

FEDALOC SR 30 mg

FEDALOC SR 60 mg

SCHEDULING STATUS:

S3

PROPRIETARY NAME (AND DOSAGE FORM):

FEDALOC SR 30 mg (SLOW RELEASE TABLETS)

FEDALOC SR 60 mg (SLOW RELEASE TABLETS)

COMPOSITION:

FEDALOC SR 30 mg: Each slow release tablet contains 30 mg Nifedipine.

FEDALOC SR 60 mg: Each slow release tablet contains 60 mg Nifedipine.

PHARMACOLOGICAL CLASSIFICATION:

A 7.1 Vasodilators, hypotensives.

PHARMACOLOGICAL ACTION:

Nifedipine, a calcium antagonist, improves oxygen supply to the myocardium with simultaneous decrease of oxygen requirements. Nifedipine has a vasodilatory effect on the peripheral arterial beds resulting in a reduction in peripheral vascular resistance and an increase in peripheral blood flow.

Pharmacokinetics:

Nifedipine is absorbed from the gastro-intestinal tract, but undergoes extensive hepatic first-pass metabolism, resulting in a bio-availability after oral administration of between 45 and 75%. Following oral administration of slow release nifedipine tablets, peak blood concentrations to occur after 2 to 5 hours with a half-life of 6 to 12 hours. Nifedipine is about 92 to 98% bound to plasma proteins. It is extensively metabolised in the liver and 80% of a dose is excreted in the urine almost entirely as inactive metabolites.

INDICATIONS:

Treatment of mild to moderate hypertension.

Prophylaxis and treatment of chronic stable angina pectoris.

CONTRA-INDICATIONS:

Hypersensitivity to nifedipine.

FEDALOC SR should not be used in cardiovascular shock, clinically significant aortic stenosis, unstable angina, or during or within one month of a myocardial infarction.

FEDALOC SR should not be administered to patients with hepatic impairment.

FEDALOC SR should not be administered to patients with a history of gastro-intestinal obstruction, oesophageal obstruction, or any degree of decreased lumen diameter of the gastrointestinal tract.

FEDALOC SR is contra-indicated in patients with inflammatory bowel disease.

FEDALOC SR is contra-indicated in combination with rifampicin because effective plasma levels of nifedipine may not be obtained because of enzyme induction by rifampicin.

This medicine is considered unsafe in patients with acute porphyria.

There are no recommendations for use in children.

WARNINGS:

See "CONTRA-INDICATIONS AND SPECIAL PRECAUTIONS".

INTERACTIONS:

- The blood-pressure lowering effect of nifedipine may be potentiated upon co-administration of other antihypertensive medicines.

When **FEDALOC SR** is administered simultaneously with β -receptor blockers the patient should be carefully monitored, since fairly severe hypotension can occur. Deterioration of heart failure is also known to develop in isolated cases.

Nifedipine is metabolised via the cytochrome P450 3A4 system, located both in the intestinal mucosa and in the liver. Medicines that are known to either inhibit or to induce this enzyme system may therefore alter the first pass (after oral administration) or the clearance of nifedipine.

- Digoxin

The simultaneous administration of **FEDALOC SR** and digoxin may lead to reduced digoxin clearance and hence an increase in plasma concentration of digoxin. The patient should therefore be checked for symptoms of digoxin overdosage as a precaution and, if necessary, the glycoside dose should be reduced taking account of the plasma concentration of digoxin.

- Phenytoin

Phenytoin induces the cytochrome P450 3A4 system. Upon co-administration with phenytoin, the bioavailability of nifedipine is reduced and thus its efficacy weakened.

When both medicines are concomitantly administered, the clinical response to **FEDALOC SR** should be monitored and, if necessary, an increase of the **FEDALOC SR** dose considered. If the dose of **FEDALOC SR** is increased during co-administration of both drugs, a reduction of the **FEDALOC SR** dose should be considered when the treatment with phenytoin is discontinued.

