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

DYNAPRES 0.4

1. Generic Name:

Tamsulosin Hydrochloride Prolonged Release Capsules I.P. 0.4 mg

2. Qualitative and quantitative composition:

DYNAPRES 0.4

Each hard gelatin capsule contains:

Tamsulosin Hydrochloride I.P…….0.4 mg

(As prolonged release pellets)

Excipients……..…..q.s.

Approved colours used in capsule shell.

The excipients used are ready to use pellets of Tamsulosin Hydrochloride.

3. Dosage form and strength:

Dosage form: hard gelatin capsule

Strength: 0.4 mg

4. Clinical particulars:

4.1 Therapeutic indication:

DYNAPRES 0.4 capsules are indicated for the signs and symptoms of benign prostatic hyperplasia.

4.2 Posology and method of administration:

Posology

DYNAPRES capsules 0.4 mg once daily is recommended as the dose for the treatment of the signs and symptoms of BPH. It should be administered approximately one-half hour following the same meal each day. DYNAPRES capsules should not be crushed, chewed or opened. For those patients who fail to respond to the 0.4 mg dose after 2 to 4 weeks of dosing, the dose of DYNAPRES capsules can be increased to 0.8 mg once daily. DYNAPRES capsules should not be crushed, chewed or opened.

For those patients who fail to respond to the 0.4 mg dose after 2 to 4 weeks of dosing, the dose of DYNAPRES capsules can be increased to 0.8 mg once daily. DYNAPRES capsules 0.4 mg should not be used in combination with strong inhibitors of CYP3A4 (e.g., ketoconazole).

If DYNAPRES capsules administration is discontinued or interrupted for several days at either the 0.4 mg or 0.8 mg dose, therapy should be started again with the 0.4 mg once-daily dose.

Method of administration:

Oral administration

Method of administration

Each hard gelatin capsule should be taken orally with or without food. Tablet should be swallowed whole.

4.3 Contraindications:

DYNAPRES capsules are contraindicated in patients known to be hypersensitive to tamsulosin hydrochloride or any component of DYNAPRES capsules. Reactions have included skin rash, urticaria, pruritus, angioedema, and respiratory symptoms.

4.4 Special warnings and precautions for use:

The signs and symptoms of orthostasis (postural hypotension, dizziness, and vertigo) were detected more frequently in DYNAPRES capsule-treated patients than in placebo recipients. As with other alpha adrenergic blocking agents there is a potential risk of syncope Patients beginning treatment with DYNAPRES capsules should be cautioned to avoid situations in which injury could result should syncope occur.

4.5 Drug-Interaction:

Cytochrome P450 Inhibition

Strong and Moderate Inhibitors of CYP3A4 or CYP2D6

Tamsulosin is extensively metabolized, mainly by CYP3A4 and CYP2D6.

Concomitant treatment with ketoconazole (a strong inhibitor of CYP3A4) resulted in an increase in the Cmax and AUC of tamsulosin by a factor of 2.2 and 2.8, respectively [see Warnings and Precautions (5.2) and Clinical Pharmacology (12.3)]. The effects of concomitant administration of a moderate CYP3A4 inhibitor (e.g., erythromycin) on the pharmacokinetics of DYNAPRES have not been evaluated [see Warnings and Precautions (5.2) and Clinical Pharmacology (12.3)]. Concomitant treatment with paroxetine (a strong inhibitor of CYP2D6) resulted in an increase in the Cmax and AUC of tamsulosin by a factor of 1.3 and 1.6, respectively. A similar increase in exposure is expected in CYP2D6 poor metabolizers (PM) as compared to extensive metabolizers (EM). Since CYP2D6 PMs cannot be readily identified and the potential for significant increase in tamsulosin exposure exists when DYNAPRES 0.4 mg is coadministered with strong CYP3A4 inhibitors in CYP2D6 PMs, DYNAPRES capsules 0.4 mg should not be used in combination with strong inhibitors of CYP3A4 (e.g., ketoconazole)

