AVELOSIN PROLONGED RELEASE TABLET 0.4MG

1. NAME OF THE MEDICINAL PRODUCT
Avelosin Prolonged Release Tablet 0.4mg

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains 0.4mg tamsulosin hydrochloride, equivalent to 0.367mg tamsulosin.

3. PHARMACEUTICAL FORM
Film coated, prolonged release tablet.
Yellow, film coated, round, biconvex tablet engraved "04" on one side.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications
Treatment of functional symptoms of benign prostatic hyperplasia (BPH).

4.2. Posology and method of administration
One tablet daily, to be taken with or without food.

Paediatric population:
The safety and efficacy of tamsulosin in children <18 years have not been established.

Mode of Administration
For oral use.
The tablet should be swallowed whole and not be crunched or chewed as this interferes with the prolonged release of the active substance.

4.3. Contraindications
A history of orthostatic hypotension; severe hepatic insufficiency.

Hypersensitivity to tamsulosin hydrochloride or any other component of the product.

4.4. Special warnings and precautions for use
As with other a1-adrenoceptor antagonists, a reduction in blood pressure can occur in individual cases during treatment with tamsulosin, as a result of which, rarely, syncope can occur. At the first signs of orthostatic hypotension (dizziness, weakness), the patient should sit or lie down until the symptoms have disappeared.

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

The treatment of patients with severe renal impairment (creatinine clearance of < 10 ml/min) should be approached with caution, as these patients have not been studied.

The 'Intraoperative Floppy Iris Syndrome' (IFIS, a variant of small pupil syndrome) has been observed during cataract and glaucoma surgery in some patients on or previously treated with tamsulosin. IFIS may increase the risk of eye complications during and after the operation.

Discontinuing tamsulosin 1-2 weeks prior to cataract or glaucoma surgery is anecdotally considered helpful, but the benefit of treatment discontinuation has not yet been established.

IFIS has also been reported in patients who had discontinued tamsulosin for a longer period prior to the surgery.

The initiation of therapy with tamsulosin in patients for whom cataract or glaucoma surgery is scheduled is not recommended. During pre-operative assessment, surgeons and ophthalmic teams should consider whether patients scheduled for cataract or glaucoma surgery are being or have been treated with tamsulosin in order to ensure that appropriate measures will be in place to manage the IFIS during surgery.

Tamsulosin should not be given in combination with strong inhibitors of CYP3A4 in patients with poor metaboliser CYP2D6 phenotype.

Tamsulosin should be used with caution in combination with strong and moderate inhibitors of CYP3A4.

Cases of allergic reaction to tamsulosin in patients with a past history of sulfonamide allergy have been reported. If a patient reports a previously experienced sulfa allergy, caution is warranted when administering tamsulosin hydrochloride.

4.5. Interaction with other medicinal products and other forms of interaction

No interactions have been seen when tamsulosin was given concomitantly with atenolol, enalapril or theophylline.

Concomitant cimetidine brings about a rise in plasma levels of tamsulosin, and furosemide a fall, but as levels remain within the normal range, posology need not be adjusted.

Neither diazepam nor propranolol, trichlormethiazide, chlormadinone, amitriptyline, diclofenac, glibenclamide, simvastatin and warfarin change the free fraction of tamsulosin in human plasma. Neither does tamsulosin change the free fractions of diazepam, propranolol, trichlormethiazide and chlormadinone.

Diclofenac and warfarin, however, may increase the elimination rate of tamsulosin.

Concomitant administration of tamsulosin hydrochloride with strong inhibitors of CYP3A4 may lead to increased exposure to tamsulosin hydrochloride. Concomitant administration with ketoconazole (a known strong CYP3A4 inhibitor) resulted in an increase in AUC and Cmax of tamsulosin hydrochloride by a factor of 2.8 and 2.2, respectively.

Tamsulosin hydrochloride should be used with caution in combination with strong (e.g. ketoconazole) and moderate inhibitors (e.g. erythromycin) of CYP3A4.

Concomitant administration of tamsulosin hydrochloride with paroxetine, a strong inhibitor of CYP2D6, resulted in a Cmax and AUC of tamsulosin that had increased by a factor of 1.3 and 1.6, respectively, but these increases are not considered clinically relevant.

There is a theoretical risk of enhanced hypotensive effect when given concurrently with drugs which may reduce blood pressure, including anaesthetic agents and other α1-adrenoceptor antagonists.

4.6. Fertility, pregnancy and lactation

Tamsulosin is not indicated for use in women.

Ejaculation disorders have been observed in short and long term clinical studies with tamsulosin. Events of ejaculation disorder, retrograde ejaculation and ejaculation failure have been reported in the post authorization phase.

4.7. Effects on ability to drive and use machines

No data is available on whether tamsulosin adversely affects the ability to drive or operate machines. However, in this respect patients should be aware of the fact that drowsiness, blurred vision, dizziness and syncope can occur.

4.8. Undesirable effects

MedDRA system organ class	**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)**
Nervous systems disorders	Dizziness (1.3%)	Headache	Syncope		
Eye disorders					Vision blurred*, visual impairment*
Cardiac disorders		Palpitations			
Vascular disorders		Orthostatic hypotension			
Respiratory, thoracic and mediastinal disorders	Nasal congestion	Rhinitis			Epistaxis*
Gastro-intestinal disorders		Constipation, diarrhoea, nausea, vomiting			Dry mouth*
Skin and subcutaneous tissue disorders		Rash, pruritus, urticaria	Angioedema	Stevens-Johnson syndrome	Erythema multiforme*, dermatitis exfoliative*
Reproductive system and breast disorders	Ejaculation disorders, retrograde ejaculation, ejaculation failure			Priapism	
General disorders and administration site conditions		Asthenia			

*observed post-marketing

As with other alpha-blockers, drowsiness, blurred vision, dry mouth or oedema can occur.

