ZOLACOS® CP 3.6/50 & 10.8/50

BICALUTAMIDE-GOSERELIN COMBINATION THERAPY

PRODUCT INFORMATION

NAME OF THE MEDICINE

ZolaCos CP combination therapy is the brand name for composite packs containing ZOLADEX® (goserelin) 3.6 mg or 10.8 mg subcutaneous implant plus COSUDEX® (bicalutamide) 50 mg tablets.

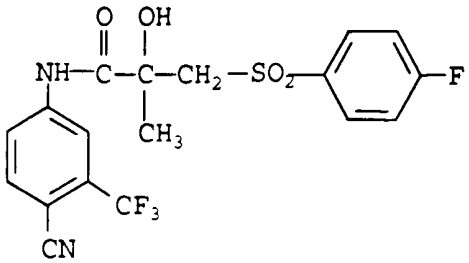
Tablets: bicalutamide

Pre-filled syringe: goserelin (as acetate)

Bicalutamide.

Chemical Name: (RS)-4'-Cyano-α', α', α',-trifluoro-3-(4-fluorophenylsulphonyl)-2-hydroxy-2-methylpropiono-m-toluidide.

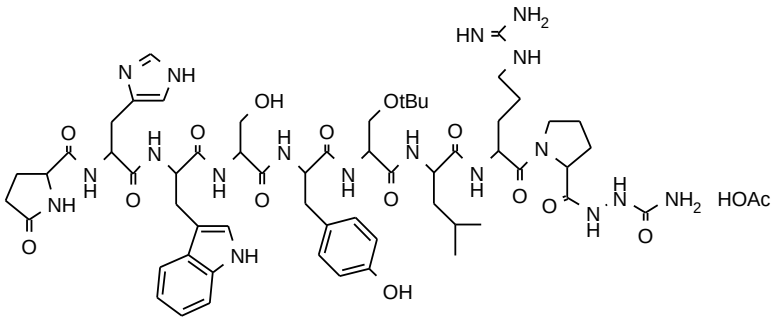
Structural Formula:



CAS Number: 90357-06-5.
Molecular formula: $C_{18}H_{14}F_4N_2O_4S$
Molecular weight: 430.38

Goserelin (as acetate)

Structural Formula:



Goserelin acetate

CAS Registry Number: 65807-02-5 (Goserelin base)
Molecular Formula: $C_{59}H_{84}N_{18}O_{14}$ (base)
Molecular Weight: 1269 (base)

DESCRIPTION

Bicalutamide

Bicalutamide is a fine white to off-white powder. At 37°C it is practically insoluble in water (4.6 mg/litre), acid (4.6 mg/litre at pH 1) and alkali (3.7 mg/litre at pH 8). In organic solvents it is slightly soluble in ethanol, sparingly soluble in methanol and freely soluble in acetone and tetrahydrofuran.

COSUDEX 50 mg tablets are white film coated tablets containing 50 mg bicalutamide. Each tablet contains the following excipients: lactose monohydrate, sodium starch glycollate, povidone, magnesium stearate, hypromellose, macrogol 300 and titanium dioxide.

Goserelin

A sterile white to cream coloured cylindrical implant in which goserelin acetate is dispersed in a cylindrical lactide/glycolide co-polymer rod of a biodegradable and biocompatible matrix.

The ZOLADEX 3.6 mg implant is supplied in a purpose-designed single dose syringe applicator with a 16-gauge needle. The ZOLADEX 10.8 mg implant is supplied in a purpose-designed single dose syringe applicator with a 14-gauge needle. The SafeSystem™ incorporates a protective needle sleeve that automatically locks in place following administration of the implant to aid in the prevention of needle stick injury.

ZOLADEX 3.6 mg SafeSystem Implant contains goserelin acetate in an amount equivalent to 3.6 mg of goserelin base. ZOLADEX 10.8 mg SafeSystem Implant contains goserelin acetate in an amount equivalent to 10.8 mg of goserelin base.

