

# NEW ZEALAND DATA SHEET

## 1. PRODUCT NAME

Arrow – Ornidazole, 500 mg, film coated tablet

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 500 mg of ornidazole.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

White to slightly yellowish, cylindrical, biconvex film coated tablets.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

ARROW-ORNIDAZOLE is an antimicrobial agent for the treatment of infections due to trichomonads, amoebae, *Giardia lamblia* and anaerobic bacteria.

1. Bacterial vaginosis (non-specific vaginitis).
2. Trichomoniasis. Genitourinary infections in women and men due to *Trichomonas vaginalis*.
3. Amoebiasis. All intestinal infections due to *Entamoeba histolytica*, including amoebic dysentery. All extraintestinal forms of amoebiasis, especially amoebic liver abscess.
4. Giardiasis (lambliaosis).
5. Infections due to anaerobic bacteria. Treatment of infections such as septicaemia, meningitis, peritonitis, postoperative wound infections, puerperal sepsis, septic abortion, and endometritis, with demonstrated or suspected involvement of susceptible bacteria (see section 5.1 Pharmacodynamic properties).
6. Prophylaxis during surgical interventions, particularly those involving the colon, and in gynaecological operations.

### 4.2 Dose and method of administration

#### Dose

#### **Trichomoniasis**

##### *Adults*

There are two possible therapeutic regimens:

- (a) Single-dose therapy (for acute trichomoniasis)
- (b) Five-day therapy (for chronic forms of trichomoniasis)

Type of Treatment	Daily Dosage (500 mg tablets)
(a) Single dose therapy	3 tablets in the evening
(b) Five-day therapy	2 tablets (1 tablet mornings and evenings)

In all cases, the sexual partner should also be treated using the same oral dosage so as to avoid reinfection.

##### *Children*

The dosage for children is 25 mg per kg bodyweight per day, given in a single dose.

## Amoebiasis

- (a) Three-day treatment of patients with amoebic dysentery
- (b) Five-to-ten-day treatment for all forms of amoebiasis

Duration of Treatment	Daily Dosage	
	Adults and children over 35 kg	Children up to 35 kg
a) Three days	3 tablets in one evening dose <u>Over 60 kg bodyweight:</u> 4 tablets (2 tablets mornings and evenings)	125 mg per 3 kg body weight in one dose (equivalent to 40 mg per kg)
b) Five to ten days	2 tablets (1 tablet mornings and evenings)	125 mg per 5 kg body weight in one dose (equivalent to 25 mg per kg)

## Giardiasis (lambliasis)

Duration of Treatment	Daily Dosage	
	Adults and children over 35 kg	Children up to 35 kg
One to two days	3 tablets in the evening in one dose	125 mg per 3 kg body weight in one dose (equivalent to 40 mg per kg)

## Anaerobic Infections

Prophylaxis: 1500 mg orally, 12 hours before surgery then 500 mg 12-hourly for 3 to 5 days postoperatively.

### Method of administration

The tablets must always be taken after meals. Arrow – Ornidazole does not have the strengths or dose forms available to deliver the smaller doses required for some paediatric patients therefore other pharmaceutical forms/strengths may be more appropriate for administration to this population.

### 4.3 Contraindications

ARROW-ORNIDAZOLE is contraindicated in patients with known hypersensitivity to the medicine or to other nitroimidazole derivatives.

### 4.4 Special warnings and precautions for use

Ornidazole must be used with caution in patients with diseases of the CNS (e.g., epilepsy or multiple sclerosis) and liver disease.

The effect of other medicines can be intensified or impaired.

### 4.5 Interaction with other medicines and other forms of interaction

Alcohol must not be ingested when taking ornidazole or for at least 3 days after discontinuing the medicine.

Ornidazole potentiates the effect of coumarin type oral anticoagulants. The dosage of the anticoagulant has to be adjusted accordingly.

Caution must be exercised when taking ARROW-ORNIDAZOLE together with lithium, cimetidine and antiepileptic medicines such as phenytoin and phenobarbital. Ornidazole prolongs the muscle relaxant effect of vecuronium bromide.

## 4.6 Fertility, pregnancy and lactation

### Use in pregnancy

There is no clinical data available for ornidazole exposure in pregnancy. Studies conducted on animals do not demonstrate direct or indirect harmful effects on pregnancy/embryonic/foetal development/birth or post-natal development. The effect of ornidazole on women of childbearing potential or birth control methods is unknown.

Extensive studies in various species have revealed no sign of any teratogenic or foetotoxic action of ornidazole. However, no controlled studies have been carried out in pregnant women. As a matter of principle, ARROW-ORNIDAZOLE should not be prescribed in early pregnancy or to nursing mothers except when absolutely necessary.

### Use in lactation

It is not known whether ornidazole is excreted in human milk. The excretion of ornidazole via milk in animals has not been researched. In making the decision whether or not to discontinue breastfeeding or whether or not ornidazole treatment should be discontinued/avoided, the benefit of breastfeeding to the infant and the benefit of ornidazole treatment for the nursing mother must be considered.

### Fertility

When ornidazole is administered at a high dosage of 400mg/kg/day, it produces infertility in male rats by inhibiting epididymal sperm motility in terms of decreased sperm velocity.

No data has been obtained from research involving humans.

