SCHEDULING STATUS: S4

1 NAME OF THE MEDICINE

ONDANSETRON 4 mg/2 ml VIATRIS (Injection)

ONDANSETRON 8 mg/4 ml VIATRIS (Injection)

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

ONDANSETRON 4 mg/2 ml VIATRIS: Each ampoule contains 4 mg ondansetron in 2 mL aqueous solution for intravenous or intramuscular administration.

Excipients with known effect

ONDANSETRON 4 mg/2 ml VIATRIS contains less than 1 mmol sodium (23 mg) per 2 mL ampoule that is to say essentially 'sodium free'.

Sugar free.

ONDANSETRON 8 mg/4 ml VIATRIS: Each ampoule contains 8 mg ondansetron in 4 mL aqueous solution for intravenous or intramuscular administration.

Excipients with known effect

ONDANSETRON 8 mg/4 ml VIATRIS contains less than 1 mmol sodium (23 mg) per 4 mL ampoule that is to say essentially 'sodium free'.

Sugar free.

For full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

ONDANSETRON 4 mg/2 ml VIATRIS: Amber glass ampoules containing a practically odourless, colourless, clear liquid that is free of visible particles.

ONDANSETRON 8 mg/4 ml VIATRIS: Amber glass ampoules containing a practically odourless, colourless, clear liquid that is free of visible particles.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

ONDANSETRON VIATRIS is indicated for the management of nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy.

ONDANSETRON VIATRIS is also indicated for the prevention and treatment of post-operative nausea and vomiting. Routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and vomiting will occur.

4.2 Posology and method of administration

Posology

Chemotherapy and radiotherapy-induced nausea and vomiting

The emetogenic potential of cancer therapy varies according to the doses and combinations of chemotherapy and radiotherapy regimens used.

Adults

Emetogenic chemotherapy and radiotherapy

For most patients receiving emetogenic chemotherapy and radiotherapy, ONDANSETRON VIATRIS 8 mg should be administered as a slow IV infusion (not less than 2 – 3 minutes) or IM injection in not less than 30 seconds immediately before treatment, followed by 8 mg of an oral formulation of ondansetron twelve hourly. In circumstances where delayed or prolonged emesis is expected after the first 24 hours treatment with an oral formulation of ondansetron may be continued at 8 mg twice daily, for up to five days after a course of treatment.

Highly emetogenic chemotherapy

A single dose of ONDANSETRON VIATRIS 8 mg by slow IV (not less than 2 – 3 minutes) or IM injection in not less than 30 seconds immediately before chemotherapy has been shown to be effective in many patients.

Higher doses may be required in some patients, particularly those on high doses of cisplatin, and the doses of ONDANSETRON VIATRIS should be adjusted according to the severity of the emetogenic challenge.

In these patients the following dose schedules have been shown to be effective:

A dose of 8 mg by slow IV or IM injection immediately before chemotherapy, followed by two further IV or IM doses of 8 mg two to four hours apart, or by a constant infusion of 1 mg/hour for up to 24 hours.

OR

A single dose of 16 mg diluted in 50 – 100 mL of 0,9 % sodium chloride or other compatible infusion fluid, infused over not less than 15 minutes immediately before chemotherapy.

A single dose greater than 16 mg should not be given due to dose-dependent increased risk of QT prolongation (see section 4.4).

The efficacy of ONDANSETRON VIATRIS in highly emetogenic chemotherapy may be enhanced by the addition of a single intravenous dose of dexamethasone phosphate 20 mg administered 30 – 45 minutes prior to the first ONDANSETRON VIATRIS dose prior to chemotherapy.

To protect against delayed or prolonged emesis after the first 24 hours, treatment with an oral formulation of ondansetron may be continued at 8 mg twice daily, for up to 5 days after a course of treatment.

Special populations

Children

Experience is currently limited, but ONDANSETRON VIATRIS was effective and well tolerated in children over the age of 4 years, when given intravenously at a dose of 5 mg/m^2 over 15 minutes, immediately before chemotherapy, followed by oral therapy of 4 mg ondansetron every 12 hours for up to 5 days.

