe pasiënte en nierontoereikendheid

RANTRAL MR 10 is nie aangedui vir hierdie pasiëntpopulasies nie aangesien ‘n 5 mg doseervorm nie beskikbaar is nie.

Pediatriese populasie

Doeltreffendheid en veiligheid van RANTRAL MR 10 in kinders jonger as 18 jaar is nie vasgestel nie. RANTRAL MR 10 is teenaangedui in kinders (sien afdeling 4.3).

Metode van toediening

Tablet moet heel ingesluk word. Sien afdeling 4.4.

4.3 Kontra-indikasies

RANTRAL MR 10 is teenaangedui in:

- hipersensitiwiteit teen alfusosien of enige van die bestanddele in die medisyne
- ortostatiese hipotensie
- kombinasie met ander $alfa_1$-adrenoseptor-blokkeerders
- lewerontoereikendheid

- ernstige nierontoereikendheid
- kinders
- swangerskap en laktasie

4.4 Spesiale waarskuwings en voorsorgmaatreëls vir gebruik

In sommige proefpersone, veral in pasiënte wat antihipertensiewe medikasie ontvang, kan posturale hipotensie met of sonder simptome (duiseligheid, moegheid, sweet) binne ‘n paar uur na toediening ontwikkel. In sulke gevalle, moet die pasiënt gaan lê totdat die simptome heeltemal verdwyn het. Hierdie effekte is gewoonlik verbygaande, kom voor aan die begin van behandeling en voorkom gewoonlik nie die voortduur van behandeling nie. Die pasiënt moet gewaarsku word oor die moontlike voorkoms van sulke voorvalle.

In koronêre pasiënte, moet RANTRAL MR 10 (alfusosienhidrochloried) nie alleen voorgeskryf word nie.

In pasiënte met koronêre arterie-siekte en iskemiese hartsiekte/angina pectoris, moet spesifieke behandeling vir koronêre ontoereikendheid voortgaan.
As angina pectoris weer voorkom of erger word, moet RANTRAL MR 10 gestaak word.
Pasiënte met ‘n bekende hipersensitiwiteit teen $alfa_1$-adrenoseptor-blokkeerders moet noukeurig gemonitor word.

Intra-operatiewe slapiris-sindroom (IFIS, ‘n wisselvorm van klein pupilsindroom) is waargeneem tydens katarak-chirurgie in sommige pasiënte op of wat voorheen met sommige alfa1-blokkeerders (insluitend RANTRAL 10 MR) behandel is.

Alhoewel die risiko van hierdie voorval met RANTRAL 10 MR as baie laag voorkom, moet oogspesialiste vooraf ingelig word voor katarak-chirurgie van huidige gebruik of gebruik in die verlede van alfa1-blokkeerders, aangesien IFIS kan lei tot verhoogde komplikasies tydens die prosedure.

Tablet moet heel ingesluk word. Enige ander manier van toediening, soos hard kou, fynmaak, kou, maal of fyn stamp tot ‘n poeier moet nie toegelaat word nie. Hierdie aksies kan lei tot onbehoorlike vrystelling en absorpsie van die geneesmiddel en daarom moontlik vroeë ongunstige reaksies.

Soos met alle alfa1-reseptorblokkeerders, moet RANTRAL 10 MR versigtig gebruik word in pasiënte met akute hartversaking.

Gelyktydige gebruik van RANTRAL 10 MR en kragtige CYP3A4-inhibeerders (soos itrakonasool, ketokonasool, protease-inhibeerders, klaritromisien, telitromisien en nefasodoon) moet vermy word (sien afdeling 4.5). RANTRAL 10 MR moet nie gelyktydig met CYP3A4-inhibeerders wat daarvoor bekend is om die QTc-interval (bv. itrakonasool en klaritromisien) te verleng, gebruik word nie en ‘n tydelike onderbreking van RANTRAL 10 MR-behandeling word aanbeveel indien behandeling met sulke medisyne geïnisieer word.

Verlengde ereksies en priapisme is aangemeld met alfa-1 blokkeerders, insluitend alfusosien, in na-bemarkings ondervinding. As priapisme nie onmiddellik behandel word nie, kan dit lei tot penis-weefselbeskadiging en permanente verlies aan vermoë, daarom moet die pasiënt onmiddellik mediese hulp soek (sien afdeling 4.8).

RANTRAL MR 10 bevat laktose as ‘n onaktiewe bestanddeel. Pasiënte met die seldsame oorerflike probleme van galaktose-onverdraagsaamheid, die Lapp-laktase tekort of glukose-galaktose wanabsorpsie moet nie RANTRAL MR 10 neem nie**.**

4.5 Interaksie met ander medisyne en ander vorme van interaksie

Gelyktydige gebruik met alfa$_1$-adrenoseptor-blokkeerders kan tot hipotensie lei (sien afdeling 4.3).

