Alfocin®

Alfuzosin HCl

FORMS AND PRESENTATION

Alfocin®: Extended Release Tablets: Box of 30.

COMPOSITION

Alfocin®: Each extended release tablet contains Alfuzosin Hydrochloride 10mg.

Excipients: Microcrystalline cellulose, Guar galactomannan, Methocel, Colloidal silicon dioxide, Magnesium stearate.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamic properties

Pharmacotherapeutic group: alpha-adrenoreceptor antagonists.

ATC code: G04CA01

Alfuzosin is an orally active quinazoline derivative. It is a selective, peripherally acting antagonist of postsynaptic alpha-1-adrenoceptors.

Mechanism of action

Alfuzosin is a non-subtype specific alpha(1)-adrenergic blocking agent that exhibits selectivity for alpha(1)-adrenergic receptors in the lower urinary tract. Inhibition of these adrenoreceptors leads to the relaxation of smooth muscle in the bladder neck and prostate, resulting in the improvement in urine flow and a reduction in symptoms in benign prostate hyperplasia. Alfuzosin also inhibits the vasoconstrictor effect of circulating and locally released catecholamines (epinephrine and norepinephrine), resulting in peripheral vasodilation.

Pharmacokinetic properties

The mean value of the relative bioavailability is 104.4 % versus the immediate release formulation (2.5 mg tid) in middle-aged healthy volunteers and the maximum plasma concentration is being achieved 9 hours after administration compared to 1 hour for the immediate release formulation.

The apparent elimination half-life is 9.1 hours.

Studies have shown that consistent pharmacokinetic profiles are obtained when the product is administered after a meal.

Under fed conditions, mean Cmax and Ctrough values are 13.6 (SD=5.6) and 3.2 (SD=1.6) ng/ml respectively. Mean AUC0-24 is 194 (SD=75) ng.h/ml. A plateau of concentration is observed from 3 to 14 hours with concentrations above 8.1 ng/ml (Cav) for 11 hours.

Compared to healthy middle aged volunteers, the pharmacokinetic parameters (Cmax and AUC) are not increased in elderly patients.

Compared to subjects with normal renal function, mean Cmax and AUC values are moderately increased in patients with renal impairment, without modification of the apparent elimination half-life. This change in the pharmacokinetic profile is not considered clinically relevant. Therefore, this does not necessitate a dosing adjustment.

The binding of alfuzosin to plasma proteins is about 90%. Alfuzosin undergoes extensive metabolism by the liver, with only 11 % of the parent compound being excreted unchanged in the urine. The majority of the metabolites (which are inactive) are excreted in the faeces (75 to 91 %).

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

Metabolic interactions: CYP3A4 is the main hepatic enzyme isoform involved in the metabolism of alfuzosin.

INDICATIONS

Alfocin® is indicated in the treatment of the functional symptoms of benign prostatic hypertrophy (BPH).

CONTRAINDICATIONS

• Hypersensitivity to the active substance or to any of the excipients ;
• history of orthostatic hypotension;
• combination with other alpha-1 receptor blockers;
• hepatic insufficiency.

PRECAUTIONS

As with all alpha-1-blockers in some subjects, in particular patients receiving antihypertensive medications or nitrates, 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 transient, occur at the beginning of treatment and do not usually prevent the continuation of treatment. Pronounced drop in blood pressure has been reported in post-marketing surveillance in patient with pre-existing risk factors. The risk of developing hypotension and related adverse reactions may be greater in elderly patients. The patient should be warned of the possible occurrence of such events.

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

Care should be taken when Alfocin® is administered to patients who have had a pronounced hypotensive response to another alpha-1-blocker.

Treatment should be initiated gradually in patients with hypersensitivity to alpha-1-blockers. Alfocin® should be administered carefully to patients being treated with antihypertensive medication or nitrates. Blood pressure should be monitored regularly, especially at the beginning of treatment.

Patients with congenital QTc prolongation, with a known history of acquired QTc prolongation or who are taking drugs known to increase the QTc interval should be evaluated before and during the administration of alfuzosin.

Concomitant use of alfuzosin and potent CYP3A4 inhibitors (such as itraconazole, ketoconazole, protease inhibitors, clarithromycin, telithromycin and nefazodone) should be avoided. Alfuzosin 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 alfuzosin treatment is recommended if treatment with such medicinal products 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.