PHARMACOLOGY

Bicalutamide

Bicalutamide is a non-steroidal anti-androgen, devoid of other endocrine activity. It binds to androgen receptors without activating gene expression, and thus inhibits the androgen stimulus. This inhibition impairs the growth and encourages apoptosis in androgen-dependent tumour cells and regression of prostatic tumours. In a subset of patients who experience disease progression while receiving bicalutamide, discontinuation of the drug may result in an 'anti-androgen withdrawal syndrome', which manifests as a fall in prostate specific antigen (PSA) level. It is unknown whether this phenomenon translates to a prolongation of tumour response or survival.

Bicalutamide is a racemate with its anti-androgenic activity being almost exclusively in the (R)-enantiomer.

Pharmacokinetics

Absorption

Bicalutamide is well absorbed following oral administration. There is no evidence of any clinically relevant effect of food on bioavailability.

Distribution

Bicalutamide is highly protein bound (racemate 96%, R-enantiomer 99.6%).

Steady state plasma concentrations of the (R)-enantiomer of approximately 9 µg per mL are observed during daily administration of bicalutamide (50 mg). At steady state the predominantly active (R)-enantiomer accounts for 99% of the total circulating enantiomers.

Metabolism and Elimination

Bicalutamide undergoes stereospecific metabolism. Bicalutamide is extensively metabolised (via oxidation and glucuronidation). Its metabolites are eliminated via the kidneys and bile in approximately equal proportions.

The (S)-enantiomer is rapidly cleared relative to the (R)-enantiomer, the latter having a plasma elimination half-life of about 1 week. On daily administration of bicalutamide, the (R)-enantiomer accumulates about 10-fold in plasma as a consequence of its long half-life.

The pharmacokinetics of the (R)-enantiomer are unaffected by age, renal impairment or mild to moderate hepatic impairment. There is evidence that for subjects with severe hepatic impairment, the (R)-enantiomer is more slowly eliminated from plasma.

Goserelin

Goserelin acetate is a synthetic analogue of gonadotrophin releasing hormone (GnRH). When administered to males, it initially stimulates secretion of luteinising

hormone (LH) and follicle stimulating hormone (FSH) from the pituitary gland with subsequent increase in serum testosterone concentration. Chronic administration leads to sustained suppression of pituitary gonadotrophins and consequent reduction in serum testosterone concentration to the level normally seen in surgically castrated men within three weeks. This suppression is maintained as long as therapy is continued and can lead to accessory sex organ regression.

Pharmacokinetics

ZOLADEX implants release goserelin acetate continuously. After administration of the 3.6 mg implant, the peak serum concentration is not reached until about 2 weeks later whereas after the 10.8 mg implant, the peak serum concentration occurs within 24 hours. There is considerable variability in serum goserelin concentration, the peak concentration varying up to 5-fold after the 3.6 mg and 10-fold after the 10.8 mg implant.

Although bioavailability from the implants is variable, drug is released at effective concentrations to sustain suppression of serum testosterone concentration for at least 28 days with goserelin 3.6 mg and 3 months with goserelin 10.8 mg. Goserelin is poorly protein bound (20–28%).

Serum goserelin concentration becomes low by day 28 in the case of the 3.6 mg implant and 3 months in the case of the 10.8 mg implant. Delaying or omitting scheduled doses should be avoided since it may lead to increased serum testosterone levels and loss of efficacy.

There is no evidence of significant drug accumulation when ZOLADEX 3.6 mg is administered at 4-weeks intervals and ZOLADEX 10.8 mg at 3-month intervals.

Goserelin is cleared mainly by metabolism. The serum elimination half-life is approximately 4 hours. Dosage adjustment is not required in renal or hepatic impairment.

