PROFESSIONAL INFORMATION

SCHEDULING STATUS S4

1 NAME OF THE MEDICINE

ANDROCUR 50 mg
ANDROCUR 100 mg

Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

ANDROCUR 50mg tablets: Each tablet contains cyproterone acetate 50 mg.

ANDROCUR 100 mg tablets: Each tablet contains cyproterone acetate 100 mg.

Excipient: ANDROCUR 50 mg: 105,5 mg lactose per tablet (see "section 4.4.")
ANDROCUR 100 mg: 184,3 mg lactose per tablet

For full list of excipients, see "section 6.1"

3 PHARMACEUTICAL FORM

Tablets

ANDROCUR 50 mg tablets: White to faintly yellowish, round, tablets~~:~~ scored on one side, with an embossed "BV" in a regular hexagon on the other side. The tablet can be divided into equal halves.

ANDROCUR 100 mg tablets: White to faintly yellowish tablets. One side is imprinted with "LA" on both sides of the score; and the other side imprinted with a regular hexagon.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

ANDROCUR 50 mg tablets:

Indications in females

Severe signs of androgenisation, e.g. very severe hirsutism, androgen-dependent severe loss of scalp hair eventually resulting in baldness (severe androgenic alopecia), often attended by severe forms of acne and/ or seborrhoea.

Indications in males

Reduction of drives in sexual deviations.
Anti-androgen treatment in inoperable carcinoma of the prostate.

ANDROCUR 100 mg tablets:

Inoperable carcinoma of the prostate.

4.2 Posology and method of administration

Method of administration

Oral use

Posology

The tablets are to be taken with some liquid after meals

The maximum daily dose is 300 mg.

Pregnant women must not take ANDROCUR 50 mg. Therefore, pregnancy must be excluded before the start of therapy (see "section 4.3").

For the duration of ANDROCUR therapy women of child-bearing age must also receive a combined oral contraceptive. This will provide the necessary contraceptive protection and will stabilise the menstrual cycle. Dosage and directions for use as per the package insert of that product must be strictly adhered to.

Prior to commencing ANDROCUR treatment it is always necessary for the patient to receive one complete cycle of a combined oral contraceptive.

Extra non-hormonal methods (with the exception of the rhythm and temperature methods) should be employed during the first 3 weeks of the first pack of the combined oral contraceptive. This menstrual cycle may be shorter than 4 weeks. Subsequent cycles should then be regular.

In the second pack of the combined oral contraceptive, which starts the very next day after completion of the first pack of the combined oral contraceptive, ANDROCUR treatment is commenced on the 5th day of this menstrual cycle (1st day of bleeding = 1st day of the menstrual cycle).

Two ANDROCUR 50 mg tablets (= 100 mg) are to be taken from the 5th to the 14th day of the cycle (i.e. for ten days).

Every 28 days (the usual duration of a menstrual cycle), the above dosage regimen is to be followed.

Women receiving the cyclical combined therapy should keep to a particular time of the day for tablet-taking.

Seven inactive tablets are taken once daily after 21 days, during which time a withdrawal bleeding occurs. Exactly 4 weeks after the first course of treatment was started, i.e. on the same day of the week, the next cyclical course of combined treatment is started, regardless of whether bleeding has stopped or not.

Following clinical improvement, the daily dose of ANDROCUR 50 mg during the 10 days of the combined treatment with a combined oral contraceptive can be reduced to one or half a tablet of

ANDROCUR 50 mg. Re-evaluate the treatment with ANDROCUR 50 at the start of the menopause. Long-term use (years) of ANDROCUR 50 should be avoided (see "section 4.4").

In hysterectomized patients or postmenopausal women ANDROCUR 50 may be administered alone. According to the severity of the complaints, the average dose should be 1 to ½ tablet ANDROCUR 50 once daily for 21 days, followed by a 7-day tablet free interval

Missed bleeding

If no bleeding occurs during the inactive tablet phase, the treatment must be interrupted, and pregnancy must be excluded before tablet-taking is resumed.

Missed tablets

Women receiving the cyclical combined therapy should keep to a particular time of the day for tablet taking. If more than 12 hours elapse from the time that she normally takes her combined oral contraceptive, contraceptive protection may be reduced in this cycle. Attention is drawn to the special notes (especially on contraceptive reliability and to the missed tablet recommendations) in the package insert for the combined oral contraceptive. If bleeding fails to occur after this cycle, pregnancy must be excluded before tablet-taking is resumed.