- Quinidine

When **FEDALOC SR** and quinidine have been administered simultaneously, lowered quinidine or, after discontinuation of nifedipine, a distinct increase in plasma concentrations of quinidine has been observed in individual cases. For this reason, when **FEDALOC SR** is either additionally administered or discontinued, monitoring of the quinidine plasma concentration and, if necessary, adjustment of the quinidine dose is recommended.

Some authors reported increased plasma concentrations of **FEDALOC SR** upon co-administration of both medicines, while other did not observe and alteration in the pharmacokinetics of **FEDALOC SR**. Therefore, the blood pressure should be carefully monitored if quinidine is added to an existing therapy with **FEDALOC SR**. If necessary, the dose of nifedipine should be decreased.

- Quinupristin/Dalfopristin

Simultaneous administration of quinupristin/dalfopristin and **FEDALOC SR** may lead to increased plasma concentrations of nifedipine. Upon co-administration of both medicines, the blood pressure should be monitored and, if necessary, a reduction of the **FEDALOC SR** dose considered.

- Cimetidine

Due to its inhibition of cytochrome P450 3A4, cimetidine elevates the plasma concentrations of nifedipine and may potentiate the antihypertensive effect.

- Rifampicin

Rifampicin strongly induces the cytochrome P450 3A4 system. Upon co-administration with rifampicin, the bioavailability of nifedipine is distinctly reduced and thus its efficacy weakened. The use of **FEDALOC SR** in combination with rifampicin is therefore contraindicated.

- Diltiazem

Diltiazem decreases the clearance of nifedipine. Nifedipine increases the bioavailability and decreases the clearance of diltiazem. The combination of both medicines should be administered with caution and a reduction of both doses may be considered.

- Grapefruit Juice
Grapefruit juice inhibits the metabolism of nifedipine. Administration of **FEDALOC SR** together with grapefruit juice thus results in elevated plasma concentrations of **FEDALOC SR** due to a decreased first pass metabolism in the gastro-intestinal tract. As a consequence, the blood pressure lowering effect may be increased. After regular intake of grapefruit juice, this effect may last for at least 3 days after the last ingestion of grapefruit juice.
- Cisapride
Simultaneous administration of cisapride and **FEDALOC SR** may lead to increased plasma concentrations of nifedipine. Upon co-administration of both medicines, the blood pressure should be monitored and, if necessary, a reduction of the **FEDALOC SR** dose considered.

Potential interactions

- Erythromycin
Erythromycin is known to inhibit the cytochrome P450 3A4 mediated metabolism of other medicines. Therefore the potential for an increase of nifedipine plasma concentrations upon co-administration of both medicines cannot be excluded.
- Fluoxetine
Fluoxetine has been shown to inhibit *in vitro* the cytochrome P450 3A4 mediated metabolism of nifedipine. Therefore an increase of nifedipine plasma concentrations upon co-administration of both medicines cannot be excluded. When fluoxetine is given together with **FEDALOC SR**, the blood pressure should be monitored and, if necessary, a reduction in the **FEDALOC SR** dose considered.
- Indinavir, Ritonavir, Saquinavir
Medicines of this class are known to inhibit the cytochrome P450 3A4 system. In addition, indinavir and ritonavir have been shown to inhibit *in vitro* the cytochrome P450 3A4 mediated metabolism of **FEDALOC SR**. When administered together with **FEDALOC SR**, a substantial increase in plasma concentrations of nifedipine due to a decreased first pass metabolism and a decreased elimination cannot be excluded. Upon co-administration, the blood pressure should be monitored and, if necessary, a reduction in the **FEDALOC SR** dose considered.
- Ketoconazole, Itraconazole, Fluconazole
Medicines of this class are known to inhibit the cytochrome P450 3A4 system. When administered orally together with **FEDALOC SR**, a substantial increase in systemic bioavailability of nifedipine due to a decreased first pass metabolism cannot be

excluded. Upon co-administration, the blood pressure should be monitored and, if necessary, a reduction in the **FEDALOC SR** dose considered.

