MINIRIN® Tablets 0.1 mg

MINIRIN® Tablets 0.2 mg

FERRING PHARMACEUTICALS

QUALITATIVE AND QUANTITATIVE COMPOSITION

MINIRIN® Tablets 0.1 mg:

Each tablet contains desmopressin acetate 0.1 mg equivalent to desmopressin (free base) 0.089 mg.

MINIRIN® Tablets 0.2 mg:

Each tablet contains desmopressin acetate 0.2 mg equivalent to desmopressin (free base) 0.178 mg.

For a full list of excipients, see section LIST OF EXCIPIENTS.

PHARMACEUTICAL FORM

Oral Tablet

Minirin® 0.1 mg: White, oval and convex tablets with a single score and marked "0.1" on one side.

Minirin® 0.2 mg: White, round and convex tablets with a single score and marked "0.2" on one side.

The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

THERAPEUTIC INDICATIONS

- Central diabetes insipidus. The use of MINIRIN® in patients with an established diagnosis will result in a reduction in urinary output with concomitant increase in urine osmolality and decrease in plasma osmolality. This will result in decreased urinary frequency and decreased nocturia.
- Primary nocturnal enuresis in children aged 7 years or more.
- Symptomatic treatment of nocturia in adults associated with nocturnal polyuria, i.e. nocturnal urine production exceeding bladder capacity.

POSOLOGY AND METHOD OF ADMINISTRATION

General

Effect of food: Food intake may reduce the intensity and duration of the antidiuretic effect at low doses of desmopressin (see section INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION)

In the event of signs or symptoms of water retention and/or hyponatraemia (headache, nausea/vomiting, weight gain, and, in severe cases, convulsions) treatment should be interrupted until the patient has fully recovered. When restarting treatment strict fluid restriction should be enforced (see section SPECIAL WARNINGS AND PRECAUTIONS FOR USE).

If adequate clinical effect is not achieved within 4 weeks following appropriate dose titration the medication should be discontinued.

Indication specific

Central diabetes insipidus: Dosage is individual in diabetes insipidus but clinical experience has shown that the total daily dose normally lies in the range of 0.2 to 1.2 mg. A suitable starting dose in adults and children is 0.1 mg three times daily. This dosage regimen should then be adjusted in accordance with the patient's response. For the majority of patients, the maintenance dose is 0.1mg to 0.2 mg three times daily.

Primary nocturnal enuresis: The recommended initial dose is 0.2 mg at bedtime. If this dose is not sufficiently effective, the dose may be increased up to 0.4 mg. Fluid restriction should be observed.

MINIRIN® tablets are intended for treatment periods of up to 3 months. The need for continued treatment should be reassessed by means of a period of at least 1 week without MINIRIN® tablets.

Nocturia: In nocturic patients, a frequency/volume chart should be used to diagnose nocturnal polyuria for at least 2 days before starting treatment. A night-time urine production exceeding the functional bladder capacity or exceeding 1/3 of the 24-hour urine production is regarded as nocturnal polyuria.

The recommended initial dose is 0.1 mg at bedtime. If this dose is not sufficiently effective after one week, the dose may be increased up to 0.2 mg and subsequently 0.4 mg by weekly dose escalations. Fluid restriction should be observed.

Special Populations

Elderly:

The initiation of treatment in patients > 65 years is not recommended. Should physicians decide to initiate desmopressin treatment in these patients then serum sodium should be measured before beginning the treatment and 3 days after initiation or increase in dosage and at other times during treatment as deemed necessary by the treating physician.

Renal Impairment: see section **CONTRAINDICATIONS**.

Hepatic Impairment: see section **INTERACTIONS WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION**.

Paediatric Populations

MINIRIN® tablets is indicated in Central Diabetes Insipidus and Primary Nocturnal Enuresis (see section **PHARMACODYNAMIC PROPERTIES** and **POSOLOGY AND METHOD OF ADMINISTRATION**). Dose recommendations are the same as in adults.

CONTRAINDICATIONS

MINIRIN® tablets are contraindicated in cases of:

- Habitual or psychogenic polydipsia (resulting in a urine production exceeding 40 ml/kg/24 hours);
- A history of known or suspected cardiac insufficiency and other conditions requiring treatment with diuretics;
- Moderate and severe renal insufficiency (creatinine clearance below 50 ml/min);
- Known hyponatraemia;
- Syndrome of inappropriate ADH secretion (SIADH);
- Hypersensitivity to the active substance or to any of the excipients.

SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE

Special warnings

When used for primary nocturnal enuresis and nocturia indications, the fluid intake must be limited to a minimum from one hour before, until the next morning (at least8 hours) after administration. Treatment without concomitant reduction of fluid intake may lead to water retention and/or hyponatraemia with or without accompanying warning signs and symptoms (headache, nausea/vomiting, weight gain, and in severe cases, convulsions). All patients and, when applicable, their guardians should be carefully instructed to adhere to the fluid restrictions.

