Summary of Product Characteristics

1. NAME OF THE MEDICINAL PRODUCT (FPP)

FLUOMIZIN®

1.1. Strength

10 mg

1.2. Pharmaceutical form

Vaginal tablet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

2.1. Qualitative declaration

Dequalinium chloride

2.2. Quantitative declaration

Each vaginal tablet contains 10 mg dequalinium chloride.
For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Vaginal tablet

The vaginal tablets are white or almost white, oval and biconvex.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Fluomizin 10 mg vaginal tablets are indicated for the treatment of Bacterial vaginosis (see section 4.4)

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

4.2. Posology and mode of administration

4.2.1. Posology

Route of administration: vaginal use.

One vaginal tablet daily for six days.

The treatment should be interrupted during menstruation and resumed afterwards.

Although relief of discharge and inflammation generally occurs within 24 to 72 hours, the treatment should be continued even when there is no subjective discomfort (itching, discharge, smell) anymore. A treatment less than six days could result in a relapse.

For use in women under 18 years and more than 55 years see section 4.4

4.2.2. Special populations

No efficacy and safety data on the treatment of bacterial vaginosis in women aged less than 18 years or more than 55 years are available.

4.2.3. Pediatric population

There is no relevant indication for use of Fluomizin in children.

4.2.4. Method of administration

The vaginal tablets should be inserted deeply into the vagina in the evenings before retiring. This is best performed in a reclining position with the legs slightly bent.

4.3. Contraindications

Hypersensitivity to the active substance or to any of the excipients

Ulceration of the vaginal epithelium and portio vaginalis uteri

Young girls who have not yet had their first menstruation, and thus did not reach sexual maturity must not use Fluomizin

4.4. Special warning and precautions for use

4.4.1. General information

To minimize exposure of the newborn to dequalinium chloride, vaginal tablets should not be used within 12 hours before birth.

There are no efficacy and safety data on the re-treatment of patients who did not respond to or relapsed immediately after initial therapy with Fluomizin.

Using a higher daily dose or increasing the recommended treatment duration might increase the risk of vaginal ulcerations.

No efficacy and safety data on the treatment of bacterial vaginosis in women aged less than 18 years or more than 55 years are available.

4.4.2. Pediatric population

No efficacy and safety data on the treatment of bacterial vaginosis in women aged less than 18 years

4.5. Interactions with other medicinal products and other forms of interactions

4.5.1. General information

Anionic substances such as soaps, detergents and surfactants can reduce the antimicrobial activity of dequalinium chloride. Thus, concomitant intravaginal use of soaps, spermicides or vaginal douches (vaginal washes) is not recommended.

Fluomizin 10 mg vaginal tablets do not impair the functionality of latex condoms. There are no data on the interaction with non-latex condoms and other intravaginal devices such as diaphragms. Thus, concomitant use of non-latex condoms and other intravaginal devices is not recommended.

4.5.2. Additional information on special populations

None

4.5.3. Pediatric population

Not applicable

4.6. Fertility, pregnancy and lactation

4.6.1. Pregnancy

Four clinical studies involving 181 pregnant patients did not demonstrate any adverse effect on the pregnancy or on the foetus/neonate. Furthermore, considerable post- marketing experience indicates no malformative or feto/neonatal toxicity of Fluomizin.

No reproductive toxicity studies have been conducted in animals because of the expected low systemic exposure to dequalinium chloride after vaginal administration.

The use of Fluomizin may be considered during pregnancy, if necessary.

4.6.2. Lactation

Systemic exposure of the breast-feeding women to Fluomizin is negligible. Therefore, no harmful effects on the breastfed newborn/infant are anticipated.
Fluomizin can be used during lactation if clinically needed.

To minimize exposure of the newborn to dequalinium chloride, vaginal tablets should not be used within 12 hours before birth.

4.6.3. Fertility

No reproductive toxicity studies have been conducted in animals because of the expected low systemic exposure to dequalinium chloride after vaginal administration.

4.7. Effects on the ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed.

4.8. Undesirable effects

In clinical trials, the following undesirable effects possibly or probably related to dequalinum chloride have been reported.

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

System Organ Class	Common (≥ 1/100 to <1/10)	Uncommon (≥1/1 000 to <1/100)
Reproductive system and breast disorders	vaginal discharge, vulvovaginal pruritus, vulvovaginal burning sensation	vaginal haemorrhage, vaginal pain

System Organ Class	Common (≥ 1/100 to <1/10)	Uncommon (≥1/1 000 to <1/100)
Infections and infestations	vaginal candidiasis	bacterial vaginitis, fungal skin infection, vulvitis, vulvovaginitis
Nervous system disorder		headache
Gastrointestinal disorders		nausea

During post-marketing experience the following undesirable effects have been reported (frequency unknown):

- Reproductive system and breast disorders: ulceration and maceration of vaginal epithelium, uterine bleeding, redness, vaginal dryness
- Infections and infestations: cystitis
- General disorders and administration site conditions: fever, allergic reactions

4.9. Overdose

No case of overdose has been reported. However, use of a higher daily dose might result in vaginal ulcerations.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group and ATC code : Gynaecological anti-infective and antiseptic, Quinoline derivatives **,** ATC G01A C05

Dequalinum chloride is an anti-infective and antiseptic agent belonging to the class of quaternary ammonium compounds.

