PROFESSIONAL INFORMATION FOR

COLCHICINE HOUDÉ

SCHEDULING STATUS:

S2

PROPRIETARY NAME (AND DOSAGE FORM):

COLCHICINE HOUDÉ (Tablets)

COMPOSITION:

Each tablet contains crystallised colchicine 1 mg.

Inactive ingredients include erythrosine lake (E127), magnesium stearate, lactose monohydrate, povidone, and sucrose.

Contains sugar (lactose monohydrate (49,996 mg per tablet) and sucrose (20 mg per tablet)).

PHARMACOLOGICAL CLASSIFICATION:

A.3.3 Antigout preparations.

PHARMACOLOGICAL ACTION:

Pharmacodynamic properties:

Colchicine has a specific clinical effect in the treatment of acute gout. Colchicine reduces leucocytic afflux, inhibits phagocytosis of urate microcrystals and blocks production of lactic acid while maintaining a normal local pH level (acidity favouring the precipitation of urate crystals, the primary cause of gout).

Pharmacokinetic properties:

Absorption:

Colchicine is rapidly absorbed, but absorption is variable. Peak plasma concentrations are seen between 0,5 and 2 hours after administration.

Distribution:

Plasma protein binding is 50 %.

High concentrations of colchicine are seen in the kidney, liver, and spleen, but it apparently is largely excluded from heart, skeletal muscle and brain tissue.

Metabolism:

Colchicine undergoes significant enterohepatic circulation. Metabolism may involve deacetylation in the liver. The plasma half-life is approximately 9 hours.

Excretion:

Urinary excretion is 10 % to 20 % but increases with liver disease.

INDICATIONS:

COLCHICINE HOUDÉ is indicated for the emergency treatment of acute gout.

CONTRAINDICATIONS:

COLCHICINE HOUDÉ is contraindicated in:

- Patients with known hypersensitivity to colchicine or any of the other ingredients of **COLCHICINE HOUDÉ**.
- Patients with severe renal insufficiency (creatinine clearance < 30 mℓ/min).
- Patients with severe hepatic insufficiency.
- Combination with a macrolide antibiotic (see **"INTERACTIONS"**).
- Combination with pristinamycin (see **"INTERACTIONS"**).
- Pregnancy and lactation (see **"HUMAN REPRODUCTION"**).

WARNINGS AND SPECIAL PRECAUTIONS:

Do not exceed the prescribed dose.

Diarrhoea, nausea, vomiting and abdominal pain are frequently the first signs of toxicity and are usually an indication that the dose should be reduced or that **COLCHICINE HOUDÉ** therapy should be discontinued. Large doses may cause profuse diarrhoea, gastrointestinal haemorrhage, skin rashes, and renal and hepatic damage

COLCHICINE HOUDÉ should be given with care to old and feeble patients and to those with cardiac, hepatic, renal or gastrointestinal disease. These patients may be especially susceptible to cumulative toxicity.

Less frequently, bone marrow depression with agranulocytosis, thrombocytopenia, and aplastic anaemia have occurred as have peripheral neuropathy, myopathy, rashes and alopecia

Cases of pancytopenia due to medullary toxicity have been reported in patients at risk of **COLCHICINE HOUDÉ** overdosage and/or patients undergoing treatment likely to induce medullary toxicity.

Assessment of creatinine clearance is recommended before instituting treatment with **COLCHICINE HOUDÉ**, especially in the elderly.

It is recommended that concomitant treatment that may weaken renal/hepatic function and/or introduce bone marrow/muscular toxicity be assessed before treatment with **COLCHICINE HOUDÉ** is instituted (see **"INTERACTIONS"**).

COLCHICINE HOUDÉ should be avoided in patients with blood disorders.

Effects on the ability to drive and use machinery:

COLCHINE HOUDÉ is unlikely to affect a patient's ability to drive or operate machinery.

COLCHICINE HOUDÉ contains lactose. Patients with the rare hereditary conditions of galactose intolerance, the Lapp lactase deficiency or glucose or galactose

malabsorption (rare hereditary diseases).or fructose intolerance should not take **COLCHICINE HOUDÉ.**

COLCHICINE HOUDÉ contains sucrose. Patients with rare hereditary conditions such as fructose intolerance, glucose orgalactose malabsorption or sucrase-isomaltase insufficiency should not take **COLCHICINE HOUDÉ**.

INTERACTIONS:

The following medicines are contraindicated in combination with COLCHICINE HOUDÉ:

Macrolide antibiotics (e.g. telithromycin, azithromycin, clarithromycin, erythromycin, roxithromycin):

Concomitant administration may increase the undesirable effects of **COLCHICINE HOUDÉ** with potentially fatal consequences (see **"CONTRAINDICATIONS"**).

