Stabilanol®

FLUCONAZOLE

PATIENT INFORMATION LEAFLET

1. DESCRIPTION OF MEDICINAL PRODUCT

1.1 NAME: Stabilanol

1.2 COMPOSITION: Active substance: Fluconazole.

•**50mg/cap: Excipients:** Lactose monohydrate, cellulose microcrystalline, starch maize pregelatinized, silicon dioxide colloidal, magnesium stearate, sodium lauryl sulfate. **Composition of empty capsule:** Iron oxide (yellow) E 172, Patent blue V E131, Titanium dioxide E171, quinoline yellow E104, Gelatin.

•**100mg/cap: Excipients:** Lactose monohydrate, cellulose microcrystalline, starch maize pregelatinized, silicon dioxide colloidal, magnesium stearate, sodium lauryl sulfate. **Composition of empty capsule:** Iron oxide (yellow) E 172, Titanium dioxide E171, Gelatin

•**150mg/cap: Excipients:** Lactose monohydrate, cellulose microcrystalline, starch maize pregelatinized, silicon dioxide colloidal, magnesium stearate, sodium lauryl sulfate. **Composition of empty capsule:** Titanium dioxide E 171, Quinoline yellow E 104, Sunset yellow FCF E 110 (orange yellow), Gelatin.

•**100mg/50ml (Vial): Excipients:** Sodium chloride, water for injection.

1.3 PHARMACEUTICAL FORM:

Capsules, Solution for intravenous infusion.

1.4 STRENGTH OF ACTIVE SUBSTANCE:

•**Capsules:** 50mg, 100mg, 150mg

•**Solution for intravenous infusion:** 100mg/50ml (Vial)

1.5 DESCRIPTION - PACKAGE

•**Capsules 50mg:** Cardboard pack containing 7 capsules in transparent PVC/ Aluminium blister with patient information leaflet.

•**Capsules 100mg:** a) Cardboard pack containing 7 capsules in transparent PVC/ Aluminium blister with instructions on usage b) Cardboard pack containing 14 capsules placed in 2 transparent PVC/ Aluminium blisters with patient information leaflet.

•**Capsules 150mg:** Cardboard pack containing 1 capsule in transparent PVC/ Aluminium blister with patient information leaflet.

•**Solution for intravenous infusion:** Cardboard pack containing a transparent glass vial of 50ml sealed with a rubber stopper and aluminum cap; with patient information leaflet.

1.6 THERAPEUTIC CATEGORY:

Antifungal agent.

1.7 MARKETING AUTHORIZATION HOLDER / MANUFACTURER:

PHARMATHEN S.A., 6, DERVENAKION STR., 153 51 PALLINI ATTIKIS, TEL.: +30.210.6665067

2. INFORMATION REGARDING THE MEDICINE PRESCRIBED FOR YOU BY YOUR DOCTOR

2.1 GENERAL INFORMATION:

Fluconazole belongs to a group of medicines called the triazole antifungal agents and is a potent and specifc inhibitor of sterol synthesis in fungi.

2.2 INDICATIONS

Systemic mycoses:

1. Cryptococcal infections including cryptococcal meningitis and infections of other areas (e.g. lungs, skin). AIDS patients, as well as patients who have undergone an organ transplant or present other causes of immunosuppression may be treated. Fluconazole may be used for the prevention of recurrent cryptococcal diseases in AIDS patients.
2. Generalized candidiasis including candidaemia in clinically stable and non-neutropenic patients, diffused and metastatic candidiasis (infections of the peritoneum, endocardium, as well as lung and urinary tract infections). Patients with malignant neoplasms or in intensive care units, as well as patients receiving cytostatic or immunosuppressive drugs or patients presenting other factors in favor of candidiasis may also be treated with the drug. It is self-evident that for indications 1 and 2, cultures and proper laboratory examinations should be conducted before the initiation of the treatment (immediate microscopic examination, biopsies, serum examinations), in order to isolate and identify the causative factor.
3. Deep endemic mycoses, such as coccidioidomycosis, paracoccidioidomycosis, sporotrichosis and histoplasmosis in immunocompetent patients.
4. Mucosal candidiasis. This includes oropharyngeal and oesophageal candidiasis (as an alternative to topical treatment), non-invasive bronchopulmonary candidiasis. Candiduria, chronic mucocutaneous candidiasis. Chronic atrophic oral candidiasis (stomatitis due to dentures), as alternative to local treatment. Patients mostly with immune system disorders can undergo a treatment with the drug.
5. Genital candidiasis:
   Vaginal candidiasis as an alternative to topical treatment (only as one single dose of 150mg)
   a) acute
   b) relapsing as long as the infection has been confirmed by culture (usually of non-inflammatory cause but due to allergy or hypersensitivity).
   Candidal balanitis.
6. Dermatophytoses including infections of the foot, of the thin skin layer and of the bikini line, as well as tinea versicolor, onychomycosis and infections caused by CANDIDA.
   Note: Systemic treatment in the case of the indications mentioned above is preferable when the infection extends to a large skin area or the scalp, or in patients with disorders of defense mechanisms, unresponsive to local treatment and persistence of the mycotic infection despite treatment.
7. Prevention of candidiasis in patients with neutropenia and malignant diseases that predispose to the development of such infections as a result of chemotherapy with cytostatic drugs or radiotherapy in cases of marrow transplant. Caution: chronic administration of azoles increases the possibility of development of C. KRUSEI, ASPERGILLUS, MUCORALES, FUSARIUM, T. GLABRATA that usually present a natural resistance to azoles.