Missed ANDROCUR 50 mg tablets may diminish the therapeutic efficacy and may lead to intermenstrual bleeding. The missed ANDROCUR 50 mg tablet should be disregarded (no double dose should be taken to make up for the missed tablet) and tablet-taking resumed at the regular time together with the combined oral contraceptive.

Reduction of drive in sexual deviations in men

Generally, treatment is started with one tablet ANDROCUR 50 mg twice daily. It may be necessary to increase the dose to two tablets twice daily, or even two tablets three times daily for a short period of time. The duration of ANDROCUR treatment should be defined on an individual basis. When a satisfactory result has been achieved, one should try to maintain the therapeutic effect with the lowest possible dose. Quite often half a 50 mg tablet twice daily (50 mg daily) is sufficient. When establishing the maintenance dose or when discontinuing the preparation, dosage should not be reduced abruptly, but gradually. To this end, the daily dose should be reduced by one 50 mg tablet, or better ½ of a 50 mg tablet, at intervals of several weeks.

To stabilise the therapeutic effect, it is necessary to take ANDROCUR 50 mg over a protracted period of time, if possible, with the simultaneous use of psychotherapeutic measures.

Antiandrogen treatment in inoperable carcinoma of the prostate
100 mg twice to three times daily (= 200 to 300 mg per day).

Treatment should not be interrupted, nor the dosage reduced after improvement or remissions have occurred.

- To reduce the initial increase of male sex hormones in combination therapy with GnRH agonists 100 mg twice daily (= 200 mg per day) alone for 5-7 days, followed by 100 mg twice daily (= 200 mg per day) for 3-4 weeks together with a GnRH agonist in the dosage recommended by the marketing authorization holder (see prescribing information of GnRH

- To treat hot flushes in patients under combination therapy with GnRH analogues or who have had orchidectomy 100 mg once to twice daily (= 100-200 mg per day).

Special population

Children and adolescents

ANDROCUR is only indicated for use in female patients after conclusion of puberty. There are no data suggesting the need for dosage adjustment.

ANDROCUR is not recommended for use in children and adolescents below 18 years of age due to a lack of data on safety and efficacy.

ANDROCUR must not be given before the conclusion of puberty since an unfavourable influence on longitudinal growth and the still unstabilized axes of endocrine function cannot be ruled out.

Geriatric patients

There are no data suggesting the need for a dosage adjustment in elderly patients.

Patients with hepatic impairment

The use of ANDROCUR is contraindicated in patients with liver diseases (i.e. as long as liver function values have not returned to normal).

Patients with renal impairment

There are no data suggesting the need for a dosage adjustment in patients with renal impairment.

4.3 Contraindications

Contraindications in the women

- Pregnancy.
- Lactation.
- Liver diseases.
- Dubin-Johnson syndrome, Rotor syndrome.
- History of jaundice or persistent pruritus during a previous pregnancy.
- History of herpes of pregnancy.
- Previous or existing liver tumours.
- Wasting diseases.
- Severe chronic depression.
- Previous or existing thromboembolic processes.
- Severe diabetes with vascular changes.
- Sickle-cell anaemia.
- Hypersensitivity to the active substance or any of the components of ANDROCUR 50 mg.

With regard to the cyclical combined therapy of severe signs of androgenisation, attention is also drawn to the data on contraindications contained in the package insert for the product used in addition to ANDROCUR 50 mg.

Reduction of drive in sexual deviations in men

- Liver diseases.
- Dubin-Johnson syndrome, Rotor syndrome.
- Previous or existing liver tumours.
- Presence or history of meningiomas
- Wasting diseases.
- Severe chronic depression.
- Previous or existing thromboembolic processes.
- Severe diabetes with vascular changes.
- Sickle-cell anaemia.
- Hypersensitivity to the active substance or to any of the excipients of ANDROCUR.