- Tacrolimus

Tacrolimus has been shown to be metabolised via the cytochrome P450 3A4 system. Upon co-administration of tacrolimus and **FEDALOC SR**, the tacrolimus plasma concentrations should be monitored and, if necessary, a reduction in the tacrolimus dose considered.

- Carbamazepine

As carbamazepine has been shown to reduce the plasma concentrations of the structurally similar calcium channel blocker nimodipine due to enzyme induction, a decrease in nifedipine plasma concentrations and hence a decrease in efficacy cannot be excluded.

- Nefazodone

A clinical study investigating the potential of a medicines interaction between **FEDALOC SR** and nefazodone has not yet been performed. Nefazodone is known to inhibit cytochrome P450 3A4 mediated metabolism of other medicines.

Therefore an increase of nifedipine plasma concentrations upon co-administration of both medicines cannot be excluded. When nefazodone is given together with **FEDALOC SR**, the blood pressure should be monitored and, if necessary, a reduction in the **FEDALOC SR** dose considered.

- Phenobarbitone

As phenobarbitone has been shown to reduce the plasma concentrations of the structurally similar calcium channel blocker nimodipine due to enzyme induction, a decrease in nifedipine plasma concentrations and hence a decrease in efficacy cannot be excluded.

- Valproic acid

As valproic acid has been shown to increase the plasma concentrations of the structurally similar calcium channel blocker nimodipine due to enzyme inhibition, an increase in nifedipine plasma concentrations and hence an increase in efficacy cannot be excluded.

Other forms of interactions

- **FEDALOC SR** may cause falsely increased spectrophotometric values of urinary vanillyl-mandelic acid. However, measurement with HPLC is unaffected.

PREGNANCY AND LACTATION:

FEDALOC SR tablets may not be used during pregnancy or lactation.

In single cases of *in vitro* fertilization, nifedipine has been associated with reversible biochemical changes in the spermatozoa's head section that may result in impaired sperm function. In men who are repeatedly unsuccessful in fathering a child by *in vitro* fertilization and if no other explanation can be found, nifedipine should be considered a possible reason.

DOSAGE AND DIRECTIONS FOR USE:

FEDALOC SR tablets should be swallowed whole with a glass of fluid. The tablets should not be bitten, chewed or broken up. The tablets should be taken at approximately 24 hour intervals, i.e. at the same time each day, preferably during the morning. **FEDALOC SR** may be taken independently of mealtimes.

The recommended dosage is 30 mg daily (one tablet). This dosage may be increased according to individual requirements up to a maximum of 90 mg once daily.

Patients with impaired renal function should not require adjustment of dosage.

A slight alteration of the pharmacokinetics of **FEDALOC SR** may be seen in the elderly. However, dosage adjustment in these patients is not usually necessary.

SIDE-EFFECTS AND SPECIAL PRECAUTIONS:

Side-effects:

Cardiovascular disorders:

Frequent: Peripheral oedema

Less frequent: Hypotension, chest pain, tachycardia and palpitations.

Eye disorders:

Less frequent: Eye pain; transient blindness

Gastro-intestinal disorders:

Frequent: Nausea

Less frequent: Other gastro-intestinal disturbances; gingival hyperplasia

Hepatic disorders:

Less frequent: Abnormalities in liver function

Nervous system disorders:

Frequent: Dizziness

Psychiatric disorders:

Less frequent: Mental depression

Renal and urinary disorders:

Less frequent: Increased micturition frequency

Skin disorders:

Less frequent: Rashes (including erythema multiforme); hypersensitivity

Other disorders:

Frequent: Headache; facial flushing

Less frequent: Lethargy; fever

Special precautions:

FEDALOC SR should be used with caution in patients with hypotension, in patients whose cardiac reserve is poor, and in those with heart failure since deterioration of heart failure has been noted.