In coronary patients, the specific treatment for coronary insufficiency should be continued. If angina pectoris reappears or worsens Alfocin® should be discontinued.

As there are no clinical safety data available in patients with severe renal impairment (creatinine clearance < 30ml/min), alfuzosin 10 mg extended released tablets should not be administered to this patient group.

Patients should be warned that the 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.

The '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 alpha-1-blockers. Although the risk of this event with alfuzosin appears very low, ophthalmic surgeons

should be informed in advance of cataract surgery of current or past use of alpha-1-blockers, as IFIS may lead to increased procedural complications. The ophthalmologists should be prepared for possible modifications to their surgical technique.
Alfuzosin 10 mg extended release tablets contain hydrogenated castor oil which may cause stomach upset and diarrhoea.

Ability to drive and use machines

There are no data available on the effect on driving vehicles. Adverse reactions such as vertigo, dizziness and asthenia may occur essentially at the beginning of treatment. This has to be taken into account when driving vehicles and operating machinery.

DRUG INTERACTIONS

Combinations contra-indicated:

• Alpha-1-receptor blockers : Increased hypotensive effect, risk of severe orthosthatic hypotension.

Concomitant use not recommended:

• Potent CYP3A4 inhibitors such as itraconazole, ketoconazole, protese inhibitors, clarithromycin, telithromycin and nefazodone since alfuzosin blood levels may be increased.

Combinations to be taken into account:

• Antihypertensive drugs : Antihypertensive effect and risk of increased the risk of undesirable effects.

• Nitrates preparations;

The administration of general anaesthetics to patients receiving Alfocin® could cause profound hypotension. It is recommended that the tablets be withdrawn 24 hours before surgery.

ADVERSE EFFECTS

Classification of expected frequencies:
Very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥ 1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), very rare (<1/10,000), not known (cannot be estimated from the available data).

Common

• Faintness/dizziness, Headache
• Nausea, Abdominal pain
• Asthenia

Uncommon

• Syncope, Vertigo, Malaise, Drowsiness
• Vision abnormal
• Tachycardia, Palpitations, Hypotension (postural-cardiac disorders)
• Hypotension (postural-vascular disorders), Flushing
• Rhinitis
• Diarrhoea, Dry mouth, Vomiting
• Rash, Pruritus
• Flushes, Oedema, Chest pain

Very rare

• New onset, aggravation or recurrence of angina pectoris in patients with pre-existing coronary artery disease
• Urticaria, Angioedema

Not known

• Intraoperative floppy iris syndrome
• Atrial fibrillation
• Neutropenia, Thrombocytopenia
• Vomiting
• Hepatocellular injury, Cholestatic liver disease
• Priaprism

DOSAGE AND ADMINISTRATION

Alfocin® should be swallowed whole.

BPH: The recommended dose is one 10mg tablet to be taken once daily after a meal.
AUR: In patients 65 years and older, one 10 mg tablet daily after a meal to be taken from the first day of catheterisation. The treatment should be administered for 3-4 days, 2-3 days during catheterisation and 1 day after its removal. In this indication no benefit has been established in patients under 65 years of age or if treatment is extended beyond 4 days.

Paediatric Population

Efficacy of Alfocin® has not been demonstrated in children aged 2 to 16 years.
Therefore Alfocin® is not indicated for use in the paediatric population.

OVERDOSAGE

In case of overdosage, the patient should be hospitalised, kept in the supine position, and conventional treatment of hypotension should take place.
In case of significant hypotension, the appropriate corrective treatment may be a vasoconstrictor that acts directly on vascular muscle fibres.
Alfuzosin is not dialysable because of its high degree of protein binding.

STORAGE CONDITIONS

Store below 30°C .
Keep it in the original package in intact conditions.

Date of revision: June 2020

This is a medicament

- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you
- Follow strictly the doctor's prescription, the method of use, and the instructions of the pharmacist who sold the medicament
- The doctor and the pharmacist are experts in medicine, its benefits and risks
- Do not by yourself interrupt the period of treatment prescribed for you
- Do not repeat the same prescription without consulting your doctor
- Medicament: keep out of reach of children

Council of Arab Health Ministers
Union of Arab Pharmacists

Benta S.A.L.
Dbayeh - Lebanon