CLINICAL TRIALS

Combination therapy (with medical castration) in advanced prostate cancer

In a large multicentre, controlled clinical trial, 813 patients with previously untreated advanced prostate cancer were randomized to receive bicalutamide 50 mg once daily (404 patients) or flutamide 250 mg (409 patients) three times a day, each in combination with a Gonadotrophin Releasing Hormone Agonist (GnRH Agonist) (either goserelin acetate implant or leuprorelin acetate depot). At the time of analysis, the median time of follow-up was 49 weeks. Bicalutamide/ GnRH agonist therapy was associated with a statistically significant (p=0.005) improvement in time to treatment failure.

Subjective responses, (including scores for pain, analgesic use and Eastern Oncology Cooperative Group (ECOG) performance status) assessed in patients with symptoms at entry were seen in 95 (52%) patients treated with bicalutamide and in 88 (54%) patients treated with flutamide, each in combination therapy with

GnRH agonists. This small difference was not statistically significant between bicalutamide combination therapy and flutamide combination therapy. In an analysis conducted after a median follow-up of 160 weeks was reached, 213 (52.7%) patients treated with bicalutamide-GnRH agonist therapy and 235 (57.5%) patients treated with flutamide-GnRH agonist therapy had died. There was no significant difference in survival between treatment groups. The hazard ratio for time to death (survival) was 0.87 (95% CI 0.72 to 1.05).

Meta-Analysis

There is considerable debate regarding the relative merits of combination versus monotherapy in advanced prostate cancer, summarised by Dalesio et al 1995[1] in their meta-analysis of trials of maximal androgen blockade (MAB). This analysis showed no statistically significant reduction in the annual odds of death in favour of MAB. The meta-analysis included the effect of MAB only on mortality, and did not measure other end-points such as time to disease progression.

INDICATIONS

For the treatment of advanced prostate cancer.

Bicalutamide is also indicated for the prevention of disease flare associated with initial goserelin treatment.

CONTRAINDICATIONS

Bicalutamide

Bicalutamide is contraindicated in females and children.

Known hypersensitivity to bicalutamide or any other constituents of the formulation.

Co-administration of terfenadine, astemizole or cisapride with bicalutamide is contraindicated (see **Interactions with other Medicines**).

Goserelin

Goserelin is contraindicated in patients with known hypersensitivity to GnRH or GnRH agonist analogues or any of the components of ZOLADEX.

PRECAUTIONS

Bicalutamide

Bicalutamide is extensively metabolised in the liver. Data suggests that its elimination may be slower in subjects with severe hepatic impairment and this

[1] Prostate Cancer Trialists' Collaborative Group. Maximum androgen blockade in advanced prostate cancer: an overview of 22 randomised trials with 3283 deaths in 5710 patients. Lancet 1995; 346: 265-269.

could lead to increased accumulation of bicalutamide. Therefore, bicalutamide should be used with caution in patients with moderate to severe hepatic impairment.

Periodic liver function testing should be considered due to the possibility of hepatic changes. The majority of these changes occur within the first 6 months of bicalutamide therapy.

Rare cases of death or hospitalisation due to severe liver injury have been observed with bicalutamide (see **ADVERSE EFFECTS**). Bicalutamide therapy should be discontinued if at any time a patient develops jaundice or if serum ALT rises above two times the upper limit of normal.

Hyperglycaemia and an increased risk of developing diabetes have been reported in men receiving GnRH agonists. Hyperglycaemia may represent development of diabetes mellitus or worsening of glycaemic control in patients with diabetes. Monitor blood glucose and/or glycosylated haemoglobin (HbA1c) periodically in patients receiving COSUDEX in combination with a GnRH agonist and manage with current practice for the treatment of hyperglycaemia or diabetes.

Potentiation of coumarin anticoagulant effects have been reported in patients receiving concomitant COSUDEX therapy, which may result in increased Prothrombin Time (PT) and International Normalised Ratio (INR). Some cases have been associated with risk of bleeding. Close monitoring of PT/INR is advised and anticoagulant dose adjustment should be considered (see 'Interactions with other medicines' and ADVERSE EFFECTS).