Kombinasies wat in ag geneem moet word:

- Antihipertensiewe medisyne (afdeling 4.4).
- Nitrate
- Algemene narkosemiddels: Toediening van algemene narkosemiddels aan ‘n pasiënt wat met RANTRAL MR 10 behandel word, kan lei tot ‘n daling in bloeddruk.
- Kragtige CYP3A4-inhibeerders soos ketokonasool, itrakonasool en ritonavir, aangesien RANTRAL MR 10 bloedvlakke verhoog word.

4.6 Fertiliteit, swangerskap en laktasie

Veiligheid en doeltreffendheid in swangerskap en laktasie is nie vasgestel nie.

4.7 Effekte op die vermoë om te bestuur en masjinerie te gebruik

Daar is geen data beskikbaar oor die effek om voertuie te bestuur nie. Aangesien newe-effekte soos vertigo, duiseligheid en astenie kan voorkom, moet hierdie in ag geneem word wanneer voertuie bestuur word en masjinerie hanteer word.

4.8 Ongewenste effekte

b) Getabulleerde lys van ongunstige reaksies

Sisteem Orgaanklas	Voorkoms	Ongunstige voorval
Senuweestelsel-versteurings	Dikwels Minder dikwels	Floute, vertigo, duiseligheid en hoofpyn Lomerigheid, malaise en sinkopee
Oog-versteurings	Voorkoms onbekend	Intra-operatiewe slapiris-sindroom (IFIS) Abnormale sig
Kardiale versteurings	Minder dikwels Voorkoms onbekend	Simptomatiese hipotensie (posturale), tagikardie, palpitasies, edeem, gloede en borskaspyn (sien afdeling 4.4). Sinkopee, angina pectoris in pasiënte met voorafbestaande koronêre arterie-siekte Atriale fibrillasie
Vaskulêre versteurings	Minder dikwels	Hipotensie (posturale) Blosing
Bloed- en limfatiese stelselversteurings	Voorkoms onbekend	Neutropenie Trombositopenie
Respiratoriese, torakale en mediastinale versteurings	Minder dikwels	Rinitis
Gastroïntestinale stelsel versteurings	Dikwels Minder dikwels	Naarheid, maagpyn, abdominale pyn en diaree Droë mond, braking
Hepato-bilière versteurings	Voorkoms onbekend	Hepatosellulêre besering, cholestatiese lewersiekte

Vel- en subkutane weefsel-versteurings	Minder dikwels	Droë mond, uitslag, pruritus, urtikarie, angio-edeem
Voortplantingstelsel en borsversteurings	Voorkoms onbekend	Priapisme
Algemene versteurings	Minder dikwels	Astenie, malaise, gloede, edeem, borskaspyn

Aanmelding van vermoedelike ongunstige reaksies

Aanmelding van vermoedelike ongunstige reaksies na goedkeuring van die medisyne is belangrik. Dit verseker voortdurende monitering van die voordeel/risiko balans van die medisyne. Gesondheidsorgvoorsieners word versoek om enige vermoedelike ongunstige reaksies by SAHPRA aan te meld *via* die “6.04 Adverse Drug Reactions Reporting Form”, wat aanlyn onder SAHPRA se publikasies beskikbaar is: https://www.sahpra.org.za/Publications/Index/8

4.9 Oordosis

In geval van oordosering, moet die pasiënt gehospitaliseer word en in die rugliggende posisie gehou word en konvensionele behandeling vir hipertensie moet toegepas word. RANTRAL 10 MR is nie maklik dialiseerbaar nie omdat dit tot ‘n hoë mate proteïengebonde is. Behandeling is simptomaties en ondersteunend.

5 FARMAKOLOGIESE EIENSKAPPE

FARMAKOLOGIESE KLASSIFIKASIE

A 5.2 Adrenolitika (simpatolitika). Farmakoterapeutiese groep: alfa-adrenoreseptor-antagoniste. ATC kode: G04CA01

5.1 Farmakodinamiese eienskappe

Alfusosienhidrochloried is ‘n oraal-aktiewe kinasolienderivaat.

Dit is ‘n selektiewe periferaal-werkende antagonis van post-sinaptiese alfa$_1$-adrenoreseptore.

Aangemelde *in vitro* farmakologiese studies het die selektiwiteit van alfusosienhidrochloried vir die alfa1-adrenoseptore wat in die prostaat, blaasbasis en prostaaturetra gelokaliseer is, gedokumenteer.

Alfa$_1$-adrenoreseptorblokkade verlaag infra-vesikale obstruksie *via* ‘n direkte werking op prostaat-gladdespier.

Aangemelde *in vivo* dierestudies het aangetoon dat alfusosienhidrochloried uretrale druk verlaag en daarom weerstand teen urinevloei tydens urinering. Bowendien inhibeer alfusosienhidrochloried die hipertoniese respons van die uretra makliker as die van vaskulêre spier, en toon funksionele uroselektiwiteit in proefdiere.

In die mens verbeter alfusosienhidrochloried verligtingsparameters deur uretrale tonus en blaasuitset-weerstand te verlaag en fasiliteer blaaslediging.

