SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE VETERINARY MEDICINAL PRODUCT:

ARIXIL vet 5 mg film-coated tablet for dogs and cats

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:

Each film-coated tablet contains:

Active substance:

Benazepril Hydrochloride.....5 mg (equivalent to Benazepril 4.6 mg)

Excipients :

Titanium dioxide (E171)	1.929 mg
Iron oxide yellow (E172)	0.117 mg
Iron oxide red (E172)	0.014 mg
Iron oxide black (E172)	0.004 mg

For a full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM:

Film-coated tablets. The tablets can be divided into halves. Beige oblong biconvex tablets with a score line.

4. CLINICAL PARTICULARS:

4.1 Target species:

Dogs and cats.

4.2 Indications for use, specifying target species:

DOGS: Treatment of congestive heart failure. CATS: Reduction of proteinuria associated with chronic kidney disease.

4.3 Contraindications:

Do not use in cases of hypersensitivity to the active substance or to any of the excipients.

Do not use in cases of cardiac output failure, due to aortic or pulmonary stenosis. Do not use in cases of hypotension, hypovolaemia, hyponatraemia or acute renal failure.

Do not use during pregnancy or lactation (see section 4.7).

4.4 Special warnings for each target species

None

4.5 Special precautions for use Special precautions for use in animals

No evidence of renal toxicity to the veterinary medicinal product has been observed in dogs or cats during clinical trials, however, as is routine in cases of chronic kidney disease, it is recommended to monitor plasma creatinine, urea and erythrocyte counts during therapy. The efficacy and safety of the veterinary medicinal product has not been established in dogs and cats below 2.5 kg body weight.

Special precautions to be taken by the person administering the veterinary medicinal product to animals

- Pregnant women should take special care to avoid accidental oral exposure, because angiotensin converting enzyme (ACE) inhibitors have been found to affect the unborn child during pregnancy in humans.
- Wash hands after use.
- In case of accidental oral ingestion, seek medical advice immediately and show the label or the package leaflet to the physician.

4.6 Adverse reactions (frequency and seriousness):

In double-blind clinical trials in dogs with congestive heart failure, the veterinary medicinal product was well tolerated with an incidence of adverse reactions lower than observed in placebo treated dogs.

A small number of dogs may exhibit transient vomiting, incoordination or signs of fatigue.

In cats and dogs with chronic kidney disease, the veterinary medicinal product may increase plasma creatinine concentrations at the start of therapy. A moderate increase in plasma creatinine concentrations following administration of ACE inhibitors is compatible with the reduction in glomerular hypertension induced by these agents, and is therefore not necessarily a reason to stop therapy in the absence of other signs.

The veterinary medicinal product may increase food consumption and body weight in cats.

Emesis, anorexia, dehydration, lethargy and diarrhea have been reported in rare occasions in cats.

The frequency of adverse reactions is defined using the following convention:

- very common (more than 1 in 10 animals treated displaying adverse reaction(s))
- common (more than 1 but less than 10 animals in 100 animals treated)
- uncommon (more than 1 but less than 10 animals in 1,000 animals treated)
- rare (more than 1 but less than 10 animals in 10,000 animals treated)
- very rare (less than 1 animal in 10,000 animals treated, including isolated reports).

4.7 Use during pregnancy, lactation or lay

Do not use during pregnancy and lactation. The safety of the veterinary medicinal product has not been established in breeding, pregnant or lactating dogs and cats. The veterinary medicinal product reduced ovary/oviduct weights in cats when administered daily at 10 mg/kg body weight for 52 weeks. Embryotoxic effects (foetal urinary tract malformation) were seen in trials with laboratory animals (rats) at maternally non-toxic doses. Do not use in breeding animals.

4.8 Interaction with other medicaments and other forms of interaction:

In dogs with congestive heart failure, the veterinary medicinal product has been given in combination with digoxin, diuretics, pimobendan and anti-arrhythmic veterinary medicinal products without demonstrable adverse interactions.

In humans, the combination of ACE inhibitors and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) can lead to reduced anti-hypertensive efficacy or impaired renal function. The combination of benazepril and other anti-hypertensive agents (e.g. calcium channel blockers, beta-adrenergic antagonists or diuretics), anaesthetics or sedatives may lead to additive hypotensive effects. Therefore, concurrent use of NSAIDs or other medications with a hypotensive effect should be considered with care. Renal function and signs of hypotension (lethargy, weakness etc) should be monitored closely and treated as necessary.

Interactions with potassium preserving diuretics like spironolactone, triamterene or amiloride cannot be ruled out. It is recommended to monitor plasma potassium levels when using the veterinary medicinal product in combination with a potassium sparing diuretic because of the risk of hyperkalaemia.

4.9 Amounts to be administered and administration route:

For oral use.

In dogs:

It should be given orally once daily, with or without food. The dose is 0.23 mg benazepril /kg bw per day, corresponding to 0.25 mg of Benazepril hydrochloride / kg bw per day, according to the following table:

Weight of dog (kg)	Number of tablets
> 5 - 10	0.5
> 10 - 20	1

The dose may be doubled, still administered once daily, if judged clinically necessary and advised by the veterinary surgeon.

In cats:

It should be given orally once daily, with or without food. The dose is 0.46 mg benazepril /kg bw per day, corresponding to 0.50 mg of Benazepril hydrochloride / kg bw per day, according to the following table:

Weight of cat (kg)	Number of tablets
2.5 - 5.0	0.5
5.1 – 10.0	1

4.10 Overdose (symptoms, emergency procedures, antidotes) if necessary:

The veterinary medicinal product reduced erythrocyte counts in normal cats when dosed at 10 mg/kg body weight once daily for 12 months and in normal dogs when dosed at 150 mg/kg body weight once daily for 12 months, but this effect was not observed at the recommended dose during clinical trials in cats or dogs. Transient reversible hypotension may occur in cases of accidental overdose. Therapy should consist of intravenous infusion of warm isotonic saline.