This product contains lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, the Lapp Lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Precautions

Severe bladder dysfunction and outlet obstruction should be considered before starting treatment.

Elderly patients and patients with serum sodium levels in the lower range of normal may have an increased risk for hyponatraemia.

Treatment with desmopressin should be interrupted during acute intercurrent illnesses, characterized by fluid and/or electrolyte imbalance (such as systemic infections, fever, gastroenteritis).

Precautions must be taken in patients at risk for increased intracranial pressure.

Desmopressin should be used with caution in patients with conditions characterized by fluid and/or electrolyte imbalance.

Precautions to avoid hyponatraemia including careful attention to fluid restriction and more frequent monitoring of serum sodium must be taken in case of concomitant treatment with drugs, which are known to induce SIADH, e.g. tricyclic antidepressants, selective serotonine reuptake inhibitors, chlorpromazine and carbamazepine, case of concomitant treatment with NSAIDs.

INTERACTIONS WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION

Substances, which are known to induce SIADH, e.g. tricyclic antidepressants, selective serotonine reuptake inhibitors, chlorpromazine and carbamazepine, as well as some antidiabetics of the sulfonylurea group particularly Chlorpropamide, may cause an additive antidiuretic effect leading to an increased risk of water retention/ hyponatraemia (see section SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE).

NSAIDs may induce water retention/hyponatraemia (see section SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE).

Concomitant treatment with loperamide may result in a 3-fold increase of desmopressin plasma concentrations, which may lead to an increased risk of water retention/hyponatraemia. Although not investigated, other drugs slowing intestinal transport might have the same effect.

It is unlikely that desmopressin will interact with drugs affecting hepatic metabolism, since desmopressin has been shown not to undergo significant liver metabolism in in vitro studies with human microsomes. However, formal in vivo interaction studies have not been performed.

The concomitant use of food decreases the rate and extent of absorption of MINIRIN® tablets by 40%. No significant effect was observed with respect to pharmacodynamics (urine production or osmolality).

Food intake may reduce the intensity and duration of the antidiuretic effect at low oral doses of MINIRIN® tablets.

PREGNANCY AND LACTATION

Pregnancy

Data on a limited number (n=53) of exposed pregnancies in women with diabetes insipidus as well as data on a limited number (n=54) of exposed pregnancies in women with von Willebrand disease indicate no adverse effects of desmopressin on pregnancy or on the health of the foetus/newborn child. To date, no other relevant epidemiological data are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/foetal development, parturition or postnatal development.

Caution should be exercised when prescribing to pregnant women.

Fertility studies have not been done. In vitro analysis of human cotyledon models have shown that there is no transplacental transport of desmopressin when administered at therapeutic concentration corresponding to recommended dose.

Breastfeeding

Results from analyses of milk from nursing mothers receiving high dose desmopressin (300 µg intranasally), indicate that the amounts of desmopressin that may be transferred to the child are considerably less than the amounts required to influence diuresis.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

MINIRIN® has no or negligible influence on the ability to drive and use machines.

UNDESIRABLE EFFECTS

Summary of the safety profile

The most serious adverse reaction with desmopressin is hyponatraemia, which may cause headache, abdominal pain, nausea, vomiting, weight increase, dizziness, confusion, malaise, memory impairment, vertigo, falls and in severe cases convulsions and coma. The majority of adults treated for nocturia who develop hyponatraemia have developed low serum sodium after three days of dosing. In adults the risk of hyponatraemia increases with the increasing dose of desmopressin and the risk has been found to be more prominent in women.

In adults the most commonly reported adverse reaction during treatment was headache (12%). Other common adverse reactions were hyponatraemia (6%), dizziness (3%), hypertension (2%) and gastrointestinal disorders (nausea (4%), vomiting (1%), abdominal pain (3%), diarrhoea (2%), and constipation (1%)). Less common is an influence of the sleep pattern/consciousness level presenting itself as e.g. insomnia (0.96%), somnolence (0.4%) or asthenia (0.06%).

Anaphylactic reactions have not been seen in clinical trials but spontaneous reports have been received.

In children the most commonly reported adverse reaction during treatment was headache (1%), less common were psychiatric disorders (affect lability (0.1%), aggression (0.1%), anxiety (0.05%), mood swings (0.05%), nightmare (0.05%)) which generally abated after treatment discontinuation and gastrointestinal disorders (abdominal pain (0.65%), nausea (0.35%), vomiting (0.2%) and diarrhoea (0.15%)). Anaphylactic reactions have not been seen in clinical trials but spontaneous reports have been received.

