

or duration of the next course should be reduced. The ovarian enlargement and cyst formation following clomiphene citrate therapy regress spontaneously within a few days or weeks after discontinuing treatment. Therefore, unless a strong indication for laparotomy exists, such cystic enlargement always should be managed conservatively.

ADVERSE EFFECTS

Symptoms

Side effects are not prominent at the recommended dosage and tend to occur more frequently at higher doses and in the longer treatment courses. The more common side effects and the percent of patients experiencing them included vasomotor flushes, abdominal discomfort, abnormal uterine bleeding, ovarian enlargement, breast tenderness and visual symptoms. The vasomotor symptoms resemble menopausal hot flushes, and are not usually severe. They promptly disappear after treatment is discontinued. Abdominal discomfort may resemble ovulatory (mittelschmerz) or premenstrual phenomena, or that due to ovarian enlargement.

In addition, nausea, vomiting, nervousness, insomnia, headache, dizziness, light-headedness, increased urination, depression, fatigue, urticaria, allergic dermatitis, weight gain and reversible hair loss have been reported.

The incidence of visual symptoms, usually described as 'blurring' or spots or flashes (scintillating scotomata), correlates with increasing total dose. The symptoms disappear within a few days or weeks after clomiphene citrate is discontinued. While measured, visual acuity has not generally been affected, in one patient taking 200 mg daily, visual blurring developed on the seventh day of treatment, and progressed to severe diminution of visual acuity by the tenth day. No other abnormality was coincident, and the visual acuity was normal by the third day after treatment was stopped.

DRUG INTERACTIONS:

Not known.

PRESENTATION

Ferticlo 50 mg tablets are available in blister pack of 10's.

Store below 30°C in a dry place, protect from light.

To be dispensed on the prescription of a registered medical practitioner only. Keep out of the reach of children.

ہدایات:

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔

دوا کو 30°C سے کم درجہ حرارت پر خشک جگہ پر رکھیں،

روشنی سے بچائیں۔ صرف رجسٹرڈ ڈاکٹر کے نسخے پر فروخت کریں۔

بچوں کی پہنچ سے دور رکھیں۔

Manufactured by:

Platinum
Pharmaceuticals (Pvt) Ltd.

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QAR No. AW12-0661

Ferticlo

(Clomiphene Citrate)

فرٹیکلو
(کلومیفنہ سیٹریٹ)

۵۰ ملی گرام گولیاں

50 mg Tablets

COMPOSITION:

Each tablet contains:

Clomiphene Citrate (U.S.P.) 50 mg.

Product Complies U.S.P. Specs.

ACTIONS

Clomiphene Citrate (**Ferticlo**), an orally administered, non-steroidal agent, may induce ovulation in selected anovulatory women. The various criteria for ovulation include: an ovulation peak of oestrogen excretion followed by a biphasic basal body temperature curve; urinary excretion of pregnanediol at post-ovulatory levels and, endometrial histologic findings characteristic of the luteal phase. Clomiphene Citrate (**Ferticlo**) therapy appears to mediate ovulation through increased output of pituitary gonadotropins. These stimulate the maturation and endocrine activity of the ovarian follicle which is followed by the development and function of the corpus luteum. Increased urinary excretion of gonadotropins and oestrogen suggest involvement of the pituitary.

PHARMACOKINETICS

Studies with 14C-labelled clomiphene citrate have shown that it is readily absorbed orally in humans, and is excreted principally in the faeces. An average of 51% of the administered dose was excreted after 5 days. After a single 50 mg dose peak concentrations of 8-9 ng/mL are achieved after 6 to 7 hours.

INDICATIONS

Clomiphene Citrate (**Ferticlo**) is indicated for the treatment of ovulatory failure in patients desiring pregnancy, and whose husbands are fertile and potent. Administration of Clomiphene Citrate (**Ferticlo**) is indicated only in patients with demonstrated ovulatory dysfunction and in whom the following conditions apply:

1. Normal liver function.
2. Physiologic indications of normal endogenous oestrogen (as estimated from vaginal smears, endometrial biopsy, assay of urinary oestrogen, or from bleeding in response to progesterone). Reduced oestrogen levels, while less favourable do not prevent successful therapy.
3. Clomiphene Citrate (**Ferticlo**) therapy is not effective for those patients with primary pituitary or ovarian failure. It cannot substitute for appropriate therapy of other disturbances leading to ovulatory dysfunction, eg.,

diseases of the thyroid or adrenals.

4. Particularly careful evaluation prior to Clomiphene Citrate (**Ferticlo**) therapy should be done in patients with abnormal uterine bleeding. It is most important that neoplastic lesions are detected.

