Isoxsuprine HCl

Isoxilan®

10 mg Tablet
5 mg/mL Solution for Injection
(IM/IV) Ampule

TOCOLYTIC (Uterine Relaxant)/
VASODILATOR

FORMULATION
Each tablet contains:
Isoxsuprine hydrochloride ..... 10 mg

Each 2 mL ampule contains:
Isoxsuprine hydrochloride ..... 10 mg

PRODUCT DESCRIPTION
Isoxsuprine hydrochloride (Isoxilan®) Tablet is pink, round, flat, and bevel-edged. It is 5/16" in diameter, bisected on one side and plain on the other side.

Isoxsuprine hydrochloride (Isoxilan®) Ampule contains a clear colorless liquid free from extraneous matter.

CLINICAL PHARMACOLOGY
Pharmacodynamics
Isoxsuprine hydrochloride is a ß2-adrenoceptor agonist that causes vasodilation by direct relaxation of vascular smooth muscle. Its ß2-adrenergic effects, however, are not essential to its vasodilating effect. Isoxsuprine decreases peripheral vascular resistance; blood pressure may be decreased by parenteral administration or large oral doses of isoxsuprine. Isoxsuprine may also have positive inotropic and chronotropic effects on the heart and may increase cardiac output.

Isoxsuprine also relaxes uterine smooth muscle and is valuable in arresting contractions in threatened abortion and premature labor.

Pharmacokinetics
Isoxsuprine is almost completely absorbed from the gastrointestinal tract after oral administration and peak plasma concentrations occur within 1 hour and persist for about 3 hours. Isoxsuprine's mean plasma half-life is about 1.25 hours. It crosses the placenta.

Isoxsuprine is conjugated partially in the body and is excreted in urine. Isoxsuprine's fecal excretion is negligible.

No data is available on the onset of effect and peak plasma concentration of isoxsuprine hydrochloride when administered parenterally. With intramuscular (IM) injection, isoxsuprine's effect lasts for 3 to 4 hours.

INDICATIONS
- Uterine hypermotility disorders such as threatened abortion and uncomplicated premature labor.
- An adjunct therapy in the treatment of peripheral vascular disease such as arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's disease), and Raynaud's disease.
- For the relief of symptoms associated with cerebrovascular insufficiency.

DOSAGE AND ADMINISTRATION

Uterine Hypermotility

IV Infusion	IM Injection	Oral
• 100 mg isoxsuprine in 500 mL infusion fluid (normal saline or dextrose solution) • **Recommended starting infusion rate:** 0.5 mL/min (10 drops/minute) • Increase infusion rate in increments of 10 drops/minute at 10 minute intervals until control of uterine motility is obtained. • Dosage adjustment should depend on patient's response to treatment and/or side effects.	• If IV infusion is not feasible: Isoxsuprine 10 mg (2 mL ampule) every 3 hours for 24 hours then every 4-6 hours for a further 48 hours.	• Patients may be maintained on oral isoxsuprine 20 mg (2 tablets) 3-4 times daily when uterine contractions have ceased for at least 12 hours with parenteral isoxsuprine.

- Maintain patients in preterm labor in the lateral position during infusion.
- Monitor blood pressure (maternal) and heart rate (maternal and fetal) regularly during infusion and reduce the rate of infusion or discontinue infusion if prolonged fall in blood pressure occurs.

Circulatory Disturbances

ADULT DOSE

Oral	Injection
20 mg (2 tablets) 3 to 4 times daily after meals	5-10 mg (1-2 mL) IM up to 3 times daily

- IM administration may be used for the initial control of acute severe symptoms, after which patients are maintained on oral therapy.

- Following recent arterial hemorrhage
- In patients with known heart disease
- In patients with severe anemia

Parenteral use of isoxsuprine hydrochloride is also contraindicated in the following conditions:

- Hypotension
- Tachycardia
- Premature detachment of the placenta
- Immediately postpartum
- Premature labor if there is infection

WARNINGS AND PRECAUTIONS
Immediately discontinue isoxsuprine treatment if rash develops.

