SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Narcaricin® mite
Benzbromarone 50 mg per tablet
Active substance: Benzbromarone

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

1 tablet contains:
50 mg Benzbromarone
For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Tablet
Round, white tablet with score line.
The tablet can be divided into equal doses.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

- Hyperuricaemia with blood uric acid concentrations of 500 µmol/L (8.5 mg/100 mL) and above, if it cannot be controlled by means of an adequate diet.
- disorders caused by an increased uric acid concentration in the blood, except for urate nephropathy, urate nephrolithiasis, and primary hyperuricaemia with an overproduction of uric acid.
- secondary hyperuricaemia due to medicinal or radiation tumour therapy.

Narcaricin® mite may be taken in patients with hyperuricemia or gout (arthritis urica) requiring treatment only as a second-line therapy, this applies if treatment of hyperuricaemia or gout with allopurinol is not possible (e.g. in case of contraindications, intolerances, hypersensitivity or lack of therapeutic efficacy).

4.2 Posology and method of administration

Posology

Dosing is initiated incrementally starting with half a tablet Narcaricin® mite (corresponding to 25 mg benzbromarone) once daily.
For long-term treatment adults and adolescents (≥ 14 years) take 1−2 tablets Narcaricin® mite (corresponding to 50−100 mg benzbromarone) once daily.

At the beginning of treatment, uric acid excretion in the urine is high, so that the dosage should be gradual. Sufficient fluid intake and appropriate adjustment of the urine pH (pH 6.6 to 6.8) are essential.

Purine-rich foods should be avoided (such as innards like sweetbreads, kidney, brain, liver, heart, and tongue, as well as meat extract), as should alcohol (especially beer, as this furthers the intake of guanosine, a ribonucleoside, which strongly increases the uric acid levels).

children and adolescents
The safety and efficacy of Narcaricin® mite in children and adolescents under 14 years of age has not yet been established.

Method of administration
Narcaricin® mite is taken unchewed after a meal with a sufficient amount of liquid (about 1 glass of water, always at the same time of day if possible).

Duration of treatment
Your doctor will decide about the duration of treamtent. Duration of treatment depends on the type, severity and course of the disease.

4.3 Contraindications

Narcaricin® mite should not be taken:

- in case of hypersensitivity to the active substance or to any of the excipients listed in section 6.1
- in case of impaired renal function
- in case of kindney stone diathesis
- in patients with preexisting liver disorder or corresponding symptoms
- during pregnancy

Narcaricin® mite should not be used in secondary hyperuricemia due to hematological diseases.
Narcaricin® mite is not indicated in acute gout attack.

4.4 Special warnings and precautions for use

Before administration of Narcaricin® mite, the patient must be informed of the possibility of severe hepatic disturbances. Furthermore, the patient must be informed that if symptoms such as nausea, vomiting, abdominal pain, asthenia and icterus occur, the treatment must be discontinued immediately and a doctor must be consulted. A determination of transaminase activity must be performed. The patient must be monitored until normalization of the liver enzyme values is achieved.
Liver enzyme levels (including transaminases) should be monitored before starting treatment and regularly during the entire therapy.

Narcaricin® mite must not be taken during an acute gout attack, as the uric acid levels in the blood may rise at the beginning of the treatment, which may cause the disease symptoms to worsen:

- After gout is diagnosed Narcaricin® mite therapy should be started only after a relieving of acute symptoms (2 weeks after start of the attack at the earliest).
- An ongoing treatment with Narcaricin® mite should not be interrupted during an acute gout attack.

Narcaricin® mite contains less than 1 mmol sodium (23 mg) per tablet , that is to say essentially ‘sodium-free’.

4.5 Interaction with other medicinal products and other forms of interaction

Co-administration of potentially hepatotoxic drugs (including tuberculostatics) should be avoided.

The uricosuric effect of benzbromarone may be attenuated by concomitant administration of salicylates and sulfinpyrazone.

Benzbromarone may increase the anticoagulant effect of coumarin anticoagulants (e.g., warfarin). Therefore, close monitoring of therapy by determination of thromboplastin time (Quick value) or INR value should be performed during concomitant use.

4.6 Fertility, pregnancy and lactation

Pregnancy
Benzbromarone is contraindicated in pregnancy because there are no data available regarding the use of this medicine in pregnant women, and experimental studies in animals have indicated that it may cause deformities.