During cataract and glaucoma surgery a small pupil situation, known as Intraoperative Floppy Iris Syndrome (IFIS), has been associated with therapy of tamsulosin during post-marketing surveillance.

In addition to the adverse events listed above, atrial fibrillation, arrhythmia, tachycardia and dyspnoea have been reported in association with tamsulosin use.

4.9. Overdose

Symptoms:

Overdosage with tamsulosin hydrochloride can potentially result in severe hypotensive effects, dizziness and malaise. Severe hypotensive effects have been observed at different levels of overdosing.

Treatment:

In case of acute hypotension occurring after overdose, cardiovascular support should be given. Blood pressure can be restored and heart rate brought back to normal by lying the patient down. If this does not help, then volume expanders, and when necessary, vasopressors could be employed. Renal function should be monitored and general supportive measures applied. Dialysis is unlikely to be of help, as tamsulosin is very highly bound to plasma proteins.

Measures, such as emesis, can be taken to impede absorption. When large quantities are involved, gastric lavage can be applied and activated charcoal and an osmotic laxative, such as sodium sulfate, can be administered.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Alpha1-adrenoceptor antagonists.

ATC code: G04CA02. Preparations for the exclusive treatment of prostatic disease.

Mechanism of action:

Tamsulosin binds selectively and competitively to the postsynaptic alpha1-adrenoceptors, in particular to subtypes alpha1A, which bring about relaxation of the smooth muscle of the prostate, whereby tension is reduced.

Pharmacodynamic effects:

Tamsulosin increases the maximum urinary flow rate by relaxing smooth muscle tension in the prostate and urethra, thereby relieving obstruction.

It also improves the complex of irritative and obstructive symptoms in which bladder instability and tension of the smooth muscles of the lower urinary tract play an important role. Alpha1-blockers can reduce blood pressure by lowering peripheral resistance. No reduction in blood pressure of any clinical significance was observed during studies with tamsulosin.

Paediatric Population

No dose response was observed for any dose level.

5.2. Pharmacokinetic properties

Absorption:

Tamsulosin hydrochloride administered as prolonged release tablets is absorbed from the intestine. Under fasting conditions approximately 57% of the administered dose is estimated to be absorbed. A consistent slow release of tamsulosin is maintained over the whole pH range encountered in the gastro intestinal tract with little fluctuation over 24 hours. The extent of

absorption is increased by 64% and 149% (AUC and Cmax respectively) by a high fat meal compared to fasted.

Tamsulosin shows linear pharmacokinetics.

After a single dose of tamsulosin in the fasted state, plasma levels of tamsulosin peak at a median time of 6 hours. In steady state, which is reached by day 4 of multiple dosing, plasma levels of tamsulosin peak at 4 to 6 hours, in the fasted and fed state. Peak plasma levels increase from approximately 6 ng/ml after the first dose to 11 ng/ml in steady state.

As a result of the prolonged release characteristics of tamsulosin, the trough concentration of tamsulosin in plasma amounts to 40% of the peak plasma concentration under fasted and fed conditions.

There is a considerable inter-patient variation in plasma levels, both after single and multiple dosing.

Distribution:
In man, tamsulosin is about 99% bound to plasma proteins and the volume of distribution is small (about 0.2 l/kg).

Metabolism:
Tamsulosin has a low first pass effect, being metabolised slowly. Most tamsulosin is present in plasma in the form of unchanged drug. It is metabolised in the liver.

In rats, hardly any induction of microsomal liver enzymes was seen to be caused by tamsulosin.

In vitro results suggest that CYP3A4 and also CYP2D6 are involved in metabolism, with possible minor contributions to tamsulosin hydrochloride metabolism by other CYP isozymes. Inhibition of CYP3A4 and CYP2D6 drug metabolizing enzymes may lead to increased exposure to tamsulosin hydrochloride.

No dose adjustment is warranted in hepatic insufficiency.

None of the metabolites are more active than the original compound.

Elimination:
Tamsulosin and its metabolites are mainly excreted in the urine. The amount excreted as unchanged drug is estimated to be about 4 - 6% of the dose, administered as tamsulosin.

After a single dose of tamsulosin and in steady state, elimination half-lives of about 19 and 15 hours, respectively, have been measured.

No dose adjustment is warranted in renal impairment.

5.3. Preclinical safety data
Not applicable.

6. PHARMACEUTICAL PARTICULARS
6.1. List of excipients
Tablet core:

Macrogol 7 000 000, Cellulose, Microcrystalline type 200, Silica, Colloidal Anhydrous, Magnesium stearate

Film coating:
Hypromellose, Titanium Dioxide (E171), Macrogol, Iron oxide yellow (E172)

6.2. Incompatibilities
Not applicable.

6.3. Shelf life
36 months.

6.4. Special precautions for storage
Do not store above 30°C.

6.5. Nature and contents of container
Carton box with PA-Aluminium-PVC/Aluminium blisters containing 30 tablets.

6.6. Special precautions for disposal and other handling
No special requirements.

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

7. PRODUCT REGISTRATION HOLDER
Abio Marketing Sdn Bhd
No. 2, Jalan SS 13/5, 47500 Subang Jaya, Selangor, Malaysia.

8. MANUFACTURER
Adamed Pharma S.A.
ul. Marszałka Józefa Piłsudskiego 5, 95-200, Pabianice, Poland.

9. DATE OF REVISION OF THE TEXT
12/03/2026

Font size: 11 (Times New Roman)