GABBRORAL®

Paromomycin Sulphate

Tablet

CDS

AfME markets using same as LPD: Kenya, Uganda

1. NAME OF THE MEDICINAL PRODUCT

GABBRORAL®

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Paromomycin sulphate (Paromomycin base 250 mg)

For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

White to cream coloured, round, flat tablets of 250 mg.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Intestinal amoebiasis

Cestodiasis (tapeworm infection) caused by certain cestodes pathogenic to humans including *Diphyllobathrium latum, Diphylidium canimum, Hymenolepis nana, Taenia, saginata*, and *Taesla sodium*.

As an adjunct in the treatment of hepatic coma by sterilising the ammonia-producing intestinal flora.

Sterilisation of the intestinal flora preparatory to intestinal surgery.

Other indications are: bacillary dysentery, carrier states of Shigella infections, gastroenteritis caused by *Escherichia coli,* giardiasis.

4.2 Posology and method of administration

Paromomycin sulphate is administered orally, with or after meals, and generally divided into 2 - 4 doses.

For specific indications the recommended dosages are:
Intestinal amoebiasis: 25-35 mg/kg/day for both adults and children, administered in 3 divided doses, for 5 to 10 days.

Tapeworm infection:

Adults: four doses of 1 g every 15 minutes.

Children: four doses at 11 mg/kg every 15 minutes.

For *Hymenolepis nana*, 45 mg/kg daily as a single dose for 5-7 days has been used for children and adults.

Hepatic coma: the adult dosage is 4 g daily, administered in 2 to 4 divided doses for 5-6 days.

Intestinal sterilisation:

Adults: 2 g per day for 3-4 days
Children: 50 mg/kg/day for 3-4 days

For other indications, as a general rule the usual dosage expressed as paromomycin base, to be taken with or after meals, divided into 2-4 doses is:

Adults: 20 to 30 mg/kg/day
Children: 30 to 50 mg/kg/day

4.3 Contraindications

Patients with known history of hypersensitivity to the drug.
Children under 2 years of age.
Patients with intestinal occlusion, malabsorption syndromes, renal insufficiency and myasthenic syndromes.

4.4 Special warnings and precautions for use

Like other aminoglycosides, Gabbroral has potential nephrotoxic, ototoxic and probably neuromuscular blocking effects. Therefore, Gabbroral must be administered with caution to patients with intestinal lesions to avoid absorption of the drug with consequent systemic effects. During treatment, it is advisable to keep the patient's hearing and renal function under observation, in order to quickly detect signs of ototoxicity or nephrotoxicity, which might lead to irreversible changes if not recognised in time.

As with other antibiotics, the use of Gabbroral may result in intestinal superinfections (staphylococcal enterocolitis or intestinal candidiasis). It is therefore recommended that patients be observed carefully and, if necessary, suitable therapy be given.

Since Gabbroral is only active against intestinal protozoa, the drug should not be used in the treatment of extraintestinal amoebiasis.

High doses or prolonged therapy with Gabbroral should be avoided.

4.5 Interaction with other medicinal products and other forms of interaction

Gabbroral should not be given to patients receiving ototoxic or nephrotoxic drugs (kanamycin, gentamicin, colistin, ethacrynic acid, furosemide, etc) to avoid any additive effects.

4.6 Fertility, pregnancy and lactation

Because Gabbroral is poorly absorbed from the gastro-intestinal tract, the drug may be useful in the treatment of intestinal infections during pregnancy. Nevertheless, Gabbroral should be given with caution, only in the cases of real necessity and under direct supervision of a physician.

4.7 Effects on ability to drive and use machines

No deleterious effects of Gabbroral on driving or operating machinery are expected.

4.8 Undesirable effects

Gabbroral, in particular when administered in large doses, may cause anorexia, nausea, vomiting,

abdominal cramps, epigastric burning and diarrhoea. Nephrotoxicity and ototoxicity have very rarely been reported.

4.9 Overdose

The consequence of an overdose are mostly likely to be minimised by nausea, vomiting and diarrhoea known to occur with excessive Gabbroral intake. In the presence of signs or symptoms of nephrotoxicity or ototoxicity, Gabbroral treatment must be discontinued immediately and symptomatic treatment should be administered.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC: A07AA06
Paromomycin sulphate is an aminoglycoside antibiotic with pronounced activity and a broad antimicrobial spectrum that includes both Gram-positive and Gram-negative bacteria, as well as both aerobic and anaerobic bacteria. Paromomycin also has antiprotozoal and anthelminthic activity and is effective against *Entamoeba histolytica*, *Giardia* and tapeworm.

After prolonged treatment with paromomycin, resistant micro-organisms may appear. There is also cross-resistance with other aminoglycoside antibiotics (kanamycin, neomycin and streptomycin). Paromomycin acts by binding to 70S ribosomes.

5.2 Pharmacokinetic properties

Blood and urinary levels of paromomycin have been evaluated both in animals and in man after oral, subcutaneous, and intravenous administration.

After administration by oral route, paromomycin is not absorbed by the gastrointestinal tract, thus ensuring very high concentrations in the intestinal contents and maximum tolerability, as well as the absence of any systemic effect. No antibacterial activity in plasma and the urines has been demonstrated in man after oral administration at full doses and for extremely prolonged periods.

5.3 Preclinical safety data

Paromomycin has a very low toxicity. Acute toxicity studies have shown that the LD50 by oral route in mice is higher than 2000 mg/kg. Even after treatment prolonged for 7 weeks, doses of paromomycin up to 770 mg/kg in rats and to 400 mg/kg in monkeys were perfectly tolerated. No cases of oto-vestibular toxicity were observed in man after treatment with paromomycin.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Levilite
Maize starch
Magnesium stearate

6.2 Incompatibilities

None known

6.3 Shelf life

Keep out of the sight and reach of children.
Do not use GABBORAL after the expiry date which is stated on the Carton/Blister after EXP:. The expiry date refers to the last day of that month.

6.4 Special precautions for storage

Store below 25°C

6.5 Nature and contents of container

1 box of tablets in blister pack (OPA)/Aluminium/PVC, for oral administration.

6.6 Special precautions for disposal

Not Applicable

7. FURTHER INFORMATION

MANUFACTURED BY

Pfizer Italia S.r.l.
Marino Del Tronto
Ascoli Piceno 63100- ITALY

8. PRESCRIPTION STATUS

Prescription-only medicine.

9. DATE OF REVISION OF THE TEXT

September 2019