In patients with severe aortic stenosis **FEDALOC SR** may increase the risk of developing heart failure.

Sudden withdrawal of **FEDALOC SR** might be associated with an exacerbation of angina. The dose may need to be reduced in patients with hepatic impairment (See “CONTRA-INDICATIONS”).

FEDALOC SR should be discontinued in patients who experience ischaemic pain following its administration.

FEDALOC SR tablets does not replace the nitroglycerines in an acute attack of angina pectoris.

Blood pressure should be monitored carefully during initiation and upward titration of **FEDALOC SR** tablets especially if patients are on anti-hypertensive therapy.

Bezoars can occur in rare cases and may require surgical intervention.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

See “SIDE-EFFECTS AND SPECIAL PRECAUTIONS”.

No specific antidote is available. Treatment is symptomatic and supportive.

IDENTIFICATION:

FEDALOC SR 30 mg: Round, biconvex pale red film coated tablets in a controlled release formulation. Diameter: 7,00 mm

FEDALOC SR 60 mg: Round, biconvex pale red film coated tablets in a controlled release formulation. Diameter: 11,00 mm

PRESENTATION:

White polypropylene securitainers with a white snap-on lid containing 30 tablets.

STORAGE INSTRUCTIONS:

Store below 25°C. Keep well closed. Protect from light and moisture.

STORE ALL MEDICINES OUT OF REACH OF CHILDREN.

REGISTRATION NUMBERS:

FEDALOC SR 30 mg: 37/7.1/0302

FEDALOC SR 60 mg: 37/7.1/0303

**NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF
REGISTRATION:**

Marketed by **PHARMA DYNAMICS (PTY) LTD** for:

CompuPharm (Pty) Ltd

476 Kings Highway

Lynnwood

Pretoria

DATE OF PUBLICATION OF THE PACKAGE INSERT:

31 March 2006

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SKEDULERINGSSTATUS:

S3

EIENDOMSNAAM (EN DOSEERVORM):

FEDALOC SR 30 mg (STADIGE-VRYSTELLINGSTABLETTE)

FEDALOC SR 60 mg (STADIGE-VRYSTELLINGSTABLETTE)

SAMESTELLING:

FEDALOC SR 30 mg: Elke stadige-vrystellingstablet bevat 30 mg Nifedipien.

FEDALOC SR 60 mg: Elke stadige-vrystellingstablet bevat 60 mg Nifedipien.

FARMAKOLOGIESE KLASSIFIKASIE:

A.7.1. Vasodilators, hipotensiewe middels.

FARMAKOLOGIESE WERKING:

Nifedipien, 'n kalsiumantagonis, verbeter suurstoefoer na die miokardium met 'n gelyktydige afname in suurstofbehoefte. Nifedipien het 'n vasodilatoriese effek op die perifere arteriële beddings wat 'n afname in perifere vaskulêre weerstand en 'n toename in perifere bloedvloei veroorsaak.

Farmakokinetika:

Nifedipien word uit die spysverteringskanaal geabsorbeer, maar ondergaan ekstensiewe hepatische eerste verbygang metabolisme, wat 'n biobeskikbaarheid na orale toediening van tussen 45 en 75% veroorsaak. Na orale toediening van stadige-vrystelling nifedipientablette kom piek bloedkonsentrasies na 2 tot 5 uur met 'n halfleeftyd van 6 tot 12 uur voor. Nifedipien is ongeveer 92 tot 98% aan plasmaproteïene gebonde. Dit word ekstensief in die lewer gemetaboliseer en 80% van 'n dosis word in die urine, hoofsaaklik as onaktiewe metaboliete, uitgeskei.

INDIKASIES:

Behandeling van ligte tot matige hipertensie.

Profilakse en behandeling van chroniese stabiele angina pectoris.

KONTRA-INDIKASIES:

Hipersensitiwiteit teenoor nifedipien.

FEDALOC SR behoort nie in kardiovaskulêre skok, klinies beduidende aortastenose, onstabiele angina, of tydens, of binne een maand, na 'n miokardiale infarsie, gebruik te word nie.

