

## TINIDAZOLE TABLETS 500 mg

POM

### COMPOSITION :

Each film coated tablet contains :  
Tinidazole BP 500mg  
Excipients Q.S.  
Approved colour used.

### PHARMACOLOGICAL CLASSIFICATION :

Antiprotozoal

### PHARMACOLOGICAL ACTION :

Tinidazole is an antiprotozoal, antibacterial agent. The nitro- group of tinidazole is reduced by cell extracts of Trichomonas. The free nitro- radical generated as a result of this reduction may be responsible for the antiprotozoal activity. Chemically reduced tinidazole was shown to release nitrites and cause damage to purified bacterial DNA in vitro. Additionally, the drug caused DNA base changes in bacterial cells and DNA strand breakage in mammalian cells. The mechanism by which tinidazole exhibits activity against Giardia and Entamoeba species is not known.

### Pharmacokinetic:

**Absorption:** Estimated oral bioavailability >90%. Tinidazole absorbed rapidly following oral administration; peak plasma concentrations usually attained within about 2 hours.

**Distribution:** Distributed into virtually all body tissues and body fluids. It crosses blood-brain barrier, placenta and distributed in milk. Plasma protein binding of tinidazole is 12%. The apparent volume of distribution is about 50 liters.

**Metabolism:** Extensively metabolized prior to elimination. Partially it is metabolized via oxidation, hydroxylation, and conjugation. It is metabolized principally by CYP3A4. Present in plasma principally as unchanged drug with small amounts of the 2-hydroxyethyl metabolite.

**Elimination:** Eliminated by the liver and kidneys. Excreted in urine as unchanged drug (20-25%) and in feces (12%).

**Half-life:** Approximately 12-14 hours.

### INDICATIONS :

Tinidazole is indicated for the treatment of trichomoniasis caused by Trichomonas vaginalis; giardiasis caused by Giardia duodenalis (G. lamblia); intestinal amebiasis and amebic liver abscess caused by Entamoeba histolytica; and bacterial vaginosis caused by Bacteroides spp, Gardnerella vaginalis, and Prevotella spp in non pregnant females.

### CONTRAINDICATIONS :

Tinidazole is contraindicated in patients with a previous history of Hypersensitivity to Tinidazole or other 5-nitroimidazole derivatives.

### SPECIAL PRECAUTIONS AND WARNING :

Convulsive seizures and peripheral neuropathy, the latter characterized mainly by numbness or paresthesia of an extremity have been reported in patients treated with Tinidazole. The appearance of abnormal neurologic signs demands the prompt discontinuation of Tinidazole therapy.

Tinidazole should be used with caution in patients with evidence of or history of blood dyscrasia.

Prolonged use may result in fungal or bacterial superinfection, including C. difficile-associated diarrhea (CDAD), pseudomembranous colitis, and/or vaginal candidiasis. CDAD has been observed 2 months postantibiotic treatment.

**Pregnancy; Pregnancy Category C:** Tinidazole crosses the placental barrier. Since the effects of compounds of this class on fetal development are unknown, the use of Tinidazole during the first trimester is contraindicated.

There is no evidence that Tinidazole is harmful during the latter stages of pregnancy, but its use during the second and third trimesters requires that the potential benefits be weighed against

possible hazards to mother or fetus.

**Lactation:** Tinidazole is excreted in breast milk in concentrations similar to those seen in serum. Tinidazole can be detected in breast milk for up to 72 hours after administration. Interruption of breast-feeding is recommended during Tinidazole therapy and for 3 days following the last dose.

**Pediatrics:** Other than for use in the treatment of giardiasis and amebiasis in pediatric patients older than three years of age, safety and effectiveness of tinidazole in pediatric patients have not been established.

**Patients with renal impairment:** Dosage adjustments in patients with impaired renal function are generally not necessary. However because Tinidazole is easily removed by haemodialysis, patients may require additional doses of Tinidazole to compensate.

**Patients with hepatic impairment:** Use with caution in patients with current or a history of hepatic impairment.

### ADVERSE EFFECTS :

Reported side effects have generally been infrequent, mild and self-limiting.

**Nervous System:** convulsions (rarely), dizziness, headache, peripheral neuropathy, sensory disturbances, vertigo, flushing.

**Gastrointestinal disorders:** abdominal pain, anorexia, diarrhea, nausea, vomiting

**Skin and subcutaneous tissue disorders:** hypersensitivity reactions, occasionally severe, may occur in rare cases in the form of skin rash, puritus, urticaria and angioneurotic edema

**Renal and Urinary disorders:** dark urine

**Blood and lymphatic system disorders:** transient leukopenia

### DOSE AND DIRECTIONS FOR USE :

#### Adults:

**Trichomoniasis:** 2 g as a single dose; sexual partners should be treated at the same time.

**Giardiasis:** 2 g as a single dose.

**Amebiasis, intestinal:** 2 g/day for 3 days.

**Amebiasis, liver abscess:** 2 g/day for 3-5 days.

**Bacterial vaginosis:** 2 g/day for 2 days or 1 g/day for 5 days.

**Pediatrics (Children >3 years):**

**Amebiasis, intestinal:** 50 mg/kg/day for 3 days (maximum dose: 2 g/day)

**Amebiasis, liver abscess:** 50 mg/kg/day for 3-5 days (maximum dose: 2 g/day)

**Giardiasis:** 50 mg/kg as a single dose (maximum dose: 2 g)

**Elderly:** Refer to adult dosing.

### OVERDOSAGE :

There are no reported overdoses with tinidazole in humans.

**Treatment of Overdose:** There is no specific antidote for the treatment of overdose with tinidazole. Treatment is symptomatic and supportive. Gastric lavage may be useful. Tinidazole is easily dialyzable.

### DRUG INTERACTIONS :

**Alcohol:** concurrent use of tinidazole and alcohol may produce a disulfiram-like reaction and should be avoided.

**Anticoagulants:** Drugs of similar chemical structure have been shown to potentiate the effects of oral anticoagulants. Prothrombin times should be closely monitored and adjustments to the dose of the anticoagulant should be made as necessary.

**Contraception:** May increase the serum concentration of CYP3A4 Substrates.

**Tocilizumab:** May decrease the serum concentration of CYP3A4 Substrates.

### PRESENTATION :

Blister Pack / Jar Pack.

### STORAGE AND PRECAUTIONS :

Store below 30°C (86°F) from light.

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