Antiandrogen treatment in operable carcinoma of prostate

- Liver diseases.
- Dubin-Johnson syndrome, Rotor syndrome.
- Previous or existing liver tumours (only if these are not due to metastases from carcinoma of the prostate).
- Presence or history of meningiomas
- Wasting diseases (with the exception of inoperable carcinoma of the prostate).
- Severe chronic depression.
- Existing thromboembolic processes.
- Hypersensitivity to the active substance or to any of the excipients of ANDROCUR.

4.4 Special warnings and precautions for use

ANDROCUR should be used with caution in cardiovascular disease, ischaemic heart disease, cerebrovascular disease and hypertension. Strict medical supervision is necessary if the patient suffers from diabetes.

Specifically, to be observed in woman

Before starting treatment, a thorough general medical and gynaecological examination (including the breasts and a cytological smear of the cervix) should be carried out and pregnancy must be excluded.

If, during the combined treatment, spotting occurs during the 3 weeks in which the tablets are being taken, tablet-taking should not be interrupted. However, if persistent or recurrent bleeding occurs at irregular intervals, a gynaecological examination must be carried out to exclude organic disease.

Attention is drawn to the special notes on side effects, reasons for immediate discontinuation of treatment and all relevant data contained in the package insert of the oral contraceptive combination preparation.

Specifically, to be observed in males

In the indication “reduction of drive in sexual deviations”, the drive-reducing effect of ANDROCUR 50 mg can be diminished under the disinhibitory influence of alcohol.

Effects on ability to drive and use machines

It should be pointed out to patients whose occupation demands great concentration (e.g. road users, machine operators) that ANDROCUR can lead to tiredness and diminished vitality and can impair the ability to concentrate.

Liver

Direct hepatic toxicity, including jaundice, hepatitis and hepatic failure, has been observed in patients treated with ANDROCUR. At dosages of 100 mg and above also cases with fatal outcome have been reported. Most reported fatal cases were in males with advanced carcinoma of the prostate. Toxicity is dose-related and develops usually several months after treatment has begun. Liver function tests should be performed pre-treatment, at regular interval during treatment and whenever any symptoms or signs suggestive of hepatotoxicity occur. If hepatotoxicity is confirmed, ANDROCUR should be withdrawn, unless the hepatotoxicity can be explained by another cause, e.g. metastatic disease, in which case ANDROCUR should be continued only if the perceived benefit outweighs the risk.

In very rare cases benign, and malignant, liver tumours which may lead to life-threatening intra-abdominal haemorrhage have been observed after the use ANDROCUR. If severe upper abdominal complaints, liver enlargement or signs of intra-abdominal haemorrhage occur, a liver tumour should be included in the differential-diagnostic considerations.

Meningioma

The occurrence of meningiomas (single and multiple) has been reported in association with long-term use (years) of cyproterone acetate in pre-and postmenopausal women at doses of 25 mg/day and above. The risk of meningioma increases with increasing cumulative doses of cyproterone acetate. If a patient treated with ANDROCUR is diagnosed with meningioma, treatment with cyproterone containing products, including ANDROCUR, must be permanently stopped (see “section 4.3”).

Thromboembolic events

The occurrence of thromboembolic events has been reported in patients using ANDROCUR, although a causal relationship has not been established. Patients with previous arterial or venous thrombotic/thromboembolic events (e.g. deep venous thrombosis, pulmonary embolism, myocardial infarction) or with a history of cerebrovascular accidents or with advanced malignancies are at increased risk of further thromboembolic events.

In patients with inoperable carcinoma of the prostate, presenting with a history of thromboembolic processes or suffering from sickle-cell anaemia or from severe diabetes with vascular changes, a careful risk-benefit evaluation must be carried out in each individual case before ANDROCUR is prescribed.

Anaemia

Anaemia has been reported during treatment with ANDROCUR , therefore the red blood cell count should be checked regularly during treatment.

Diabetes mellitus

Strict medical supervision is necessary if the patient suffers from diabetes, because the requirement for oral antidiabetics or insulin can change during ANDROCUR treatment (see also “section 4.3”)

Shortness of breath

A sensation of shortness of breath may occur under high-dosed treatment with ANDROCUR. The differential diagnosis in such cases must include the stimulating effects on breathing known for progesterone and synthetic progesterone which is accompanied by hypocapnia and compensated respiratory alkalosis, and which is not considered to require treatment.