The effects of concomitant administration of a moderate CYP2D6 inhibitor (e.g., terbinafine) on the pharmacokinetics of DYNAPRES have not been evaluated. The effects of coadministration of both a CYP3A4 and a CYP2D6 inhibitor with DYNAPRES capsules have not been evaluated. However, there is a potential for significant increase in tamsulosin exposure when DYNAPRES 0.4 mg is coadministered with a combination of both CYP3A4 and CYP2D6 inhibitors

Cimetidine

Treatment with cimetidine resulted in a significant decrease (26%) in the clearance of tamsulosin hydrochloride, which resulted in a moderate increase in tamsulosin hydrochloride AUC (44%).

Other Alpha Adrenergic Blocking Agents:

The pharmacokinetic and pharmacodynamic interactions between DYNAPRES capsules and other alpha adrenergic blocking agents have not been determined; however, interactions between DYNAPRES capsules and other alpha adrenergic blocking agents may be expected.

PDE5 Inhibitors

Caution is advised when alpha adrenergic blocking agents including DYNAPRES are Co-administered with PDE5 inhibitors. Alpha-adrenergic blockers and PDE5 inhibitors are both vasodilators that can lower blood pressure. Concomitant use of these two drug classes can potentially cause symptomatic hypotension.

Warfarin

A definitive reported drug-drug interaction study between tamsulosin hydrochloride and warfarin was not conducted. Results from limited in vitro and in vivo studies are inconclusive. Caution

should be exercised with concomitant administration of warfarin and DYNAPRES capsules.

Nifedipine, Atenolol, Enalapril

Dosage adjustments are not necessary when DYNAPRES capsules are administered concomitantly with nifedipine, atenolol, or enalapril.

Digoxin and Theophylline

Dosage adjustments are not necessary when a DYNAPRES capsule is administered concomitantly with digoxin or theophylline.

Furosemide

DYNAPRES capsules had no effect on the pharmacodynamics (excretion of electrolytes) of furosemide. While furosemide produced an 11% to 12% reduction in tamsulosin hydrochloride Cmax and AUC, these changes are expected to be clinically insignificant and do not require adjustment of the DYNAPRES capsules dosage.

4.6 Use in special populations:

Pregnancy

Risk Summary

DYNAPRES is not indicated for use in women. There are no reported adequate data on the developmental risk associated with the use of DYNAPRES in pregnant women. No adverse developmental effects were observed in animal studies in which tamsulosin hydrochloride was administered to rats or rabbits during the period of organogenesis (GD 7 to 17 in the rat and GD 6 to 18 in the rabbit). In the U.S. general population, the estimated background risk of major birth defects and of miscarriage in clinically recognized pregnancies is 2%–4% and 15%–20%, respectively.

Data

In reported study administration of tamsulosin hydrochloride to pregnant female rats during the period of organogenesis at dose levels up to approximately 50 times the human therapeutic AUC exposure (300 mg/kg/day) revealed no evidence of harm to the fetus. Administration of tamsulosin hydrochloride to pregnant rabbits during the period of organogenesis at dose levels up to 50 mg/kg/day produced no evidence of fetal harm.

Lactation

DYNAPRES is not indicated for use in women. There are no reported data on the presence of tamsulosin hydrochloride in human milk, the effects of tamsulosin hydrochloride on the breastfed infant, or the effects of tamsulosin hydrochloride on milk production. Tamsulosin hydrochloride is present in the milk of lactating rats.

Data

Oral administration of radio labeled tamsulosin hydrochloride to rats demonstrated that tamsulosin hydrochloride and/or its metabolites are excreted into the milk of rats.

Fertility

Males

Abnormal ejaculation including ejaculation failure, ejaculation disorder, retrograde ejaculation, and ejaculation decrease has been associated with DYNAPRES. In the reported studies in rats revealed significantly reduced fertility in males considered to be due to impairment of ejaculation, which was reversible.

Females

DYNAPRES is not indicated for use in women. Female fertility in rats was significantly reduced, considered to be due to impairment of fertilization.

