MEDOLIN – PACKAGE INSERT

1. NAME OF THE MEDICINAL PRODUCT

Medolin 2mg Tablet
Medolin 4mg Tablet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each Medolin 2mg tablet contains salbutamol sulphate equivalent to salbutamol 2 mg.
Each Medolin 4mg tablet contains salbutamol sulphate equivalent to salbutamol 4 mg.

Excipient with known effect: lactose monohydrate.
Each Medolin 2mg tablet contains 110.0 mg lactose monohydrate.
Each Medolin 4mg tablet contains 150.0 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablet
Medolin 2mg Tablet – Pink, round, flat, scored tablets, with diameter 7mm
Medolin 4mg Tablet – Pink, round, flat, scored tablets, with diameter 8mm

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Salbutamol is a beta-adrenergic stimulant and has a highly selective action on the receptors in bronchial muscle. It is indicated for the relief of bronchospasm in bronchial asthma of all types, in bronchitis and emphysema.

4.2. Posology and method of administration

Posology
Adults
The usual effective dose is 4mg three or four times per day.
If adequate bronchodilatation is not obtained each single dose may be gradually increased to as much as 8mg. However, it has been established that some patients obtain adequate relief with 2mg three or four timed daily.

Elderly
In elderly, patients or in those known to be unusually sensitive to beta-adrenergic stimulant drugs, it is advisable to initiate treatment with 2mg three or four times per day.

Children
The following doses should be administered three or four times daily.
2 – 6 years – 1 to 2 mg (½ - 1 tablet of 2mg)
6 – 12 years – 2 mg (1 tablet of 2mg)
Over 12 years – 2 to 4mg (1 tablet of 2mg or 1 tablet of 4mg)

Method of administration
Salbutamol tablets are for oral administration

4.3. Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
Non–IV formulations of salbutamol must not be used to arrest uncomplicated premature labour or threatened abortion.

4.4. Special warnings and precautions for use

The management of asthma should normally follow a stepwise programme, and patient response should be monitored clinically and by lung function tests.

Increasing use of short-acting inhaled beta-2 agonists to control symptoms indicates deterioration of asthma control. Under these conditions, the patient's therapy plan should be reassessed. Sudden and progressive deterioration in asthma control is potentially life threatening and consideration should be given to starting or increasing corticosteroid therapy. In patients considered at risk, daily peak flow monitoring may be instituted.

Patients should be warned that if either the usual relief is diminished or the usual duration of action reduced, they should not increase the dose or its frequency of administration, but should seek medical advice.

Salbutamol should be administered cautiously to patients with thyrotoxicosis.

Potentially serious hypokalaemia may result from beta-2 agonist therapy mainly from parenteral and nebulised administration. Particular caution is advised in acute severe asthma as this effect may be potentiated by concomitant treatment with xanthine derivatives, steroids, diuretics and by hypoxia. It is recommended that serum potassium levels are monitored in such situations.

In common with other beta-adrenoceptor agonists, salbutamol can induce reversible metabolic changes, for example increased blood sugar levels. The diabetic patient may be unable to compensate for this and the development of ketacidosis has been reported. Concurrent administration of corticosteroids can exaggerate this effect.

Cardiovascular effects may be seen with sympathomimetic drugs, including salbutamol. There is some evidence from post-marketing data and published literature of rare occurrences of myocardial ischaemia associated with salbutamol. Patients with underlying severe heart disease (e.g. ischaemic heart disease, arrhythmia or severe heart failure) who are receiving salbutamol should be warned to seek medical advice if they experience chest pain or other symptoms of worsening heart disease. Attention should be paid to assessment of symptoms such as dyspnoea and chest pain, as they may be of either respiratory or cardiac origin.

As maternal pulmonary oedema and myocardial ischaemia have been reported during or following premature labour in patients receiving beta2 – agonists, careful attention should be given to fluid balance and cardio-respiratory function, including ECG monitoring. If signs of pulmonary oedema and myocardial ischaemia develop, discontinuation of treatment should be considered.

Due to the risk of pulmonary oedema and myocardial ischaemia that has been observed during the use of beta2-agonists in the treatment of premature labour, before these products are given to any patient with known heart disease, an adequate assessment of the patients' cardiovascular status should be made by a physician experienced in cardiology.

Tocolysis: Serious adverse reactions including death have been reported after administration of terbutaline/ salbutamol to women in labor. In the mother, these include increased heart rate, transient hyperglycaemia, hypokalaemia, cardiac arrhythmias, pulmonary oedema and myocardial ischaemia. Increased fetal heart rate and neonatal hypoglycaemia may occur as a result of maternal administration.

Medolin contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5. Interactions with other medicinal products and other forms of interaction
Salbutamol and non selective beta-blocking drugs, such as propranolol, should not usually be prescribed together.

