Doxofylline

OEPPIN0002103

Ansimar

BRONCHODILATOR

FORMULATION
Each tablet contains 200 mg Doxofylline.

INDICATIONS
For the treatment of COPD, bronchial asthma and pulmonary disease with spastic bronchial component.

DOSAGE
Elderly Patients: 200 mg tablet two or three times daily.
Adults: 400 mg tablet two or three times daily or as prescribed by a physician.

CLINICAL TRIALS
Chronic Obstructive Pulmonary Disease
In an open-label, non-comparative, multi-center clinical study in 169 Filipino patients, Doxofylline (ANSIMAR) administered as 400 mg tablet twice daily for eight (8) weeks, was better tolerated by elderly COPD patients while providing the same effective bronchodilatory effect as other methylxanthine preparations.

The results of this study indicate that Doxofylline (ANSIMAR) is an effective and well-tolerated agent for Filipino patients with stable chronic obstructive pulmonary disease.

PHARMACOLOGY
Pharmacodynamics
Doxofylline is a novel bronchodilator xanthine that differs from theophylline for the presence of a dioxalane group in position 7. Like theophylline, doxofylline's mechanism of action is related to the inhibition of phosphodiesterase activities. However, differently from theophylline, doxofylline appears to have decreased affinities toward adenosine A1 and A2 receptors which may account for the better safety profile of the drug.
Pharmacokinetics
The half-life of doxofylline is greater than six hours; so as to allow effective constant plasma levels with a t.i.d. dose regimen. Single dose pharmacokinetic studies in man after oral and intravenous administration defined distribution and absorption of the drug.
After oral administration (tablets), peak plasma levels were reached after one hour. Absolute bioavailability is about 62.6%; at pH 7.4 plasma proteins binding the compound is about 48%. Less than 4% of an orally administered dose is excreted unchanged in the urine.
Doxofylline is almost completely metabolized in the liver (90% of the total drug clearance).
Hydroxyethyltheophylline is the only detectable circulating metabolite of doxofylline.
After repeated administrations doxofylline reaches the steady-state in about 4 days; the elimination half-life during long-term treatment is 8-10 hours: this allows a twice daily dose regimen. No accumulation of the drug was noted after one week of treatment.

CONTRAINDICATIONS
This product is contraindicated in individuals who have shown hypersensitivity to its components. It is also contraindicated in patients with acute myocardial infarction, hypotension and in lactating women.

ADVERSE EFFECTS
After xanthine administration, nausea, vomiting, epigastric pain, cephalalgia, irritability, insomnia, tachycardia, extrasystole, tachypnea, and occasionally hyperglycemia and albuminuria, may occur. If a potential oral overdose is established, the patient may present with severe arrhythmias and seizure; these symptoms could be the first sign of intoxication. Adverse reactions may cause the withdrawal from treatment; a lower dose rechallenge may start only after the advice of physician.

SPECIAL PRECAUTIONS
The half-life of xanthine derivatives is influenced by a number of known variables. It may be prolonged in patients with liver disease, in patients with congestive heart failure, in those affected with chronic obstructive lung disease or concomitant infections, and in those patients taking certain other drugs (erythromycin, troleandomycin, lincomycin, and other antibiotics of the same group, allopurinol, cimetidine, propranolol, and anti-flu vaccine). In these cases, a lower dose of Doxofylline may be needed. Phenytoins, other anti-convulsants and smoking may cause an increase in clearance with a shorter mean half-life: in these cases higher doses of Doxofylline may be needed. Use with caution in patients with hypoxemia, hyperthyroidism, liver disease, renal disease, in those with history of peptic ulcer and in elderly.
Frequently, patients with congestive heart failure have markedly prolonged drug serum levels following discontinuation of the drug.
Use in Pregnancy and Lactation
Animal reproduction studies indicate that Doxofylline does not cause fetal harm when administered to pregnant animals nor can affect reproduction capacity. However, since there is limited experience in humans during pregnancy, xanthines should be given to a pregnant woman only if clearly needed. Doxofylline is contraindicated in nursing mothers.

DRUG INTERACTIONS AND OTHERS
Doxofylline should not be administered together with other xanthine derivatives, including beverages and foods containing caffeine. Toxic synergism with ephedrine has been documented for xanthines.
Concomitant therapy with erythromycin, troleandomycin, lincomycin, clindamycin, allopurinol, cimetidine, propranolol and anti-flu vaccine may decrease the hepatic clearance of xanthines causing an increase in blood levels.

CAUTION: Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

STORE AT TEMPERATURES NOT EXCEEDING 30^{0}C.

AVAILABILITY
Doxofylline (Ansimar) 200 mg Tablet / Alu-alu strip foil of 10's, box of 50 tablets.
Doxofylline (Ansimar) 200 mg Tablet / Alu-alu strip foil of 10's, box of 30 tablets (Compliance Pack)

Manufactured by : **Hizon Laboratories, Inc.**
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