4.7 Effects on ability to drive and use machines:

Avoid driving, operating machinery, or other dangerous activities, until you know how DYNAPRES affects you. DYNAPRES capsules may cause a sudden drop in blood pressure upon standing, especially after the first dose or when changing doses.

4.8 Undesirable effects:

Summary of the safety profile:

Because in reported clinical trials are conducted under widely varying conditions, adverse reactions rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. The incidence of treatment-emergent adverse events has been ascertained from six short-term U.S. and European placebo-controlled clinical trials in which daily doses of 0.1 to 0.8 mg DYNAPRES capsules were used. These studies evaluated safety in 1783 patients treated with DYNAPRES capsules and 798 patients administered placebo. Table 1 summarizes the treatment-emergent adverse events that occurred in ≥2% of patients receiving either DYNAPRES capsules 0.4 mg or 0.8 mg and at an incidence numerically higher than that in the placebo group during two 13-week U.S. trials (US92-03A and US93-01) conducted in 1487 men.

Tabulated list of adverse reactions:

Table 1: Treatment-Emergent* Adverse Events Occurring in ≥2% of DYNAPRES Capsules or Placebo Patients in Two U.S. Short-Term Placebo-Controlled Reported Clinical Studies

BODY SYSTEM/ ADVERSE EVENT	**DYNAPRES CAPSULES GROUPS**		**PLACEBO**
	0.4 mg n=502	**0.8 mg n=492**	**n=493**
BODY AS WHOLE			
Headache	97 (19.3%) 99	104 (21.1%)	(20.1%)
Infection	45 (9.0%)	53 (10.8%)	37 (7.5%)
Asthenia	39 (7.8%)	42 (8.5%)	27 (5.5%)
Back pain	35 (7.0%)	41 (8.3%)	27 (5.5%)
Chest pain	20 (4.0%)	20 (4.1%)	18 (3.7%)

Because orthostasis was detected more frequently in DYNAPRES capsule-treated patients than in placebo recipients, there is a potential risk of syncope.

Abnormal Ejaculation

Abnormal ejaculation includes ejaculation failure, ejaculation disorder, retrograde ejaculation, and ejaculation decrease. As shown in Table 1, abnormal ejaculation was associated with DYNAPRES capsules administration and was dose-related in the U.S. studies. Withdrawal from these clinical studies of DYNAPRES capsules because of abnormal ejaculation was also dose-dependent, with 8 of 492 patients (1.6%) in the 0.8 mg group and no patients in the 0.4 mg or placebo groups discontinuing treatment due to abnormal ejaculation.

Laboratory Tests

No laboratory test interactions with DYNAPRES capsules are known. Treatment with DYNAPRES capsules for up to 12 months had no significant effect on prostate-specific antigen (PSA).

Reporting of side effects:

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via any point of contact of Torrent Pharma available at:

http://www.torrentpharma.com/index.php/site/info/adverse_event_reporting.

4.9 Overdose:

Should overdosage of DYNAPRES capsules 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. Reported laboratory data indicate that tamsulosin hydrochloride is 94% to 99% protein bound; therefore, dialysis is unlikely to be of benefit.

5. Pharmacological properties:

5.1 Mechanism of Action:

The symptoms associated with benign prostatic hyperplasia (BPH) are related to bladder outlet obstruction, which is comprised of two underlying components: static and dynamic. The static component is related to an increase in prostate size caused, in part, by a proliferation of smooth muscle cells in the prostatic stroma. However, the severity of BPH symptoms and the degree of urethral obstruction do not correlate well with the size of the prostate. The dynamic component is a function of an increase in smooth muscle tone in the prostate and bladder neck leading to constriction of the bladder outlet. Smooth muscle tone is mediated by the sympathetic nervous stimulation of alpha1 adrenoceptors, which are abundant in the prostate, prostatic capsule, prostatic urethra, and bladder neck. Blockade of these adrenoceptors can cause smooth muscles in the bladder neck and prostate to relax, resulting in an improvement in urine flow rate and a reduction in symptoms of BPH. Tamsulosin, an alpha1 adrenoceptor blocking agent, exhibits selectivity for alpha1 receptors in the human prostate. At least three discrete alpha1 adrenoceptor subtypes have been identified: alpha1A, alpha1B, and alpha1D; their distribution differs between human organs and tissue. Approximately 70% of the alpha1 receptors in the human prostate are of the alpha1A subtype. DYNAPRES capsules are not intended for use as an antihypertensive drug.