FEDALOC SR behoort nie aan pasiënte met hepatiese inkorting toegedien te word nie.

FEDALOC SR behoort nie aan pasiënte met 'n geskiedenis van gastroïntestinale obstruksie, esofageale obstruksie, of enige graad van afname in die lumen deursnit van die spysverteringskanaal, toegedien te word nie.

FEDALOC SR is teenaangedui in pasiënte met inflammatoriese dermsiekte.

FEDALOC SR is teenaangedui in kombinasie met rifampisien omdat effektiewe plasmavlakke van nifedipien moontlik nie verkry sal word nie as gevolg van ensieminduksie deur rifampisien.

Hierdie medisyne word as onveilig beskou in pasiënte met akute porfirie.

Daar is geen aanbevelings vir gebruik by kinders beskikbaar nie.

WAARSKUWINGS:

Sien “KONTRA-INDIKASIES EN SPESIALE VOORSORGMATREËLS”.

INTERAKSIES:

- Die bloeddrukverlagende effek van nifedipien mag deur gelyktydige toediening saam met ander antihipertensiewe medisyne versterk word.

Wanneer **FEDALOC SR** saam met β -reseptorblokkeerders toegedien word, behoort die pasiënt versigtig gemoniteer te word, aangesien taamlik ernstige hipotensie mag voorkom. Dit is ook bekend dat verergering van hartversaking in geïsoleerde gevalle mag ontwikkel.

Nifedipien word gemetaboliseer deur die sitochroom P450 3A4-sisteem, wat in beide die dermslymvliese en in die lewer gelokaliseer is. Medisyne waar dit bekend is dat hulle hierdie ensiemsisteem óf inhibeer, óf induseer, mag dus die eerste verbygang (na orale toediening) of die opruiming van nifedipien verander.

- Digoksien

Die gelyktydige toediening van **FEDALOC SR** en digoksien mag lei tot verminderde opruiming van digoksien en dus 'n toename in die plasmakonsentrasie van digoksien

veroorzaak. Die pasiënt moet dus vir simptome van digoksienoordosering as voorsorgmaatreël ondersoek word, en indien nodig, behoort die dosis glikosied verlaag te word terwyl die plasmakonsentrasie van digoksien in ag geneem word.

- Fenitoïen

Fenitoïen induseer die sitochroom P450 3A4-sisteem. As dit saam met fenitoïen toegedien word, word die biobeskikbaarheid van nifedipien verlaag en die doeltreffendheid word dus verswak. As beide medisyne gelyktydig toegedien word, behoort die kliniese reaksie op **FEDALOC SR** gemoniteer te word, en indien nodig, moet 'n verhoging van die dosis **FEDALOC SR** oorweeg word. Indien die dosis **FEDALOC SR** verhoog word tydens gelyktydige toediening van beide geneesmiddels, behoort 'n verlaging van die dosis **FEDALOC SR** oorweeg te word wanneer die behandeling met fenitoïen gestaak word.

- Kinidien

Toe **FEDALOC SR** en kinidien saam toegedien is, is verlaagde kinidienvlakke, of na staking van nifedipien, is 'n duidelike toename in die plasmakonsentrasies van kinidien by individuele gevalle waargeneem. Vir hierdie rede, word monitering van die plasmakonsentrasie van kinidien en indien nodig, aanpassing van die kinidiendosis aanbeveel, wanneer **FEDALOC SR** óf bykomstig toegedien, óf gestaak word.

Sommige outeurs maak melding van verhoogde plasmakonsentrasies van **FEDALOC SR** wanneer beide medisyne gelyktydig toegedien word, terwyl ander skrywers geen veranderings in die farmakokinetika van **FEDALOC SR** waargeneem het nie.

Bloeddruk behoort dus versigtig gemoniteer te word as kinidien by 'n bestaande terapie met **FEDALOC SR** gevoeg word. Indien nodig, behoort die dosis nifedipien verminder te word.