Elderly patients

Based on more recent ondansetron plasma concentrations and exposure-response modelling, a greater effect on QTcF is predicted in patients ≥75 years of age compared to young adults. Specific dosing information for intravenous dosing is provided for patients over 65 years of age and over 75 years of age.

Elderly patients aged 75 years or older

A single dose of intravenous ONDANSETRON VIATRIS given for the prevention of chemotherapy-induced nausea and vomiting (CINV) must not exceed 8 mg (infused over at least 15 minutes).

Adult patients aged less than 75 years

A single dose of intravenous ONDANSETRON VIATRIS given for the prevention of CINV in adults (aged less than 75 years) must not exceed 16 mg (infused over at least 5 minutes).

Elderly patients aged 65 years or older

All intravenous doses should be diluted in 50 – 100 mL saline or other compatible fluid and infused over at least 15 minutes.

Repeat intravenous doses of ONDANSETRON VIATRIS should be given no less than 4 hours apart.

Prevention and treatment of post-operative nausea and vomiting

Adults

Immediately before induction of anaesthesia, or post-operatively if the patient experiences nausea and/or vomiting occurring shortly after surgery, administer 4 mg ONDANSETRON VIATRIS undiluted intramuscularly or intravenously. If given intravenously, ONDANSETRON VIATRIS must be administered in not less than 30 seconds, preferably over 2 – 5 minutes. Alternatively, for the prevention of post-operative nausea and vomiting, 16 mg of an oral ondansetron formulation may be given one hour prior to induction of anaesthesia. Repeat dosing for patients who continue to experience nausea and/or vomiting post-operatively has not been studied. While recommended as a fixed dose for all, few people above 80 kg or below 40 mg have been studied.

Special populations

Children

For prevention of post-operative nausea and vomiting in paediatric patients two years and older having surgery performed under general anaesthesia, ONDANSETRON VIATRIS may be administered by slow intravenous injection over 2 to 5 minutes or longer at a dose of 0,1 mg/kg up to a maximum of 4 mg either prior to, at or after induction of anaesthesia. For the treatment of established post-operative nausea and vomiting in paediatric patients two years and older, ONDANSETRON VIATRIS may be administered by slow intravenous injection at a dose of 0,1 mg/kg up to a maximum of 4 mg over not less than 2 – 5 minutes or preferably longer.

Repeat dosing for paediatric patients who continue to experience nausea and/or vomiting has not been studied and should thus not be given.

Elderly

Based on more recent ondansetron plasma concentrations and exposure-response modelling, a greater effect on QTcF is predicted in patients ≥75 years of age compared to young adults.

Specific dosing information for intravenous dosing is provided for patients over 65 years of age and over 75 years of age.

A slight age-related decrease in clearance, and an increase in the half-life of ondansetron is predicted, presenting as slight, clinically insignificant age-related increases in both oral bioavailability (65 %) and a prolonged elimination half-life (5 hours) of ondansetron.

Patients with renal/hepatic impairment

There is limited information available on severely impaired renal or hepatic function.

Patients with renal impairment

No alteration of daily dosage or frequency of dosing, or route of administration is required.

There is limited information available on severely impaired renal function.

Patients with hepatic impairment

Clearance of ONDANSETRON VIATRIS is significantly reduced and serum half-life significantly prolonged in patients with moderate or severe impairment of hepatic function. In such patients, a total daily dose of 8 mg should not be exceeded (see section 4.4).

4.3 Contraindications

- ONDANSETRON VIATRIS is contraindicated in patients known to have hypersensitivity to ondansetron or any of the excipients of the preparation.
- Concomitant use with apomorphine is contraindicated (see section 4.5).
- Concomitant use with medicines prolonging the QT interval (see section 4.5).
- Congenital long QT syndrome.
- The use of ONDANSETRON VIATRIS is contraindicated during the first 12 weeks of pregnancy, irrespective of the indication (see section 4.6 and section 4.4).
- The use of ONDANSETRON VIATRIS for post-operative nausea and vomiting is contraindicated in pregnancy and lactation (see section 4.6).

4.4 Special warnings and precautions for use

Patients with hepatic impairment

In patients with moderate or severe impairment of hepatic function, clearance of ONDANSETRON VIATRIS is significantly reduced and serum half-life significantly prolonged. In such patients, a total daily dose of 8 mg should not be exceeded (see section 4.2).