## 4.7 Effects on ability to drive and use machines

Somnolence, dizziness, tremor, rigidity, poor coordination, seizures, vertigo or temporary loss of consciousness may occur in patients receiving ARROW-ORNIDAZOLE. If they occur, such effects may affect tasks requiring alertness including the patient's ability to drive and operate machinery.

## 4.8 Undesirable effects

<i>Very common</i>	( $\geq 1/10$ )
<i>Common</i>	( $\geq 1/100$ to $< 1/10$ )
<i>Uncommon</i>	( $\geq 1/1,000$ to $< 1/100$ )
<i>Rare</i>	( $\geq 1/10,000$ to $< 1/1,000$ )
<i>Very rare</i>	( $< 1/10,000$ )
<i>Not known</i>	(cannot be estimated from the available data)

### Diseases of the vascular and lymph system

*Rare:* Leukopenia

### Nervous system disorders

*Very rare:* Somnolence, headache, dizziness, tremor, rigidity, coordination impairments, seizures, fatigue, vertigo, temporary loss of consciousness and sensory or mixed peripheral neuropathy.

### Gastrointestinal disorders

*Uncommon:* Nausea, vomiting, diarrhoea, epigastric discomfort, dry mouth, loss of appetite.

*Rare:* Impairment of the sense of taste

### Hepatobiliary diseases

*Unknown:* Jaundice, abnormal liver function tests

### Skin and subcutaneous tissue diseases

*Rare:* Pruritus and skin reactions

## Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions (<https://nzphvc.otago.ac.nz/reporting/>).

### 4.9 Overdose

In the event of overdose, the symptoms referred to under section 4.8 Undesirable Effects occur with greater severity.

There is no specific antidote to ornidazole. In the event of cramps occurring, it is recommended that diazepam be given.

For advice on the management of overdose please contact the National Poisons Centre on 0800 POISON (0800 764766).

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antiprotozoals, Nitroimidazole derivatives; ATC code: P01AB03

Chemical name: a-(chloromethyl)-2-methyl-5-nitroimidazole-1-ethanol

ARROW-ORNIDAZOLE is effective against *Trichomonas vaginalis*, *Entamoeba histolytica* and *Giardia lamblia* (*Giardia intestinalis*), and also against certain anaerobic bacteria such as *Bacteroides* and *Clostridium* spp., *Fusobacterium* spp., and anaerobic cocci.

### 5.2 Pharmacokinetic properties

#### Absorption

Following oral administration ornidazole is rapidly absorbed. Mean absorption is 90%. Peak plasma concentrations are reached within three hours.

#### Distribution

The mean volume of distribution after i.v. administration is 1 litre per kg. Plasma protein binding of ornidazole is about 13%. The active ingredient of ARROW-ORNIDAZOLE penetrates the cerebrospinal fluid, the body fluids and the tissues very effectively.

Plasma concentrations are within the range considered to be optimal for the various indications (6 to 36 mg/l).

After repeated administration of 500 mg or 1000 mg every twelve hours to healthy volunteers, an accumulation factor of 1.5-2.5 was calculated.

#### Metabolism

Ornidazole is mainly metabolised to 2-hydroxymethyl and a-hydroxymethyl metabolites in the liver.

Both main metabolites are less active against *Trichomonas vaginalis* and anaerobic bacteria than the unchanged ornidazole.

#### Elimination

The half-life is about thirteen hours. 85% of a single dose is eliminated within the first five days, most of this being metabolised. 4% of the dose is excreted as unaltered substance in the urine.

### Special Populations

#### **Patients with hepatic impairment**

In patients with liver cirrhosis the elimination half-life is longer (22 versus 14 hours) and clearance lower (35 versus 51 ml/min) than in healthy subjects. The dosing interval should be doubled in patients with severe hepatic impairment.

### **Patients with renal impairment**

The pharmacokinetics of ornidazole are unaltered in renal impairment. Dose adjustment is therefore unnecessary in patients with impaired renal function. Ornidazole is removed by haemodialysis. An additional dose of 500 mg of ornidazole should be administered if the daily dose is 2 g/day, or an additional dose of 250 mg ornidazole if the daily dose is 1 g/day, should therefore be administered before the start of haemodialysis.

### **Neonates and children**

The pharmacokinetics of ornidazole in neonates and young children are similar to those in adults.

### **5.3 Preclinical safety data**

None.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Maize starch, microcrystalline cellulose, hydroxypropylmethylcellulose, magnesium stearate, talc, titanium dioxide.

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

60 months

### **6.4 Special precautions for storage**

Store at or below 30°C. Protect from light.

### **6.5 Nature and contents of container**

PVC/Aluminium foil blister packs. Pack size of 10 tablets.

**Not all pack types or pack sizes may be marketed.**

### **6.6 Special precautions for disposal**

No special requirements for disposal.

## **7. MEDICINE SCHEDULE**

Prescription Medicine

## **8. SPONSOR**

Teva Pharma (New Zealand) Limited

PO Box 128 244

Remuera

Auckland 1541

Telephone: 0800 800 097

## **9. DATE OF FIRST APPROVAL**

17 March 2011

## **10. DATE OF REVISION OF THE TEXT**

18 October 2018

## SUMMARY TABLE OF CHANGES

<b>Section changed</b>	<b>Summary of new information</b>
4.2	Dose and method of administration section updated to remove reference to divided tablets.
	Update to the SPC-style format