5.2 Pharmacodynamic properties:

Urologic pharmacodynamic effects have been evaluated in neurologically impaired pediatric patients and in adults with BPH.

5.3 Pharmacokinetic properties:

The pharmacokinetics of tamsulosin hydrochloride have been evaluated in adult healthy volunteers and patients with BPH after single and/or multiple administration with doses ranging from 0.1 mg to 1 mg.

Absorption

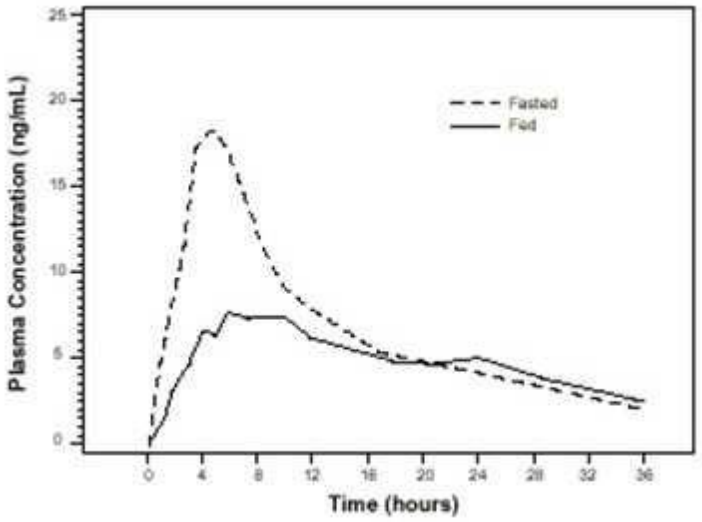
Absorption of tamsulosin hydrochloride from DYNAPRES capsules 0.4 mg is essentially complete (>90%) following oral administration under fasting conditions. Tamsulosin hydrochloride exhibits linear kinetics following single and multiple dosing, with achievement of

steady-state concentrations by the fifth day of once-a-day dosing.

Effect of Food

The time to maximum concentration (Tmax) is reached by 4 to 5 hours under fasting conditions and by 6 to 7 hours when DYNAPRES capsules are administered with food. Taking DYNAPRES capsules under fasted conditions results in a 30% increase in bioavailability (AUC) and 40% to 70% increase in peak concentrations (Cmax) compared to fed conditions.

Figure 1: Mean Plasma Tamsulosin Hydrochloride Concentrations Following Single- Dose Administration of DYNAPRES Capsules 0.4 mg Under Fasted and Fed Conditions (n=8)



The effects of food on the pharmacokinetics of tamsulosin hydrochloride are consistent regardless of whether a DYNAPRES capsule is taken with a light breakfast or a high-fat breakfast (Table 2).

Table 2: Mean (± S.D.) Pharmacokinetic Parameters Following DYNAPRES Capsules 0.4 mg Once Daily or 0.8 mg Once Daily with a Light Breakfast, High-Fat Breakfast or Fasted

Pharmacokinetic Parameter	0.4 mg QD to healthy volunteers; n=23 (age range 18-32 years)		0.8 mg QD to healthy volunteers; n=22 (age range 55–75 years)		
	Light Breakfast	Fasted	Light Breakfast	High-Fat Breakfast	Fasted
C_{min} (ng/mL)	4.0 ± 2.6	3.8 ± 2.5	12.3 ± 6.7	13.5 ± 7.6	13.3 ± 13.3
C_{max} (ng/mL)	10.1 ± 4.8	17.1 ± 17.1	29.8 ± 10.3	29.1 ± 11.0	41.6 ± 15.6
C_{max}/C_{min} Ratio	3.1 ± 1.0	5.3 ± 2.2	2.7 ± 0.7	2.5 ± 0.8	3.6 ± 1.1
T_{max} (hours)	6.0	4.0	7.0	6.6	5.0
$T_{1/2}$ (hours)	-	-	-	-	14.9 ± 3.9
AUC_t (ng·hr/mL)	151 ± 81.5	199 ± 94.1	440 ± 195	449 ± 217	557 ± 257