ONDANSETRON VIATRIS prolongs the QT interval in a dose-dependent manner. ECG changes including QT interval prolongation and cases of Torsade de Pointes have been reported. Caution is advised if patients have received cardiotoxic agents and in patients with a history or family history of prolonged QT syndrome (see section 4.3 and section 4.5). ONDANSETRON VIATRIS should be administered with caution to patients who have or may develop prolongation of QTc. These include patients with diseases/disorders causing QT prolongation, electrolyte abnormalities, congestive heart failure, brady-dysrhythmia or patients taking other medicines that lead to QT prolongation (see section 4.3).

Pregnancy

The use of ONDANSETRON VIATRIS during the first 12 weeks of pregnancy increases the risk of developing oral cleft palate and or lip to the foetus and is contraindicated during the first 12 weeks of pregnancy, irrespective of the indication (see section 4.3 and 4.6).

Serotonergic medicines (e.g. SSRIs and SNRIs)

There have been post-marketing reports describing patients with serotonin syndrome (including altered mental status, autonomic instability and neuromuscular abnormalities) following the concomitant use of ondansetron, as in ONDANSETRON VIATRIS, and other serotonergic medicines (including selective serotonin reuptake inhibitors (SSRI) and serotonin noradrenaline reuptake inhibitors (SNRIs)). If concomitant treatment with ondansetron and other serotonergic medicines is clinically warranted, appropriate observation of the patient is advised (see section 4.5).

Hypokalaemia and hypomagnesaemia should be corrected prior to ONDANSETRON VIATRIS administration.

Patients with signs of sub-acute intestinal obstructions should be monitored following administration, as ONDANSETRON VIATRIS is known to increase large bowel transit time and cause constipation.

Cross-hypersensitivity reactions have been reported in patients who previously exhibited hypersensitivity to other selective 5-HT_3 receptor antagonists e.g. granisetron or dolasetron.

Respiratory events should be treated symptomatically and should be given particular attention as they may be precursors to hypersensitivity reactions.

In patients that undergo adenotonsillar surgery, prevention of nausea and vomiting with ONDANSETRON VIATRIS may mask occult bleeding. Therefore, such patients should be followed

carefully after ONDANSETRON VIATRIS.

Myocardial ischemia has been reported in patients treated with ONDANSETRON VIATRIS. In some patients, especially in the case of intravenous administration, symptoms appeared immediately after administration of ONDANSETRON VIATRIS. Patients should be alerted to the signs and symptoms of myocardial ischaemia.

ONDANSETRON VIATRIS contains sodium, and this should be taken into consideration by patients on a sodium-restricted diet.

4.5 Interaction with other medicines and other forms of interaction

- ONDANSETRON VIATRIS should not be given to patients who are taking other medicines that cause QT prolongation (see section 4.3) and/or cause electrolyte abnormalities (see section 4.4).
- Concomitant use of ONDANSETRON VIATRIS with cardiotoxic medicines (e.g. anthracyclines (such as doxorubicin, daunorubicin or trastuzumab), antibiotics (e.g. erythromycin), antifungals (e.g. ketoconazole), antidysrhythmics (e.g. amiodarone) and beta blockers (e.g. atenolol or timolol) may increase the risk of dysrhythmias (see section 4.3 and section 4.4).
- **Apomorphine:** Profound hypotension and loss of consciousness were reported when ONDANSETRON VIATRIS was administered with apomorphine. Concomitant use of ONDANSETRON VIATRIS with apomorphine may intensify QT prolongation (see section 4.3 and section 4.4).
- **Serotonergic medicines (e.g. SSRIs and SNRIs):** There have been post-marketing reports describing patients with serotonin syndrome (including altered mental status, autonomic instability and neuromuscular abnormalities) following the concomitant use of ondansetron and other serotonergic medicines (including SSRIs and SNRIs) (see section 4.4).
- **Tramadol:** ONDANSETRON VIATRIS may reduce the analgesic effect of tramadol.
- Ondansetron is metabolised by multiple hepatic cytochrome P450 enzymes CYP3A4, CYP2D6 and CYP1A2. Due to the multiplicity of metabolic enzymes capable of metabolising ondansetron, enzyme inhibition of reduced activity of one enzyme (e.g. CYP2D6 genetic deficiency) is usually compensated for by other enzymes.
- **Cyclophosphamide:** ONDANSETRON VIATRIS may decrease the concentration of

cyclophosphamide in the blood (AUC).