DOSAGE AND ADMINISTRATION

General

Patients should be chosen for Clomiphene Citrate (**Ferticlo**) therapy only after careful diagnostic evaluation. The plan of therapy should be outlined in advance.

Impediments to achieving the goal of therapy must be excluded or adequately treated before beginning clomiphene citrate. In determining a starting dose schedule, efficacy must be balanced against potential side effect. For example the available data so far suggests that ovulation and pregnancy are slightly more attainable with 100 mg/day for 5 days than with 50 mg/day for 5 days. As the dosage is increased, however, ovarian overstimulation and other side effects may be expected to increase.

For these reasons, treatment of the usual patient should initiate with a 50 mg daily dose for 5 days. The dose may be increased only in those patients who do not respond to the first course. Special treatment with lower dosage over shorter duration is particularly recommended if unusual sensitivity to pituitary gonadotropin is suspected including patients with polycystic ovary syndrome.

Recommended Dosage

The recommended dosage for the first course of Clomiphene Citrate (**Ferticlo**) 50 mg (1 tablet) daily for 5 days. Therapy may be started at any time if the patient has had no recent uterine bleeding. If progestin-induced bleeding is intended, or if spontaneous uterine bleeding occurs prior to therapy, the regimen of 50 mg daily for 5 days should be started on or about the fifth day of the cycle. When ovulation occurs at this dosage, there is no advantage to increasing in dose in subsequent cycles of treatment.

If ovulation does not appear to have occurred after the first course of therapy, a second course of 100 mg daily (two **Ferticlo** 50 mg tablets given as a single daily dose) for 5 days may be started. This course may begin as early as 30 days after the previous one. Increasing the dosage or duration of therapy beyond 150 mg/day for 5 days should not be undertaken.

The majority of patients who respond do so during the first course of therapy, and 3 courses constitute an adequate therapeutic trial. If ovulatory menses do not occur, the diagnosis should be re-evaluated. Treatment beyond this is not recommended in the patient who does not exhibit evidence of ovulation.

Pregnancy

Properly timed coitus is very important for good results. For regularity of cyclic ovulatory response it is also important that each course of Clomiphene Citrate (**Ferticlo**) be started on or about the fifth day of the cycle, once ovulation has been established. As with other therapeutic modalities, Clomiphene Citrate (**Ferticlo**) therapy follows the rule of diminishing returns, such that likelihood of conception diminishes with each succeeding course of therapy. If pregnancy has not been achieved after 3 ovulatory responses to Clomiphene

Citrate (**Ferticlo**), further treatment is not generally recommended.

CONTRAINDICATIONS

Pregnancy

To prevent inadvertent clomiphene citrate administration during early pregnancy, the basal body temperature should be recorded throughout all treatment cycles; and therapy should be discontinued if pregnancy is suspected. If the basal body temperature following Clomiphene Citrate is biphasic and is not followed by menses the possibility of an ovarian cyst and/or pregnancy should be excluded. Until the correct diagnosis has been determined, the next course of therapy should be delayed.

Liver Disease

Patients with liver disease or a history of liver dysfunction should not receive clomiphene citrate therapy.

Abnormal Uterine Bleeding

Clomiphene Citrate is contraindicated in patients with abnormal uterine bleeding.

Ovarian Cysts and Endometriosis

Use of Clomiphene Citrate is contraindicated when pre-existing endometriosis and ovarian cysts are present, since endometriosis may be aggravated by elevated oestradiol levels associated with ovulation induction.

WARNINGS AND PRECAUTIONS

Visual Symptoms:

Blurring and/or other visual symptoms may occur occasionally with clomiphene citrate therapy.

Diagnosis Prior to Therapy

A complete pelvic examination should be performed prior to treatment and repeated before each subsequent course. Clomiphene citrate should not be given to patients with an ovarian cyst, as further ovarian enlargement may result.

Since the incidence of endometrial carcinoma and of ovulatory disorders increases with age, endometrial biopsy should always exclude the former as causative in such patients. If abnormal uterine bleeding is present, full diagnostic measures are necessary.

Ovarian Overstimulation during Treatment:

To minimize the hazard associated with the occasional abnormal ovarian enlargement during clomiphene citrate therapy, the lowest dose producing good results should be chosen. Some patients with polycystic ovary syndrome are unusually sensitive to gonadotropin and may have an exaggerated response to usual doses of clomiphene citrate. Maximal enlargement of the ovary, whether abnormal or physiologic, does not occur until several days after discontinuation of clomiphene citrate. The patient complaining of pelvic pains after receiving clomiphene citrate should be examined carefully. If enlargement of the ovary occurs, clomiphene citrate therapy should be withheld until the ovaries have returned to pretreatment size, and the dosage