- Kinupristien/Dalfopristien

Gelyktydige toediening van kinupristien/dalfopristien en **FEDALOC SR** mag lei tot verhoogde plasmakonsentrasies van nifedipien. Wanneer beide medisyne gelyktydig toegedien word, moet bloeddruk gemoniteer word en indien nodig, moet vermindering van die dosis **FEDALOC SR** oorweeg word.

- Simetidien

As gevolg van sy inhibisie van sitochroom P450 3A4, verhoog simetidien die plasmakonsentrasies van nifedipien en mag dit die antihipertensiewe effek versterk.

- Rifampisien

Rifampisien induseer sitochroom P450 3A4 sterk. Met gelyktydige toediening saam met rifampisien, is die biobeskikbaarheid van nifedipien duidelik verminder en dus

word dié middel se doeltreffendheid verswak. Die gebruik van **FEDALOC SR** in kombinasie met rifampisien is dus teenaangedui.

- Diltiasem

Diltiasem verlaag die opruiming van nifedipien. Nifedipien verhoog die biobeskikbaarheid en verlaag die opruiming van diltiasem. Die kombinasie van beide medisyne moet met omsigtigheid toegedien word en 'n vermindering van beide dosisse kan oorweeg word.

- Pomelosap

Pomelosap inhibeer die metabolisme van nifedipien. Toediening van **FEDALOC SR** saam met pomelosap veroorsaak dus verhoogde plasmakonsentrasies van **FEDALOC SR** as gevolg van verminderde eerste verbygang metabolisme in die spysverteringskanaal. Gevolglik mag die bloeddrukverlagende effek verhoog wees. Na gereelde inname van pomelosap mag hierdie effek vir ten minste 3 dae na die laaste inname van pomelosap, aanhou.

- Sisapried

Gelyktydige toediening van sisapried en **FEDALOC SR** mag lei tot verhoogde plasmakonsentrasies van nifedipien. Met gelyktydige toediening van beide medisyne behoort bloeddruk gemoniteer te word, en indien nodig, moet 'n verlaging van die dosis **FEDALOC SR** oorweeg word.

Potensiële interaksies

- Eritromisien

Dit is bekend dat eritromisien die sitochroom P450 3A4-bemiddelde metabolisme van ander medisyne inhibeer. Die moontlikheid van 'n verhoging in die plasmakonsentrasies van nifedipien wanneer beide medisyne toegedien word, kan nie uitgesluit word nie.

- Fluoksetien

Daar kon aangedui word dat fluoksetien die P450 3A4-bemiddelde metabolisme van nifedipien *in vitro* inhibeer. Dus kan 'n verhoging in die plasmakonsentrasies van nifedipien met gelyktydige toediening van beide medisyne nie uitgesluit word nie. As fluoksetien saam met **FEDALOC SR** toegedien word, moet bloeddruk gemoniteer word en indien nodig, behoort 'n verlaging van die dosis **FEDALOC SR** oorweeg te word.

- Indinavir, Ritonavir, Sakinavir

Dit is bekend dat medisyne van hierdie klas die sitochroom P450 3A4-sisteem inhibeer. Daarbenewens is daar gedemonstreer dat indinavir en ritonavir die *in vitro* P450 3A4-bemiddelde metabolisme van **FEDALOC SR** inhibeer. As dit saam met

FEDALOC SR toegedien word, kan 'n aansienlike verhoging in die plasmakonsentrasies van nifedipien as gevolg van 'n afname in eerste verbygang metabolisme en 'n verminderde eliminasië, nie uitgesluit word nie. Met gelyktydige toediening behoort bloeddruk gemoniteer te word, en indien nodig, moet 'n verlaging van die dosis **FEDALOC SR** oorweeg word.

