

IRISH MEDICINES BOARD ACTS 1995 AND 2006

MEDICINAL PRODUCTS(CONTROL OF PLACING ON THE MARKET)REGULATIONS,2007

(S.I. No.540 of 2007)

PA0100/001/003

Case No: 2071722

The Irish Medicines Board in exercise of the powers conferred on it by the above mentioned Regulations hereby grants to

Forest Laboratories UK Ltd

Riverbridge House, Crossways Business P, Kent, DA2 6SL, United Kingdom

an authorisation, subject to the provisions of the said Regulations, in respect of the product

Colomycin Syrup 250,000 Units/5ml

The particulars of which are set out in Part I and Part II of the attached Schedule. The authorisation is also subject to the general conditions as may be specified in the said Regulations as listed on the reverse of this document.

This authorisation, unless previously revoked, shall continue in force from **25/09/2009**.

Signed on behalf of the Irish Medicines Board this

A person authorised in that behalf by the said Board.

Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Colomycin Syrup 250, 000 Units / 5ml

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 ml of reconstituted syrup contains 250,000 units of Colistin Sulphate.

Excipients: also includes sucrose 2.187g per 5ml and sodium methyl parahydroxybenzoate (E219) 3.125mg per 5ml

For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Powder for syrup

Amber glass bottles containing a cream/white powder for syrup which on reconstitution with 58 ml of water forms a syrup of volume 80 ml.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

For the treatment of gastrointestinal infections caused by sensitive Gram negative organisms. Also for bowel preparation.

Colistin sulphate is not absorbed from the gastro-intestinal tract, and must not be given orally for the treatment of systemic infections in any age group.

4.2 Posology and method of administration

Adults and children over 30 kg b.w.:

The usual dose is 1.5 to 3.0 million units every 8 hours.

Children up to 15 kg:

The usual dose is 0.25 to 0.50 million units every 8 hours.

Children 15 – 30 kg b.w.:

The usual dose is 0.75 - 1.5 million units every 8 hours.

If surgery is intended, therapy should be completed 12 hours pre-operatively. A minimum of five days treatment is recommended. Dosage may be increased when clinical or bacteriological response is slow. For bowel preparation, a 24-hour course at the normal dosage above is given. Treatment should preferably finish 12 hours before surgery.

4.3 Contraindications

The preparation is contra-indicated in patients with known sensitivity to colistin.

4.4 Special warnings and precautions for use

Colistin should only be administered with great caution in patients with renal dysfunction or decreased urinary output (as in shock) since the consequent retention of drug will increase potential for toxicity.

Prolonged administration of an anti-infective may result in the development of superinfection due to organisms resistant to that anti-infective.

Colistin is subject to limited and unpredictable absorption from the GI tract in infants under six months. Studies in older children and in adults have demonstrated no systemic absorption of colistin following oral administration. It is not, therefore, suitable for systemic therapy.

The sucrose content of this formulation should be borne in mind if this preparation is intended for use in diabetics.

4.5 Interaction with other medicinal products and other forms of interaction

Neurotoxicity has been reported with concomitant use of either curariform agents or antibiotics with similar neurotoxic effects and systemic administration of colistin.

Respiratory arrest has been reported.

4.6 Pregnancy and lactation

Safety in human pregnancy has not been established and Colomycin is not recommended for use during pregnancy and lactation. Animal studies do not indicate teratogenic properties; however, parenteral single dose studies in human pregnancy show that Colomycin crosses the placental barrier and there is a risk of foetal toxicity if repeated doses are given to pregnant patients.

Colomycin is secreted in breast milk and patients to whom the drug is administered should not breast-feed an infant.

4.7 Effects on ability to drive and use machines

None stated.

4.8 Undesirable effects

No significant systemic absorption has been found to occur in older children and adults following oral administration nor have any systemic side effects been reported.

Neurotoxicity and adverse effects on renal function have been reported in association with systemic over-dosage, failure to reduce dosage in patients with renal insufficiency and the concomitant use of either curariform agents or antibiotics with similar neurotoxic effects.

Therapy need not be discontinued and reduction of dosage may alleviate symptoms. Permanent nerve damage such as deafness or vestibular damage has not been reported.

4.9 Overdose

No symptoms of overdosage have been reported following oral use of colistin. Following systemic administration overdosage can result in renal insufficiency, muscle weakness and apnoea.

There is no specific antidote. Management is supportive treatment plus attempts to increase the rate of elimination of colistin, e.g. mannitol diuresis, prolonged haemodialysis or peritoneal dialysis.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Colistin is a polymyxin antibiotic derived from *Bacillus polymyxa* var. *colistinus*.

It has a bactericidal action on most Gram-negative bacilli, including *Pseudomonas aeruginosa* and is largely free from the development or transference of resistance.

It is not recommended for *Proteus* spp.

5.2 Pharmacokinetic properties

In adults and older children: colistin sulphate taken orally is not absorbed from the G.I. tract. However, in small infants less than 6 months old, some very limited and unpredictable absorption may occur.

Following oral administration of colistin sulphate, excretion is through faecal matter in both children and adults. Assuming minimal absorption in the intestine, only 1 to 10% of colistin is found in faeces, to that estimated from the dose administered and stool volume. Colistin faecal levels in man average 128 microg/g when daily oral doses of 5-20mg/kg are administered (1mg Colistin Sulphate contains approx. 19,500 units).

Control studies have indicated that colistin is bound by the stool. When greater concentrations of colistin were assayed, significantly less activity, percentage-wise, was lost. This suggests that the 'binding sites' in the stool were saturated.

5.3 Preclinical safety data

There are no preclinical data of relevance to the prescriber that might add to the safety data provided in other sections of this SPC.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sucrose
Sodium citrate (E331)
Benzoic acid (E210)
Sodium methyl parahydroxybenzoate (E219)

6.2 Incompatibilities

Not applicable

6.3 Shelf Life

Unopened: 3 years

Reconstituted: 14 days

Discard any used solution

6.4 Special precautions for storage

Store below 25°C, Keep container in the outer carton.

6.5 Nature and contents of container

Colomycin Syrup powder is presented in an amber glass Winchester bottle fitted with a white polypropylene cap containing powder for reconstitution with water to produce 80 ml of syrup.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

Colomycin Syrup Powder is reconstituted by adding 58 ml of water, and shaking the bottle until the powder is dissolved to produce a straw in light yellow coloured, slightly hazy solution.

7 MARKETING AUTHORISATION HOLDER

Forest Laboratories UK Limited
Riverbridge House
Anchor Boulevard
Crossways Business Park
Dartford
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DA2 6SL

8 MARKETING AUTHORISATION NUMBER

PA 100/1/3

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 01 April 1977

Date of last renewal: 01 April 2007

10 DATE OF REVISION OF THE TEXT

September 2009