Mode of Action

Dequalinium chloride is a surface-active substance. The primary mode of action is an increase in bacterial cell permeability and the subsequent loss of enzyme activity, finally resulting in cell death.
Dequalinium chloride exhibits a rapid bactericidal activity.

Dequalinium chloride in vaginal tablets exerts its action locally within the vagina.

PK/PD Relationship

No major PK/PD determinant of efficacy has been established for Fluomizin. As the bactericidal effect of dequalinium chloride occurs within 30 to 60 minutes, the maximum local concentration within the first hour after application is considered crucial for the efficacy.

Mechanism(s) of resistance

The mechanisms resulting in the inherent resistance of some pathogens are not known. No mechanisms of acquired resistance have been observed thus far.

Breakpoints

No Breakpoints for dequalinium chloride are available by any recommending body and no relationship between minimal inhibitory concentrations and the clinical efficacy has been established. Thus, the information on susceptibility in the table below is descriptive and is based on the concentrations achievable in the vagina (see section 5.2) and respective MIC data of the pathogens.

The prevalence of acquired resistance may vary geographically and with time for selected species and local information on resistance is desirable, particularly when treating severe infections. As necessary, expert advice should be sought when the local prevalence of resistance is such that the utility of the agent in at least some types of infection is questionable.

Commonly susceptible species

Aerobic Gram-positive bacteria Enterococcus faecalis Lactobacillus spp.

Staphylococcus aureus

Streptococcus agalactiae (Group B streptococci)

Streptococcus pyogenes (Group A streptococci)

Aerobic Gram-negative bacteria

Enterobacter spp. Escherichia coli Klebsiella spp.

Pseudomonas spp. Serratia spp.

Anaerobic bacteria Atopobium vaginae Bacteroides spp.

Fusobacteria Gardnerella vaginalis Prevotella spp.

Peptostreptococci Poryphyromonas spp

Species for which acquired resistance may be a problem

None known

Inheritantly resistant organisms

Gram-negative bacteria

Proteus sp.

Chlamydia trachomatis

Other micro-organisms

Trichomonas vaginalis

5.2. Pharmacokinetic properties

After dissolution of a Fluomizin vaginal tablet (10 mg dequalinium chloride) in an estimated 2.5 to 5 ml of vaginal fluid, the dequalinium chloride concentration in the vaginal fluid is 2000 - 4000 mg/l.

Preclinical data indicate that dequalinium chloride is absorbed only to a very small amount after vaginal application.
Therefore, systemic exposure to Fluomizin is negligible and not further pharmacokinetic data are available.

5.3. Preclinical safety data

Systemic toxic effects of Fluomizin are unlikely on the basis of the negligible systemic exposure of dequalinium chloride administered intravaginally.In vivo and in vitro studies with dequalinium chloride did not yield any indication of a potential to cause mutagenicity.No reproduction toxicity studies have been conducted with dequalinium chloride. A study in rabbits showed the good vaginal tolerance of Fluomizin.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Lactose monohydrate
Cellulose, microcrystalline (E460a)
Magnesium stearate (E470b)

6.2. Incompatibilities

Fluomizin is incompatible with soaps and other anionic surfactants.

6.3. Shelf life

3 years.

6.4. Special precautions for storage

Store below 30°C in the original packaging.

6.5. Nature and contents of container

PVC/PE/PVdC/aluminum blisters Packs of 6 vaginal tablets

6.6. Special precautions for disposal and other handlings

Fluomizin contains excipients which do not dissolve completely, such that remains of the tablet are occasionally found in the underwear. This is of no importance for the efficacy of Fluomizin.

In rare cases of a very dry vagina, it is possible that the vaginal tablet does not dissolve and is discharged by the vagina as intact tablet. As consequence, the treatment is not optimal. For prevention, the vaginal tablet can be moistened with a drop of water before insertion into a very dry vagina.

Patients should use a sanitary towel or panty liner. There is no change in colour of the underwear. Patients should be instructed to change their underwear and flannel daily and launder them at a temperature of at least 80 °C.

7. MARKETING AUTHORISATION HOLDER AND MANUFACURING SITE ADDRESS

7.1. Marketing Authorisation Holder

Dafra Pharma GmbH, Mühlenberg 7, 4052 Basel, Switzerland

7.2. Manufacturer

Rottendorf Pharma GmbH, Ostenfelder Str. 51-61, DE – 59320 Ennigerloh, Germany

8. MARKETING AUHORISATION NUMBER

8.1. Burundi : Klik hier als u tekst wilt invoeren.

8.2. Kenya: Klik hier als u tekst wilt invoeren.

8.3. Rwanda: Klik hier als u tekst wilt invoeren.

8.4. Tanzania: Klik hier als u tekst wilt invoeren.

8.5. Uganda: Klik hier als u tekst wilt invoeren.

9. DATE OF FIRST REGISTRATION

9.1. Burundi: Klik hier als u tekst wilt invoeren.

9.2. Kenya: Klik hier als u tekst wilt invoeren.

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10. DATE OF REVISION OF TEXT

March 2017