Pristinamycin:

Concomitant administration may increase the undesirable effects of **COLCHICINE HOUDÉ** with potentially fatal consequences (see **"CONTRAINDICATIONS"**).

Combinations calling for precautions for use:

Oral anticoagulants:

Concomitant administration may increase the effect of the oral anticoagulant, warfarin and increase the risk of haemorrhage. More frequent INR checks are required. Possible

modification of the dosage of warfarin during **COLCHICINE HOUDÉ** treatment and for 8 days after its cessation may be required.

Ciclosporin:

Concomitant administration may increase the undesirable neuromuscular effects of **COLCHICINE HOUDÉ**. Caution is advised in patients using **COLCHICINE HOUDÉ** with ciclosporin, especially in transplant patients or those with renal impairment, as myopathies or rhabdomyolysis may be a problem. Clinical and biological monitoring (measurement of creatine kinase) is required. Do not exceed several days of treatment with **COLCHICINE HOUDÉ** (see **"WARNINGS AND SPECIAL PRECAUTIONS"**).

Inhibitors of HMG-CoA reductase (atorvastatin, fluvastatin, pravastatin, rosuvastatin, simvastatin):

Concomitant administration may increase the risk of amplifying the undesirable muscular effects, especially rhabdomyolysis. Clinical and biological monitoring is required, especially at the start of combination therapy (see **"WARNINGS AND SPECIAL PRECAUTIONS"**).

Thiazide diuretics:

Thiazide diuretics may increase serum uric acid levels and interfere with the activity of **COLCHICINE HOUDÉ**.

Vitamin B_{12}:

COLCHICINE HOUDÉ may interfere with the absorption of vitamin B_{12}.

PREGNANCY AND LACTATION **COLCHICINE HOUDÉ** is contraindicated in pregnancy (see **"CONTRAINDICATIONS"**) due to animal teratogenicity.

Colchicine is distributed into breast milk. Breastfeeding is not recommended.

DOSAGE AND DIRECTIONS FOR USE:

Dosage: 1 mg immediately, followed by 0,5 mg (½ tablet) 2 hourly until pain is relieved or until vomiting or diarrhoea intervenes (a maximum total treatment course of 6 mg).

SIDE EFFECTS:

Blood and lymphatic system disorders:

Less frequent: Leucopenia, neutropenia, thrombocytopenia, (see **"WARNINGS AND SPECIAL PRECAUTIONS"**),

Nervous system disorders:

Less frequent: Neuromyopathic disorders which are reversible upon discontinuation of treatment,.

Vascular disorders:

Frequency unknown: Hypotension (large doses).

Gastrointestinal disorders:

Frequent: Nausea, vomiting, diarrhoea (see **"WARNINGS AND SPECIAL PRECAUTIONS"**).

Frequency unknown: Profuse diarrhoea (large doses), abdominal pain

Skin and subcutaneous tissue disorders:

Less frequent: Urticaria and morbilliform eruptions.

Frequency unknown: Rashes (large doses). Alopecia may occur after prolonged treatment

Musculoskeletal, connective tissue and bone disorders:

Less frequent: Rhabdomyolysis

Renal and urinary disorders:

Frequency unknown: Renal damage and dehydration (large doses).

Reproductive system and breast disorders:

Less frequent: Azoospermia, reversible upon cessation of treatment

KNOWN SYMPTOMS OF OVERDOSE AND PARTICULARS OF ITS TREATMENT:

Symptoms of poisoning may set in only after an interval of 3 – 6 hours, even with large doses, and some features of toxicity may be delayed by 1 week or longer. At first (up to 1 day after ingestion) there is a feeling of burning and rawness in the mouth and throat and difficulty in swallowing, followed by nausea, abdominal pain, vomiting and

diarrhoea, colic and tenesmus, spasm of the bladder and prostration. Diarrhoea may be profuse, bloody and accompanied by tenesmus, and the patient may present with electrolyte disturbances and hypovolaemic shock. These symptoms combined with vascular damage, may result in dehydration, hypotension and shock. Anuria, delirium, and convulsions may occur.

Treatment of acute poisoning:

The stomach should be emptied. A saline purgative should be given to promote peristalsis. The circulation should be maintained with infusions of plasma and electrolyte imbalance corrected. Respiration may require assistance. Morphine sulphate 10 mg intramuscularly (I.M.) may be given to relieve severe abdominal cramps.

IDENTIFICATION:

Slightly biconvex, cylindrical, pink tablet with a central breakline on both sides and ‘018’ engraved above the breakline on one side..(

PRESENTATION:

Blister packs of 6 tablets.

STORAGE INSTRUCTIONS:

Store in a cool, dry place at or below 25 °C.

Protect from light.

Keep the blister in the outer carton until required for use.

KEEP OUT OF REACH OF CHILDREN.

REFERENCE NUMBER:

C665 (Act 101/1965)

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

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