Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Colifoam 10% w/w Rectal Foam

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

HydrocortisoneAcetate10%w/w.

Excipients: contains cetyl alcohol 0.18%w/w, methyl parahydroxybenzoate (E218) 0.10% w/w and propyl parahydroxybenzoate (E216) 0.01%w/w

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Rectal foam
A white odourless rectal foam.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

For the topical intra-rectal management of distal ulcerative colitis and allied conditions such as procto-sigmoiditis and granular proctitis.

4.2 Posology and method of administration

For adults, children and the elderly:

One applicator full inserted into the rectum once or twice daily for two to three weeks and every second day thereafter.

Shake the canister vigorously before filling the applicator. Withdraw the plunger and hold the container upright when filling the applicator. Fill the applicator just to the fill line. Insert the contents into the rectum following the instructions and explanatory pictures on the leaflet.

4.3 Contraindications

Colifoam is contraindicated in patients with:

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1
- Obstruction
- Abscess
- Perforation
- Peritonitis
- Fresh intestinal anastomoses
- Extensive fistulae
- Fungal, viral, tuberculous and other bacterial infections

4.4 Special warnings and precautions for use

General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam especially in the case of young children, due to the risk of growth retardation.

Treatment should be administered with caution in patients with severe ulcerative disease because of their predisposition to perforation of the bowel wall. Although uncommon at this dosage local irritation may occur.

When treating diabetic patients, it should be taken into consideration that they may need more insulin or oral anti-diabetics.

Stabilisation to corticoids should be done in a hospital when treating patients with myasthenia gravis.

Corticosteroids can cause elevation of blood pressure, salt and water retention in the blood, and increased urinary excretion of potassium. Therefore, patients with severe cardiac and/or renal insufficiency will require careful monitoring, and in patients with hypertension, regular blood pressure control is necessary.

The medicinal product should not be used in patients with narrow- or wide-angle glaucoma.

Patients/ and or carers should be warned that potentially severe psychiatric adverse reactions may occur with systemic steroids (see section 4.8). Symptoms typically emerge within a few days or weeks of starting the treatment.

Risks may be higher with high doses/systemic exposure (see also section 4.5 pharmacokinetic interactions that can increase risk of side effects), although dose levels do not allow prediction of the onset, type, severity or duration of reactions. Most reactions recover after either dose reduction or withdrawal, although specific treatment may be necessary. Patients/carers should be encouraged to seek medical advice if worrying psychological symptoms develop, especially if depressed mood or suicidal ideation is suspected. Patients/carers should also be alert to possible psychiatric disturbances that may occur either during or immediately after dose tapering/withdrawal of systemic steroids, although such reactions have been reported infrequently.

Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Particular care is required when considering the use of systemic corticosteroids in patients with existing or previous history of severe affective disorders in themselves or in their first degree relatives. These would include depressive or manic-depressive illness and previous steroid psychosis.

Patients should not be vaccinated with live vaccines while on corticosteroid therapy.

Patients under prolonged treatment should be observed for systemic effects.

Treatment should be discontinued gradually. Abrupt cessation of therapy should be avoided.

Glucocorticoids can lead to positive results in doping tests.

Colifoam contains cetyl alcohol which may cause local skin reactions (e.g. contact dermatitis). Colifoam also contains methyl parahydroxybenzoate (E216) and propyl parahydroxybenzoate (E218) which may cause allergic reactions (possibly delayed), and exceptionally, bronchospasm. This product also contains propyleneglycol which may cause skin irritation.

4.5 Interaction with other medicinal products and other forms of interactions

The active substance hydrocortisone is absorbed up to 5% in the gastrointestinal tract. For systemic hydrocortisone, interactions with the following medicinal products are known:
- Cardiac glycosides (potentiation of the effect of glycoside caused by potassium depletion),
- Potassium depleting agents, e.g. saluretic agents, amphotericin B (risk of hypokalemia),
- Macrolide antibiotics and ketoconazole (decrease in corticosteroid clearance),
- Anti-diabetic agents (reduction of the blood-sugar lowering effect),
- Coumarin derivatives (reduction of the anti-coagulation effect),
- Salicylates and other NSAIDs (increase in the risk of gastrointestinal bleeding),
- Antiretriviral agents (risk of adrenal supression),
- Substances which are mainly metabolized by CYP3A4, CYP3A5, CYP3A7.

Co-treatment with CYP3A inhibitors, including cobicistat-containing products, is expected to increase the risk of systemic side-effects. The combination should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side-effects, in which case patients should be monitored for systemic corticosteroid side-effects.

4.6 Fertility, pregnancy and lactation

Pregnancy
Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development. The relevance of this finding to human beings has not been established, but at present steroids should not be used extensively in pregnancy, this is in large amounts or for prolonged periods.

Breast-feeding
Hydrocortisone is excreted in breast milk. The medicinal product should not be used during breast-feeding. Otherwise, breast-feeding should be discontinued.

4.7 Effects on ability to drive and use machines

This medicinal product has no influence on the ability to drive and use machines.

