D-TAM Tablets

(Tamsulosin 0.4 mg and Dutasteride 0.5 mg Tablets)

INSERT:

For the use of Registered Medical Practitioner, Hospital or a Laboratory only

D-TAM™

Tamsulosine & Dutasteride Tablets

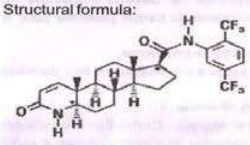
COMPOSITION :

Each film coated tablet Contains:
Dutasteride ..... 0.5 mg
Tamsulosin ..... 0.4 mg
Excipients.....q.s.
Colour: Approved Colour Used

Structure & Chemical Name:

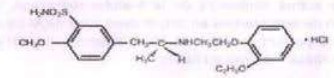
Dutasteride

Chemical Name: (5α,17β)-N-{2,5 bis(trifluoromethyl)phenyl}-3-oxo-4-azaandrost-1-ene-17-carboxamide.
Empirical formula: C27H30F6N2O2
Molecular weight: 528.5
Structural formula:



Tamsulosin

Chemical Name: (-)-(R)-5-[2-[[2-(o-Ethoxyphenoxy)ethyl]amino]propyl]-2-methoxybenzenesulfonamide, monohydrochloride.
The empirical formula : C20H28N2O5SHCl.
Molecular weight : 444.97.
Structural formula:



Mechanism of Action :

D-TAM (Dutasteride/Tamsulosin) is a combination of two drugs with complementary mechanisms of action to improve symptoms in patients with Benign Prostatic Hyperplasia (BPH): dutasteride, a dual 5alpha-reductase inhibitor (5ARI) and Tamsulosin hydrochloride, an antagonist of alpha1A-adrenoreceptors.

Dutasteride: Selective type I and II 5α-reductase inhibitor; inhibits conversion of testosterone to dihydrotestosterone, the androgen primarily responsible for the initial development and subsequent enlargement of the prostate gland.

Tamsulosin: α1A antagonist; selective blockade of α1 adrenoceptors in the prostate results in relaxation of the smooth muscles of the bladder neck and prostate, improving urine flow rate and reducing BPH symptoms.

PHARMACOKINETICS :

Absorption:

Dutasteride: Absolute bioavailability (60%); Cmax=2.14ng/mL, Tmax=3 hrs, AUC=39.6nghr/mL.
Tamsulosin: Complete; Cmax=11.3ng/mL, Tmax=6 hrs, AUC=187.2nghr/mL.

Distribution:

Dutasteride: Vd=300-500L, plasma protein binding (99% albumin, 96.6% α-1 acid glycoprotein).
Tamsulosin: Plasma protein binding (94-99%); (IV) Vd=16L.

Metabolism:

Dutasteride: Extensively metabolized by CYP3A4/3A5 produced 4'-hydroxydutasteride, 1,2-dihydroxydutasteride, 6-hydroxydutasteride (major metabolites).
Tamsulosin: Extensively metabolized by CYP3A4, CYP2D6 in Liver.

Elimination:

Dutasteride: Urine (<1% unchanged), feces (5% unchanged, 40% metabolites); T1/2=5 weeks.
Tamsulosin: Urine (76%, <10% unchanged), feces (21%); T1/2=14-15 hrs, 9-13 hrs.

INDICATIONS :

D-TAM indicated for the treatment of symptomatic benign prostatic hyperplasia in men with an enlarged prostate.

DOSAGE AND ADMINISTRATION :

1 tablet of D-TAM (Dutasteride 0.5 mg and Tamsulosin hydrochloride 0.4 mg) once daily approximately 30 minutes after the same meal each day. Or as directed by the Physician.

CONTRAINDICATIONS :

D-TAM is contraindicated for use in Pregnancy, women of childbearing potential, pediatric patients. Patients with previously demonstrated, clinically significant hypersensitivity (e.g., serious skin reactions, angioedema) to dutasteride, other 5 alpha-reductase inhibitors, tamsulosin, or any other component of D-TAM.

