Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Oxybutynin Hydrochloride 5 mg tablets.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 5 mg of oxybutynin hydrochloride.

Excipient(s) with known effect: each tablet contains 101.2 mg lactose.

For the full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Tablet.
White, odourless round tablets scored with a division mark and with "OBC 5" on one side.
The tablet can be divided into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Oxybutynin is indicated for urinary incontinence, urgency and frequency in unstable bladder conditions due either to idiopathic detrusor instability or neurogenic bladder disorders (detrusor hyperreflexia).

Paediatric population

Oxybutynin hydrochloride is indicated in children over 5 years of age for :

- Urinary incontinence, urgency and frequency in unstable bladder conditions due to idiopathic overactive bladder or neurogenic bladder disorders (detrusor overactivity)
- Nocturnal enuresis associated with detrusor overactivity, in conjunction with nondrug therapy, when other treatment has failed.

4.2 Posology and method of administration

Posology

Adults
The dosage should be individually titrated, starting with 2.5 mg three times daily. If necessary, this dose may be increased up to 5 mg three to four times a day (maximum dose: 20 mg per day).

Paediatric population
Children over 5 years of age:
Doses should individually titrated, starting with 2.5 mg twice a day.
The recommended dose is 0.3 - 0.4 mg/kg body weight per day, according to the following table:

Age	Dosage
5-9 years	2.5 mg 3 times daily
9-12 years	5 mg 2 times daily

12 years and older	5 mg 3 times daily

Older people
The elimination half-life may be increased in some elderly patients. Therefore, dosage should be individually titrated commencing at 2.5 mg twice a day.

Method of administration
The tablets may be taken with water on an empty stomach.
The tablets may also be taken during meals or with some milk if gastric irritation occurs.

4.3 Contraindications

Hypersensitivity to the active substance(s) or any of the excipients listed in section 6.1.
- Myasthenia gravis.
- Obstruction of the gastro-intestinal tract, paralytic ileus or intestinal atony.
- Micturition problems as a result of obstructive uropathy or prostatic hypertrophy.
- Glaucoma associated with angle closure.
- Severe ulcerative colitis.
- Toxic megacolon.
- Tachyarrhythmia.

4.4 Special warnings and precautions for use

Cautious use is necessary in children and elderly patients, who may be more sensitive to the effects of oxybutynin. Paediatric and geriatric patients may therefore require lower dosages.

In patients with autonomic neuropathy, hiatus hernia with reflux oesophagitis or other serious gastro-intestinal disease, and hepatic or renal disease cautious use is also advised.

Oxybutynin hydrochloride may aggravate the symptoms of hyperthyroidism, coronary heart disease, congestive heart failure, cardiac arrhythmia's, tachycardia, hypertension and prostatic hypertrophy.

In patients with Parkinson Disease and/or pre-existing cognitive impairment, oxybutynin may trigger neuropsychiatric side effects including acute confusional states, hallucinations and paranoia.

Cautious use in the presence of fever or high environmental temperature is advised due to possible heat prostration from decreased sweating, especially in the elderly.

Prolonged use may contribute in the development of caries, periodontal disease, oral candidiasis and discomfort due to decrease or inhibition of the salivary flow.

If a urinary tract infection is present, an appropriate antibacterial therapy should be started.

Excipient
This product contains cellactose (cellulose and lactose). Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Paediatric population
Oxybutynin hydrochloride is not recommended for use in children below age 5 years due to insufficient data on safety and efficacy.
There is limited evidence supporting the use of oxybutynin in children with monosymptomatic nocturnal enuresis (not related to detrusor overactivity).
In children over 5 years of age, oxybutynin hydrochloride should be used with
caution as they may be more sensitive to the effects of the product, particularly the CNS and psychiatric adverse reactions.

4.5 Interaction with other medicinal products and other forms of interaction

When oxybutynin is used together with other anticholinergic drugs, the anticholinergic (undesirable) effects of both drugs may be increased.
Occasional cases of interaction between anticholinergics and phenothiazines, amantadine, butyrophenones, L-dopa, digitalis, quinidine, procainamide, atropine and similar agents and tricyclic antidepressants have been reported and care should be taken if oxybutynin is administered concurrently with such drugs.
By reducing gastro-intestinal motility, oxybutynin may affect absorption of other drugs and is also likely to counteract gastro-intestinal motility induced by prokinetic agents (e.g. metoclopramide)**.**

As oxybutynin is metabolised by cytochrome P450 isoenzyme CYP3A4, interactions with drugs that inhibit this isoenzyme cannot be ruled out. This should be borne in mind when using azole antifungals (e.g. ketoconazole) or macrolide antibiotics (e.g. erythromycin) concurrently with oxybutynin. Itraconazole has been demonstrated to inhibit oxybutynin metabolism. This led to the doubling of the oxybutynin plasma levels, but only to a 10% increase for the active metabolite. Because the metabolite is responsible for about 90% of the antimuscarinic activity, the changes appear to be of minor clinical significance.

4.6 Fertility, pregnancy and lactation

Pregnancy
Insufficient data exist to evaluate the possible harmful effects of oxybutynin during pregnancy in humans. No embryotoxicity was observed in animal studies at doses which did not produce maternal toxicity.