Breast-feeding
As it is not known whether benzbromarone passes into breast milk, Narcaricin® mite should not be taken when you are breast-feeding. If the administration of Narcaricin® mite is required during breastfeeding, breastfeeding should be avoided.

4.7 Effects on ability to drive and use machines

There are no data on influence on the ability to drive and use machines.

4.8 Undesirable effects

The evaluation of adverse reactions is based on the following frequencies: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); including isolated cases, not known (cannot be estimated from the available data).

Nervous system disorders
Very rare: headache

Eye diseases
Very rare: Conjunctivitis

Gastrointestinal disorders
Uncommon: gastrointestinal symptoms such as nausea, nausea, bloating, and diarrhea.

Liver and biliary diseases
Very rare: cytolytic hepatitis, which in some cases took a fulminant course.

Skin and subcutaneous tissue disorders
Rare: Urticaria
Very rare: Allergic exanthema.

Diseases of the kidneys and urinary tract
Very rare: Urate stones, gout attack, increased urination.

At the beginning of treatment, uric acid excretion may be so increased that both a gout attack and the formation of uric acid crystals or uric acid stones in the kidney and the draining urinary tract may occur.

Diseases of the genital organs and mammary gland
Very rare: temporary impotence

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to “Federal Institue for Drugs and Medical Devices”:

Federal Institue for Drugs and Medical Devices
Pharmacovigilance Department
Kurt-Georg-Kiesinger-Allee 3
D-53175 Bonn - Germany
Website: http://www.bfarm.de

4.9 Overdose

A specific benzbromarone poisoning pattern and a specific antidote are not known.

In the case of suspected poisoning, resorption-reducing or elimination-accelerating measures are indicated.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group:

ATC code:

Mechanism of action

Benzbromarone has a uricosuric effect by inhibiting the reabsorption of uric acid in the proximal tubule. The reduction in serum urate concentration caused by the uricosuric effect over an appropriate treatment period leads to a mobilization of urate depots in the tissues of gout patients. To prevent crystallization or deposition of the uric acid, which is increasingly excreted via the kidney, it is essential to provide an ample supply of fluids and, especially at the beginning of treatment, to improve the solubility of the uric acid by neutralizing the urine.

5.2 Pharmacokinetic properties

Benzobromarone is approximately 50 to 60% reabsorbed from the intestine, depending on particle size (micronization). Originally, metabolism was thought to occur by hepatic deha-logenation to the debrominated metabolites bromobenzarone and benzarone. However, according to recent studies, benzbromarone (elimination half-life 3 hours) is metabolized predominantly via hydroxylation to the two major metabolites, 6-hydroxy-benzbromarone (elimination half-life 17 hours) and 1-hydroxy-benzbromarone (elimination HWT 20 hours) and dehalogenation is only of minor importance. Benzbromarone itself is almost completely bound to plasma proteins. The uricosuric effect is strongest after about 8 to 12 hours, with both benzbromarone and the two major metabolites being uricosuric.

Elimination of benzbromarone and its hydroxylated metabolites is predominantly bi-liary via the gastrointestinal tract, with approximately 5% of the administered dose excreted in the urine.

5.3 Preclinical safety data

Mutagenic and tumorigenic potential
Benzbromarone has been insufficiently studied with respect to mutagenic effects. Previous studies have been negative.
In long-term studies in rats, benzbromarone induced hepatocellular carcinomas. This is probably a species-specific effect in the rat and has no clinical relevance.

Reproductive Toxicity
Benzbromarone has been inadequately tested for reproductive toxic effects in animal studies. In the rat, benzbromarone, at doses above 30 mg/kg per day during organogenesis, produces malformations

of the extremities and cleft lip. In the mouse, doses of 30 mg/kg per day produce embryo-lethal effects.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

microcrystalline cellulose, sodium starch glycollate (type A), magnesium stearate (Ph. Eur.), colloidal anhydrous silica.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years.

6.4 Special precautions for storage

No special storage conditions are required for this drug.

6.5 Nature and contents of container

PVC/aluminum blister packs.

Packs of 30 and 100 tablets.
Institutional pack with 300 (10 x 30) tablets.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal <and other handling>

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

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Email: info@sano-arzneimittel.de

8. MARKETING AUTHORISATION NUMBER

325.00.00

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

20.05.1980 / 10.07.2012

10. DATE OF REVISION OF THE TEXT

February 2020

11. SALE DELIMITATION

Prescription only