C_{min} = observed minimum concentration

C_{max} = observed maximum tamsulosin hydrochloride plasma concentration
T_{max} = median time-to-maximum concentration
$T_{1/2}$ = observed half-life
AUC_t = area under the tamsulosin hydrochloride plasma time curve over the dosing interval

Distribution

The mean steady-state apparent volume of distribution of tamsulosin hydrochloride after intravenous administration to 10 healthy male adults was 16 L, which is suggestive of distribution into extracellular fluids in the body. Tamsulosin hydrochloride is extensively bound to human plasma proteins (94% to 99%), primarily alpha1 acid glycoprotein (AAG), with linear binding over a wide concentration range (20 to 600 ng/mL). The results of two-way in vitro studies indicate that the binding of tamsulosin hydrochloride to human plasma proteins is not affected by amitriptyline, diclofenac, glyburide, simvastatin plus simvastatin-hydroxy acid metabolite, warfarin, diazepam, propranolol, trichlormethiazide, or chlormadinone. Likewise, tamsulosin hydrochloride had no effect on the extent of binding of these drugs.

Metabolism

There is no enantiomeric bioconversion from tamsulosin hydrochloride [R(-) isomer] to the S(+) isomer in humans. Tamsulosin hydrochloride is extensively metabolized by cytochrome P450 enzymes in the liver and less than 10% of the dose is excreted in urine unchanged. However, the pharmacokinetic profile of the metabolites in humans has not been established. Tamsulosin is extensively metabolized, mainly by CYP3A4 and CYP2D6 as well as via some minor participation of other CYP isoenzymes. Inhibition of hepatic drug-metabolizing enzymes may lead to increased exposure to tamsulosin. The metabolites of tamsulosin hydrochloride undergo extensive conjugation to glucuronide or sulfate prior to renal excretion. Incubations with human liver microsomes showed no evidence of clinically significant metabolic interactions between tamsulosin hydrochloride and amitriptyline, albuterol (beta agonist), glyburide (glibenclamide) and finasteride (5-alpha-reductase inhibitor for treatment of BPH). However, results of the in vitro testing of the tamsulosin hydrochloride interaction with diclofenac and warfarin were equivocal.

Excretion

On administration of the radiolabeled dose of tamsulosin hydrochloride to 4 healthy volunteers, 97% of the administered radioactivity was recovered, with urine (76%) representing the primary route of excretion compared to feces (21%) over 168 hours. Following intravenous or oral administration of an immediate-release formulation, the elimination half-life of tamsulosin hydrochloride in plasma ranged from 5 to 7 hours. Because of absorption rate-controlled pharmacokinetics with DYNAPRES capsules, the apparent half-life of tamsulosin hydrochloride is approximately 9 to 13 hours in healthy volunteers and 14 to 15 hours in the target population. Tamsulosin hydrochloride undergoes restrictive clearance in humans, with a relatively low systemic clearance (2.88 L/h).

Specific Populations

Pediatric use

DYNAPRES capsules are not indicated for use in pediatric populations.

Geriatric (age) use

Cross-study comparison of DYNAPRES capsules overall exposure (AUC) and half-life indicates that the pharmacokinetic disposition of tamsulosin hydrochloride may be slightly prolonged in geriatric males compared to young, healthy male volunteers. Intrinsic clearance is independent of tamsulosin hydrochloride binding to AAG, but diminishes with age, resulting in a 40% overall higher exposure (AUC) in subjects of age 55 to 75 years compared to subjects of age 20 to 32 years.