Tabulated summary of adverse reactions

Adults:

Based on the frequency of adverse drug reactions reported in clinical trials with oral desmopressin conducted in adults for treatment of Nocturia (N=1557) combined with the post marketing experience for all adult indications (incl Central Diabetes Insipidus). Reactions only seen post marketing have been added in the 'Not known'-frequency column.

MedDRA Organ Class	Very common (>10%)	Common (1-10%)	Uncommon (0.1-1%)	Rare (0.1-0.01%)	Not known
Immune system disorders					Anaphylactic reaction
Metabolism and nutrition disorders		Hyponatraemia*			Dehydration**, Hypernatraemia**
Psychiatric disorders			Insomnia	Confusional state*	
Nervous system disorders	Headache*	Dizziness*	Somnolence, Paraesthesia		Convulsions*, Asthenia**, Coma*
Eye disorders			Visual impairment		
Ear and labyrinth disorders			Vertigo*		
Cardiac disorders			Palpitations		
Vascular disorders		Hypertension	Orthostatic hypotension		
Respiratory, thoracic and mediastinal disorders			Dyspnoea		

MedDRA Organ Class	Very common (>10%)	Common (1-10%)	Uncommon (0.1-1%)	Rare (0.1-0.01%)	Not known
Gastrointestinal disorders		Nausea*, Abdominal pain*, Diarrhoea, Constipation, Vomiting*	Dyspepsia, Flatulence, bloating and distension		
Skin and subcutaneous			Sweating, Pruritus, Rash, Urticaria	Dermatitis allergic	
Musculoskeletal and connective tissue disorders			Muscle spasms, Myalgia		
Renal and urinary disorders		Bladder and urethral symptoms			
General disorders and administration site conditions		Oedema, Fatigue	Malaise*, Chest pain, Influenza like illness		
Investigations			Weight increased*, Hepatic enzyme increased, Hypokalaemia		

*Hyponatraemia may cause headache, abdominal pain, nausea, vomiting, weight increase, dizziness, confusion, malaise, memory impairment, vertigo, falls, convulsions and coma.
**Only seen in the CDI indication

Children and adolescents:

Based on the frequency of adverse drug reactions reported in clinical trials with oral desmopressin conducted in children and adolescents for treatment of Primary Nocturnal Enuresis (N=1923). Events only seen in post marketing have been added in the 'Not known' frequency column.

MedDRA Organ Class	Very common (>10%)	Common (1-10%)	Uncommon (0.1-1%)	Rare (0.1-0.01%)	Not known
Immune system disorders					Anaphylactic reaction
Metabolism and nutrition disorders					Hyponatraemia****
Psychiatric disorders			Affect lability**, Aggression***	Anxiety symptoms, Nightmare*, Mood swings*	Abnormal behaviour, Emotional disorder, Depression, Hallucination, Insomnia
Nervous system disorders		Headache		Somnolence	Disturbance in attention, Psychomotor hyperactivity, Convulsions*
Vascular disorders				Hypertension	
Respiratory, thoracic and mediastinal disorders					Epistaxis
Gastrointestinal disorders			Abdominal pain, Nausea, Vomiting, Diarrhoea		
Skin and subcutaneous tissue disorders					Rash, Dermatitis allergic, Sweating, Urticaria
Renal and urinary disorders			Bladder and urethral symptoms		
General disorders and administration site conditions			Oedema peripheral, Fatigue	Irritability	

*Hyponatraemia may cause headache, abdominal pain, nausea, vomiting, weight increase, dizziness, confusion, malaise, memory impairment, vertigo, falls, convulsions and coma
**Post marketing reported equally in children and adolescents (<18 years)
***Post marketing almost exclusively reported in children and adolescents (<18 years)
****Post marketing reported primarily in children (<12 years)

Description of selected adverse reactions

The most serious adverse reaction with desmopressin is hyponatraemia, which may cause headache, abdominal pain, nausea, vomiting, weight increase, dizziness, confusion, malaise, memory impairment, vertigo, falls and in severe cases convulsions and coma. The cause of the potential hyponatraemia is the anticipated antidiuretic effect. The hyponatraemia is reversible and in children it is often seen to occur in relation to changes in daily routines affecting fluid intake and/or perspiration. In adult study subjects treated for nocturia, the majority of those developing low serum sodium, developed this within the first days of treatment or in relation to dose increase.

In both adults and children special attention should be paid to the precautions addressed in section **SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE**.

Other special populations

Elderly patients and patients with serum sodium levels in the lower range of normal may have an increased risk of developing hyponatraemia (see section **SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE**).

OVERDOSE

Overdose of MINIRIN® tablets lead to a prolonged duration of action with an increased risk of water retention and hyponatraemia.

Treatment

Although the treatment of hyponatremia should be individualised, the following general recommendations can be given: discontinue the desmopressin treatment and institute fluid restriction and symptomatic treatment if needed.