Adrenocortical function

During treatment, adrenocortical function should be checked regularly, as preclinical data suggest a possible suppression due to the corticoid-like effect of ANDROCUR with high doses (see "section 5.4").

Other conditions

In the indication "reduction of drive in sexual deviations", the drive-reduced effects of ANDROCUR can be diminished under the influence of alcohol.

ANDROCUR 50 contains 105,5 mg lactose per tablet and ANDROCUR 100 mg contains 184,3 lactose per tablet. Patient with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Prolactin levels may increase with higher doses of ANDROCUR

4.5 Interaction with other medicines and other forms of interaction

Although clinical interaction studies have not been performed, it is expected that ketoconazole, itraconazole, clotrimazole, ritonavir and other strong inhibitors of CYP3A4 will inhibit the metabolism of ANDROCUR as it is metabolised by CYP3A4. On the other hand, inducers of CYP3A4 such as e.g. rifampicin, phenytoin and products containing St John's Wort may reduce the levels of ANDROCUR.

Based on *in vitro* inhibition studies, an inhibition of the cytochrome P450 enzymes CYP2C8, 2C9, 2C19, 3A4 and 2D6 is possible at high therapeutic ANDROCUR doses of 3 times 100 mg per day.

The risk of statin-associated myopathy or rhabdomyolysis may be increased when those HMGCoA inhibitors (statins), which are primarily metabolised by CYP3A4, are co-administered with high therapeutic ANDROCUR doses since they share the same metabolic pathway

4.6 Fertility, pregnancy and lactation

ANDROCUR is contraindicated during pregnancy and lactation (see "section 4.3").

In a study with 6 women who received a single oral dose of 50 mg ANDROCUR, 0,2 % of the dose was excreted in breast milk.

4.7 Effects on ability to drive and use machines

It should be pointed out to patients whose occupation demands great concentration(e.g. road users, machine operators) that ANDROCUR 50 mg can lead to tiredness and diminished vitality and can impair the ability to concentrate.

4.8 Undesirable effects

a) Summary of the safety profile

The most frequently observed adverse drug reactions (ADRs) in patients receiving ANDROCUR 100 are decreased libido (≥ 1/10) , erectile dysfunction (≥ 1/10), and reversible inhibition of spermatogenesis (≥ 1/10).
The most commonly reported adverse drug reactions (ADRs) in patients receiving ANDROCUR 50 mg, are spotting, weight increase and depressed mood with a frequency not known.

The most serious (ADRs) in patients receiving ANDROCUR are hepatic toxicity (≥ 1/100 and < 1/10), , benign and malignant liver tumours (< 1/10,000) which may lead to intra-abdominal haemorrhage and thromboembolic events (frequency "not known").

b) Tabulated summary of adverse reactions

The frequencies of ADRs reported with ANDROCUR are reported in the table below. Frequencies are defined as very common (≥ 1/10), common (≥ 1/100 and < 1/10), uncommon (≥ 1/1 000 and < 1/100), rare (≥ 1/ 10 000 and 1/1 000), very rare (< 1/ 10 000). The ADRs identified only during post-marketing surveillance and for which a frequency could not be estimated are listed under "not known".

Table 1: Adverse drug reactions reported in clinical trials or during post-marketing surveillance in patients treated with ANDROCUR

System Organ Class MedDRA	**Very common**	**Common**	**Uncommon**	**Rare**	**Very rare**	**Not known**
Neoplasms benign, malignant and unspecified					Benign and malignant liver tumours* [a]	Meningiomas [#]
Blood and lymphatic system disorders				Thromboembolic events	Changes in the number of red cells	Anaemia*
Immune system disorders				Hypersensitivity reaction [a]		
Endocrine disorders					Reduction of adrenocortical function Increase in prolactin levels	
Metabolism and nutrition disorders		Weight increased or weight decreased [a]				
Psychiatric disorders	Libido decreased [a] Erectile dysfunction [a]	Depressed mood [a] Restlessness (temporary) [a]				Libido increased
Vascular disorders						Thromboembolic events**

Respiratory, thoracic and mediastinal disorders		Shortness of breath* [a]				
Gastrointestinal disorders						Intra-abdominal haemorrhage*
Hepato-biliary disorders		Hepatic toxicity including jaundice, hepatitis, hepatic failure* [a]				
Skin and subcutaneous tissue disorders			Rash [a]			
Musculoskeletal and connective tissue disorders						Osteoporosis
Reproductive system and breast disorders	Reversible inhibition of spermatogenesis	Gynaecomastia				Ovulation inhibited, breast tenderness, spotting*
General disorders and administration site conditions		Fatigue [a] Hot flushes Sweating				

*For further information see "section 4.4".

