[Instructions in this font/colour are from the World Health Organisation Public Assessment Report WHOPAR guidelines.]

1. NAME OF THE MEDICINAL PRODUCT

VISITA-VAG

Clindamycin 100 mg and Clotrimazole 100 mg Vaginal Suppositories

Strength: Clindamycin 100 + Clotrimazole 100 mg

Pharmaceutical Dosage Form: Soft Gelatin Capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vaginal suppositories contains	
Clindamycin Phosphate	
Equivalent to Clindamycin BP	100 mg
Clotrimazole BP	100 mg

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Vaginal supporities Soft gelatin capsule

Oval shape, Ivory Opaque Color soft gelatin capsule Containing Off White to White color oily suspension

4. Clinical particulars

4.1 Therapeutic indications

Above 18 year's Female Vaginal use, Fungicidal, Bacterial, Trichmonacidal

Vista-Vag Vaginal Suppository consists of Clotrimazole and Clindamycin. It is used to treat vaginal infections. This medicine works by stopping the growth of bacteria and fungi and preventing the further spread of the infection

4.2 Posology and method of administration

Posology

Vista-Vag Vaginal Suppository is not recommended for use in children below 18 years of age as the safety and efficacy data are not available.

Method of administration

Vista-Vag Vaginal Suppository is for vaginal use only. Use it as instructed by your doctor, preferably at bedtime for better results. Wash your hands before and after using it. Do not use more than the recommended dose. Ensure that you complete the course of treatment to prevent the risk of re-infection.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1

4.4 Special warnings and precautions for use

Before using Vista Vag, medical advice must be sought if any of the following are applicable: -

More than two infections of candidal vaginitis in the last 6 months. -

Previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease.

Known hypersensitivity to imidazoles or other vaginal antifungal products.

Vista Vag should not be used if the patient has any of the following symptoms where upon medical advice should be sought: -

- Irregular vaginal bleeding –
- Abnormal vaginal bleeding (vaginal haemorrhage) or a blood-stained discharge.
- Vulval or vaginal ulcers, blisters or sores.
- Lower abdominal pain or dysuria.
- Any adverse events such as redness, irritation or swelling associated with the treatment
- Fever (temperature of 38°C or above) or chills
- Nausea or vomiting.
- Diarrhoea.
- Foul smelling vaginal discharge.
- Back pain.
- Associated shoulder pain.

4.5 Interaction with other medicinal products and other forms of interaction

Consult a doctor before taking Vista-Vag, if you are taking: muscle relaxants (vecuronium), or neuromuscular blocking agents.

Before using this Vista-Vag, tell your doctor or pharmacist about all prescription and nonprescription medications, including herbal products, minerals and vitamins you may be taking. Other medications may affect how Vista-Vag works or may cause other unforeseen complications.

4.6 Pregnancy and Lactation

Pregnancy

Vista-Vag is not recommended for use during pregnancy unless necessary. Consult your doctor if you are pregnant.

Breast-feeding

Vista-Vag is not recommended for use while breastfeeding unless necessary. Consult your doctor if you are breastfeeding.

4.7 Effects on 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

It is common that Vista Vag cause the following minor side effects: local redness, stinging, blistering, peeling, swelling, itching, or hives, or burning at the area of application. If these side effects persist or become overly bothersome contact your doctor or health-care professional.

Infrequent side effects: blood or mucus in stools; bloody or severe diarrhea; stomach cramps or pain; swelling, redness, burning, or peeling of your skin.

If any of these side effects become bothersome seek medical attention immediately. A very serious allergic reaction to this drug is rare. Get emergency medical help if you have any of these signs of an allergic reaction: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, or trouble breathing. This may not be a complete list of side effects and may be subject to change, consult with your doctor or pharmacist if you are experiencing any worrisome side effects.

4.9 Overdose

Never use more than the recommended dose of Vista vag. Seek emergency medical attention if an overdose with this medicine is suspected.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamics properties

Clindamycin Phosphate: Clindamycin works primarily by binding to the 50s ribosomal subunit of bacteria. This agent disrupts protein synthesis by interfering with the transpeptidation reaction, which thereby inhibits early chain elongation. Clindamycin and the related drug lincomycin are often discussed along with the macrolides, but are not chemically related. Clindamycin may potentiate the opsonization and phagocytosis of bacteria even at subinhibitory concentrations. By disrupting bacterial protein synthesis, clindamycin causes changes in the cell wall surface which decreases adherence of bacteria to host cells and increases intracellular killing of organisms.
Clotrimazole: Clotrimazole is an antifungal medication commonly used in the treatment of fungal infections of both humans and animals such as vaginal yeast infections, oral thrush, and ringworm. It is also used to treat athlete's foot and jock itch. Clotrimazole is a broad-spectrum antifungal which binds to phospholipids in the cell membrane altering cell wall permeability causing a loss in essential intracellular elements.

5.2 Pharmacokinetic properties

Clindamycin Phosphate:

Absorption: ~10% of topically applied drug is absorbed systemically.

