Nixvom

(Ondansetron) Tablets, USP

نکسووم

(اونڈینسیٹرون) ٹیبلیٹس

COMPOSITION:
Nixvom 4mg Tablets: Each film coated tablet contains: Ondansetron (as Ondansetron HCl Dihydrate) USP … 4mg. [USP Specs.]
Nixvom 8mg Tablets: Each film coated tablet contains: Ondansetron (as Ondansetron HCl Dihydrate) USP … 8mg. [USP Specs.]

INDICATIONS: Nixvom is used to treat nausea and vomiting caused by some medical treatments, such as chemotherapy or radiotherapy for cancer in adults and children. It is also used to prevent nausea and vomiting in patients following an operation in adults only.

PHARMACOLOGY: Mechanism of action: Ondansetron is a potent, highly selective 5HT3 receptor-antagonist. Its precise mode of action in the control of nausea and vomiting is not known. Chemotherapeutic agents and radiotherapy may cause release of 5HT in the small intestine initiating a vomiting reflex by activating vagal afferents via 5HT3 receptors. Ondansetron blocks the initiation of this reflex.

PHARMACOKINETIC: Absorption: Ondansetron is well absorbed from the gastrointestinal tract and undergoes some first-pass metabolism. Mean bioavailability in healthy subjects, following administration of a single 8mg tablet, is approximately 56%. Bioavailability is also slightly enhanced by the presence of food but unaffected by antacids.
Distribution: The disposition of Ondansetron following oral, intramuscular (IM) and intravenous (IV) dosing is similar with a terminal half-life of about 3 hours and steady state volume of distribution of about 140L. Ondansetron is not highly protein bound (70-76%). Ondansetron is cleared from the systemic circulation predominantly by hepatic metabolism through multiple enzymatic pathways.
Metabolism: Ondansetron is extensively metabolized in humans, with approximately 5% of a radiolabeled dose recovered as the parent compound from the urine. The primary metabolic pathway is hydroxylation on the indole ring followed by subsequent glucuronide or sulfate conjugation. Although some nonconjugated metabolites have pharmacologic activity, these are not found in plasma at concentrations likely to significantly contribute to the biological activity of Ondansetron.
Elimination: The half-life of the elimination phase following suppository administration is determined by the rate of Ondansetron absorption, not systemic clearance and is approximately 6 hours. Females show a small, clinically insignificant, increase in half-life in comparison with males. Less than 5% of the absorbed dose is excreted unchanged in the urine.

DOSAGE AND ADMINISTRATION:
To prevent nausea and vomiting from chemotherapy or radiotherapy.

On the day of chemotherapy or radiotherapy	• The usual adult dose is 8mg taken one or two hours before treatment and another 8mg twelve hours after. On the following days • The usual adult dose is 8mg twice a day • This may be given for up to 5 days.
Children aged over 6 months and adolescents	• The usual dose for a child is up to 4mg twice a day • This can be given for up to 5 days.
To prevent nausea and vomiting after an operation	The usual adult dose is 16mg before your operation or • 8mg before the operation, then • 8mg after the operation, then • 8mg after a further eight hours

The emetogenic potential of cancer treatment varies according to the doses and combinations of chemotherapy and radiotherapy regimens used. The selection of dose regimen should be determined by the severity of the emetogenic challenge.
Method of administration: Nixvom should be taken orally and can be taken with or without food.

CONTRA-INDICATIONS: Coadministration with apomorphine; combination reported to cause profound hypotension and loss of consciousness.Use of ondansetron with QT prolonging drugs may result in additional QT prolongation. Concomitant use of Ondansetron with cardiotoxic drugs (e.g. anthracyclines (such as doxorubicin, daunorubicin) or trastuzumab), antibiotics (such as erythromycin), antifungals (such as ketoconazole), antiarrhythmics (such as amiodarone) and beta blockers (such as atenolol or timolol) may increase the risk of arrhythmias.
Serotonergic Drugs (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 drugs (including SSRIs and SNRIs).
Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

SPECIAL POPULATIONS: Elderly People: Ondansetron is well tolerated by patients over 65 years and no alteration of dosage, dosing frequency or route of administration are required.
Renal impairment: No alteration of daily dosage or frequency of dosing, or route of administration are required.
Hepatic impairment: Ondansetron should be administered with caution to patients with severe hepatic impairment and after consideration of the risk/benefit in the individual patient.

OVERDOSAGE: There is limited experience of Ondansetron overdose. Manifestations that have been reported include visual disturbances, severe constipation, hypotension and a vasovagal episode with transient second-degree AV block. Ondansetron prolongs QT interval in a dose-dependent manner. ECG monitoring is recommended in cases of overdose.