PHARMACODYNAMIC PROPERTIES

Pharmacotherapeutic group: vasopressin and analogues. ATC code: H01B A02.

MINIRIN® tablets contain desmopressin, a structural analogue of the natural pituitary hormone arginine vasopressin. The difference lies in the desamination of cysteine and substitution of L-arginine by D-arginine. This results in a considerably longer duration of action and a complete lack of pressor effect in the dosages clinically used. Desmopressin is a potent compound with an EC50 value of 1.6 pg/mL, for the antidiuretic effect. After oral administration, an effect lasting from 6 to 14 hours or more, can be expected.

Clinical trials with desmopressin tablets in the treatment of nocturia showed the following:

- A reduction of at least 50% in the mean number of nocturnal voids was obtained in 39% of patients with desmopressin compared to 5% of patients with placebo ($p<0.0001$).
- The mean number of voids per night decreased by 44% with desmopressin compared to 15% with placebo ($p<0.0001$).
- The median duration of first undisturbed sleep period increased by 64% with desmopressin compared to 20% with placebo ($p<0.0001$).
- The mean duration of first undisturbed sleep period increased by 2 hour with desmopressin compared to 31 minutes with placebo ($p<0.0001$).

Effect of treatment with individual oral dose of desmopressin between 0.1 and 0.4 mg during 3 weeks, compared with placebo (pooled data).

	Desmopressin		Placebo		Statistical significance vs. placebo
Variable	Mean baseline value	Mean value during 3 weeks of treatment	Mean baseline value	Mean value during 3 weeks of treatment	
Number of nocturnal voids	2.97 (0.84)	1.68 (0.86)	3.03 (1.10)	2.54 (1.05)	p<0.0001
Nocturnal diuresis rate (ml/min)	1.51 (0.55)	0.87 (0.34)	1.55 (0.57)	1.44 (0.57)	p<0.0001
Duration of first undisturbed sleep period (min)	152 (51)	270 (95)	147 (54)	178 (77)	p<0.0001

Eight percent of the patients interrupted in the desmopressin dose titration phase due to adverse effects, and 2% in the subsequent double-blind phase (0.63% on desmopressin and 1.45% on placebo).

PHARMACOKINETIC PROPERTIES

The absolute bioavailability of MINIRIN® tablets is 0.16% with an SD of 0.17%. Mean maximum plasma concentration is reached within 2 hours.

Concomitant use of food decreases the rate and extent of absorption by 40%.

Distribution: The distribution of desmopressin is best described by a two-compartment distribution model with a volume of distribution during the elimination phase of 0.3-0.5 L/kg.

Biotransformation: The in-vivo metabolism of desmopressin has not been studied. In vitro human liver microsome metabolism studies of desmopressin have shown that no significant amount is metabolized in the liver by the cytochrome P450 system. Thus human liver metabolism in vivo by the cytochrome P450 system is unlikely to occur. The effect of desmopressin on the PK of other drugs is likely to be minimal due to its lack of inhibition of the cytochrome P450 drug metabolizing system.

Elimination: The total clearance of desmopressin has been calculated to 7.6 L/hr. The terminal half-live of desmopressin is estimated to 2.8 hours. In healthy subjects the fraction excreted unchanged was 52% (44%-60%).

Linearity/non-lineraty: There are no indications of non-linearities in any of the pharmacokinetic parameters of desmopressin.

Characteristics in specific groups of patients:

Renal Impairment:

Depending on the degree of renal impairment the AUC and half-live increased with the severity of the renal impairment in patients with moderate and severe renal impairment (creatinine clearance below 50 ml/min) desmopressin is contraindicated.

Hepatic impairment:

No studies performed.

Children:

The population pharmacokinetics of MINIRIN tablets has been studied in children with PNE and no significant difference from adults were detected.

PRECLINICAL SAFETY DATA

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, toxicity to reproduction.

Carcinogenicity studies have not been performed with desmopressin, because it is very closely related to the naturally-occurring peptide hormone.

LIST OF EXCIPEINTS

Lactose monohydrate
Potato starch
Povidone
Magnesium stearate

INCOMPATIBILITIES

Not applicable.

SHELF LIFE

Please see the package.

SPECIAL PRECAUTIONS FOR STORAGE

Do not store above 25°C.

Keep the container tight closed and do not remove the desiccant capsule from the cap.

NATURE AND CONTENTS OF CONTAINER

The tablets are presented in the following containers:

30 ml HDPE bottle/ PP closure with a desiccant capsule in pack size of 30 tablets.

SPECIAL PRECAUTIONS FOR DISPOSAL AND OTHER HANDLING

No special requirement.

Manufacturer

Ferring International Center SA
Chemin de la Vergognausaz 50, CH-1162 Saint-Prex, Switzerland