In patients with metastatic prostate cancer, treatment with bicalutamide monotherapy has been associated with reduced survival compared to castration. Bicalutamide should therefore not be used without concomitant GnRH agonist therapy in these patients.

Goserelin

Injection site injury has been reported with ZOLADEX, including events of pain, haematoma, haemorrhage and vascular injury. Monitor affected patients for signs or symptoms of abdominal haemorrhage. In very rare cases, administration error resulted in vascular injury and haemorrhagic shock requiring blood transfusions and surgical intervention.

Extra care should be taken when administering ZOLADEX to patients with a low BMI and/or receiving full anticoagulation medications (see **DOSAGE AND ADMINISTRATION**).

Goserelin may cause a temporary increase in bone pain in patients with advanced cancer and bone metastases which may last for up to two weeks.

Goserelin may also increase the risk of developing ureteric obstruction or spinal cord compression in patients with metastatic cancer during the initial month of

therapy. The use of goserelin in patients at risk should be considered carefully and patients monitored closely during the first month of therapy.

The above events may be related to the transient increase in serum testosterone concentration with goserelin. The use of antiandrogen therapy at the start of goserelin therapy has been reported to prevent the possible sequelae of the initial rise in serum testosterone.

Goserelin causes loss of bone mineral density.

Goserelin is not indicated for use in children as safety and efficacy have not been established in this group of patients.

Serum testosterone concentrations in males may rise if an implant is omitted or delayed.

Hyperglycaemia and an increased risk of developing diabetes have been reported in men receiving GnRH agonists. Hyperglycaemia may represent development of diabetes mellitus or worsening of glycaemic control in patients with diabetes. Monitor blood glucose and/or glycosylated haemoglobin (HbA1c) periodically in patients receiving a GnRH agonist and manage with current practice for the treatment of hyperglycaemia or diabetes.

Cardiovascular disease

Goserelin

An increased risk of developing myocardial infarction, sudden cardiac death and stroke has been reported in association with use of GnRH agonists in men. The risk appears low based on the reported odds ratios and should be evaluated carefully along with cardiovascular risk factors when determining a treatment for patients with prostate cancer. Patients receiving a GnRH agonist should be monitored for symptoms and signs suggestive of development of cardiovascular disease and managed according to current clinical practice.

Carcinogenicity/Genotoxicity

Bicalutamide

Bicalutamide was inactive in *in vitro* tests for gene mutation and in *in vitro* and *in vivo* tests for clastogenicity.

Two-year oral carcinogenicity studies were conducted in male and female rats and mice at doses of 5, 15 or 75 mg/kg/day of bicalutamide. A variety of tumour target organ effects were identified and were attributed to the antiandrogenicity of bicalutamide, namely, testicular benign interstitial (Leydig) cell tumours in male rats at all dose levels and uterine adenocarcinoma in female rats at 75 mg/kg/day (at these dose levels plasma (R)-bicalutamide concentrations were less than human therapeutic concentrations after the maximum recommended clinical dose of 150 mg). There is no evidence of Leydig cell hyperplasia in patients; uterine tumours are not relevant to the indicated patient population.

A small increase in the incidence of hepatocellular carcinoma in male mice given 75 mg/kg/day of bicalutamide (approximately 2 times human therapeutic concentrations after the maximum recommended clinical dose of 150 mg) and an increased incidence of benign thyroid follicular cell adenomas in rats given 5 mg/kg/day (less than the human therapeutic concentrations after the maximum recommended clinical dose of 150 mg) and above were recorded. These neoplastic changes were progressions of non-neoplastic changes related to hepatic enzyme induction observed in animal toxicity studies. Enzyme induction has not been observed following bicalutamide administration in man.

Goserelin

After subcutaneous implant injections once every 4 weeks for 1 year to male and female rats at doses equivalent to 4 times the recommended monthly dose for a human (based on AUC), an increased incidence of benign pituitary microadenomas was found.

