1. NAME OF THE MEDICINAL PRODUCT

FENKAROL® 10 mg Tablets
FENKAROL® 25 mg Tablets
FENKAROL® 50 mg Tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Active substance – quifenadine hydrochloride (Quifenadini hydrochloridum).

Each Fenkarol® 10 mg tablet contains 10 mg of quifenadine hydrochloride,
Each Fenkarol® 25 mg tablet contains 25 mg of quifenadine hydrochloride
Each Fenkarol® 50 mg tablet contains 50 mg of quifenadine hydrochloride.

Excipients: the list of excipients see in section 6.1.

3. PHARMACEUTICAL FORM

Tablets.
White or almost white, round flat tablets with bevelled edge

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Fenkarol® Tablets is indicated in cases of pollinosis, acute and chronic urticaria, seasonal rhinitis (hay fever), allergic rhinitis, allergic conjunctivitis, angioneurotic Quinque’s edema, dermatosis (eczema, neurodermatitis, pruritus etc.), allergic reactions caused by food or medicines.

4.2 Posology and method of administration

Fenkarol® is taken orally right after meals.

Fenkarol® 25 mg Tablets and Fenkarol® 50 mg Tablets

For adults: single dose is 25-50 mg 2-4 times a day. Maximum daily dose is 200 mg.

For children older than 12 years - 25 mg 2-3 times a day.

The duration of the course of treatment is 10-20 days. If it is necessary, the course of treatment may be repeated.

Fenkarol® 10 mg Tablets

For children: till the age of 3 years the dose is 5 mg 2-3 times a day, at the age of 3-7 years - 10 mg twice a day, at the age of 7-12 years - 10-15 mg 2-3 times a day. The recommended daily dose may be divided into 4 single doses. Treatment course lasts 10 - 15 days. If it is necessary, the course of treatment may be repeated.
4.3 Contraindications
- allergy (hypersensitivity) to quifenadine hydrochloride and/or any excipient of the preparation
- during the first 3 months of pregnancy, is not recommended to use during other period of pregnancy
- in the breastfeeding period.

4.4 Special warnings and special precautions for use
The preparation should be used with caution in patients with serious heart and vascular diseases, serious diseases of gastrointestinal tract, liver and/or kidneys.
This drug should not be used in patients with inherent fructose intolerability, deficit or glucose-galactose malabsorption or saharose-isomaltase.

4.5 Interaction with other medicinal products and other forms of interaction
Quifenadine hydrochloride does not increase depressive effect of alcohol and hypnotics on CNS. Quifenadine hydrochloride has weak M–cholinoblocking effects, but when the motor activity of gastrointestinal tract decreases, the absorption of slowly absorbed medicines may increase (e.g. anticoagulants of indirect effect - coumarins).

4.6. Pregnancy and lactation
To evaluate the effect on pregnancy the animal studies are not sufficient. (see in par.5.3). Administration in the first 3 months of pregnancy is contraindicated. Not recommended to use in the other period of pregnancy. The studies regarding quifenadine hydrochloride penetration into breast milk are not available, therefore it is not recommended to administer it in the breastfeeding period.

4.7. Effects on ability to drive and use machines
Patients, who need fast mental or physical responses due to their work (e.g. drivers etc.), should determine before starting the course of treatment taking the medicine for a short period, if the medicine has an individual sedative effect. The persons, who feel this effect, should avoid driving.
4.8. Undesirable effects

Nervous system disorders: uncommon – headache, somnolence.

Gastrointestinal disorders: common – dry mouth, uncommon – gastrointestinal signs and symptoms (nausea, vomiting) that usually disappear when the dose is decreased or the medicine is withdrawn.

4.9. Overdose, symptoms, emergency and antidotes in case of overdose

No case of overdose has been reported. Daily dose up to 300 mg does not cause clinically significant side effects. High doses may cause dryness of mucous membrane in the mouth, headache, vomiting, pain in epigastrium and other dyspeptic signs and symptoms.

Procedures: symptomatic and supportive treatment should be provided. There is no specific antidote.

5. PHARMACOLOGICAL PROPERTIES

Antihistaminic. ATC code: R06AX.

5.1. Pharmacodynamics

Quifenadine hydrochloride is an antihistaminic agent (quinuclidine derivative), it decreases the impact of histamine on organs and systems of organs. Unlike other classical medicines of this group, quifenadine hydrochloride has the unique mechanism of action: the preparation both blocks histamine H₁-receptors in the peripheral tissues, and activates enzyme diaminoxidase (histaminase), due to this decreasing the histamine concentration in tissues. Therefore, the efficacy of quifenadine hydrochloride in patients, who are tolerant to other medicines of antihistamine group, could be explained. Quifenadine hydrochloride is low lipophilic drug, therefore, it poorly crosses blood-brain barrier, slightly affects desamination processes of serotonin in brain, as well as activity of monoaminoxidaze. Quifenadine hydrochloride decreases toxicity of histamine, prevents or decreases bronchoconstrictive action of histamine and spasmogenic effect of histamine on smooth musculature of intestines, decreases hypotensive activity of histamine and its effect on vascular permeability.
Quifenadine hydrochloride possesses mild antiserotonin and light cholinolytic activity. The preparation has pronounced antipruritic and desensitization qualities.