Oxybutynin should only be used during pregnancy if the expected benefit outweighs the risk.

Breast-feeding
When oxybutynin is used during lactation, a small amount is excreted in mother's milk. Breast feeding while using oxybutynin is therefore advised against.

4.7 Effects on ability to drive and use machines

Oxybutynin may cause drowsiness or blurred vision, especially in combination with alcohol. Therefore, care should be taken when driving or operating machines. If affected, the patient should not drive or operate machinery.

4.8 Undesirable effects

Undesirable effects are mainly caused by the anticholinergic action of oxybutynin. The undesirable effects as described in the table may occur:

System Organ Class	Very Common (≥1/10)	Common (≥1/100 to <1/10)	Uncommon (≥1/1,000 to <1/100)	Rare (≥1/10,000 to <1/1,000)	Very Rare (<1/10,000) including isolated cases	Not known (cannot be estimated from the available data)
Phychiatric disorders *			Confusion Disorientation Apathy	Behavioural and concentration disturbances		Agitation Anxiety Hallucinations Nightmares Paranoia Cognitive disorders in elderly Symptoms of depression Dependence (in patients with history of drug or substance abuse)
Nervous System Disorders		Dizziness Drowsiness			Convulsions	
Eye Disorders		Mydriasis Blurred vision	Narrow-angle glaucoma Dry eyes			
Cardiovascular Disorders				Tachycardia Arrhythmia		
Gastrointestinal Disorders	Dry mouth	Constipation Dyspepsia Nausea Abdominal pain	Diarrhoea Vomiting Anorexia			Gastroesophageal reflux disease Pseudo-obstruction in patients at risk (elderly or patients with constipation and treated with other medical products that decrease intestinal motility)
Skin Disorders		Facial flushing	Dry skin		Allergic skin reaction	
Renal and urinary Disorders		Discomfort at micturition	Urinary retention	Impotence		
General Disorders			Headache		Heatstroke	

*Cases of psychiatric undesirable effects appear to be more common in children and in elderly with cognitive impairment. In general, symptoms improve or disappear after dose reduction or withdrawal.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any

suspected adverse reactions via IMB Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.imb.ie; e-mail: imbpharmacovigilance@imb.ie.

4.9 Overdose

Symptoms
An overdose with oxybutynin is characterised by severe grades of the anticholinergic undesirable effects and effects on the central nervous system (agitation, dizziness, severe somnolence, tremor, irritation, convulsions, delirium, unsteadiness, confusion, excitement, nervousness, or hallucinations) and cardiovascular symptoms (flushing, tachycardia, hypertension, hypotension or circulatory changes).
Fever, nausea and vomiting may also occur. Severe overdose can cause respiratory disorder (NOS), paralysis or coma.

Management
Overdose treatment for oxybutynin includes:
- Immediate gastric lavage.
- Slow intravenous administration of physostigmine.

Adults
Slow intravenous infusion of 0.5 to 2 mg, repeated after 5 minutes if necessary, up to a total dose of not more than 5 mg.

Paediatric population
Slow intravenous administration of physostigmine 30 µg/kg, repeated if necessary up to a total maximum of 2 mg.
- Artificial respiration in case of respiratory depression.
- Symptomatic treatment of fever.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC code of: G04B D04.
Genito-urinary system and sex hormones; Urologicals; Other urologicals, including antispasmodics; Urinary antispasmodics.

Oxybutynin is a synthetic tertiary amine with an anticholinergic action on the smooth muscle of the bladder; it may also have a direct spasmolytic action. It increases bladder capacity, reduces the frequency of uninhibited detrusor contractions, and delays the first desire to urinate. In this way, it decreases the symptoms of urinary incontinence.

5.2 Pharmacokinetic properties

Absorption
After oral administration oxybutynin is rapidly and well absorbed from the gastrointestinal tract. Because of a large hepatic first-pass effect, less than 10% of the dose administered reaches the general circulation unchanged. Maximum plasma levels are reached within 1 to 1.5 hour. The elimination half-life is about 2 to 3 hours.

Elimination
Elimination occurs mainly by hepatic metabolism, i.e. hydrolysis and deethylation. One of the main metabolites, N-desethyloxybutynin, has anticholinergic properties similar to the parent compound, and reaches higher plasma concentrations than unchanged oxybutynin.
Metabolites are excreted in the urine, with only traces of unchanged oxybutynin.

5.3 Preclinical safety data

No genotoxic or carcinogenic effects were identified.
Oxybutynin given to pregnant rats in doses of 20 mg/kg/day induced cardiac malformations in their offspring. In higher doses the incidence of supernumerary thoracolumbar ribs as well as neonatal mortality were increased.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Cellactose (cellulose and lactose)
Powdered cellulose
Talc
Magnesium stearate

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 25°C.
Store in the original package in order to protect from light and moisture.

6.5 Nature and contents of container

Lithographed carton boxes containing 20, 21, 30, 50, 60, 84, 100, 300 or 600 tablets in strips (PVC/Al).

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Genthon BV
Microweg 22
6545 CM Nijmegen
The Netherlands

8 MARKETING AUTHORISATION NUMBER

PA 0740/001/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 01 May 1996
Date of last renewal: 08 April 2008

10 DATE OF REVISION OF THE TEXT

July 2015