4.6. Fertility, pregnancy and lactation
Pregnancy
Administration of drugs during pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus.

During worldwide marketing experience, rare cases of various congenital anomalies, including cleft palate and limb defects have been reported in the offspring of patients being treated with salbutamol. Some of the mothers

were taking multiple medications during their pregnancies. As no consistent pattern of defects can be discerned, and baseline rate for congenital anomalies is 2 to 3%, a relationship with salbutamol use cannot be established.

Breast-feeding
As salbutamol is probably secreted in breast milk its use in nursing mothers is not recommended unless the expected benefits outweigh any potential risk.
It is not known whether salbutamol in breast milk has a harmful effect on the neonate.

Fertility
There is no information on the effects of salbutamol on human fertility. There were no adverse effects on fertility in animals.

4.7. Effects on ability to drive and use machines
No reports.

4.8. Undesirable effects
Immune system disorders
Very rare: Hypersensitivity reactions including angioedema, urticarial, bronchospasm, hypotension and collapse.

Metabolism and nutrition disorders
Rare: Hypokalaemia.
Potentially serious hypokalaemia may result from beta-2 agonist therapy.

Nervous system disorders
Very common: Tremor.
Common: Headache.
Very rare: Hyperactivity.

Cardiac disorders
Common: Tachycardia, palpitations.
Rare: Cardiac arrhythmias including atrial fibrillation, supraventricular tachycardia and extrasystoles.

Vascular disorders
Rare: Peripheral vasodilatation.

Musculoskeletal and connective tissue disorders
Common: Muscle cramps.
Very rare: Feeling of muscle tension.

4.9. Overdose
The most common signs and symptoms of overdose with salbutamol are transient beta agonist pharmacologically mediated events (see *Warnings and Precautions and Adverse Reactions*).
Hypokalaemia may occur following overdose with salbutamol. Serum potassium levels should be monitored.
Lactic acidosis has been reported in association with high therapeutic doses as well as overdoses of short-acting beta-agonist therapy, therefore monitoring for elevated serum lactate and consequent metabolic acidosis (particularly if there is persistence or worsening of tachypnea despite resolution of other signs of bronchospasm such as wheezing) may be indicated in the setting of overdose.
Nausea, vomiting and hyperglycaemia have been reported, predominantly in children and when salbutamol overdose has been taken via the oral route.

Treatment
Further management should be clinically indicated or as recommended by the national poisons centre, where available

5. PHARMACOLOGICAL PROPERTIES
5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Selective beta-2-adrenoreceptor agonists, ATC code: R03AC02
Salbutamol is a selective beta-2-adrenoceptor agonist. At therapeutic doses it acts on the beta-2 adrenoceptors of bronchial muscle providing short acting (4 to 6 hours) bronchodilation in reversible airways obstruction.

5.2. Pharmacokinetic properties
Salbutamol administered intravenously has a half-life of 4 to 6 hours and is cleared partly renally and partly by metabolism to the inactive 4'-0-sulphate (phenolic sulphate) which is also excreted primarily in the urine. The faeces are a minor route of excretion.
The majority of a dose of salbutamol given intravenously, orally or by inhalation is excreted within 72 hours. Salbutamol is bound to plasma proteins to the extent of 10%.
After oral administration, salbutamol is absorbed from the gastrointestinal tract and undergoes considerable first-pass metabolism to the phenolic sulphate. Both unchanged drug and conjugate are excreted primarily in the urine. The bioavailability of orally administered salbutamol is about 50%.

5.3. Preclinical safety data
Not applicable

6. PHARMACEUTICAL PARTICULARS
6.1. List of excipients
Lactose monohydrate
Microcrystalline cellulose
Sodium starch glycolate
Colloidal anhydrous silica
Allura Red (E129)
Magnesium stearate

6.2. Incompatibilities
None reported.

6.3. Shelf life
36 months

6.4. Special precautions for storage
Store below 30°C in the original package.

6.5. Nature and contents of container
Primary packaging: PVC – Aluminium foil blisters
Secondary packaging: Cast coated Carton boxes with information leaflet
Pack sizes available: Boxes of 1000 tablets in blisters.

6.6. Special precautions for disposal
For oral administration only.
No special requirements for disposal.

7. MARKETING AUTHORISATION HOLDER
Komedic Sdn Bhd, No. 4 Jalan PJS 11/14, Bandar Sunway, 46150 Petaling Jaya Selangor, MALAYSIA

8. MANUFACTURER
Medochemie Ltd (Central Factory), 1 – 10, Constantinoupoleos Street, 3011 Limassol, Cyprus

9. MARKETING AUTHORISATION NUMBER
Medolin 2mg Tablet MAL19870732AZ
Medolin 4mg Tablet MAL19870740AZ

10. DATE OF REVISION OF THE TEXT
06/2022