

**IRISH MEDICINES BOARD ACTS 1995 AND 2006**

**MEDICINAL PRODUCTS(CONTROL OF PLACING ON THE MARKET)REGULATIONS,2007**

**(S.I. No.540 of 2007)**

**PPA1447/017/001**

Case No: 2045968

The Irish Medicines Board in exercise of the powers conferred on it by the above mentioned Regulations hereby grants to

**G & A Licensing Ltd**

**Ballymurray, Co. Roscommon, Ireland**

an authorisation, subject to the provisions of the said Regulations, in respect of the product

**CASODEX 50mg Film-Coated Tablets**

The particulars of which are set out in Part I and Part II of the attached Schedule. The authorisation is also subject to the general conditions as may be specified in the said Regulations as listed on the reverse of this document.

This authorisation, unless previously revoked, shall continue in force from **16/05/2008**.

Signed on behalf of the Irish Medicines Board this

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A person authorised in that behalf by the said Board.

## Part II

### Summary of Product Characteristics

#### 1 NAME OF THE MEDICINAL PRODUCT

Casodex 50 mg Film-Coated Tablets

#### 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 50mg bicalutamide.

Also contains: Lactose

For a full list of excipients, see section 6.1.

#### 3 PHARMACEUTICAL FORM

Film-coated tablets

*Product imported from Spain:*

Round, white, biconvex, intagliated with 'CDX50' on one face and a logo on the reverse.

#### 4 CLINICAL PARTICULARS

##### 4.1 Therapeutic Indications

Treatment of advanced prostate cancer in combination with LHRH analogue therapy or surgical castration.

##### 4.2 Posology and method of administration

Adult males including the elderly: One tablet (50 mg) once a day. Treatment with Casodex should be started at the same time as treatment with an LHRH analogue or surgical castration.

Children: Casodex is contraindicated in children.

Renal impairment: No dosage adjustment is necessary for patients with renal impairment.

Hepatic Impairment: No dosage adjustment is necessary for patients with mild hepatic impairment. Increased accumulation may occur in patients with moderate to severe hepatic impairment (see section 4.4 Special warnings and special precautions for use).

##### 4.3 Contraindications

Casodex is contraindicated in females and children.

Casodex must not be given to any patient who has shown a hypersensitivity reaction to its use.

##### 4.4 Special warnings and precautions for use

Initiation of treatment should be under the direct supervision of a specialist and subsequently patients should be kept under regular surveillance.

Casodex is extensively metabolised in the liver. Data suggests that its elimination may be slower in subjects with severe hepatic impairment and this could lead to increased accumulation of Casodex. Therefore, Casodex should be used with caution in patients with moderate to severe hepatic impairment.

Periodic liver function testing should be considered due to the possibility of hepatic changes.

Severe hepatic changes and hepatic failure have been observed rarely with Casodex (see section 4.8 Undesirable effects). Casodex therapy should be discontinued if changes are severe.

Each tablet of Casodex contains 61 mg of lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

#### 4.5 Interaction with other medicinal products and other forms of interaction

There is no evidence of any pharmacodynamic or pharmacokinetic interactions between Casodex and LHRH analogues.

In vitro studies have shown that R-bicalutamide is an inhibitor of CYP 3A4, with lesser inhibitory effects on CYP 2C9, 2C19 and 2D6 activity.

Although in vitro studies have suggested the potential for Casodex to inhibit cytochrome 3A4, a number of clinical studies show the magnitude of any inhibition is unlikely to be of clinical significance.

In vitro studies have shown that Casodex can displace the coumarin anticoagulant, warfarin, from its protein binding sites. It is therefore recommended that if Casodex is started in patients who are already receiving coumarin anticoagulants, prothrombin time should be closely monitored.

#### 4.6 Pregnancy and lactation

Casodex is contraindicated in females and must not be given to pregnant women or nursing mothers.

#### 4.7 Effects on ability to drive and use machines

Casodex is unlikely to impair the ability of patients to drive or operate machinery.

#### 4.8 Undesirable effects

Casodex 50 mg is only used in combination with surgical or medical castration. The reported adverse drug profile of Casodex 50 mg therefore includes effects that may also be seen with castration therapy alone. The most common reactions reported reflect the pharmacological activity; with the majority (53%) of patients reporting hot flushes and lower proportions (approximately 10%) reporting gynaecomastia or breast tenderness.

Table 1 Frequency of Adverse Reactions

Frequency	System Organ Class	Event
Very common (≥10%)	Reproductive system and breast disorders	Breast tenderness
		Gynaecomastia
Common (≥1% and <10%)	General disorders	Hot flushes
	Gastrointestinal disorders	Diarrhoea
		Nausea
	Hepato-biliary disorders	Hepatic changes (elevated levels of transaminases, jaundice) <sup>1</sup>

	General disorders	Asthenia Pruritus
Uncommon (≥0.1% and <1%)	Immune system disorders	Hypersensitivity reactions, including angioneurotic oedema and urticaria
	Respiratory, thoracic and mediastinal disorders	Interstitial lung disease
Rare (≥0.01% and <0.1%)	Gastrointestinal disorders	Vomiting
	Hepato-biliary disorders	Hepatic failure
	Skin and subcutaneous tissue disorders	Dry skin

1. Hepatic changes are rarely severe and were frequently transient, resolving or improving with continued therapy or following cessation of therapy (see section 4.4 Special warnings and special precautions for use). Periodic liver function testing should be considered.