- Ketokonasool, Itrakonasool, Flukonasool

Dit is bekend dat medisyne van hierdie klas die sitochroom P450 3A4-sisteem inhibeer. As dit oraal saam toegedien word met **FEDALOC SR**, kan 'n aansienlike verhoging in die plasmakonsentrasies van nifedipien as gevolg van 'n verminderde eerste verbygang metabolisme, nie uitgesluit word nie. Met gelyktydige toediening behoort bloeddruk gemoniteer te word, en indien nodig, moet 'n verlaging van die dosis **FEDALOC SR** oorweeg word.

- Takrolimus

Daar is aangedui dat takrolimus via die sitochroom P450 3A4-sisteem gemetaboliseer word. Met gelyktydige toediening van takrolimus en **FEDALOC SR** behoort die plasmakonsentrasies van takrolimus gemoniteer te word, en indien nodig, moet 'n verlaging van die dosis takrolimus oorweeg word.

- Karbamasepien

Omdat daar aangedui kon word dat karbamasepien die plasmakonsentrasies van nimodipien, 'n struktureel soortgelyke kalsiumkanaalblokkeerder, as gevolg van ensieminduksië verminder, kan 'n afname in die plasmakonsentrasies van nifedipien en dus ook 'n afname in doeltreffendheid, nie uitgesluit word nie.

- Nefasodoon

Geen kliniese studie wat die potensiaal van 'n medisyne-interaksië tussen **FEDALOC SR** en nefasodoon ondersoek, is tot op datum uitgevoer nie. Dit is bekend dat nefasodoon die P450 3A4-bemiddelde metabolisme van ander medisyne inhibeer. 'n Toename in die plasmakonsentrasies van nifedipien met gelyktydige toediening van beide medisyne kan dus nie uitgesluit word nie. As nefasodoon saam met **FEDALOC SR** toegedien word, behoort die bloeddruk gemoniteer te word, en indien nodig, moet 'n vermindering van die dosis **FEDALOC SR** oorweeg word.

- Fenobarbitoon

Omdat daar aangedui kon word dat fenobarbitoon die plasmakonsentrasies van nimodipien, 'n struktureel soortgelyke kalsiumkanaalblokkeerder, as gevolg van ensieminduksië verminder, kan 'n afname in die plasmakonsentrasies van nifedipien en dus ook 'n afname in doeltreffendheid, nie uitgesluit word nie.

- Valproïensuur

Omdat daar aangedui kon word dat valproïensuur die plasmakonsentrasies van nimodipien, 'n struktureel soortgelyke kalsiumkanaalblokkeerder, as gevolg van ensieminhibisie verlaag, kan 'n toename in die plasmakonsentrasies van nifedipien en dus ook 'n toename in doeltreffendheid, nie uitgesluit word nie.

Ander vorms van interaksies

- FEDALOC SR mag foutief verhoogde spektrofotometriese waardes van urinêre vanilliel-amandelsuur veroorsaak. Meting met HPLC word egter nie beïnvloed nie.

SWANGERSKAP EN LAKTASIE:

FEDALOC SR tablette mag nie tydens swangerskap of laktasie gebruik word nie.

In enkele gevalle van *in vitro* bevrugting, is nifedipien geassosieer met omkeerbare biochemiese veranderings in die kopgedeelte van spermselle wat belemmerde spermfunksie mag veroorsaak. By mans wat herhaaldelik onsuksesvol was om 'n kind te verwek deur *in vitro* bevrugting en as geen ander verduideliking gevind kan word nie, behoort nifedipien as 'n moontlike oorsaak oorweeg te word.

DOSERING EN GEBRUIKSAANWYSINGS:

FEDALOC SR tablette behoort heel ingesluk te word met 'n glas vloeistof. Die tablette moet nie gebyt, gekou of gebreek word nie. Die tablette behoort met tussenposes van ongeveer 24 uur geneem te word, d.i. op dieselfde tyd elke dag, verkieslik in die oggend. **FEDALOC SR** kan onafhanklik van maaltye geneem word. Die aanbevole dosis is 30 mg daaglik (een tablet). Hierdie dosis mag verhoog word volgens individuele benodighede tot 'n maksimum van 90 mg een keer daaglik. Dosisaanpassing by pasiënte met ingekorte nierfunksie behoort nie nodig te wees nie.

