PROFESSIONAL INFORMATION

SCHEDULING STATUS: S4

PROPRIETARY NAME AND DOSAGE FORM:

OMSAL CAPSULES modified release capsule

COMPOSITION:

Each modified release capsule contains 0,4 mg tamsulosin hydrochloride.

The inactive ingredients include: black iron oxide, calcium stearate, gelatine, methacrylic acid – ethyl acrylate copolymer, microcrystalline cellulose, polysorbate 80, purified talc, red iron oxide, sodium laurilsulfate, titanium dioxide, triethyl citrate, yellow iron oxide.

PHARMACOLOGICAL CLASSIFICATION:

A. 18.10 Medicines acting on the genito-urinary system: Others

PHARMACOLOGICAL ACTION:

Pharmacodynamic properties

Tamsulosin, a benzenesulfonamide, is an α_1 receptor antagonist with some selectivity for α_{1A} (and α_{1D}) receptor subtypes compared to α_{1B} receptor subtype. This selectivity may favour blockade of α_{1A} receptors in the prostrate compared to α_{1B} receptors, which are important in vascular smooth muscle. This results in relaxation of the prostatic and urethral smooth muscle, which relieves obstruction. Tamsulosin increases the maximum urine flow rate.

During bladder instability tamsulosin improves the irritative symptoms. During long-term therapy, these effects on storage and voiding symptoms are maintained. The need for surgical treatment is significantly delayed.

α_1-blockers can cause vasodilation in both arteriolar resistance vessels and veins. The result is a fall in blood pressure because of decreased peripheral resistance.

Pharmacokinetic properties

Absorption:

Tamsulosin is absorbed from the gastrointestinal tract and is almost completely bioavailable. The extent and rate of absorption of tamsulosin is reduced by food. Following the oral administration of tamsulosin the plasma levels peak at around 6 hours. There is considerable inter-patient variation in plasma levels, both after single and multiple dosing.

Distribution:

Tamsulosin is about 99 % bound to plasma proteins and the volume of distribution is small.

Metabolism:

Tamsulosin is metabolised slowly in the liver and has a low first pass effect. It is suggested that the cytochrome P450 isoenzymes CYP2D6 and CYP3A4 are involved in the metabolism. Inhibition of CYP2D6 and CYP3A4 medicine metabolising enzymes may lead to increased exposure to tamsulosin hydrochloride (see **CONTRA-INDICATIONS** and **INTERACTIONS**).

Excretion:

Tamsulosin is excreted mainly in the urine as metabolites and about 9 % as unchanged tamsulosin. The plasma elimination half-life of tamsulosin modified release has been reported to be about 10 hours, following a single dose. The elimination half-life in the steady state is about 13 hours.

INDICATIONS:

OMSAL CAPSULES is indicated for the treatment of functional symptoms of benign prostatic hyperplasia (BPH).

CONTRA-INDICATIONS:

- Hypersensitivity to tamsulosin or any other component of **OMSAL CAPSULES**.
- A history of orthostatic hypotension.
- Hepatic insufficiency.
- **OMSAL CAPSULES** should not be used in combination with strong inhibitors of CYP3A4, such as ketoconazole (see **INTERACTIONS**).

WARNINGS and SPECIAL PRECAUTIONS:

Orthostatic hypotension and syncope may develop during therapy with **OMSAL CAPSULES.** At the first signs of orthostatic hypotension, which include symptoms such as dizziness or weakness, the patient should sit or lie down until the symptoms have disappeared.

The patient should be examined in order to exclude the presence of other conditions, which can cause the same symptoms as benign prostatic hyperplasia, before therapy with **OMSAL CAPSULES** is initiated. Digital rectal examination, and when required, determination of prostate specific antigen (PSA) should be performed before treatment is initiated and at regular intervals thereafter.

Intraoperative Floppy Iris Syndrome (IFIS) has been observed during cataract surgery in patients treated with tamsulosin as contained in **OMSAL CAPSULES.** This syndrome of flaccidity of the iris includes progressive miosis and potential prolapse.

IFIS may increase the risk of eye complications during and after eye surgery. Patients being considered for cataract surgery should be questioned to ascertain whether they are taking **OMSAL CAPSULES**.

OMSAL CAPSULES should be used with caution in patients with renal impairment. Plasma tamsulosin concentrations, as contained in **OMSAL CAPSULES,** have been reported to be increased in patients with renal impairment, compared to patients with normal renal function. The plasma concentration of unbound, pharmacologically active substance in both groups were however similar. It is suggested that the raised total plasma concentrations were due to an increase in plasma protein binding.

Effects on the ability to drive or operate machinery:

OMSAL CAPSULES may cause dizziness or drowsiness. Patients experiencing drowsiness or dizziness should not drive or operate machinery.

