1.6 Product information

1.6.1 Prescribing information (Summary of Product Characteristics)

1. NAME OF THE FINISHED PHARMACEUTICAL PRODUCT:

GYNOFER TABLET

1.1 Strength:

Each Uncoated tablet contains:

Tinidazole BP……500 mg

Miconazole Nitrate BP …….100 mg

Neomycin Sulphate BP ……..20 mg

1.2 Pharmaceutical form:

Tablet.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION:

Each Uncoated tablet contains:

Tinidazole BP……500 mg

Miconazole Nitrate BP …….100 mg

Neomycin Sulphate BP ……..20 mg

3. PHARMACEUTICAL FORM:

Tablet

4. CLINICAL PARTICULARS:

4.1 Therapeutic indications:

For the local treatment of vaginal itching and discharge associated with vaginal infection due to trichomonas vaginalis, C. albicans and/or mixed infection caused by susceptible bacteria.

4.2 Posology and

One vaginal tablet to be inserted high into the vagina at night before retiring. This procedure should be repeated for 8 nights. In order to facilitate disintigration, the vaginal tablet should be moistened under water for a second or two just before introduction in the vagina. Continue using even if symptoms disappear. If after 8 days of treatment a cure has not been achieved a second 8 days course should be given.

If trichomonas vaginalis has not been completely eliminated, oral miconazole / Tinidazole should be administered in single dose of 2 gm.

General hygienic measures should be observed to control the source of infection and reinfection.

4.3 Method of administration: as directed by the physician.

4.4 Contraindications:

Gynofer (vaginal) tablet is contraindicated in individuals who have shown hypersensitivity to miconazole nitrate, other imidazoles or any other ingredients in the formula.

Psychotic reaction have been reported in alcoholic patients who were using oral tinidazole and disulfiram concurrently. Gynofer (vaginal) tablet should not be administered to patients who have taken disulfiram within the last two weeks.

Infrequent and minor adverse reaction reported to date include local irritation, pruritus and burning sensation, especially at the start of treatment. Complaints of pelvic cramping, hives, skin rash have rarely been reported.

4.5 Special warnings and precautions for use:

Where there is evidence of trichomonal/Candidal/anerobic infection in the sexual partner, he should be treated concomitantly with oral metronidazole/tinidazole and/or fluconazole to avoid reinfection.

If local or allergic reactions occurs, the treatment should be discontinued.

Gynofer (vaginal) Tablet affords minimal peak serum levels and systemic exposure (AUCs)of tinidazole compared to oral tinidazole dosing. Although these lower levels of exposure are less likely to produce the common reaction seen with oral tinidazole, the possibility of these and other reaction cannot be excluded presently. Data from well control trials directly comparing tinidazole administered orally to tinidazole administered vaginally are not available.

4.6 Pregnancy and Lactation

Miconazole cream, like other imidazoles, has low toxicity and is safe for use during pregnancy when administered intravaginally. Follow-up reports on infants born to 167 of 263 pregnant patients who participated in North American clinical evaluations of miconazole cream 2% described no complications or adverse effects attributed to the therapeutic agent.

Tinidazole crosses the placenta and enters the fetal circulation. Teratogenic effects have not been observed in animal studies. However, it has been indicated that tinidazole should not be used during pregnancy for the treatment of bacterial vaginosis. Use during the first trimester is contradicted; should be used during the 2nd and 3rd trimesters only if clearly needed.

Nursing/Lactation:It is not known whether miconazole is excreted in breast milk. However, no appreciable systemic absorption has been noted.

As tinidazole enters breast milk, it is contraindicated in lactating females.

4.7 Interaction with other medicinal products and other forms of interaction:

None.

4.8 Additional information on special populations

4.9 Pediatric population

None.

4.10 Fertility, Pregnancy and lactation:

4.10.1 General principles

4.10.2 Woman of childbearing potential / Contraception in males and females.

4.10.3 Pregnancy

4.10.4 Breastfeeding

4.10.5 Fertility

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4.11 Effects on ability to drive and use machines:

None stated.