'n Effense verandering van die farmakokinetika van **FEDALOC SR** mag by bejaardes waargeneem word. Dosisaanpassing by hierdie pasiënte is egter gewoonlik nie noodsaaklik nie.

NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS:

Newe-effekte:

Kardiovaskulêre versteurings:

Frekwent: Perifere edeem

Minder frekwent: Hipotensie, borspyn, tagikardie en hartkloppings.

Oogversteurings:

Minder frekwent: Oogpyn; verbygaande blindheid

Gastroïntestinale versteurings:

Frekwent: Naarheid

Minder frekwent: Ander gastroïntestinale versteurings; gingivale hiperplasia

Hepatiëse versteurings:

Minder frekwent: Lewerfunksie-abnormaliteite

Senusisteemversteurings:

Frekwent: Duiseligheid

Psigiatriëse versteurings:

Minder frekwent: Geestesdepressie

Renale en urinêre versteurings:

Minder frekwent: Verhoogde frekwensie van mikturisie

Velversteurings:

Minder frekwent: Veluitslae (insluitend erythema multiforme); hipersensitiwiteit

Ander versteurings:

Frekwent: Hoofpyn; blosing van die gesig

Minder frekwent: Lusteloosheid; koors

Spesiale Voorsorgmaatreëls:

FEDALOC SR behoort met omsigtigheid gebruik te word in pasiënte met hipotensie, by pasiënte met 'n swak kardiaal reserve, en in dié met hartversaking aangesien agteruitgang van hartversaking waargeneem is.

By pasiënte met ernstige aortastenose mag **FEDALOC SR** die risiko verhoog dat hartversaking sal ontwikkel.

Skielike onttrekking van **FEDALOC SR** mag gekoppel wees aan 'n verergering van angina.

Dit mag nodig wees om die dosis te verminder in pasiënte met hepatische inkorting (Sien "KONTRA-INDIKASIES").

FEDALOC SR behoort gestaak te word in pasiënte wat iskemiese pyn na toediening ondervind.

FEDALOC SR tablette vervang nie nitrogliserine in 'n akute aanval van angina pectoris nie.

Bloeddruk moet versigtig gemoniteer word tydens instelling en opwaartse titrasie van **FEDALOC SR** tablette veral as pasiënte op antihipertensiewe terapie is.

Besoars kan voorkom in seldsame gevalle en mag chirurgiese ingrepe verg.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VAN DIE BEHANDELING DAARVAN:

Sien “NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS”.

Geen spesifieke teenmiddel is beskikbaar nie. Behandeling is simptome en ondersteunend.

IDENTIFIKASIE:

FEDALOC SR 30 mg: Ronde, bikonvekse lig-rooi filmbedekte tablette in 'n beheerde-vrystellingsformulering. Deursnit: 7,00 mm

FEDALOC SR 60 mg: Ronde, bikonvekse lig-rooi filmbedekte tablette in 'n beheerde-vrystellingsformulering. Deursnit: 11,00 mm

AANBIEDING:

Wit polipropileen sekurihouers met 'n wit wip-dop wat 30 tablette bevat.

BEWARINGSINSTRUKSIES:

Bewaar onder 25°C. Maak houer dig toe. Beskerm teen lig en vog.

BEWAAR ALLE MEDISYNE BUITE BEREIK VAN KINDERS.

REGISTRASIENOMMERS:

FEDALOC SR 30 mg: 37/7.1/0302

FEDALOC SR 60 mg: 37/7.1/0303

NAAM EN ADRES VAN DIE HOUER VAN DIE SERTIFIKAAT VAN REGISTRASIE:

Bemark deur **Pharma Dynamics (Edms) Bpk** vir:

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