In addition, the following adverse experiences were reported in clinical trials (as possible adverse drug reactions in the opinion of investigating clinicians, with a frequency of 1%) during treatment with Casodex plus an LHRH analogue. No causal relationship of these experiences to drug treatment has been made and some of the experiences reported are those that commonly occur in elderly patients:

Cardiovascular system:	heart failure
Gastrointestinal system:	anorexia, dry mouth, dyspepsia, constipation, flatulence
Central nervous system:	dizziness, insomnia, somnolence, decreased libido
Respiratory system:	dyspnoea
Urogenital:	impotence, nocturia
Haematological:	anaemia
Skin and appendages:	alopecia, rash, sweating, hirsutism
Metabolic and nutritional:	diabetes mellitus, hyperglycaemia, oedema, weight gain, weight loss
Whole body:	abdominal pain, chest pain, headache, pain, pelvic pain, chills

## 4.9 Overdose

There is no human experience of overdosage. There is no specific antidote; treatment should be symptomatic. Dialysis may not be helpful, since Casodex is highly protein bound and is not recovered unchanged in the urine. General supportive care, including frequent monitoring of vital signs, is indicated.

## 5 PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Casodex is a non-steroidal antiandrogen, devoid of other endocrine activity. It binds to androgen receptors without activating gene expression, and thus inhibits the androgen stimulus. Regression of prostatic tumours results from this inhibition. Clinically, discontinuation of Casodex can result in antiandrogen withdrawal syndrome in a subset of patients.

Casodex is a racemate with its antiandrogenic activity being almost exclusively in the (R)-enantiomer.

## 5.2 Pharmacokinetic properties

Casodex is well absorbed following oral administration. There is no evidence of any clinically relevant effect of food on bioavailability.

The (S)-enantiomer is rapidly cleared relative to the (R)-enantiomer, the latter having a plasma elimination half-life of about 1 week.

On daily administration of Casodex, the (R)-enantiomer accumulates about 10-fold in plasma as a consequence of its long half-life.

Steady state plasma concentrations of the (R)-enantiomer of approximately 9 microgram/ml are observed during daily administration of 50 mg doses of Casodex. At steady state the predominantly active (R)-enantiomer accounts for 99% of the total circulating enantiomers.

The pharmacokinetics of the (R)-enantiomer are unaffected by age, renal impairment or mild to moderate hepatic impairment. There is evidence that for subjects with severe hepatic impairment, the (R)-enantiomer is more slowly eliminated from plasma.

Casodex is highly protein bound (racemate 96%, R-bicalutamide 99.6%) and extensively metabolised via oxidation and glucuronidation: its metabolites are eliminated via the kidneys and bile in approximately equal proportions.

In a clinical study, the mean concentration of R-bicalutamide in semen of men receiving Casodex 150 mg was 4.9 microgram/ml. The amount of bicalutamide potentially delivered to a female partner during intercourse is low and equates to approximately 0.3 microgram/kg. This is below that required to induce changes in offspring of laboratory animals.

## 5.3 Preclinical safety data

Casodex is a potent antiandrogen. Expected pharmacological effects of antiandrogens seen in animal studies include the following: atrophy of the prostate and seminal vesicles, benign Leydig cell tumours (rats) and adrenal cortical hypertrophy. Casodex is a mixed function oxidase inducer in animals and thyroid hypertrophy and adenoma (rat) and hepatocellular carcinoma (male mice) are a consequence of this. Enzyme induction has not been observed in man. None of the findings in preclinical testing are considered to have relevance to the treatment of advanced prostate cancer patients.

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Lactose  
Sodium starch glycollate  
Povidone  
Magnesium stearate  
Hypromellose  
Macrogol 300  
Titanium dioxide (E171)

### 6.2 Incompatibilities

Not applicable.

### **6.3 Shelf Life**

The shelf-life expiry date of this product is the date shown on the container and outer package of the product on the market in the country of origin.

### **6.4 Special precautions for storage**

Do not store above 30°C. Store in the original package.

### **6.5 Nature and contents of container**

Blister packs of 30 tablets contained in an overlabelled outer cardboard carton.

### **6.6 Special precautions for disposal and other handling**

No special requirements.

## **7 Parallel Product Authorisation Holder**

G & A Licensing Limited,  
Ballymurray,  
Co. Roscommon,  
Ireland

## **8 Parallel Product Authorisation Number**

PPA1447/17/1

## **9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of First Authorisation 16th May 2008

## **10 DATE OF REVISION OF THE TEXT**