A causal relationship with ANDROCUR has not been established.**

[a] The ADRs reported with Androcur 50 mg (for use in women) are based on post marketing data and cumulative experience with Androcur 50 for which a frequency could not be estimated.

[#] See section on Contraindications

c) Description of selected adverse reactions

Under treatment with ANDROCUR 100, sexual drive and potency are reduced, and gonadal function is inhibited. These changes are reversible after discontinuation of therapy.

Over the course of several weeks, ANDROCUR 100 inhibits spermatogenesis as a result of the antiandrogenic and anti-gonadotropic actions. Spermatogenesis recovers gradually within a few months of discontinuing the therapy.

ANDROCUR 100 may lead to gynaecomastia (sometimes combined with tenderness to touch of the mamillae) which usually regresses after withdrawal of the preparation. Permanent enlargement of the mammary glands may occur. Galactorrhoea and benign nodules have been reported.

Long-term androgen deprivation with ANDROCUR 100 may lead to osteoporosis.

Meningiomas have been reported in association with long-term use (several years) of ANDROCUR doses of 25 mg and above (see "section 4.3" and "section 4.4.")

In women, ovulation is inhibited under the combined treatment, so that a state of infertility exists

The most appropriate MedDRA terms to describe a certain adverse reaction is listed. Synonyms or related conditions are not listed but should be taken into account as well.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reaction 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

Acute toxicity studies following single administration showed that cyproterone, active ingredient of ANDROCUR, can be classified as practically non-toxic. Nor is any risk of acute intoxication to be expected after a single inadvertent intake of a multiple of the dose required for therapy.

Treatment is supportive and symptomatic.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacological classification: A. 21.12 Hormone inhibitors.
Pharmacotherapeutic group: Antiandrogens, plain
ATC code: G03HA01

Cyproterone acetate has antiandrogenic, progestational and antigonadotropic effects.

Androgen-dependent conditions such as pathological hair growth in hirsutism, androgenic alopecia and increased sebaceous gland function in acne and seborrhoea, are favourably influenced by competitive displacement of the androgens at the target organs. The reduction of the androgen concentration which results from the antigonadotropic property of cyproterone acetate has an additional therapeutic effect.

The changes are reversible following discontinuation of the therapy.

During the combined treatment with combined oral contraceptives, ovarian function is inhibited.

The stimulating effect of male sex hormones on androgen dependent structures and functions is weakened or abolished by cyproterone acetate.

The inherent progestational activity exerts a negative feedback on the hypothalamic receptors so leading to a reduction in gonadotropin release, and hence to diminished production of androgens.

Cyproterone acetate has a central inhibiting effect. The antigonadotropic effect leads to a reduction of testosterone synthesis in the testes and, hence, to a reduction of the serum concentration of testosterone.

Cyproterone acetate inhibits competitively the effect of androgens at androgen-dependent target organs.

In males, under treatment with cyproterone, sexual drive and potency are reduced, and gonadal function is inhibited. These changes are reversible following discontinuation of the therapy.

The antigonadotropic effect of cyproterone acetate is also exerted when the substance is combined with GnRH agonists. The initial increase of testosterone provoked by this substance group is decreased by cyproterone acetate.

An occasional tendency for the prolactin levels to increase slightly has been observed under higher doses of cyproterone acetate.

5.2 Pharmacokinetic properties

Absorption

Following oral administration, cyproterone acetate is completely absorbed over a wide dose range.
The absolute bioavailability of cyproterone acetate is almost complete (88 % of dose).

Distribution

The ingestion of 50 mg of cyproterone acetate gives maximum serum levels of about 140 ng /ml at about 3 hours. Thereafter, drug serum levels declined during a time interval of typically 24 to 120 hours, with a terminal half-life of 43,9 ± 12,8 hours. The total clearance of cyproterone acetate from serum was determined to be 3,5 ± 1,5 ml/ min/ kg.