Renal impairment

The pharmacokinetics of tamsulosin hydrochloride have been compared in 6 subjects with mild-moderate (30£ CLcr <70 mL/min/1.73 m2) or moderate-severe (10£ CLcr <30 mL/min/1.73 m2) renal impairment and 6 normal subjects (CLcr >90 mL/min/1.73 m2). While a change in the overall plasma concentration of tamsulosin hydrochloride was observed as the result of altered binding to AAG, the unbound (active) concentration of tamsulosin hydrochloride, as well as the intrinsic clearance, remained relatively constant. Therefore, patients with renal impairment do not require an adjustment in DYNAPRES capsules dosing. However, patients with end-stage renal disease (CLcr <10 mL/min/1.73 m2) have not been studied.

Hepatic impairment

The pharmacokinetics of tamsulosin hydrochloride have been compared in 8 subjects with moderate hepatic impairment (Child-Pugh's classification: Grades A and B) and 8 normal subjects. While a change in the overall plasma concentration of tamsulosin hydrochloride was observed as the result of altered binding to AAG, the unbound (active) concentration of tamsulosin hydrochloride does not change significantly, with only a modest (32%) change in intrinsic clearance of unbound tamsulosin hydrochloride. Therefore, patients with moderate hepatic impairment do not require an adjustment in DYNAPRES capsules dosage. DYNAPRES has not been studied in patients with severe hepatic impairment.

6 Nonclinical properties:

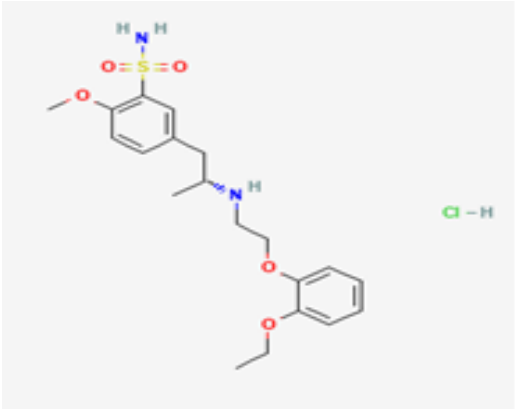
Animal Toxicology or Pharmacology

In reported study rats administered doses up to 43 mg/kg/day in males and 52 mg/kg/day in females had no increases in tumor incidence, with the exception of a modest increase in the frequency of mammary gland fibroadenomas in female rats receiving doses 5.4 mg/kg ($P<0.015$). The highest doses of tamsulosin hydrochloride evaluated in the rat carcinogenicity study produced systemic exposures (AUC) in rats 3 times the exposures in men receiving the maximum therapeutic dose of 0.8 mg/day. Mice were administered doses up to 127 mg/kg/day in males and 158 mg/kg/day in females. There were no significant tumor findings in male mice. Female mice treated for 2 years with the two highest doses of 45 and 158 mg/kg/day had statistically significant increases in the incidence of mammary gland fibroadenomas ($P<0.0001$) and adenocarcinomas ($P<0.0075$). The highest dose levels of tamsulosin hydrochloride evaluated in the mice carcinogenicity study produced systemic exposures (AUC) in mice 8 times the exposures in men receiving the maximum therapeutic dose of 0.8 mg/day. The increased incidences of mammary gland neoplasms in female rats and mice were considered secondary to tamsulosin hydrochloride-induced hyperprolactinemia. It is not known if DYNAPRES capsules elevate prolactin in humans. The relevance for human risk of the findings of prolactin-mediated endocrine tumors in rodents is not known. Tamsulosin hydrochloride produced no evidence of mutagenic potential in vitro in the Ames reverse mutation test, mouse lymphoma thymidine kinase assay, unscheduled DNA repair synthesis assay, and chromosomal aberration assays in Chinese hamster ovary cells or human lymphocytes. There were no mutagenic effects in the in vivo sister chromatid exchange and mouse micronucleus assay. Studies in rats revealed significantly reduced fertility in males dosed with single or multiple daily doses of 300 mg/kg/day of tamsulosin hydrochloride (AUC exposure in rats about 50 times the human exposure with the maximum therapeutic dose). The mechanism of decreased fertility in male rats is considered to be an effect of the compound on the vaginal plug formation possibly due to changes of semen content or impairment of ejaculation. The effects on fertility were reversible, showing improvement by 3 days after a single dose and 4 weeks after multiple dosing. Effects on fertility in males were completely reversed within nine weeks of discontinuation of multiple dosing. Multiple doses of 10 and 100 mg/kg/day tamsulosin hydrochloride (1/5 and 16 times the anticipated human AUC exposure) did not significantly alter fertility in male rats. Effects of tamsulosin hydrochloride on sperm counts or sperm function have not been evaluated. Studies in female rats revealed significant reductions in fertility after single