- **Cisplatin:** ONDANSETRON VIATRIS may increase or decrease the concentration of cisplatin in the blood (AUC).

4.6 Fertility, pregnancy and lactation

Women of childbearing potential/ Contraception in males and females

Women of childbearing potential should use contraception while taking ONDANSETRON VIATRIS and for 2 days after stopping treatment.

Women of childbearing potential being treated with ONDANSETRON VIATRIS should not become pregnant as ONDANSETRON VIATRIS is contraindicated in the first 12 weeks of pregnancy, irrespective of the cause of the nausea and vomiting (see section 4.3).

Pregnancy

ONDANSETRON VIATRIS is contraindicated for post-operative nausea and vomiting during pregnancy, as well as during the first 12 weeks of pregnancy irrespective of the indication due to the risk (see section 4.3).

The first 12 weeks of pregnancy can be associated with an increased risk of developing oral cleft palate and/or lip to the foetus.

Breastfeeding

Ondansetron passes into the milk of lactating animals.

Mothers receiving ONDANSETRON VIATRIS should therefore not breastfeed their babies.

Fertility

No information available.

4.7 Effects on ability to drive and use machines

ONDANSETRON VIATRIS causes nervous system and eye disorders which may adversely affect the ability to drive a car or operate machinery.

Caution is advised until the effects of ONDANSETRON VIATRIS in patients on treatment are known (see section 4.8 Side effects).

4.8 Undesirable effects

Tabulated list of adverse reactions

Body System	Undesirable effect		
	Frequent	**Less frequent**	**Frequency not known**
Immune system disorder		Immediate hypersensitivity reactions sometimes severe, including anaphylaxis (e.g. anaphylaxis, bronchospasm, shortness of breath, dyspnoea, hypotension, shock, angioedema, urticarial). There may be cross-hypersensitivity with other selective 5-HT3-antagonists (see section 4.4).	
Psychiatric disorders		Depression.	

Nervous system disorders	Headache.	Seizures, movement disorders (including extrapyramidal reactions such as dystonic reactions, oculogyric crisis and dyskinesia). Dizziness during or shortly after rapid I.V. administration.	
Eye disorders		Visual disturbances (e.g. blurred vision) during or shortly after rapid intravenous administration. Transient blindness predominantly during intravenous administration.	
Cardiac disorders		Dysrhythmias, chest pain with or without ST segment depression, bradycardia, ECG changes including QTc prolongation (and Torsade de Pointes).	Myocardial ischemia (see section 4.4).
Vascular disorders	Sensation of warmth or flushing.	Hypotension, coronary vasospasm.	

Respiratory, thoracic and mediastinal disorders		Hiccups.	
Gastrointestinal disorders	Increase in large bowel transit time, constipation.		
Hepatobiliary disorders		Asymptomatic increases in aminotransferases.	
Skin and subcutaneous tissue disorders			Rashes, urticaria.
General disorders and administrative site conditions	Pain, redness and burning at site of injection.		

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the "6.04 Adverse Drug Reactions Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

4.9 Overdose

In overdose, side effects can be precipitated and/or be of increased severity (see section 4.8).

- Manifestations that have been reported include severe constipation, visual disturbances, hypotension and a vasovagal episode with transient second-degree AV block.
- In cases of suspected overdose, symptomatic and supportive therapy should be given as appropriate, as there is no specific antidote for ondansetron.
- Ondansetron prolongs QT interval in a dose-dependent manner.
- ECG monitoring is recommended in cases of overdose.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

PHARMACOLOGICAL CLASSIFICATION:

A 5.10 Medicines affecting autonomic function. Serotonin antagonists.

