Rapiflo™

Silodosin

Composition
Rapiflo™ 4 Capsule: Each capsule contains Silodosin INN 4 mg.
Rapiflo™ 8 Capsule: Each capsule contains Silodosin INN 8 mg.

Clinical Pharmacology
Silodosin, indicated for the treatment of benign prostatic hyperplasia (BPH), is an uro-selective antagonist of post-synaptic α1A-adrenoceptors located in the prostate, prostatic capsule, bladder base, bladder neck, and prostatic urethra.
Silodosin has high affinity for α1A-Adrenergic Receptor (α1A-AR) subtype (pKi value: 10.4). The selectivity of Silodosin for α1A-AR subtype was 162 times and 55.0 times higher than for subtypes α1B-AR and α1D-AR, respectively. In addition, the selectivity of Silodosin for subtype α1A-AR was the highest among other α1-AR blockers, including Tamsulosin Hydrochloride, Prazosin Hydrochloride, and Terazosin Hydrochloride.
Silodosin had a strong inhibitory effect on contraction induced by treatment with noradrenalin in the lower urinary tract organs such as the prostate, the urethra and the trigone of the urinary bladder on which subtype α1A-ARs are predominantly located (the pA2 or pKb value: 9.60, 8.71 and 9.35, respectively). The receptor binding study and the function study using isolated organs revealed that Silodosin had higher selectivity for α1A-AR subtype of the lower urinary tract organs compared to the other α1- AR blockers.

Dosage & Administration
Silodosin 8 mg once daily with a meal is recommended as the dose for the treatment of the signs and symptoms of BPH.
Renal Impairment: Silodosin is contraindicated in patients with severe renal impairment (CCr < 30 mL/min). In patients with moderate renal impairment (CCr 30-50 mL/min), the dose should be reduced to 4 mg once daily taken with a meal. No dosage adjustment is needed in patients with mild renal impairment (CCr 50-80 mL/min).
Hepatic Impairment: Silodosin has not been studied in patients with severe hepatic impairment (Child-Pugh score ≥ 10) and is therefore contraindicated in these patients. No dosage adjustment is needed in patients with mild or moderate hepatic impairment.
Missed Dose: If a dose of Silodosin is missed, the missed dose can be taken later the same day. If a day is missed, the missed dose should be skipped and the regular dosing schedule should be resumed. Doses must not be doubled.
Overdose: Silodosin was evaluated at doses of up to 48 mg/day in healthy male subjects. The dose-limiting adverse event was orthostatic hypotension.
Special Populations: Pediatrics (< 18 years of age): Silodosin is not indicated for use in children.
Geriatrics (≥ 65 years of age): There were otherwise no significant differences in safety or effectiveness between older and younger patients.

Contraindication
Silodosin is contraindicated in patients known to have hypersensitivity to Silodosin or any component of the Silodosin formulation.
Silodosin should not be administered to patients using concomitant potent CYP3A4 inhibitors. (e.g., ketoconazole, clarithromycin, itraconazole, ritonavir)
Intraoperative Floppy Iris Syndrome has been observed during cataract surgery in some patients on α-1 blockers or previously treated with α-1 blockers.
Silodosin should not be administered to patients using concomitant α-blockers (e.g., prazosin, terazosin, doxazosin).

Use in Pregnancy and Lactation
Pregnancy – Category B. There are no adequate and well-controlled studies investigating the effects of Silodosin in pregnant women. Women of childbearing potential should be considered for treatment only if using adequate contraception.
Nursing Mother – It is not known whether Silodosin is excreted in human milk. Because many drugs are excreted in human milk, Silodosin should not be administered during nursing.

Adverse Reactions
Retrograde ejaculation and dizziness are the most frequent adverse events with Silodosin. Retrograde ejaculation is reversible upon discontinuation of the drug.

Warnings and Precautions
As with all α1-adrenoceptor antagonists, a reduction in blood pressure can occur in individual cases during treatment with Silodosin, as a result of which, rarely, syncope can occur. At the first signs of orthostatic hypotension (dizziness, weakness), the patient should sit or lie down until the symptoms have disappeared.

Drug Interactions
Silodosin is not an inducer or an inhibitor of any of the principal hepatic enzymes involved in the metabolism of other drugs. CYP3A4 is a principal hepatic enzyme isoform involved in the metabolism of Silodosin. Potent CYP3A4 inhibitors, such as ketoconazole, itraconazole, clarithromycin and ritonavir, increase Silodosin blood levels and exposure (Area Under the Curve - AUC). Silodosin should not be co-administered with potent inhibitors of CYP3A4.
Moderate CYP3A4 inhibitor diltiazem increased the Silodosin AUC by approximately 30%, but the maximum concentration (Cmax) and half-life were not affected. No dose adjustment is required. It is not known how combined exposure of any medications metabolized by the CYP3A4 hepatic enzyme isoform (such as α1-blockers), herbal remedies (particularly St. John's Wort, Milk Thistle), and grapefruit juice may influence the overall efficacy and unwanted side effects of these medications. Therefore, caution should be exercised.

Storage Condition
Store below 30° C. Protect from light and moisture. Keep all medicines out of reach of children.

How Supplied
Rapiflo™ 4 Capsule: Each box contains 30 capsules in blister packs.
Rapiflo™ 8 Capsule: Each box contains 20 capsules in blister packs.

Manufactured by
SQUARE
PHARMACEUTICALS LTD.
BANGLADESH