PRECAUTIONS AND WARNINGS :

Orthostatic hypotension and/or syncope can occur. Advise patients of symptoms related to postural hypotension and to avoid situations where injury could result if syncope occurs.
Do not use D-TAM with other alpha adrenergic antagonists, as this may increase the risk of hypotension. D-TAM reduces serum prostate-specific antigen (PSA) concentration by approximately 50%. However, any confirmed increase in PSA while on D-TAM may signal the presence of prostate cancer and should be evaluated, even if those values are still within the normal range for untreated men.
Do not use D-TAM with strong inhibitors of cytochrome P450 (CYP) 3A4 (e.g., ketoconazole). Use caution in combination with moderate CYP3A4 inhibitors (e.g., erythromycin) or strong (e.g., paroxetine) or moderate CYP2D6 inhibitors, or known poor metabolizers of CYP2D6. Concomitant use with known inhibitors can cause a marked increase in drug exposure.
Exercise caution with concomitant use of Phosphodiesterase-5 Inhibitors (PDE-5), as this may increase the risk of hypotension.
Drugs that contain dutasteride, including D-TAM, may increase the risk of high-grade prostate cancer.
Prior to initiating treatment with D-TAM, consideration should be given to other urological conditions that may cause similar symptoms.
Women who are pregnant or could become pregnant should not handle D-TAM Capsules due to potential risk to a male fetus.
Advise patients about the possibility and seriousness of priapism.
Patients should not donate blood until 6 months after their last dose of D-TAM.
Intraoperative Floppy Iris Syndrome has been observed during cataract surgery after alpha adrenergic antagonist exposure. Advise patients considering cataract surgery to tell their ophthalmologist that they take or have taken D-TAM tablets.
Exercise caution with concomitant use of warfarin.

USE IN PREGNANCY AND LACTATION :

PREGNANCY

CATEGORY X

D-TAM is contraindicated for use in women.
Dutasteride: As with other 5-alpha reductase inhibitors, dutasteride inhibits the conversion of testosterone to dihydrotestosterone and may, if administered to a woman carrying a male foetus, inhibit the development of the external genitalia of the foetus.

NURSING MOTHERS

D-TAM is contraindicated for use in women.
It is not known whether dutasteride or tamsulosin is excreted in breast milk.

PEDIATRIC USE

D-TAM is contraindicated for use in pediatric patients. Safety and effectiveness of D-TAM in pediatric patients have not been established.

GERIATRIC USE

Of 1,610 male subjects treated with co administered dutasteride and tamsulosin in the CombAT trial, 58% of enrolled subjects were aged 65 years and older and 13% of enrolled subjects were aged 75 years and older. No overall differences in safety or efficacy were observed between these subjects and younger subjects but greater sensitivity of some older individuals cannot be ruled out.

SIDE EFFECTS :

The most common adverse reactions, reported in ≥1% of patients, treated with coadministered dutasteride and tamsulosin are ejaculation disorders, impotence, decreased libido, dizziness, and breast disorders.

DRUG INTERACTIONS :

Avoid with strong inhibitors of CYP3A4 (eg, ketoconazole); may increase tamsulosin exposure. Caution with potent, chronic inhibitors of CYP3A4 (eg, ritonavir), moderate inhibitors of CYP3A4 (eg, erythromycin), strong (eg, paroxetine) or moderate (eg, terbinafine) inhibitors of CYP2D6; potential for significant increase in tamsulosin exposure. Potential for significant increase in tamsulosin exposure when coadministered with a combination of both CYP3A4 and CYP2D6 inhibitors.
Caution with cimetidine and warfarin.
Avoid with other α-adrenergic antagonists; may increase the risk of symptomatic hypotension.
Caution with PDE-5 inhibitors; may cause symptomatic hypotension.

OVERDOSE :

Dutasteride: In volunteer studies, single doses of dutasteride up to 40 mg (80 times the therapeutic dose) for 7 days have been administered without significant safety concerns. In a clinical study, daily doses of 5 mg (10 times the therapeutic dose) were administered to 60 subjects for 6 months with no additional adverse effects to those seen at therapeutic doses of 0.5 mg. There is no specific antidote for dutasteride. Therefore, in cases of suspected overdosage symptomatic and supportive treatment should be given as appropriate, taking the long half-life of dutasteride into consideration.
Tamsulosin: Should overdosage of tamsulosin lead to hypotension, support of the cardiovascular system is of first importance. Restoration of blood pressure and normalization of heart rate may be accomplished by keeping the patient in the supine position. If this measure is inadequate, then administration of intravenous fluids should be considered. If necessary, vasopressors should then be used and renal function should be monitored and supported as needed. Laboratory data indicate that tamsulosin is 94% to 99% protein bound; therefore, dialysis is unlikely to be of benefit.

PRESENTATION :

3 x 10's Pack

STORAGE:

Store below 30°C, at dry place.
Protect from sunlight.
Keep all medicines out of reach of children.

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Manufactured for / Fabriqué pour :

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