INTERACTIONS:

α_1-adrenergic blocking agents:

Concurrent administration of **OMSAL CAPSULES** with other **α_1-**adrenoreceptor antagonists such as doxazosin, phentolamine, prazosin and terazosin could lead to additive hypotensive effects.

Cimetidine and furosemide:

Concomitant treatment with cimetidine brings about a rise in plasma levels of tamsulosin. Concomitant administration of furosemide may decrease **OMSAL CAPSULES** exposure, but tamsulosin concentrations remain within the normal range.

Diclofenac and warfarin:

Diclofenac and warfarin, may increase the elimination rate of tamsulosin and therefore reduce the exposure.

Inhibitors of cytochrome P450 isoenzymes

OMSAL CAPSULES should not be used with strong inhibitors of the CYP3A4 isoenzyme system, for example ketoconazole (see **CONTRA-INDICATIONS**).

Caution is required when using **OMSAL CAPSULES** with moderate inhibitors of the CYP3A4 system, with strong or moderate inhibitors of CYP2D6 or in patients who are CYP2D6 poor metabolisers.

PREGNANCY AND LACTATION:

OMSAL CAPSULES are intended for male patients only. The safety of **OMSAL CAPSULES** in pregnancy and lactation has not been established.

DOSAGE AND DIRECTIONS FOR USE:

OMSAL CAPSULES is intended for male patients only.

The capsule should be swallowed whole and should not be crushed or chewed, as this will interfere with the sustained release property of this active ingredient.

The dosage is one capsule daily to be taken after breakfast or the first meal of the day. The dosage should be taken at the same time each day.

SIDE EFFECTS:

Nervous system disorders:

Frequent:

Headache, dizziness.

Less frequent:

Insomnia or drowsiness, nervousness, paraesthesia.

Gastrointestinal disorders:

Less frequent:

Nausea, vomiting, diarrhoea and/or constipation, dry mouth, pancreatitis.

Hepatobiliary disorders:

Less frequent:

Abnormal liver enzyme levels.

Vascular disorders:

Less frequent:

Orthostatic hypotension, syncope.

Immune system disorders:

Less frequent:

Angioedema.

Respiratory, thoracic and mediastinal disorders:

Frequent:

Rhinitis.

Less frequent:

Epistaxis, dyspnoea, nasal congestion.

Skin and subcutaneous tissue disorders:

Less frequent:

Hypersensitivity reactions such as rash, pruritus, urticaria, diaphoresis, lichenplanus, alopecia, Stevens-Johnson syndrome.

Ear and labyrinth disorders:

Less frequent:

Tinnitus, vertigo.

Reproductive system and breast disorders:

Frequent:

Abnormal ejaculation.

Less frequent:

Decreased libido.

Frequency unknown:

Priapism.

Cardiac disorders:

Less frequent:

Chest pain.

Frequency unknown:

Palpitations, tachycardia, artrial fibrillation, dysrhythmia.

Psychiatric disorders:

Less frequent:

Hallucinations, depression.

Renal and urinary disorders:

Less frequent:

Urinary frequency and incontinence.

Eye disorders:

Less frequent:

Blurred vision, reddened sclera.

General disorders:

Frequent:

Asthenia (unusual weakness), malaise.

Musculoskeletal, connective tissue and bone disorders:

Less frequent:

Arthralgia.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

In the event of overdosage severe hypotension may occur, in which case cardiovascular support should be given. By keeping the patient in the supine position, blood pressure can be restored and heart rate normalised.

Intravenous fluids and vasopressors can be administered, if lying down does not have a significant effect.

Emesis can be induced to impede absorption. Gastric lavage can be applied and activated charcoal and an osmatic laxative, such as sodium sulphate, can be administered, when large quantities are involved.

Dialysis is unlikely to be of help as tamsulosin is very highly bound to plasma proteins. Renal function should be monitored and supportive care applied.

IDENTIFICATION:

White or off white pellets filled in size '2' empty hard gelatine capsules with standard brown coloured cap and buff opaque body.

PRESENTATION:

OMSAL CAPSULES are packed in clear transparent PVC/PVDC, plain aluminium foil blister strips. Each blister strip will contain 10 capsules. Three blister strips each containing 10 capsules will be placed in an outer carton.

STORAGE INSTRUCTIONS:

Store at or below 25 °C. Protect from moisture.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:

42/18.10/0538

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

Acino Pharma (Pty) Ltd

106 16th Road

Midrand

1685

DATE OF PUBLICATION OF THIS PACKAGE INSERT:

7 December 2012

Namibia

Scheduling Status: NS2

Reg. No.: 14/18.10/0039