5.2. Pharmacokinetics

Absorption: 45% of quifenadine hydrochloride is rapidly absorbed from the gastrointestinal tract, and in 30 minutes the preparation is distributed in the body tissues. Peak plasma concentration of active substance is achieved after one hour.

Distribution. The highest concentration of active substance is in the liver, lower – in the lungs and kidneys, the lowest – in the brain. Active substance is low lipophilic, and its quantity in brain tissues is very low (less than 0.05%). This explains weak effect of quifenadine hydrochloride on CNS, but in case of individual sensitivity a slight sedative effect is possible.

Metabolism. Quifenadine hydrochloride is metabolised in the liver. The main metabolite is N-oxide: quinuclidinyl-3)-diphenylcarbinol. It is twice less toxic than quifenadine hydrochloride and 10 times weaker in respect of antihistamine effect, as well it has no effect on CNS.

Elimination. Metabolites and unchanged part are excreted mainly in the urine, bile and lungs. The preparation and its metabolites (about 44%) are excreted mainly in the urine during 48 hours and other 1% - during the next 48 hours. Unabsorbed part of the dose is excreted in the bile.

5.3. Preclinical safety data

Acute toxicity. Studies of acute toxicity were performed using rats, mice and guinea pigs. Mean lethal dose (LD₅₀) in rats was 440 mg/kg, in mice - 370 mg/kg and in guinea pigs - 860 mg/kg of body weight.

Chronic toxicity. Rats, guinea pigs, rabbits and dogs were administered quifenadine hydrochloride perorally doses from 1/16 till 1/4 of LD₅₀ during 30-day till 6-month studies. These doses were 8 till 60 times higher than the maximum recommended human dose. Long administration of the preparation for the animals did not reveal toxic effect on the
whole body and separate systems of organs that was demonstrated by the results of histological, morphological and biochemical analyses.

Teratogenicity and embryotoxicity. In the studies on rats, which received quifenadine hydrochloride doses 100 and more times higher than the recommended human dose, a slight embryotoxic effect was determined.

Quifenadine hydrochloride was not observed to have teratogenic effects in the study with rats.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients:

Fenkarol® 10 mg and Fenkarol® 25 mg Tablets: sugar, potato starch, calcium stearate,

Fenkarol® 50 mg Tablets: sugar, potato starch, calcium stearate, pregelatinized maize starch.

6.2. Incompatibilities: Not applicable.

6.3. Shelf life:

Fenkarol® 10 mg and Fenkarol® 25 mg Tablets: 5 years

Fenkarol® 50 mg Tablets: 4 years.

6.4. Special precautions for storage:

Do not store above 25 °C. Protect from light and moisture.

6.5. Nature and contents of container

Fenkarol® 10 mg and Fenkarol® 25 mg Tablets: 10 tablets in blister from PVC film and lacquered aluminium foil;
2 blisters (20 tablets) and patient leaflet in a carton package.

Fenkarol® 50 mg Tablets: 15 tablets in blister from PVC film and lacquered aluminium foil;
2 blisters (30 tablets) and patient leaflet in a carton package

6.6. Instructions for use and handling:

No special requirements.
7. MARKETING AUTHORISATION HOLDER

Joint-Stock Company Olainfarm.
Address: 5, Rupnicu St., Olaine, LV-2114, Latvia.
Phone +371 67013701 • Fax +371 67013777 • e-mail: olainfarm@olainfarm.lv

8. MARKETING AUTHORISATION NUMBER

8.1. Fенкарол ® 10 mg Tablets –97-0628
8.2. Fенкарол ® 25 mg Tablets - 97-0629
8.3. Fенкарол ® 50 mg Tablets - 03-0293

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

9.3. Fенкарол ® 50 mg Tablets - 04.08. 2003/20.06.2008


Translation corresponds to the original text
Translated by Regulatory Affairs specialist Larisa Želnina
Chapters 4.3., 4.4., 4.5., 4.8. 4.9. reviewed, revised and approved by QPPV Uldis Armanis
01.02.2011

Written by
Chief pharmacist
R. Luse
21.06.2010

Approved by
Head of Pharmacovigilance Group, QPPV JSC Olainfarm
U. Armanis