This finding is similar to that previously noted in this species following surgical castration and appears to be a species specific response to castration. Any relevance to humans has not been established. No increase in pituitary adenomas was seen in mice receiving injections of goserelin every 3 weeks for 2 years at doses up to 2400 µg/kg/day (approximately 18 to 37 times the recommended monthly dose for a human [based on C_{max}]). An increased incidence of histiocytic sarcomas of the bone marrow of the vertebral column and femur were observed in male mice given 2400 µg/kg/day but not in female mice, or rats of either sex. The relevance of these tumours to humans has not been established.

In mice, long-term repeated dosing with multiples of the human dose produced histological changes in some regions of the digestive system manifested by pancreatic islet cell hyperplasia and a benign proliferation condition in the pyloric region of the stomach, also reported as a spontaneous lesion in this species. The clinical relevance of these findings is unknown.

Mutagenicity tests for gene mutations and chromosomal damage have provided no evidence for mutagenic effects.

QT/QTc interval prolongation

Goserelin

Androgen deprivation therapy may prolong QT/QTc interval. Prescribers should consider whether the benefits of androgen deprivation therapy outweigh the potential risks in patients with congenital long QT syndrome, congestive heart failure, frequent electrolyte abnormalities and in patients taking drugs known to prolong the QT interval. Electrolyte imbalances should be corrected. Consider periodic monitoring of electrocardiograms and electrolytes.

Effects on Fertility

Bicalutamide

Administration of bicalutamide may lead to inhibition of spermatogenesis. The long-term effects of bicalutamide on male fertility have not been studied. In male rats dosed at 250 mg/kg/day (less than human therapeutic concentrations after the maximum recommended clinical dose of 150 mg), the precoital interval and time to successful mating were increased in the first pairing but no effects on fertility following successful mating were seen. These effects were reversed by 7 weeks after the end of an 11-week period of dosing. A period of subfertility or infertility should be assumed in man.

Antiandrogen therapy may cause morphological changes in spermatozoa. Although the effect of bicalutamide on sperm morphology has not been evaluated and no such changes have been reported for patients who received COSUDEX, patients and/or their partners should follow adequate contraception during COSUDEX therapy and for 130 days after COSUDEX therapy.

Goserelin

The expected pharmacology of goserelin is the suppression of gonad function to castrate levels. As a result there is profound impairment of fertility. In rats this is expressed as:

Male: decrease in weight and atrophic histological changes in the testes, epididymis, seminal vesicle and prostate gland with complete suppression of spermatogenesis.

Female: suppression of ovarian function with decreased size and weight of the ovaries and secondary sex organs; arrest of follicular development at the antral stage and reduction in size and number of the corpora lutea.

Except for the testes, almost complete reversal of these effects in male and female rats was observed several weeks after dosing was stopped, however, fertility and general reproductive performance were reduced in those that became pregnant after goserelin was discontinued.

Based on histological examination, drug effects on reproductive organs seem to be completely reversible in male and female dogs when drug treatment was stopped after continuous administration for 1 year at doses equivalent to 214 µg/kg/day (approximately 57 times the recommended monthly dose for a human based on AUC).

Use in Pregnancy (Category D)

ZolaCos CP 3.6/50 and 10.8/50 are not indicated in females. (NOTE: Bicalutamide is contraindicated in females – see CONTRAINDICATIONS.)

Use in Lactation

ZolaCos CP 3.6/50 and 10.8/50 are not indicated in females. (NOTE: Bicalutamide is contraindicated in females – see CONTRAINDICATIONS.)

Interactions with other Medicines

Bicalutamide

Bicalutamide is extensively metabolised (via oxidation and glucuronidation) in the liver. Bicalutamide has shown no evidence of causing enzyme induction in humans during dosing at 50 mg daily in man. *In vitro* studies have shown that R-bicalutamide is an inhibitor of CYP 3A4, with lesser inhibitory effects on CYP 2C9, 2C19 and 2D6 activity.