Therapy may be initiated before the results of the cultures and other laboratory studies are known. However when the results are known, therapy should be adjusted accordingly.

2.3 Contra-indications:

Stabilanol should not be administered in patients with known sensitivity to Fluconazole or to the excipients or to related azole preparations. Co-administration of cisapride is contra-indicated in patients receiving fluconazole. Based on the results of a multiple dose interaction study, co-administration of terfenadine in patients receiving fluconazole at doses of 400 mg or more per day is contraindicated.

2.4 Special warnings and special precautions for use:

2.4.1 General:

Hepatic failure: the administration of fluconazole has been correlated in rare cases to severe hepatotoxicity which in exceptional cases has led to fatality, especially in patients with severe illness.In patients taking fluconazole and with the appearance of hepatotoxicity, no correlation with the total daily dose, the duration of the therapy, gender or age was observed. Hepatotoxicity from fluconazole is usually, but not always, reversible, after treatment discontinuation.

Patients with biochemical disturbances of hepatic function throughout the duration of treatment with fluconazole, must be closely monitored for the possibility of developing severe hepatic failure. Fluconazole should be discontinued if clinical signs and symptoms of hepatic disease are observed.

Rarely, patients have developed exfoliative cutaneous reactions such as Stevens-Johnson syndrome or a bullous epidermal necrolysis erythema during treatment with fluconazole. Patients with AIDS are more prone to the development of severe cutaneous reactions with many drugs. If a rash develops in patients treated for superfcial fungal infections which is considered attributable to fluconazole, therapy should be discontinued. If patients with invasive/systemic fungal infections develop rashes, they should be monitored closely and treatment with fluconazole should be discontinued if bullous lesions or erythema multiforme develop.

In rare cases, anaphylaxis has been reported.

2.4.2 Administration in the elderly:

If there are no indication of renal function impairment, the usual dose of the drug should be administered. In patients with renal dysfunction (creatinine clearance <50 ml/min) the dosage regimen should be adjusted as described in paragraph 2.6 "Posology and method of administration".

2.4.3 Use in pregnancy:

Fluconazole administration in pregnancy should be avoided, except in the case of patients with severe and life threatening fungal infections, in which the drug can be administered if the expected benefts from the treatment outweigh potential risks of toxic effects on the foetus.

2.4.4 Use in breast feeding:

Fluconazole administration in breast feeding mothers is not recommended.

2.4.5 Use in children:

See Posology

2.4.6 Effects on ability to drive and use machines:

Fluconazole does not impair a patient's ability to drive or use machinery.

2.4.7 Special warnings for the included excipients:

Stabilanol capsules contain lactose.

This may make them unsuitable for people with lactase insuffciency, galactosaemia or glucose/galactose malabsorption syndrome. These conditions affect the way people metabolize lactose. Your doctor may have told you if you have these conditions.

2.5 Drug Interactions:

Fluconazole may interact with other drugs such as anticoagulants, sulfonylureas, hydrochlorothiazine, phenytoin, oral contraceptives, rifampicin, cyclosporin, theophylline, terfenadine, zidovudine and astemizole If you receiving any of these drugs, consult your doctor. Co-administration with cisapride is not recommended.

2.6 Posology and method of administration:

As absorption of orally administered Fluconazole is rapid and complete, the Fluconazole daily dose is the same for both oral and intravenous administration.

The Fluconazole daily dose should be based on the type and severity of the mycotic infection. Most cases of vaginal candidiasis respond therapeutically to single dose administration.

For infections requiring multiple dose administration, treatment should be continued until the clinical parameters and laboratory examinations show resolution of the active mycotic infection. Insuffcient duration of Fluconazole treatment may result in a relapse of the active infection. Patients with AIDS and cryptococcal meningitis or recurrent oropharyngeal candidiasis usually require preventative treatment to reduce the occurrence of relapses.

Adults

1a. For the treatment of cryptococcal meningitis and cryptococcal infections of other body areas, the usual dose is 400mg on the frst day of the treatment followed by a dose of 200-400mg once daily. The duration of treatment in