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WARNINGS & PRECAUTIONS: Hypersensitivity reactions have been reported in patients who have exhibited hypersensitivity to other selective 5HT3 receptor antagonists. Respiratory events should be treated symptomatically and clinicians should pay particular attention to them as precursors of hypersensitivity reactions. Ondansetron prolongs the QT interval in a dose-dependent manner. In addition, post-marketing cases of Torsade de Pointes have been reported in patients using Ondansetron. Avoid Ondansetron in patients with congenital long QT syndrome. Ondansetron should be administered with caution to patients who have or may develop prolongation of QTc, including patients with electrolyte abnormalities, congestive heart failure, bradyarrhythmias or patients taking other medicinal products that lead to QT prolongation or electrolyte abnormalities. Hypokalemia and hypomagnesaemia should be corrected prior to Ondansetron administration. 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 drugs (including selective serotonin reuptake inhibitors (SSRI) and serotonin noradrenaline reuptake inhibitors (SNRIs)). If concomitant treatment with Ondansetron and other serotonergic drugs is clinically warranted, appropriate observation of the patient is advised. As Ondansetron is known to increase large bowel transit time, patients with signs of subacute intestinal obstruction should be monitored following administration. In patients with adenotonsillar surgery prevention of nausea and vomiting with Ondansetron may mask occult bleeding. Therefore, such patients should be followed carefully after Ondansetron. Paediatric patients receiving Ondansetron with hepatotoxic chemotherapeutic agents should be monitored closely for impaired hepatic function. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

DRUG INTERACTIONS: Nixvom is metabolised by multiple hepatic cytochrome P-450 enzymes: CYP3A4, CYP2D6 and CYP1A2. Due to the multiplicity of metabolic enzymes capable of metabolising Ondansetron, enzyme inhibition or reduced activity of one enzyme (e.g. CYP2D6 genetic deficiency) is normally compensated by other enzymes and should result in little or no significant change in overall Ondansetron clearance or dose requirement. Caution should be exercised when **Nixvom** is coadministered with drugs that prolong the QT interval and/or cause electrolyte abnormalities. Concomitant use of Ondansetron with cardiotoxic drugs (e.g. anthracyclines (such as doxorubicin, daunorubicin) or trastuzumab), antibiotics (such as erythromycin), antifungals (such as ketoconazole), antiarrhythmics (such as amiodarone) and beta blockers (such as atenolol or timolol)) may increase the risk of arrhythmias. Concomitant use with apomorphine is contraindicated.In patients treated with potent inducers of CYP3A4 (i.e. Phenytoin, Carbamazepine and Rifampicin), the oral clearance of Ondansetron was increased and Ondansetron blood concentrations were decreased. **Nixvom** may reduce the analgesic effect of tramadol.

FERTILITY, PREGNANCY AND LACTATION: Pregnancy: Ondansetron should not be used during the first trimester of pregnancy.
Breast-feeding: Tests have shown that Ondansetron passes into the milk of lactating animals. It is therefore recommended that mothers receiving Ondansetron should not breast-feed their babies.
Fertility: There is no information on the effects of Ondansetron on human fertility.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES: In psychomotor testing Ondansetron does not impair performance nor cause sedation. No detrimental effects on such activities are predicted from the pharmacology of Ondansetron.

ADVERSE REACTIONS: Immune system disorders: Rare: Immediate hypersensitivity reactions sometimes severe, including anaphylaxis.
Nervous system disorders: Very common: Headache; Uncommon: Seizures, movement disorders including extrapyramidal reactions such as dystonic reactions, oculogyric crisis and dyskinesia have been observed without definitive evidence of persistent clinical sequelae; Rare: Dizziness predominantly during rapid IV administration, which in most cases is prevented or resolved by lengthening the infusion period.
Eye disorders: Rare: Transient visual disturbances (e.g. blurred vision) predominantly during IV administration.
Very rare: Transient blindness predominantly during IV administration.The majority of the blindness cases reported resolved within 20 minutes. Most patients had received chemotherapeutic agents, which included cisplatin. Some cases of transient blindness were reported as cortical in origin.
Cardiac disorders: Uncommon: Arrhythmias, chest pain with or without ST segment depression, bradycardia.
Rare: QTC prolongation (including Torsade de Pointes).
Vascular disorders: Common: Sensation of warmth or flushing; Uncommon: Hypotension.
Respiratory, thoracic and mediastinal disorders: Uncommon: Hiccups.
Gastrointestinal disorders: Common: Constipation.
Hepatobiliary disorders: Uncommon: Asymptomatic increases in liver function tests. These events were observed commonly in patients receiving chemotherapy with cisplatin.
Paediatric population: The adverse event profile in children and adolescents was comparable to that seen in adults.

INSTRUCTIONS: Store below 30° C. Protect from heat, light and moisture. Keep out of the reach of children.

PRESENTATION:
Nixvom 4mg Tablets (Ondansetron) is available in pack size of 1x10's.
Nixvom 8mg Tablets (Ondansetron) is available in pack size of 1x10's.

ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

Manufactured by:
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PHARMA
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