SUMMARY OF PRODUCT CHARECTERISTICS OF BIKATAB-150 (BICALUTAMIDE TABLETS BP 150MG)

1. Name of the medicinal product:

Bicalutamide Tablets BP 150mg

2. Qualitative and quantitative composition

Each Film coated tablet contains:

Bicalutamide Ph.Eur 150mg

S. No.	Name of the Ingredients	Specification	Qty/ tablet (mg)	Functional category
	Dry mixing:			
1.	Bicalutamide	Ph.Eur	150.000	Active Ingredient
2.	Lactose Monohydrate**(200#)	Ph.Eur	188.000	Diluent
3.	Povidone (K-25)	Ph.Eur	15.000	Binder
4.	Sodium Starch Glycolate (Type A)	Ph.Eur	11.250	Disintegrant
	Granulating vehicle:			
5.	Purified Water #	USP /Ph.Eur	45.000	Aqueous solvent
	Pre - Lubrication:			
6.	Sodium Starch Glycolate (Type A)	Ph.Eur	11.250	Disintegrant
	Lubrication:			
7.	Magnesium Stearate	Ph.Eur	4.500	Lubricant
	Total Uncoated Tablet weight		**380.00**	
	Coating $			
8.	Opadry OY-S-9622	Ph.Eur	8.000	Coating Agent
9.	Purified Water #	USP	100.000	Aqueous Solvent
	Total Coated Tablet Weight		**388.00**	

Note:

*Actual quantity of Bicalutamide Ph.Eur to be dispensed is based on actual % purity of Bicalutamide from the Batch formula worksheet as per subsequent calculation.

** Quantity of Lactose Monohydrate Ph.Eur should adjust to the target weight the calculation shown in the Batch formula Worksheet.

Not present in finished Product.

$ 10% overages included to compensate process loss on coating.

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3. Pharmaceutical form

White, round, biconvex, scored Filmcoated tablets

4. Clinical particular

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

Posology

Adult males including the elderly: one tablet (50mg) once a day. Treatment with bicalutamide should be started at least 3 days before commencing treatment with an LHRH analogue, or at the same time as surgical castration.

Children: Bicalutamide is contra-indicated 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

4.3 Contraindications

Bicalutamide is contra-indicated in females and children.

Bicalutamide must not be given to any patient who has shown a hypersensitivity reaction to its use or to any excipients of this product.

Co-administration of terfenadine, astemizole or cisapride with bicalutamide is contra-indicated.

4.4 Special warnings and precautions for use

Initiation of treatment should be under the direct supervision of a specialist.

Bicalutamide 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 bicalutamide. Therefore, bicalutamide 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. The majority of changes are expected to occur within the first 6 months of bicalutamide therapy.

Severe hepatic changes have been observed rarely with bicalutamide. Bicalutamide therapy should be discontinued if changes are severe.

A reduction in glucose tolerance has been observed in males receiving LHRH agonists. This may manifest as diabetes or loss of glycaemic control in those with pre-existing diabetes. Consideration should therefore be given to monitoring blood glucose in patients receiving Bicalutamide in combination with LHRH agonist.

Bicalutamide has been shown to inhibit Cytochrome P450 (CYP 3A4), as such caution should be exercised when co-administered with drugs metabolized predominantly by CYP 3A4,

Bicalutamide Tablets contain lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take these tablets.

4.5 Interaction with other medicinal products and other forms of interaction

There is no evidence of any pharmacodynamic or pharmacokinetic interactions between bicalutamide 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 clinical studies using antipyrine as a marker of cytochrome P450 (CYP) activity showed no evidence of a drug interaction potential with bicalutamide, mean midazolam exposure (AUC) was increased by up to 80%, after co-administration of bicalutamide for 28 days. For drugs with a narrow therapeutic index such an increase could be of relevance. As such, concomitant use of terfenadine, astemizole and cisapride is contra-indicated and caution should be exercised with the co-administration of bicalutamide with compounds such as ciclosporin and calcium channel blockers. Dosage reduction may be required for these drugs particularly if there is evidence of enhanced or adverse drug effect. For cyclosporin, it is recommended that plasma

concentrations and clinical condition are closely monitored following initiation or cessation of bicalutamide therapy.

Caution should be exercised when prescribing bicalutamide with other drugs which may inhibit drug oxidation e.g. cimetidine and ketoconazole. In theory, this could result in increased plasma concentrations of bicalutamide which theoretically could lead to an increase in side effects. In vitro studies have shown that bicalutamide can displace the coumarin anticoagulant, warfarin, from its protein binding sites. It is therefore recommended that if bicalutamide is started in patients who are already receiving coumarin anticoagulants, prothrombin time should be closely monitored.

4.6 Fertility, pregnancy and lactation

Bicalutamide is contra-indicated in females and must not be given to pregnant women or nursing mothers.

