SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

BLADURIL 200 mg, film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 200 mg flavoxate hydrochloride.

Excipient with known effect:

- Contains sugar (lactose monohydrate): 64 mg

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets.

White, homogeneous film-coated tablets with “F200” embossed.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

BLADURIL is indicated for its antispasmodic action in urological disorders.

4.2 Posology and method of administration

Posology

Adults - One tablet three times a day (600 mg flavoxate hydrochloride) for as long as required.

Paediatric population

The safety and efficacy of BLADURIL in children aged < 12 years have not been established (see section 4.3).

Method of administration

BLADURIL is for oral use.

4.3 Contraindications

- Hypersensitivity to flavoxate hydrochloride or to any of the excipients of BLADURIL (see section 6.1).
- Pyloric or duodenal obstruction, obstructive intestinal lesions or ileus, achalasia, gastrointestinal haemorrhage and obstructive uropathies of the lower urinary tract.
- Safety in pregnancy and lactation has not been established (see section 4.6).
- BLADURIL is not recommended for use in children under 12 years of age.
- Urinary retention.
- Glaucoma.
- Myasthenia gravis.

4.4 Special warnings and precautions for use

- Since the renal clearance of the active metabolite accounts more than 50 % of the dose, renal impairment may significantly affect the product kinetics. Caution is therefore required in patients with renal impairment.
- BLADURIL should be used with caution in patients with suspected glaucoma, especially narrow angle glaucoma and in patients with serious, uncontrolled, obstructive disorders of the lower urinary tract.
- In the case of drowsiness, the time between the administration of the doses should be extended. See section 4.7 for effects on ability to drive and use machines.

Lactose

BLADURIL contains lactose. Patients with the rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take BLADURIL.

4.5 Interactions with other medicines and other forms of interaction

No interaction studies have been performed.

4.6 Fertility, pregnancy and lactation

Fertility

There are no data on the effect of flavoxate on human fertility. Flavoxate has no effect on animal fertility.

Pregnancy

There are no or limited amount of data from the use of flavoxate in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3). As a precautionary measure, it is preferable to avoid the use of BLADURIL during pregnancy.

Safety in pregnancy has therefore not been established.

Breastfeeding

It is unknown whether flavoxate (metabolites) is excreted in human milk. A risk to the suckling child cannot be excluded. BLADURIL should therefore not be used during breastfeeding.

4.7 Effects on ability to drive and use machines

BLADURIL may cause drowsiness, blurred vision or vertigo, patients should not drive or operate a motor vehicle or machinery. (see section 4.8).

4.8 Undesirable effects

a. Summary of the safety profile

No data are available.

b. Tabulated summary of adverse reactions

System Organ Class

Frequency

Adverse Event

Blood and lymphatic system disorders

Less frequent

Eosinophilia, leukopenia

Immune system disorders

Less frequent

Angioedema

Frequency unknown

Hypersensitivity, anaphylactic reaction, anaphylactic shock

Psychiatric disorders

Frequency unknown

Confusional state

Nervous system disorders

Less frequent

Drowsiness, dizziness, headache, mental confusion (especially in the elderly), nervousness, somnolence, vertigo

Eye disorders

Less frequent

Blurred vision, disturbances in eye accommodation, increased ocular tension

Frequency unknown

Glaucoma

Cardiac disorders

Less frequent

Palpitations, tachycardia

Gastrointestinal disorders

Frequent

Nausea

Less frequent

Diarrhoea, dry mouth, dyspepsia, dysphagia, and vomiting

Hepato-biliary disorders

Frequency unknown

Jaundice, liver disorder, hepatic enzyme abnormal

Skin and subcutaneous tissue disorders

Less frequent

Urticaria, rash, pruritus, and other dermatoses

Frequency unknown

Erythema

Renal and urinary disorders

Less frequent

Dysuria, urinary retention

General disorders and administration site conditions

Less frequent

Fatigue and hyperpyrexia

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of BLADURIL is important. It allows continued monitoring of the benefit/risk balance of BLADURIL. Healthcare 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:

http://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

The most likely symptoms of overdose are blurred vision, dry mouth, drowsiness, and diarrhoea or constipation. Treatment of overdosage is symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: A.18 Medicines acting on genito-urinary system

ATC code: G04BD02.

Mechanism of action

Flavoxate hydrochloride is a non-specific, direct-acting, smooth muscle relaxant.

It acts by inhibiting cAMP-dependent phosphodiesterase, thus producing a cAMP accumulation that reduces the efficiency of the calcium messenger system during smooth muscle contraction. The compound exhibits only weak affinity for α- and β-adrenergic receptors involved either directly or indirectly in voiding.

At active doses with myolitic effects, flavoxate does not influence the parasympathetic system and does not cause any vagolytic-like effects.
Recent findings suggest that it may also act on the micturition center.

5.2 Pharmacokinetic properties

Flavoxate is readily adsorbed from the gut, enters the blood, and concentrates rapidly in the tissues where it is metabolized into 3- methylflavon-8carboxylic acid. This metabolite is excreted with the urine partly unmodified and partly conjugated as glucoronide.
Urinary excretion takes place within 4 to 6 hours from administration.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, and toxicity to reproduction and development.
Carcinogenicity studies have not been performed.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Core:

Lactose monohydrate

Magnesium stearate

Microcrystalline cellulose (Avicel PH-102)

Povidone (Polyvinylpyrollidone K30)

Sodium starch glycolate (Type A)

Talc

Coating:

Macrogol 6000

Magnesium stearate

Sepifilm® (coating consisting of: hypromellose, macrogol stearate, microcrystalline cellulose)

Titanium dioxide (CI 77891)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

36 months.

6.4 Special precautions for storage

Do not store above 30 °C.

Protect from moisture and light.

Keep the blister strips in the outer carton.

6.5 Nature and contents of container

Cartons of 15 tablets: Each carton contains 1 blister strip containing 15 tablets.

Cartons of 90 tablets: Each carton contains 6 blister strips containing 15 tablets per blister strip.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Any unused product or waste material should be disposed of in accordance with local requirements.

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Adcock Ingram Limited

1 New Road,

Erand Gardens,

Midrand, 1685

South Africa

0860 ADCOCK (232625)

8. REGISTRATION NUMBER(S)

56 0136

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

10 May 2022

10. DATE OF REVISION OF THE TEXT