

 $\textbf{S} \bigcirc \textbf{LFY}^{\circledcirc} (\text{solifenacin}) \text{ is a muscarinic receptor antagonist. Chemically, solifenacin is butanedioic}$ acid, compounded with (15)-(3R)-1-azabicyclo[2,2,2]oct-3-yl 3,4-dihydro-1-phenyl-2(1H)-jss-quinolinecarboxylate (1:1) having an empirical formula of C₂₃H₂₆N₂O₂·C₄H₆O₄ and molecular weigh of 480.55

SOLFY® 5mg Tablets Each film coated tablet contains: Solifenacin Succinate MS

CLINICAL PHARMACOLOGY:

Mode of Action

Solifenacin is a competitive muscarinic receptor antagonist. Muscarinic receptors play an important role in several major cholinergically mediated functions, including contractions of urinary bladder smoo muscle and stimulation of salivary secretion

Absorption

After oral administration of solifenacin to healthy volunteers, peak plasma levels (Cmax) of solifenacin are reached within 3 to 8 hours after administration, and at steady state ranged from 32.3 to 62.9ng/mL for the 5 and 10mg solifenacin tablets, respectively. The absolute bioavailability of solifenacin is approximately 90%, and plasma concentrations of solifenacin are proportional to the dose administered

Solifenacin may be administered without regard to meals. A single 10mg dose administration of solifenacin with food increased Cmax and AUC by 4% and 3%, respectively

Solifenacin is approximately 98% (in vivo) bound to human plasma proteins, principally to ∞1-acid glycoprotein. Solifenacin is highly distributed to non-CNS tissues, having a mean steady-state volume of distribution of 6001

Metabolism

Solifenacin is extensively metabolized in the liver. The primary pathway for elimination is by way of CYP3A4; however, alternate metabolic pathways exist. The primary metabolic routes of solifenacin are through N-oxidation of the quinuclidin ring and 4R-hydroxylation of tetrahydroisoquinoline ring. One pharmacologically active metabolite (4R-hydroxy solifenacin), occurring at low concentrations and unlikely to contribute significantly to clinical activity, and three pharmacologically inactive metabolites (N-glucuronide and the N-oxide and 4R-hydroxy-N-oxide of solifenacin) have been found in human plasma after oral dosing

Following the administration of 10mg of 14C-solifenacin to healthy volunteers, 69.2% of the radioactivity was recovered in the urine and 25-% in the feces over 26 days. Less than 15% (as mean value) of the dose was recovered in the urine as intact solifenacin, The major metabolites identified in urine were N-oxide of solifenacin, 4R-hydroxy solifenacin and 4R-hydroxy-N-oxide of solifenacin and in feces 4Rhydroxy solifenacin. The elimination half-life of solifenacin following chronic dosing is approximately

THERAPEUTIC INDICATIONS:

Solifenacin is a muscarinic antagonist indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency and urinary frequency

DOSAGE AND ADMINISTRATION:

5mg tablet taken once daily and if well tolerated may be increased to 10mg once daily

- Do not exceed 5mg tablet once daily in patients with:
 severe renal impairment (Creatinine Clearance) (CLcr <30ml/min)
 moderate hepatic impairment (Child-Pugh B)
- concomitant use of potent CYP3A4 inhibitors
- Use of solifenacin is not recommended in patients with severe hepatic impairment (Child-Pugh C)

As directed by the physician

CONTRAINDICATIONS:

Solifenacin is contraindicated in patients with

- · gastric retention
- uncontrolled narrow-angle glaucoma and
- in patients who have demonstrated hypersensitivity to the drug

WARNINGS:

- Angloedema and anaphylactic reactions: Reports of angioedema of the face, lips and/or larynx, in some cases occurring after the first dose. Anaphylactic reactions have been reported rarely
- Urinary Retention: Administer with caution to patients with clinically significant bladder outflow Gastrointestinal Disorders: Use with caution in patients with decreased gastrointestinal motility
- Central Nervous System Effects: Somnolence has been reported with solifenacin. Advise patients
- not to drive or operate heavy machinery until they know how solifenacin affects them

 Controlled Narrow-Angle Glaucoma: Use with caution in patients being treated for narrow-angle
- QT Prolongation: Use with caution in patients with a known history of QT prolongation or patients who are taking medications known to prolong the QT interval

USE IN SPECIFIC POPULATIONS:

Pregnancy and Nursing Mothers: Solifenacin should be used during pregnancy only if the potential benefit for the mother justifies the potential risk to the fetus. Solifenacin should not be administered during nursing

Paediatric Use: The safety and effectiveness of solifenacin in paediatric patients have not been

Geriatric Use: Similar safety and effectiveness were observed between older and younger patients

ADVERSE REACTIONS:

The most common adverse reactions (> 4% and > placebo) were dry mouth, and constipation at both 5mg and 10mg doses; and urinary tract infection and blurred vision at the 10mg dose

OVERDOSAGE:

Overdosage with solifenacin can potentially result in severe anticholinergic effects and should be treated accordingly. The highest dose ingested in an accidental overdose of solifenacin was 280mg in a 5-hour period. This case was associated with mental status changes. Some cases reported a decrease in the level of consciousness

STABILITY:

PRESENTATION:

SOI FY® 5mg tablets in a pack of 10's

INSTRUCTIONS

For oral use only Keep out of reach of children Avoid exposure to heat, light and humidity Store between 15 to 30°C Improper storage may deteriorate the medicine

سولفی® ۵ ملگرام ٹیپلے ہے (مولیفیاس سکسیدیہ)

خوراک: ڈاکٹر کی مدایت کےمطابق استعال کریں صرف کھانے کے لئے ہے بچوں کی پہنچ ہے دورر کھیں دواکود موب، گرمی اورنی مے محفوظ ۱۵ سے ۳۰ ڈ گری سینٹی گریٹر کے درمیان میں رکھیں ورند دواخراب ہوجائیگی

Manufactured by: SAMI Pharmaceuticals (Pvt.) Ltd. F-95, S.I.T.E., Karachi-Pakistan www.samipharmapk.com

R.N-03/HA/08/18