or multiple dosing with 300 mg/kg/day of the R-isomer or racemic mixture of tamsulosin hydrochloride, respectively. In female rats, the reductions in fertility after single doses were considered to be associated with impairments in fertilization. Multiple dosing with 10 or 100 mg/kg/day of the racemic mixture did not significantly alter fertility in female rats.

7 Description:

Tamsulosin Hydrochloride is (R)-5-(2{[2-(o-ethoxyphenoxy)ethyl]aminopropyl)-2-methoxybenzenesulfonamide hydrochloride. The molecular formula is $C_{20}H_{28}N_2O_5S,HCl$ and the molecular weight is 445.0. The chemical structure of Tamsulosin Hydrochloride is:



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DYNAPRES 0.4 Capsules are Dark blue/white, size '2' hard gelatin capsules filled with white coloured pellets. The excipients used are ready to use pellets of Tamsulosin Hydrochloride.

8 Pharmaceutical particulars:

8.1 Incompatibilities:

None stated.

8.2 Shelf-life:

Do not use later than date of expiry.

8.3 Packaging information:

DYNAPRES 0.4 is available in Blister pack of 30 capsules

8.4 Storage and handing instructions:

Store at a temperature not exceeding 30°C and protect from light & moisture.

9 Patient Counselling Information

Package leaflet: Information for the user

DYNAPRES 0.4

Tamsulosin Hydrochloride

Prolonged Release Capsules I.P. 0.4 mg

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.

- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

9.1 What is in this leaflet?

9.2 What Dynapres capsules is and what it is used for

9.3 What you need to know before you take Dynapres capsules

9.4 How to take Dynapres capsules

9.5 Possible side effects.

9.6 How to store Dynapres capsules

9.7 Contents of the pack and other information.

9.1. What Dynapres capsules is and what it is used for

Dynapres capsules contains tamsulosin hydrochloride prolonged release capsules I.P. 0.4 mg

"It is used as capsules are indicated for the signs and symptoms of benign prostatic hyperplasia."

9.2. What you need to know before you take DYNAPRES

Before taking DYNAPRES capsules, tell your doctor about all your medical conditions, including:

• any kidney or liver problems.

• any history of low blood pressure.

• any allergies to sulfa or any other medicines.

• if you are planning to have cataract or glaucoma surgery.

Tell your doctor about all the medicines you take, including:

• any prescription medicines, including blood pressure medicines.

• any non-prescription medicines, including vitamins and herbal supplements.

Some of your other medicines may affect the way DYNAPRES capsules work. Especially tell your doctor if you take a medicine for high blood pressure. You should not take DYNAPRES if you are already taking certain blood pressure medicines. Know the medicines you take. Keep a list of them and show it to your doctor and pharmacist when you get a new medicine.

WARNINGS AND PRECAUTIONS

Advise patients about the possibility of symptoms related to postural hypotension and to avoid situations where injury could result should syncope occur

• Should not be used in combination with strong inhibitors of CYP3A4. Use with caution in combination with moderate inhibitors of CYP3A4, with strong or moderate inhibitors of CYP2D6, in patients known to be CYP2D6 poor metabolizers, or in combination with other cytochrome P450 inhibitors.

