

## SUMMARY OF PRODUCT CHARACTERISTICS

### 1. NAME OF THE MEDICINAL PRODUCT

Flagentyl 500 mg scored film-coated tablets

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Secnidazole ..... 500 mg

For a full list of excipients, see Section 6.1.

### 3. PHARMACEUTICAL FORM

Scored, film-coated tablets.

### 4. CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

Urethritis and vaginitis due to *Trichomonas vaginalis*.

Intestinal amebiasis.

Hepatic amebiasis.

Giardiasis.

#### 4.2 Posology and method of administration

##### **Urethritis and vaginitis due to *Trichomonas vaginalis***

Adults: 2 g taken as a single dose at the beginning of a meal.

##### **Intestinal amebiasis**

##### **Symptomatic acute amebiasis (*E.histolytica* form)**

Adults: 2 g taken as a single dose at the beginning of a meal.

Children: 30 mg/kg/day taken as a single dose. Duration of treatment: one day only.

Asymptomatic amebiasis (minuta and cyst forms): same daily dose for 3 days.

##### **Hepatic amebiasis**

Adults: 1.5 g daily taken as one or several doses at the beginning of a meal for 5 days.

Children: 30 mg/kg/day taken as one or several doses at the beginning of a meal for 5 days.

Note: during the suppurative phase of hepatic amebiasis, pus or abscess drainage should be carried out at the same time as secnidazole administration.

## **Giardiasis**

Children: 30 mg/kg/day taken as a single dose. Duration of treatment: one day only.

The oral solution is recommended for children aged under 6 years.

### **4.3 Contraindications**

- Hypersensitivity to imidazole derivatives or to any of the ingredients in the medicinal product.
- Lactation.
- Wheat allergy (a condition that is different from celiac disease).
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### **4.4 Special warnings and precautions for use**

- Drinking alcoholic beverages should be avoided during treatment with secnidazole.
- This medicine should not be administered in patients with a history of blood dyscrasia.
- This medicinal product can be administered in patients with celiac disease. Wheat starch can contain gluten, but only traces, and is therefore considered safe for patients with celiac disease.

### **4.5 Interaction with other medicinal products and other forms of interaction**

#### **Inadvisable combinations**

- + Disulfiram: Acute transient delusional disorder (*bouffées délirantes*), mental confusion.
- + Alcohol: Antabuse effect (heat sensation, redness, vomiting, tachycardia).

Alcoholic drinks or medicinal products containing alcohol should be avoided.

#### **Combinations requiring precautions for use**

- + Oral anticoagulants (described for warfarin)  
Potentiation of the oral anticoagulant effect, with increased risk of bleeding, due to decreased hepatic catabolism.  
Prothrombin times should be checked more frequently and INR monitored. Oral anticoagulant dosage should be adjusted during treatment with secnidazole and for 8 days after its discontinuation.

### **4.6 Pregnancy and lactation**

#### **Pregnancy:**

Animal studies have not demonstrated any teratogenic effects, therefore no malformative effect is expected in humans. This is because, to date, substances that cause malformations in man have been shown to be teratogenic in animals during controlled studies in two species.

There are currently not enough relevant clinical data to evaluate possible teratogenic or fetotoxic effects of secnidazole when administered during pregnancy.

Therefore, as a precautionary measure, secnidazole should preferably not be used during pregnancy.

**Lactation:**

No data are available concerning excretion of the medicinal product in breast milk. However, excretion in breast milk has been documented with other imidazole derivatives, and cases of oral and anal candidiasis and diarrhea have been described in breast-fed infants whose mothers were treated with other imidazole derivatives.

Therefore, clinical monitoring of the neonate or even discontinuation of breast-feeding is required during treatment.

**4.7 Effects on ability to drive and use machines**

Rare cases of dizziness have been reported following administration of imidazole derivatives.

**4.8 Undesirable effects**

The undesirable effects that may be observed are those of imidazole derivatives:

- most frequently: gastrointestinal disorders with gastric pain, taste alteration (metallic taste), glossitis, stomatitis,
- moderate leukopenia, reversible on treatment discontinuation,
- rarely: dizziness, coordination disorders and ataxia, paresthesia, sensorimotor polyneuropathy.

The following have been reported with secnidazole:

- rare gastrointestinal disorders (nausea, vomiting, gastric pain),
- rare immediate hypersensitivity reactions: fever, erythema, urticaria and angioedema.

**4.9 Overdose**

**5. PHARMACOLOGICAL PROPERTIES**

**5.1 Pharmacodynamic properties**

ANTIPARASITIC - ANTIPROTOZOAL AGENT

TISSUE AMEBICIDE, CONTACT AMEBICIDE

(P: Parasitology)

Synthetic derivative of the nitroimidazole group.

Amebicidal effect on *Entamoeba histolytica*.

Secnidazole is also active against *Giardia lamblia* and *Trichomonas vaginalis*.

## **5.2 Pharmacokinetic properties**

After oral administration of 2 g of secnidazole, peak plasma concentrations are reached within 3 hours. Plasma half-life is about 25 hours. Elimination is slow and mainly via the urinary route (about 50% of the administered dose is excreted over 120 hours). Secnidazole crosses the placental barrier and is excreted in breast milk.

## **5.3 Preclinical safety data**

# **6. PHARMACEUTICAL PARTICULARS**

## **6.1 List of excipients**

calcium hydrogen phosphate, microcrystalline cellulose, wheat starch, hydrated silica, sodium starch glycolate, gelatin, magnesium stearate, hypromellose

## **6.2 Incompatibilities**

## **6.3 Shelf life**

**4 years**

## **6.4 Special precautions for storage**

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

**4 tablets in (PVC/Aluminum) blisters**

## **6.6 Instructions for use and handling**

# **7. APPLICANT**

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# **8. FDA APPLICATION NUMBER**

FDA/SD.193-5410

# **9. DATE OF RENEWAL OF REGISTRATION**

May 24th, 2019

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

September 18, 2015