4.11 Withdrawal period:

Not applicable

5. PHARMACOLOGICAL PROPERTIES

Pharmacotherapeutic group: ACE inhibitors, plain, benazepril ATC vet code: QC09AA07

5.1 Pharmacodynamic properties

Benazepril hydrochloride is a prodrug hydrolysed *in vivo* to its active metabolite, benazeprilat.

Benaprezilat is a highly potent and selective inhibitor of angiotensin converting enzyme (ACE), thus preventing the conversion of inactive angiotensin I to its active angiotensin II and thereby also reducing synthesis of aldosterone. Therefore, it blocks effects mediated by angiotensin II and aldosterone, including vasoconstriction of both arteries and veins, retention of sodium and water by the kidney and remodelling effects (including pathological cardiac hypertrophy and degenerative renal changes). The veterinary medicinal product causes long-lasting inhibition of plasma ACE activity, with more than 95% inhibition at peak effect and significant activity (>80% in dogs) persisting 24 hours after dosing.

The veterinary medicinal product reduces the blood pressure and volume load on the heart in dogs with congestive heart failure.

In cats with experimental renal insufficiency, benazepril normalized the elevated glomerular capillary pressure and reduced the systemic blood pressure. Reduction in glomerular hypertension may retard the progression of kidney disease by inhibition of further damage to the kidneys. Placebo controlled clinical field studies in cats with chronic kidney disease (CKD) have demonstrated that benazepril significantly reduced levels of urine protein and urine protein to creatinine ratio (UPC); this effect

is probably mediated via reduced glomerular hypertension and beneficial effects on the glomerular basement membrane.

No effect of benazepril on survival in cats with CKD has been shown, but benazepril increased the appetite of the cats, particularly in more advanced cases.

5.2. Pharmacokinetic particulars

After oral administration of benazepril hydrochloride, peak levels of benazepril are attained rapidly (Tmax 0.5 hour in dogs and within 2 hours in cats) and decline quickly as the active substance is partially metabolised by liver enzymes to benazeprilat. The systemic bioavailability is incomplete (~13% in dogs) due to incomplete absorption (38% in dogs, <30% in cats) and first pass metabolism.

In dogs, peak benazeprilat concentrations (Cmax of 40.9 ng/ml after a dose of 0.5 mg/kg benazepril hydrochloride) are achieved with a Tmax of 1.5 hours.

In cats, peak benazeprilat concentrations (Cmax of 198.7 ng/ml after a dose of 0.5 mg/kg benazepril hydrochloride) are achieved with a Tmax of 1 hours.

Benazeprilat concentrations decline biphasically: the initial fast phase (t1/2=1.7 hours in dogs and t1/2=2.4 hours in cats) represents elimination of free drug, while the terminal phase (t1/2=12.4 hours in dogs and t1/2=13.9 hours in cats) reflects the release of benazeprilat that was bound to ACE, mainly in the tissues. Benazepril and benazeprilat are extensively bound to plasma proteins (85-90%), and in tissues are found mainly in the liver and kidney.

There is no significant difference in the pharmacokinetics of benazeprilat when benazepril hydrochloride is administered to fed or fasted dogs. Repeated administration of the veterinary medicinal product leads to slight bioaccumulation of benazeprilat (R=1.47 in dogs and R=1.36 in cats with 0.5 mg/kg), steady state being achieved within a few days (4 days in dogs).

Benazeprilat is excreted 54% via the biliary and 46% via the urinary route in dogs and 85% via the biliary and 15% via the urinary route in cats. The clearance of benazeprilat

is not affected in dogs or cats with impaired renal function and therefore no adjustment of the product dose is required in either species in cases of renal insufficiency

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Constituents of the tablet core: Cellulose microcrystalline Lactose monohydrate Povidone Maize starch Silica colloidal anhydrous Magnesium stearate *Constituents of the coating:* Iron oxide yellow (E-172) Iron oxide red (E-172) Iron oxide black (E-172 Titanium dioxide (E-171) Hypromellose Macrogol 8000

6.2 Major incompatibilities

Not applicable

6.3 Shelf-life

Shelf life of the veterinary medicinal product as packaged for sale: 18 months Shelf-life of half tablets: 24 hours.

6.4 Special precautions for storage:

Do not store above 25°C. Store in the outer carton in order to protect from light. Store in a dry place. Return any halved tablet to the blister pack and use within 1 day. The blister pack should be inserted back into the cardboard box.

6.5 Nature and composition of immediate packaging:

Blister made of clear film of PVC/PE/PVDC and aluminium film containing 14 tablets. Box with:

- 1 blister (14 tablets)
- 2 blisters (28 tablets)
- 4 blisters (56 tablets)
- 10 blisters (140 tablets)

Not all pack size may be marketed.

6.6 Special precautions for the disposal of unused veterinary medicinal product or waste materials derived from the use of such products

Any unused veterinary medicinal product or waste materials derived from such veterinary medicinal products should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Industrial Veterinaria, S.A. Esmeralda, 19 08950 Esplugues de Llobregat (Barcelona) Spain

8. MARKETING AUTHORISATION NUMBER

Vm 36547/4007

9. DATE OF THE FIRST AUTHORISATION

11 December 2018

10. DATE OF REVISION OF THE TEXT

November 2023

PROHIBITION OF SALE, SUPPLY AND/OR USE

To be supplied only on veterinary prescription. Administration by a veterinary surgeon or under their direct responsibility.

Approved 28 November 2023

Hurter.