Bykomend verhoog alfusosien die sukseskoers van spontane verligting aansienlik na die verwydering van ‘n kateter in mans met ‘n episode van akute urinêre retensie (AUR) verwant aan goedaardige prostaathiperplasie (BPH).

5.2 Farmakokinetiese eienskappe

Alfusosienhidrochloried word geabsorbeer met ‘n gemiddelde absolute biobeskikbaarheid van 64 %.

RANTRAL MR 10 tablette is bio-ekwivalent aan die innoveerder onder voedings- en vastende toestande in gesonde, volwasse, manlike proefpersone. Onder voedingstoestande het RANTRAL MR 10 tablette 'n gemiddelde C_{maks} van 15,4 ng/mL en 'n T_{maks} van 7 uur. Die halfleeftyd is 8,5 uur. Die AOK_t en $AOK_{-\infty}$ is 232,8 en 235,1 ng.hr/mL respektiewelik. Onder vastende toestande, het RANTRAL MR 10 tablette 'n gemiddelde C_{maks} van 9,2 ng/mL en 'n T_{maks} van 5,2 uur. Die eliminasie-halfleeftyd is 11,2 uur. Die AOK_t en $AOK_{-\infty}$ is 172,2 en 181,5 ng.hr/mL, respektiewelik.
Maksimum bloedvlakke en biobeskikbaarheid word deur voedselinname geaffekteer.

Vergeleke met middeljarige vrywilligers, is die farmakokinetiese parameters (C_{maks} en AOK) nie verhoog in bejaarde pasiënte nie.
Vergeleke met proefpersone met normale nierfunksie, is gemiddelde C_{maks} en AOK waardes ongeveer 5 % en 7 % verhoog in pasiënte met ligte tot matige nierinkorting, sonder modifikasie van die sigbare eliminasie-halfleeftyd. Daar is geen data beskikbaar vir ernstige nierinkorting nie.

Die binding van alfusosienhidrochloried aan totale proteïene is ongeveer 90 %.

Alfusosienhidrochloried ondergaan uitgebreide metabolisme deur die lewer, met slegs 11 % van die moederverbinding wat uitgeskei word as onveranderde produk in die urine.
Die meerderheid van die metaboliete wat onaktief is, word in die feses uitgeskei (75 % tot 91 %).

Daar word aangemeld dat in proefpersone bo 75-jarige ouderdom, absorpsie van alfusosienhidrochloried vinniger is en die piekvlakke is hoër. Biobeskikbaarheid kan verhoog en in sommige pasiënte is die volume van verspreiding verlaag. Die eliminasie halfleeftyd bly onveranderd.

Die volume van verspreiding en opruiming van alfusosienhidrochloried word verhoog deur nierontoereikendheid, met of sonder dialise, as gevolg van ‘n toename in die vrye fraksie. In pasiënte met ernstige lewerinkorting, is die eliminasie-halfleeftyd van alfusosien hidrochloried verleng. ‘n Twee-voudige toename in C_{maks}-waardes en ‘n drie-voudige toename in die AOK is waargeneem. Biobeskikbaarheid word verhoog in vergeleke met dié in gesonde vrywilligers.

Die farmakokinetiese profiel van alfusosienhidrochloried word nie deur chroniese kardiale ontoereikendheid geaffekteer nie.

5.3 Pre-kliniese veiligheidsdata

Nie van toepassing nie.

6 FARMASEUTIESE BESONDERHEDE

6.1 Lys van onaktiewe bestanddele

- Laktosemonohidraat
- Povidoon
- Kolloïdale anhidriese silika Ph.Eur
- Gesuiwerde talk
- Magnesiumstearaat Ph.Eur
- Hipromellose
- Hidroksipropielsellulose

6.2 Onverenigbaarhede

Nie van toepassing nie

6.3 Rakleeftyd

36 Maande

Bewaar by of onder 25 °C in die oorspronklike verpakking, beskerm teen vog.

HOU BUITE DIE BEREIK VAN KINDERS.

6.4 Spesiale voorsorgmaatreëls vir bewaring

Beskerm teen vog. Hou die stulpstrook in die karton tot benodig vir gebruik.

6.5 Aard en inhoud van die verpakking

Tien tablette verpak in helder, deurskynende, Aclar-gelamineerde PVC en aluminiumfoelie stulpstroke. Kartonne bevat 30 of 60 tablette.

6.6 Spesiale voorsorgmaatreëls vir vernietiging en ander hantering

Geen spesiale vereistes nie

7 HOUER VAN DIE REGISTRASIESERTIFIKAAT

Ranbaxy Pharmaceuticals (Pty) Ltd

Lautreweg 14, Stormill Uitbreiding 1

Roodepoort, 1724

Suid-Afrika

8 REGISTRASIENOMMER

A40/5.2/0392

DATUM VAN EERSTE GOEDKEURING/HERNUWING VAN DIE GOEDKEURING

1. Laaste goedkeuring: November 2010

10 DATUM VAN HERSIENING VAN DIE TEKS

Moet aangewys word