The clinically or potentially significant drug interactions between bicalutamide and the following agents/drug classes, which are theoretical or have been observed, are described below. The drug/drug interactions described include both interactions mediated through effects on P450 metabolism and interactions mediated through other mechanisms.

Effects of bicalutamide on other medicines

GnRH agonists: Although there is no evidence of any pharmacodynamic or pharmacokinetic interactions between bicalutamide and GnRH agonists at steady state, bicalutamide may prevent the harmful clinical consequences of flare associated with the start of GnRH agonist therapy.

Cytochrome P450: Bicalutamide is an inhibitor of CYP 3A4 and has been shown to increase plasma levels of midazolam by up to 80%. Therefore, concomitant use of terfenadine, astemizole and cisapride is contraindicated. Caution should be exercised with other drugs metabolised by CYP 3A4, such as cyclosporin, calcium channel blockers, HIV antivirals, HMGCoA reductase inhibitors, carbamazepine, quinidine etc.

Demonstrated interactions

Warfarin: *In vitro* studies have shown that bicalutamide can displace the coumarin anticoagulant, warfarin, from its protein binding sites. There have been reports of increased effect of warfarin and other coumarin anticoagulants when co-administered with COSUDEX. It is therefore recommended that if bicalutamide is administered in patients who are already receiving coumarin anticoagulants, PT/INR should be closely monitored and adjustments of anticoagulant dose considered (see PRECAUTIONS and ADVERSE EFFECTS).

Theoretical interactions

Caution should be exercised when prescribing bicalutamide with other drugs which may inhibit drug oxidation eg. cimetidine and ketoconazole. In theory, this could result in increased plasma concentrations of bicalutamide and an increase in adverse reactions.

Goserelin

None known.

Effects on Ability to Drive and Use Machines

During treatment with COSUDEX, somnolence has been reported. Those patients who experience this symptom should observe caution when driving or using machines.

There is no evidence that goserelin results in impairment of ability to drive or operate machinery.

ADVERSE EFFECTS

In general, combination treatment has been well tolerated with few withdrawals due to adverse events.

Clinical trial data - Combination therapy (with medical castration) in advanced prostate cancer

The following adverse experiences were reported in clinical trials (as possible adverse drug reactions in the opinion of investigating clinicians, with a frequency of ≥1%) during treatment with COSUDEX 50 mg plus an LHRH agonist. No causal relationship of these experiences to drug treatment has been made and some of the experiences reported are those that commonly occur in elderly patients.

Table 1: COSUDEX adverse drug reactions by frequency and System Organ Class

Frequency	System Organ Class	Event
Very common (≥10%)	*Blood and lymphatic*	Anaemia
	Nervous system disorders	Dizziness
	Vascular disorder	Hot flush
	Gastrointestinal disorders	Abdominal pain, constipation, nausea
	Renal and urinary disorders	Haematuria
	Reproductive system and breast disorders	Breast tenderness[1], gynaecomastia[1]
	General disorders and administration site conditions	Asthenia, chest pain, oedema
Common (≥1% - <10%)	*Metabolism and nutrition disorders*	Decreased appetite
	Psychiatric disorders	Decreased libido, depression
	Nervous system disorders	Somnolence

Frequency	System Organ Class	Event
	Gastrointestinal disorders	Dyspepsia, flatulence
	Hepato-biliary disorders	Hepatotoxicity, jaundice, hypertransaminasaemia[2]
	Skin and subcutaneous tissue disorders	Alopecia, hirsuitism/ hair re-growth, rash, dry skin, pruritis
	Reproductive system and breast disorders	Erectile dysfunction
	Cardiac disorders	Cardiac failure[3], myocardial infarction (fatal outcomes have been reported)[3]
	Investigations	Weight increased
Uncommon (≥0.1% - <1%)	*Immune system disorders*	Hypersensitivity reactions, angioedema, and urticaria)
	Respiratory, thoracic and mediastinal disorders	Interstitial lung disease (ILD) [4] - fatal outcomes have been reported.
Rare (≥0.01% - <0.1%)	*Hepato-biliary disorders*	Hepatic failure[5] - fatal outcomes have been reported.
	Skin and subcutaneous tissue disorders	Photosensitivity reaction

[1]May be reduced by concomitant castration.