To avoid pulmonary edema in women being treated for premature labor, very carefully monitor the patient's state of hydration, and cardiac and respiratory function. Keep fluid infusion volume to the minimum. For infusion, hypotonic dextrose is preferred over isotonic saline solution. Discontinue isoxsuprine immediately and institute diuretic therapy when signs of pulmonary edema develop.

INTERACTIONS WITH OTHER MEDICAMENTS
Isoxsuprine may cause severe hypotension when administered with other vasodilators and anti-hypertensive drugs.

STATEMENT ON USAGE FOR HIGH RISK GROUPS
Pregnancy and Lactation
Ileus and respiratory distress syndrome has been found to be more common in the offspring of pregnant women who received isoxsuprine. Incidence of respiratory distress syndrome increases as the isoxsuprine concentration in cord blood exceeds 10 ng/mL. The incidence of hypocalcemia and hypotension rises progressively with increasing isoxsuprine concentration in the cord blood.

Use isoxsuprine in pregnant women only when the potential benefit outweighs the potential risk to mother and infant.

There are no reports of problems with isoxsuprine in breastfeeding babies.

Infants and Children
Isoxsuprine is not indicated for pediatric patients.

Geriatric Use
No specific information is available on the use of isoxsuprine in elderly patients. Isoxsuprine may reduce tolerance to cold temperatures in these patients.

UNDESIRABLE EFFECTS
Isoxsuprine adverse effects may include trembling, nervousness, weakness, dizziness, flushing, transient palpitation, tachycardia, chest pain, hypotension, abdominal distress, nausea, vomiting, intestinal distention, and severe rash.

Parenteral isoxsuprine administration can result in tachycardia, palpitations, hypotension, dizziness, and flushing. These can be controlled by dose reduction and by supine position of the patient. These effects are reversed, if necessary, by parenteral administration of noradrenaline.

Isoxsuprine may also cause slight increase in fetal heart rate if used as IV infusion in premature labor.

OVERDOSAGE AND MANAGEMENT
Overdosage with isoxsuprine has not been reported. When this occurs, however, cardiovascular symptoms are expected.

Overdosage with the oral format should be managed by gastric lavage. A nonselective ß-blocker may be administered intramuscularly if necessary.

ADVERSE DRUG REACTION REPORTING STATEMENT
For suspected adverse drug reaction, seek medical attention immediately and report to the FDA at www.fda.gov.ph AND Unilab at (+632) 858-1000 or productsafety@unilab.com.ph. By reporting undesirable effects, you can help provide more information on the safety of this medicine.

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

AVAILABILITY
Foil Strip of 10's (box of 100's)
Clear glass ampoules x 2 mL (Box of 5's)

DATE OF REVISION OF THE PACKAGE INSERT: June 2006

DATE OF FIRST AUTHORIZATION:
Isoxilan 10 mg Tablet (DR-X1312): July 2007
Isoxilan 5 mg/ mL Solution for Injection (IM/IV) Ampule (DR-XY28201): January 2003

STORAGE
Store at temperatures not exceeding 30ºC. Protect from light.

For Tablet:
Manufactured by:
AMHERST LABORATORIES, INC.
UNILAB Pharma Campus, Barangay Mamplasan
Biñan, Laguna, Philippines
For **UNILAB, Inc.**
No. 66 United Street, Mandaluyong City, Metro Manila, Philippines

For Ampule:
Manufactured by:
AMHERST PARENTERALS, INC.
Sta. Rosa - Tagaytay Road, Don Jose
Sta. Rosa City, Laguna, Phillippines
For **UNILAB, Inc.**
No. 66 United Street, Mandaluyong City, Metro Manila, Philippines

Reg. IPOPHIL

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