No significant levels are seen in CSF, even with inflamed meninges; crosses the placenta; distributes into breast milk; high concentrations in bone and urine.

Systemic absorption of clindamycin was estimated following a once-a-day intravaginal dose of one clindamycin phosphate vaginal suppository (equivalent to 100 mg clindamycin) administered to 11 healthy female volunteers for 3 days. Approximately 30% (range 6% to 70%) of the administered dose was absorbed systemically on day 3 of dosing based on area under the concentration-time curve (AUC). Systemic absorption was estimated using a subtherapeutic 100 mg intravenous dose of clindamycin phosphate as a comparator in the same volunteers. The mean AUC following day 3 of dosing with the suppository was 3.2 μg•hr/mL (range 0.42 to 11 μg•hr/mL). The Cmax observed on day 3 of dosing with the suppository averaged 0.27 μg/mL (range 0.03 to 0.67 μg/mL) and was observed about 5 hours after dosing (range 1 to 10 hours). In contrast, the AUC and Cmax after the single intravenous dose averaged 11 μg•hr/mL (range 5.1 to 26 μg•hr/mL) and 3.7 μg/mL (range 2.4 to 5.0 μg/mL), respectively. The mean apparent elimination half-life after dosing with the suppository was 11 hours (range 4 to 35 hours) and is considered to be limited by the absorption rate.

The results from this study showed that systemic exposure to clindamycin (based on AUC) from the suppository was, on average, three-fold lower than that from a single subtherapeutic 100 mg intravenous dose of clindamycin. In addition, the recommended daily and total doses of intravaginal clindamycin suppository are far lower than those typically administered in oral or parenteral clindamycin therapy (100 mg of clindamycin per day for 3 days equivalent to about 30 mg absorbed per day from the ovule relative to 600 to 2700 mg/day for up to 10 days or more, orally or parenterally). The overall systemic exposure to clindamycin from clindamycin phosphate Soft Gelatin Capsule is substantially lower than the systemic exposure from therapeutic doses of oral clindamycin hydrochloride (two-fold to 20-fold lower) or parenteral clindamycin phosphate (40-fold to 50-fold lower).

Metabolism: Hepatic

Elimination: Most of drug eliminated by hepatic metabolism

Clotrimazole:

Absorption: Negligible through intact skin (topical); 3-10% (vaginal).

Pharmacokinetic investigations after vaginal application have shown that only a small amount of clotrimazole (3 – 10% of the dose) is absorbed. Due to the rapid hepatic metabolism of absorbed clotrimazole into pharmacologically inactive metabolites the resulting peak plasma concentrations of clotrimazole after vaginal application of a 500mg dose were less than 10 ng/ml, reflecting that clotrimazole applied intravaginally does not lead to measurable systemic effects or side effects.

Metabolism: Hepatic; converted to inactive metabolites.

Excretion Urine, faeces (as metabolites).

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction and development. The local and systemic tolerance of clotrimazole in different dosage forms was assessed in intravaginal studies in dogs and

monkeys and in subacute dermal studies in rabbits. There was no evidence of treatment-related local or systemic adverse effects in any of these studies. The oral toxicity of clotrimazole has been well-studied

Following a single oral administration, clotrimazole was slight-to-moderately toxic in experimental animals, with LD50 values of 761 to 923 mg/kg bw for mice, 95 to 114 mg/kg bw for new born rats and 114 to 718 mg/kg bw for adult rats, > 1000 mg/kg bw for rabbits and > 2000 mg/kg bw for dogs and cats. In repeated dose oral studies conducted in rats and dogs, the liver was found to be the primary target organ for toxicity. This was evidenced by an increase in serum transaminase activities and the appearance of liver vacuolation and fatty deposits starting at 50 mg/kg in the chronic (78- week) rat study and at 100 mg/kg in the sub chronic (13-week) dog study. Clotrimazole has been extensively studied in in vitro and in vivo mutagencity assays, and no evidence of mutagenic potential was found. A 78-week oral dosing study of clotrimazole in rats did not show any carcinogenic effect.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Soybean Oil BP , Hydrogenated Vegetable Oil BP, Bees Wax BP, Lecithin NF, Colloidal Silicon Dioxide BP , Dibasic Calcium Phosphate BP , Gelatin BP, Glycerin BP, Sodium Methyl Paraben BP, Sodium Propyl Paraben BP, Titanium Dioxide BP

6.2 Incompatibilities

No compatibilities have been observed.

6.3 Shelf life

36 months from the date of manufacturing

6.4 Special precautions for storage

Store below 30ºC. In dry and dark place protected from sunlight.

Keep out of reach of children

6.5 Nature and contents of container <and special equipment for use, administration or implantation>

Vista- Vag is available as blister pack of 7 Capsules. 1 such blister is packed in a unit carton, along with package insert and applicator

6.6 Special precautions for disposal <and other handling>

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

7. <APPLICANT/MANUFACTURER>

OLIVE HEALTH CARE

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