4.12 Undesirable effects:

The following undesirable effects are based on experience with Miconazole nitrate, Tinidazole, and Neomycin sulfate:

Adverse reactions with Miconazole:

Rare: vulvovaginal burning, mild pruritus, irritation (<0.5%), and edema and hives at the site of application (<0.1%).

Common: vulvovaginal burning, itching, irritation, edema, and hives.

Adverse reactions with Tinidazole:

Common: urinary tract infection, painful urination, urine abnormality, pelvic pain, vulvovaginal discomfort, vaginal odor, menorrhagia, and upper respiratory tract infection.

4.13 Pharmacokinetic properties:

Small amounts of Miconazole is absorbed from the vagina. It is rapidly metabolized in the liver and eliminated in the urine and feces. The half-life of Miconazole is 2.1–24 h.

The absorption of Tinidazole is rapid and complete, with a volume of distribution of 50 L. The protein binding of Tinidazole is found to be 12%. The metabolism is primarily hepatic via CYP3A4, undergoing oxidation, hydroxylation, and conjugation, forming a metabolite. The elimination half-life of this drug is 13 hrs, with a Tmax of 1.6 hrs. Excretion is mainly via urine (20–25%) and feces (12%).

The available information on the pharmacokinetics of Neomycin sulfate states that after oral administration, Neomycin is poorly absorbed from the gastrointestinal tract. Approximately 3% of an oral dose of neomycin sulfate is absorbed from the normal gastrointestinal tract. However, the absorption may be increased if the mucosa is damaged or inflamed. Low concentrations of neomycin are attained in the intestinal wall and muscles after oral administration. Neomycin is distributed into the milk in animals; in humans however it is not known whether a similar distribution pattern exists. The plasma elimination half-life in adults with normal renal function is 2–3 hrs, while that in adults with severe renal impairment is 12–24 hrs. Following oral administration in adults, unabsorbed neomycin (about 97% of a dose) is excreted unchanged in the feces and approximately 1% of the dose is excreted in the urine by glomerular filtration within 24 hrs.

4.14 Preclinical safety data

No relevant data.

5. PHARMACEUTICAL PARTICULARS:

5.1 List of Excipients:

Microcrystalline Cellulose (RAN-Q 101),Starch, Croscarmellose Sodium, Sodium Lauryl Sulphate, Polyvinyl Pyrrolidone, Polyethylene Glycol 6000, Colloidal Anhydrous Silica,

Sodium Starch Glycollate, Microcrystalline Cellulose (RAN-Q 102), Pregelatinised Starch, Magnesium Stearate, Purified Water.

5.2 Incompatibilities: None

5.3 Shelf life: 36 months from the date of manufacture.

5.4 Special precautions for storage: Do not store above 30°C.

5.5 Nature and contents of container:

Strip pack of 2 x 4's.

5.6 Special precautions for disposal and other handling:

Any unused product or waste material should be disposed of in accordance with local requirements.

6. MARKETING AUTHORISATION HOLDER AND MANUFACTURING SITE ADDRESS:

Marketing Authorization holder:

Centaur Pharmaceuticals Pvt. Ltd.

Manufacturing Site address:

Centaur Pharmaceuticals Pvt. Ltd.

Address: Plant: I, Plot No: 3, Tivim Industrial Estate, Karaswada, Mapusa Goa-403526

7. MARKETING AUTHORISATION NUMBER

158(274)/MFGIDFDAI 2005/2306

8. DATE OF FIRST REGISTRATION/RENEWAL OF THE REGISTRATION

19/06/2006

9. DATE OF REVISION OF THE TEXT: July 2019

10. DOSIMETRY (IF APPLICABLE): NOT APPLICABLE.

11. INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS (IF APPLICABLE)

NOT APPLICABLE.