4.7 Effects on ability to drive and use machines

Bicalutamide is unlikely to impair the ability of patients to drive or operate machinery. However, it should be noted that occasionally somnolence may occur. Any affected patients should exercise caution.

4.8 Undesirable effects

In this section, undesirable effects are defined as follows: Very common (≥1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1000 to ≤ 1/100); rare (≥1/10,000 to ≤ 1/1000); very rare (≤ 1/10,000); not known (cannot be estimated from the available data).

Table 1 Frequency of Adverse Reactions

System Organ Class	Frequency	Event
Blood and lymphatic system disorders	Very common	Anaemia
Immune system disorders	Uncommon	Hypersensitivity, angioedema and urticaria
Metabolism and nutrition disorders	Common	Decreased appetite
Psychiatric disorders	Common	Decreased libido, depression
Nervous system disorders	Very common	Dizziness

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	Common	Somnolence
Cardiac disorders	Common	Myocardial infarction (fatal outcomes have been reported)[4], Cardiac failure[4]
Vascular disorders	Very common	Hot flush
Respiratory, thoracic and mediastinal disorders	Uncommon	Interstitial lung disease[5], Fatal outcomes have been reported.
Gastrointestinal disorders	Very common	Abdomina[1] pain, Constipation, nausea
	Common	Dyspepsia, Flatulence
Hepato-biliary disorders	Common	Heptatotoxicity, jaundice, raised transaminases[1] (hypertansaminasaemia)
	Rare	Hepatic failure[2], (Fatal outcomes have been reported.)
Skin and subcutaneous tissue disorders	Common	Alopecia, Hirsuitism/hair re-growth, Dry skin, Pruritis, Rash
Renal and urinary disorders	Very common	Haematuria
Reproductive system and breast disorders	Very common	Gynaecomastia and breast tenderness[3]
	Common	Erectile dysfunction
General disorders and administrative site conditions	Very common	Asthenia, Oedema
	Common	Chest pain
Investigations	Common	Weight gain

1. Hepatic changes are rarely severe and were frequently transient, resolving or improving with continued therapy or following cessation of therapy.

2. Hepatic failure has occurred rarely in patients treated with Bicalutamide, but a causal relationship has not been established with certainty. Periodic liver function testing should be considered. Listed as an adverse drug reaction following review of post-marketed data. Frequency has been determined from the incidence of reported adverse events of hepatic failure in patients receiving treatment in the open-label Bicalutamide of the 150 mg EPC studies.

3. May be reduced by concomitant castration.

4. Observed in a pharmaco-epidemiology study of LHRH agonists and antiandrogens used in the treatment of prostate cancer. The risk appears to be increased when bicalutamide 50 mg was used in combination with LHRH agonists but no increase in risk was evident when bicalutamide 150 mg was used as a monotherapy to treat prostate cancer.

5. Listed as an adverse drug reaction following review of post-marketed data. Frequency has been determined from the incidence of reported adverse events of interstitial pneumonia in the randomised treatment period of the 150 mg EPC studies.

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 bicalutamide 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

Pharmacotherapeutic group: Anti-androgens.

ATC-Code: L02BB03

Bicalutamide is a non-steroidal anti-androgen, 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 Bicalutamide can result in antiandrogen withdrawal syndrome in a subset of patients. Bicalutamide is a racemate with its antiandrogenic activity being almost exclusively in the (R)-enantiomer.

5.2 Pharmacokinetic properties

Bicalutamide 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 bicalutamide, 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 bicalutamide. 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.

Bicalutamide 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 Bicalutamide 150 mg was 4.9 microgram/ml. The amount of bicalutamide potentially delivered to a female partner during intercourse is low and by extrapolation possibly 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

Bicalutamide is a potent antiandrogen and a mixed function oxidase enzyme inducer in animals. Target organ changes, including tumour induction, in animals, are related to these activities. None of the findings in the preclinical testing is considered to have relevance to the treatment of advanced prostate cancer patients.

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6. Pharmaceutical particulars

6.1 List of excipients

Lactose Monohydrate, Povidone, Sodium Starch Glycolate (Type A), Magnesium Stearate, Opadry OY-S-9622, Purified Water.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store in the original package below 30°C in order to protect from moisture. Keep out of reach of children.

6.5 Nature and contents of container

2 x 14's Blister Packing (Printed Aluminum Foil/ Clear Transparent PVDC foil)

6.6 Special precautions for disposal and other handling

Not applicable.

7. Marketing Authorisation Holder

ANNYGOD PHARMA. CO. LTD.

28 Ukwulu Street, Awada

Obosi, Anambra State,

Nigeria.

8. Marketing authorisation number(s)

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9. Date of first authorisation/renewal of the authorisation

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10. Date of revision of the text

31.10.2025