4.8 Undesirable effects

Within the system organ classes, adverse reactions are listed under headings of frequency (number of patients expected to experience the reaction), using the following categories:

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

Eye disorders
Not known: Blurred vision

Infections and infestations
Not known: Decreased resistance to infections*

Immune system disorders
Not known: Hypersensitivity reactions including anaphylactic reaction, angiooedema

Gastrointestinal disorders:

Not known: Proctalgia, Anorectal discomfort

Nervous system disorders
Not known: cognitive dysfunction including confusion and anmesia

Psychiatric disorders
Not known: affective disorders (such as irritabale, euphoric, depressed and labile mood and suicidal thoughts, behavioural disturbances, irritability, anxiety, sleep disturbances

Reproductive system and breast disorders
Not known: periods may stop unexpectandly

Skin and subcutaneous tissue disorders
Not known: Dermatitis allergic, urticaria, skin reactions (local, generalised) like blister, pruritus, rash , hair starts to grow on face (women), dusky complexion with purple markings

General disorders and administration site conditions
Not known: Application site reactions like erythema, irritation, burning, dryness, local irritation

Drugs of this class may cause systemic side effects (such as Cushing-Syndrome, decreased resistance to infections*), especially in long-term use, and if the medicine is not used as directed. The risk of systemic side effects when used at the correct dose by the local administration route is much lower than under systemic application.

Side effects are very unusual with Colifoam, but long term frequent use may cause problems in some people. This is particularly so if the medicine is not used as directed.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie.

4.9 Overdose

Due to the rectal route of administration, the risk of overdose is small. Excessive use of Colifoam could lead to exacerbation of undesirable effects.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Intestinal anti-inflammatory agents, Corticosteroids acting locally ATC code: A07EA02

Mechanism of action
The use of topically applied steroids in the treatment of ulcerative colitis, proctosigmoiditis and granular proctitis is well known. Hydrocortisone acetate has anti-inflammatory activity resulting, at least in part, from binding with a steroid receptor.

It has a membrane sealing effect, and inhibits of accumulation of neutrophiles and macrophages in the region of inflammation. Furthermore it reduces the migration of leukocytes and mastocytes into the tissue, inhibits the activity of lymphatic tissue and the secondary reaction of connective tissue (anti-proliferative, anti-oedematous effect).

5.2 Pharmacokinetic properties

Bioavailability
The topically applied steroid acts mainly locally. After rectal administration, bioavailability of hydrocortisone acetate ranges between 2% and 3% in healthy subjects, and between 4% and 5% in patients.

The systemic absorption of hydrocortisone has been shown not to make a significant contribution to the pharmacological activity of Colifoam in treating ulcerative colitis. For this reason the pharmacodynamic and pharmacokinetic aspects of hydrocortisone acetate are not relevant to the consideration of the efficacy of this preparation.

5.3 Preclinical safety data

Animal studies have demonstrated a possible association between topical corticosteroids and foetal abnormalities, including cleft palate and intra-uterine growth retardation. The relevance of this finding to human beings has not been established.

The active ingredient in Colifoam, hydrocortisone acetate, is widely used in pharmaceutical preparations. The mode of action of Colifoam is predominantly by surface contact with the affected area of the intestinal tract. The amount of systemic absorption is low and the plasma levels of hydrocortisone are regulated by a natural feedback mechanism, based on metabolic requirement. Hence, the toxicity of hydrocortisone is not an issue with Colifoam.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Propylene glycol
Emulsifying wax
Polyoxyl (10) stearyl ether
Cetyl alcohol
Methyl parahydroxybenzoate E 218
Propyl parahydroxybenzoate E 216
Trolamine (for pH adjustment)
Purified water
Hydrocarbon propellant HP-70 (consisting of isobutene and propane)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years.

6.4 Special precautions for storage

Do not store above 25°C. Do not refrigerate or freeze.

6.5 Nature and contents of container

A pressurised aluminium monobloc can decorated and lacquered outside and epoxy resin coated inside. The can is closed with a continuous valve and is supplied with an actuator and two piece plastic syringe applicator.
Contains approximately 14 doses.

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

For internal use only

1. Shake the canister vigorously for 30 seconds before each use.
2. Withdraw the plunger slowly until it stops at the catch line.
3. Holding UPRIGHT, insert the canister top into the applicator tip. Make sure you hold the plunger and applicator body FIRMLY with your fingers.
4. Press down gently down on the canister top with your fingers, so that the foam fills about ¼ of the applicator body. Only a short press is needed to do this.
5. Wait for a few seconds until the foam starts expanding. Do not fill the applicator in one go. Always release the canister top after a short press.
6. Repeat steps 4 & 5 until the foam expands to just reach the ''Fill'' line.

This normally takes 2 – 4 short press/waits.

7. Stand with one leg raised on a chair, or lie down on your side. Insert gently into the back passage and push the plunger fully into the applicator.

These instructions are provided on the leaflet with illustrations to assist understanding.
Any unused product or waste material should be disposed of in accordance with local requirements.
Pressurised container containing flammable propellant. Protect from sunlight and do not expose to temperatures above 50°C. Do not spray on a naked flame or any incandescent material. Keep away from sources of ignition – no smoking. Do not pierce or burn even after use.

7 MARKETING AUTHORISATION HOLDER

Mylan IRE Healthcare Limited
Unit 35/36
Grange Parade
Baldoyle Industrial Estate
Dublin 13
Ireland

8 MARKETING AUTHORISATION NUMBER

PA2010/021/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 01 April 1978

Date of last renewal: 01 April 2008

10 DATE OF REVISION OF THE TEXT

June 2018