[2]Hepatic changes are rarely severe and were frequently transient, resolving or improving with continued therapy or following cessation of therapy.

[3]Observed in a pharmaco-epidemiology study of LHRH agonists and anti-androgens used in the treatment of prostate cancer. The risk appears to be increased when COSUDEX 50 mg was used in combination with LHRH agonists but no increase in risk was evident when COSUDEX 150 mg was used as a monotherapy to treat prostate cancer.

[4]Listed as an adverse drug reaction following review of post-marketed data. Frequency has been determined from the incidence of reported adverse events of interstitial pneumonia in the randomised treatment period of the 150 mg EPC studies.

[5]Listed as an adverse drug reaction following review of post-marketed data. Frequency has been determined from the incidence of reported adverse events of hepatic failure in patients receiving treatment in the open-label COSUDEX arm of the 150 mg EPC studies.

Increased PT/INR: Accounts of coumarin anticoagulants interacting with COSUDEX have been reported in post marketing surveillance (see ‘Interactions with other medicines’ and PRECAUTIONS).

Goserelin

The following frequency categories for adverse drug reactions (ADRs) were calculated based on reports from ZOLADEX clinical trials and post-marketing sources.

Table 2 Goserelin adverse drug reactions by frequency and System Organ Class

Frequency	System Order Class	Event (Males)
Very Common (≥10%)	Psychiatric disorders	Libido decreased[a]
	Vascular disorders	Hot flush[a], blood pressure abnormal[c]
	Skin and subcutaneous tissue disorders	Hyperhidrosis[a]
	Reproductive system and breast disorders	Erectile dysfunction, breast tenderness, gynaecomastia
	Nervous system disorders	Paraesthesia
	Investigations	Bone density decreased
	General disorders and administration site conditions	(see Common)
Common (≥ 1% and <10%)	Metabolism and nutrition disorders	Glucose tolerance impaired[b]
	Renal and urinary tract disorders	Incontinence and urinary frequency (after radiotherapy)
	Nervous system disorders	Spinal cord compression
	Cardiac disorders	Cardiac failure[f] , myocardial infarction[f]
	Skin and subcutaneous tissue disorders	Rash[d]
	Musculoskeletal, connective tissue and bone disorders	Bone pain[e], arthralgia
	General disorders and administration site conditions	Injection site reaction
	Investigations	Weight increased
	Psychiatric disorders	Mood swings
Uncommon (≥0.1% and <1%)	Immune system disorders	Drug hypersensitivity
	Renal and urinary tract disorders	Ureteric obstruction

Frequency	System Order Class	Event (Males)
Rare (≥0.01% and <0.1%)	Immune system disorders	Anaphylactic reaction
	Endocrine disorders	Pituitary haemorrhage/Infarction
Very rare (<0.01%)	Neoplasms benign, malignant and unspecified (including cysts and polyps)	Pituitary tumour
	Psychiatric disorders	Psychotic disorder
Unknown	Skin and subcutaneous tissue disorders	Alopecia[g]

a These are pharmacological effects which seldom require withdrawal of therapy.

b A reduction in glucose tolerance has been observed in males receiving LHRH agonists. This may manifest as diabetes or loss of glycaemic control in those with pre-existing diabetes mellitus.

c These may manifest as hypotension or hypertension, have been occasionally observed in patients administered ZOLADEX. The changes are usually transient, resolving either during continued therapy or after cessation of therapy with ZOLADEX. Rarely, such changes have been sufficient to require medical intervention, including withdrawal of treatment from ZOLADEX

d These are generally mild, often regressing without discontinuation of therapy.