ATC group: A04AAO 1 Serotonin (5HT3) antagonist, ATC code: A04 Antiemetics and antinauseants

Mechanism of action

Ondansetron is a selective 5-HT_3 receptor-antagonist. Chemotherapeutic agents and radiotherapy may cause release of 5-HT in the small intestine initiating a vomiting reflex by activating vagal afferents via 5-HT_3 receptors. The initiation of this reflex is blocked by ondansetron. Activation of vagal afferents may also cause a release of 5-HT in the area postrema, located on the floor of the fourth ventricle, and this may also promote emesis through a central mechanism.

Thus, the effect of ondansetron in the management of the nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy is due to the antagonism of 5-HT_3 receptors on neurons located both in the peripheral and central nervous system.

QT prolongation

The effect of ondansetron on the QTc interval was evaluated in a double blind, randomised, placebo and positive (moxifloxacin) controlled, crossover study in 58 healthy adult men and women. Ondansetron doses included 8 mg and 32 mg infused intravenously over 15 minutes. At the highest tested dose of 32 mg, the maximum mean (upper limit of 90 % CI) difference in QTcF from placebo after baseline-correction was 19,6 (21,5) msec. At the lower tested dose of 8 mg, the maximum mean (upper limit of 90 % CI) difference in QTcF from placebo after baseline-correction was 5,8 (7,8) msec. In this study, there were no QTcF measurements greater than 480 msec and no QTcF prolongation was greater than 60 msec. No significant changes were seen in the measured electrocardiographic PR or QRS intervals.

5.2 Pharmacokinetic properties

Distribution

The disposition of ondansetron following both intravenous and oral dosing is similar, with a terminal elimination half-life of about 3 hours and a steady-state volume of distribution of about 140 L. Plasma protein binding is 70 – 76 %.

Biotransformation

Ondansetron is predominantly cleared from the systemic circulation by metabolism, with less than 5 % of a dose excreted unchanged in the urine.

Special patient populations

Elderly

Ondansetron has a prolonged elimination half-life (5 hrs) and increased bioavailability (65 %) in the elderly.

Hepatic impairment

As a result of reduced pre-systemic metabolism in patients with severe hepatic impairment, the systemic clearance of ondansetron is markedly reduced with prolonged elimination half-lives (15 – 32 hrs) and a bioavailability approaching 100 %.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Citric acid, sodium chloride, sodium citrate and water for injection.

6.2 Incompatibilities

ONDANSETRON VIATRIS must not be mixed with other medicines except those mentioned in section 6.6.

6.3 Shelf life

Unopened ampoule

36 months

Opened ampoule

After first opening, ONDANSETRON VIATRIS should be used immediately.

6.4 Special precautions for storage

Store at or below 25 °C.

Protect from light.

6.5 Nature and contents of container

ONDANSETRON 4 mg/2 ml VIATRIS: 1, 2, 5 or 10 amber glass ampoule/s packaged in an outer carton.

ONDANSETRON 8 mg/4 ml VIATRIS: 1, 2, 5 or 10 amber glass ampoule/s packaged in an outer carton.

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

Instructions for handling injections

ONDANSETRON VIATRIS ampoules are unpreserved and should only be used on a single occasion, and injection or diluted immediately after opening. Any remaining solutions should be discarded.

ONDANSETRON VIATRIS injection ampoules should not be autoclaved.

Compatibility with intravenous fluids

ONDANSETRON VIATRIS injection should not be administered in the same syringe or infusion as any other medicine.

ONDANSETRON VIATRIS injection should only be admixed with those infusion solutions which are recommended.

IV admixtures should be inspected for clarity, particulate matter, precipitate discolouration and leakage prior to administration whenever solution and container permit. Solutions showing haziness, particulate matter, or discolouration or leakage should not be used.

Dilutions of ONDANSETRON VIATRIS injections in intravenous fluids should be prepared at the time of infusion or stored at 2 – 8 °C for no more than 24 hours prior to administration.

ONDANSETRON VIATRIS should only be admixed with those infusion solutions that are recommended, namely:

- Sodium chloride intravenous infusion 0,9 % w/v.
- Glucose intravenous infusion 5 % w/v.
- Mannitol intravenous infusion 10 % w/v.
- Ringers intravenous infusion.
- Potassium chloride 0,3 % m/v and sodium chloride 0,9 % m/v intravenous infusion.
- Potassium chloride 0,3 % m/v and glucose 5 % m/v intravenous infusion.