The ingestion of 100 mg of cyproterone acetate gives maximum serum levels of 239,2 ± 114,2 ng/ ml at 2,8 ± 1,1 hours. Thereafter, drug serum levels declined during a time interval of typically 24 to 120 hours, with a terminal half-life of 42,8 ± 9,7 hours.
The total clearance of cyproterone acetate from serum was determined to be 3,8 ± 2,2 ml/ min/ kg.

Cyproterone acetate is about 96 % plasma-protein bound, almost exclusively to plasma albumin.
Because protein binding is non-specific, changes in sex hormone binding globulin (SHBG) levels do not affect the pharmacokinetics of cyproterone acetate.

Biotransformation

Cyproterone acetate is metabolised by various pathways, including hydroxylations and conjugations.
The main metabolite in human plasma is the 15β-hydroxy derivative.
Phase I metabolism of cyproterone acetate is mainly catalysed by the cytochrome P450 enzyme CYP3A4.

Elimination

Cyproterone is partly excreted unchanged with bile fluid. Most of the dose is excreted in form of metabolites at a urinary to biliary ratio of 3:7. The renal and biliary excretion was determined to proceed with a half-life of 1,9 days. Metabolites from plasma were eliminated at a similar rate (half-life of 1,7 days).

Steady state condition

According to the long half-life of the terminal disposition phase from plasma (serum) and the daily intake, an accumulation of cyproterone acetate by a factor of about 3 can be expected in the serum during repeated daily administration.

5.3 Preclinical safety data

Embryotoxicity/ teratogenicity

Administration of cyproterone acetate during the hormone-sensitive differentiation phase of the genital organs led to signs of feminisation in male foetuses following higher doses. Observation of male newborn children who had been exposed in utero to cyproterone acetate did not show any signs of feminisation. However, pregnancy is a contraindication for the use of cyproterone (see "section 4.6").

Genotoxicity and carcinogenicity

Recognized first-line tests of genotoxicity gave negative results when conducted with cyproterone acetate. However, further tests showed that cyproterone acetate was capable of producing adducts with DNA (and an increase in DNA repair activity) in liver cells from rats and monkeys and also in freshly isolated human hepatocytes.

This DNA-adduct formation occurred at systemic exposures that might be expected to occur in the recommended dose regimens for cyproterone acetate. *In vivo* consequences of cyproterone acetate treatment were the increased incidence of focal, possibly pre-neoplastic, liver lesions in which cellular enzymes were altered in female rats, and an increase of mutation frequency in transgenic rats carrying a bacterial gene as target for mutations.

Clinical experience and well conducted epidemiological trials to date would not support an increased incidence of hepatic tumours in man. Nor did investigations into the tumorigenicity of cyproterone acetate in rodents reveal any indication of a specific tumorigenic potential.

However, it must be borne in mind that sexual steroids can promote the growth of certain hormone-dependent tissues and tumours.

Experimental investigations produced corticoid-like effects on the adrenal glands in rats and dogs following higher dosages, which could indicate similar effects in humans at the highest given dose (300 mg/ day).

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose monohydrate
magnesium stearate.
maize starch
polyvidone 25 000
colloidal silicon dioxide

6.2 Incompatibilities

Not applicable

6.3 Shelf life

ANDROCUR 50 mg: 60 months

ANDROCUR 100 mg: 60 months

6.4 Special precautions for storage

Store at or below 30°C. Keep out of reach of children.

6.5 Nature and contents of container

ANDROCUR 50 mg tablets: Cartons containing amber glass bottles of 20 or 50 tablets or 2 or 5 transparent PVC/aluminium blisters with 10 tablets per blister

ANDROCUR 100 mg tablets: Cartons containing 6 or 12 transparent PVC/aluminium blisters with 10 tablets per blister.

7 HOLDER OF CERTIFICATE OF REGISTRATION

Bayer (Pty) Ltd
Reg. No.: 1968/011192/07
27 Wrench Road
Isando
1609

8 REGISTRATION NUMBER

ANDROCUR 50 mg tablets: R/21.12/160
ANDROCUR 100 mg tablets: 29/21.12/0515

9 DATE OF FIRST AUTHORISATION

13 June 2009

10 DATE OF REVISION OF THE TEXT

14 December 2021