e Initially, prostate cancer patients may experience a temporary increase in bone pain, which can be managed symptomatically.

f Observed in a pharmaco-epidemiology study of LHRH agonists used in the treatment of prostate cancer. The risk appears to be increased when used in combination with anti-androgens.

g Particularly loss of body hair, an expected effect of lowered androgen levels

DOSAGE AND ADMINISTRATION

ADULT MALES INCLUDING THE ELDERLY

Bicalutamide

One tablet (50 mg) once a day.

Treatment with COSUDEX 50 mg should be started at the same time as treatment with a GnRH agonist.

Goserelin

Caution should be taken while inserting ZOLADEX into the interior abdominal wall due to the proximity of underlying inferior epigastric artery and its branches.

Use extra care when administering ZOLADEX to patients with a low BMI and/or who are receiving full anticoagulation medication (see **PRECAUTIONS**).

One 3.6 mg implant of goserelin every 28 days or one 10.8 mg implant of goserelin every 3 months, injected subcutaneously into the anterior abdominal wall.

Before injection, it should be ensured that the implant is visible in the window of the applicator. The plunger should not be withdrawn once the needle is in position. The plunger should be fully depressed to expel the implant into subcutaneous tissue well away from point of entry and to activate the protective needle sleeve.

For correct administration of goserelin, see instructions on the administration card.

Do not omit or delay injections, as serum testosterone levels may rise.

Elderly

No dosage adjustment is necessary in the elderly

Use in patients with renal impairment

No dosage adjustment is necessary for patients with renal impairment.

Use in patients with hepatic impairment

No dosage adjustment is necessary for patients with mild hepatic impairment.

Increased accumulation of bicalutamide may occur in patients with moderate to severe hepatic impairment (see **PRECAUTIONS**). In such cases, a lower or less frequent dose may be considered.

OVERDOSAGE

Bicalutamide

There is no human experience of overdosage. There is no specific antidote; treatment should be symptomatic. Dialysis may not be helpful, since bicalutamide is highly protein bound and is not recovered unchanged in the urine. General supportive care, including frequent monitoring of vital signs, is indicated.

Goserelin

There is limited experience of overdosage in humans. In cases where goserelin has unintentionally been readministered early or given at a higher dose, no clinically relevant adverse effects have been seen. Animal tests suggest that no effect other than the intended therapeutic effects on sex hormone concentrations and on the reproductive tract will be evident with higher doses of goserelin. If overdosage occurs, this should be managed symptomatically.

PRESENTATION AND STORAGE CONDITIONS

ZolaCos CP is available in three different combinations:

1x ZOLADEX 3.6 mg implant syringe + 28 (1 month) tablets COSUDEX 50 mg

1x ZOLADEX 10.8 mg implant syringe + 28 (1 month) tablets COSUDEX 50 mg

1x ZOLADEX 10.8 mg implant syringe + 84 (3 month) tablets COSUDEX 50 mg

COSUDEX 50 mg tablets are presented in a blister pack containing 28 tablets and are round, biconvex, white film-coated tablets impressed with CDX50 on one side and an arrow shaped logo on the other side.

ZOLADEX SafeSystem™ Implant is supplied as a sterile, biodegradable cylindrical implant containing the equivalent of 3.6 mg or 10.8 mg of goserelin base and presented in a pre-filled syringe applicator for subcutaneous injection.

Storage

Store below 25°C.

NAME AND ADDRESS OF THE SPONSOR

AstraZeneca Pty Ltd
ABN 54 009 682 311
66 Talavera Road
MACQUARIE PARK NSW 2113

Telephone: 1800 805 342

POISON SCHEDULE OF THE MEDICINE

S4 (Prescription Only Medicine).

DATE OF APPROVAL

Date of approval: 11 November 2010

Date of most recent amendment: 18 May 2017