- Compatibility studies have been undertaken in polyvinyl chloride infusion bags and polyvinyl chloride administration sets. It is considered that adequate stability would also be conferred by the use of polyethylene infusion bags or Type I glass bottles.
- Dilutions of ONDANSETRON VIATRIS in sodium chloride 0,9 % w/v or in glucose 5 % w/v have been demonstrated to be stable in polypropylene syringes. It is considered that ONDANSETRON VIATRIS injection diluted with other compatible infusion fluids would be stable in polypropylene syringes.
- NOTE: Preparation of ONDANSETRON VIATRIS infusions must be under the appropriate aseptic conditions.

Compatibilities with other medicines

NOTE: The mixing of medicines for infusion is not generally recommended. ONDANSETRON VIATRIS injections should not be administered in the same syringe or infusion as any other medicine. ONDANSETRON VIATRIS injections may be administered by intravenous infusion at 1 mg/hour e.g. from an infusion bag, or syringe pump.

The following medicines may be administered by the Y-site of the ONDANSETRON VIATRIS giving set for ondansetron concentrations of 16 to 160 micrograms/mL (e.g. 8 mg/500 mL and 8 mg/50 mL respectively):

- **Cisplatin:** Concentrations up to 0,48 mg/mL (e.g. 240 mg in 500 mL) administered over one to eight hours.
- **Dexamethasone:** Dexamethasone sodium phosphate 20 mg may be administered as a slow intravenous injection over 2 – 5 minutes via the Y-site of an infusion set delivering 8 mg of ONDANSETRON VIATRIS diluted in 50 – 100 mL of a compatible infusion fluid over approximately 15 minutes. Compatibility between dexamethasone sodium phosphate and ONDANSETRON VIATRIS has been demonstrated, supporting administration of these medicines through the same giving set, with resulting in-line concentrations in the ranges of 32 µg – 2,5 mg/mL for dexamethasone sodium phosphate and 8 µg – 1 mg/mL for ONDANSETRON VIATRIS.
- **5-fluorouracil:** Concentrations up to 0,8 mg/mL (e.g. 2,4 g in 3 L, or 400 mg in 500 mL) administered at a rate of at least 20 mL per hour (500 mL per 24 hours). Higher concentrations of 5-fluorouracil infusion may contain up to 0,045 % *m/v* magnesium chloride in addition to other excipients shown

to be compatible.

- **Carboplatin:** Concentrations in the range 0,18 mg/mL to 9,9 mg/mL (e.g. 90 mg in 500 mL to 990 mg in 100 mL), administered over 10 minutes to one hour.
- **Etoposide:** Concentrations in the range 0,14 mg/mL to 0,25 mg/mL (e.g. 72 mg in 500 mL to 250 mg in 1 L), administered over thirty minutes to one hour.
- **Ceftazidime:** Doses in the range 250 mg to 2000 mg reconstituted with water for injection, as recommended by the manufacturer (e.g. 2,5 mL for 250 mg and 10 mL for 2 g ceftazidime) and given as an intravenous bolus injection over approximately five minutes.
- **Cyclophosphamide:** Doses in the range 100 mg to 1 g, reconstituted with water for injection, 5 mL per 100 mg cyclophosphamide, as recommended by the manufacturer, and given as an intravenous bolus injection over approximately five minutes.
- **Doxorubicin:** Doses in the range 10 to 100 mg, reconstituted with water for injection, 5 mL per 10 mg doxorubicin, as recommended by the manufacturer, and given as an intravenous bolus injection over approximately five minutes.

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

7 HOLDER OF THE CERTIFICATE OF REGISTRATION

Viatris Healthcare (Pty) Ltd

4 Brewery Street

Isando

Kempton Park

Gauteng, 1601

Tel. no.: +27 11 451 1300

8 REGISTRATION NUMBERS

ONDANSETRON 4 mg/2 ml VIATRIS: A39/5.10/0509

ONDANSETRON 8 mg/4 ml VIATRIS: A39/5.10/0510

9 DATE OF FIRST AUTHORISATION/ RENEWAL OF THE AUTHORISATION

Date of first authorisation: 25 November 2005

Date of renewal of the authorisation: N/A

10 DATE OF REVISION OF TEXT

13 August 2024