• Should not be used in combination with other alpha adrenergic blocking agents

• Exercise caution with concomitant administration of warfarin

• Advise patients about the possibility and seriousness of priapism

Other medicines and Tamsulosin hydrochloride capsules

DYNAPRES capsules 0.4 mg should not be used with strong inhibitors of CYP3A4 (e.g., ketoconazole). DYNAPRES capsules should be used with caution in combination with moderate inhibitors of CYP3A4 (e.g., erythromycin), in combination with strong (e.g., paroxetine) or moderate (e.g., terbinafine) inhibitors of CYP2D6, or in patients known to be CYP2D6 poor metabolizers, particularly at a dose higher than 0.4 mg (e.g., 0.8 mg).

• Concomitant use of PDE5 inhibitors with tamsulosin can potentially cause symptomatic hypotension.

Pregnancy, breast feeding and fertility

DYNAPRES is not indicated for use in women.

Driving and using machines

Avoid driving, operating machinery, or other dangerous activities, until you know how DYNAPRES affects you. DYNAPRES capsules may cause a sudden drop in blood pressure upon standing, especially after the first dose or when changing doses.

9.3. How to take Dynapres capsules

Swallow the whole capsule with some water.

If you take more Dynapres capsules than you should

If you have taken too many tablets, contact your doctor immediately or go to the nearest hospital casualty department taking any remaining medication and this patient information leaflet with you.

If you miss a dose of Dynapres capsules

If you miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. Do not double the dose.

If you stop or forget to take Dynapres capsules

If you stop for several days, talk with your doctor before starting again.

9.4. Possible side effects.

Decreased blood pressure when changing positions. DYNAPRES capsules may cause a sudden drop in blood pressure upon standing, especially after the first dose or when changing doses. Symptoms may include:

• fainting

• dizziness

• lightheadedness

Change positions slowly from lying down to sitting up or from a sitting to a standing position until you learn how you react to DYNAPRES capsules. If you begin to feel dizzy, sit or lie down until you feel better. If the symptoms are severe or do not improve, call your doctor.

Allergic reactions. Make your doctor aware of any allergic reactions you may experience while taking DYNAPRES.

Allergic reactions may include:

• rash

• itching

• hives

Rare and more serious allergic reactions may also occur. Get medical help right away if you have any of the following reactions:

• swelling of face, tongue, or throat

• difficulty breathing

• blistering of the skin

• **painful erection that will not go away.** DYNAPRES capsules can cause a painful erection (priapism), which cannot be relieved by having sex. If this happens, get medical help right away. If priapism is not treated, you may not be able to get an erection in the future.

• **Eye problems during cataract or glaucoma surgery. During cataract or glaucoma surgery, a condition** called intraoperative floppy iris syndrome (IFIS) can happen if you take or have taken DYNAPRES capsules. If you need to have cataract or glaucoma surgery, be sure to tell your surgeon if you take or have taken DYNAPRES capsules. Common side effects of DYNAPRES capsules may include:

• runny nose

• dizziness

• decreased semen

These are not all the possible side effects with DYNAPRES capsules. Tell your doctor if you have any side effect that bothers you or that does not go away.

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via any point of contact of Torrent Pharma available at:

http://www.torrentpharma.com/index.php/site/info/adverse_event_reporting.

9.5. How to store DYNAPRES CAPSULES

Store at a temperature not exceeding 30°C and protect from light & moisture.

9.6. Contents of the pack and other information.

What Dynapres capsules contains

The active substances is Tamsulosin Hydrochloride

The excipients used are ready to use pellets of Tamsulosin Hydrochloride.

DYNAPRES 0.4 is available in Blister pack of 30 capsules

10 Details of manufacturer

M/s. Hetero Labs Limited (UNIT-I)

Kalyanpur (Village), Chakkan Road,

Baddi (Tehsil), Solan (Distt),

Himachal Pradesh - 173205.

11 Details of permission or licence number with date

MNB/06/328 issued on 04.04.2021

12 Date of revision

Not applicable

MARKETED BY

TORRENT PHARMACEUTICALS LTD.

IN/DYNAPRES 0.4 mg/July-22/01/PI