SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINE

GYNODINE® 10%, vaginal solution

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Povidone-iodine (standardized to 10% iodine)..... 10 g

Per 100 ml.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Vaginal solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Adjunctive local treatment of vaginal infections with susceptible germs and vulvovaginal preparation before invasive medical procedure or surgery of the urogenital sphere.

4.2 Posology and method of administration

Use diluted with a vaginal injection kit:
1 or 2 daily vaginal injections with a dilution of two tablespoons per liter of warm water.

Pure use:
Internal or external applications

4.2 Contraindications

This medication MUST NOT BE USED in the following situations:

- A history of hypersensitivity to any of the ingredients, particularly povidone, is a contraindication. There are no known cross-reactions with iodinated contrast agents. Intolerance reactions (anaphylactoid reactions) to iodinated contrast agents or anaphylaxis to seafood are not contraindications to the use of GYNODINE 10% vaginal solution.
- Child under 1 year old.
- Prolonged use during the 2nd and 3rd trimesters of pregnancy.
- Breastfeeding is contraindicated in case of prolonged treatment.
- Hyperthyroidism and other acute thyroid diseases .
- Before, during and after administration of radioactive iodine (see section 4.5)
- Use with products containing mercury (see section 4.5)

4.4 Special warnings and precautions for use

Due to the potential absorption of iodine through mucous membranes, repeated or prolonged treatment may lead to a risk of systemic effects, particularly thyroid dysfunction (see section 4.8). These systemic effects are exacerbated by repeated applications and in cases of renal impairment.

Avoid prolonged or repeated use.

Avoid dripping. Prolonged contact with the undried solution may cause irritation and, rarely, severe skin reactions such

as burns. If skin irritation, contact dermatitis, or hypersensitivity occurs, discontinue use. Do not heat before application.

This medication is not recommended for use in combination with spermicidal products.

Microbial contamination is possible as soon as the packaging of an antiseptic preparation is opened.

Bottles with a volume greater than 250 ml pose a risk of contamination of the solution if used for an extended period after opening.

4.5 Interactions with other medicinal products and other forms of interaction

Gynecological antiseptics can inactivate local spermicides and hinder their contraceptive activity.

Given the possible interferences (antagonism, inactivation), the simultaneous or successive use of antiseptics should be avoided.

Products containing mercury can react with povidone iodine to form mercury iodide, which is highly corrosive.

Povidone-iodine can reduce iodine uptake by the thyroid gland. Therefore, its use can interfere with thyroid examinations (scintigraphy, protein-bound iodine testing, diagnostic tests with radioactive iodine) and make radioactive iodine treatment impossible. It is advisable to wait four weeks after applying povidone-iodine before undergoing any examination or radioactive iodine treatment.

Associations not recommended

+ Spermicides and medications used vaginally (antifungals, antitrichomonas, antibacterials, antiseptics, antiherpetics and local estrogens).

Any local vaginal treatment is likely to inactivate a spermicidal local contraceptive.

4.6 Fertility, pregnancy and breastfeeding

Pregnancy

Animal studies have not shown any teratogenic effects. In the absence of teratogenic effects in animals, malformations in humans are not expected. Indeed, to date, substances responsible for malformations in humans have been shown to be teratogenic in animals in well-conducted studies on two species.

Clinically, there are currently insufficient data to assess a potential malformation effect of povidone-iodine when administered during the first trimester of pregnancy.

The fetal thyroid begins to absorb iodine after 14 weeks of amenorrhea; no impact on the fetal thyroid is expected in cases of prior administration.

Iodine overload, which is very likely with prolonged use of this product after this point, can lead to fetal hypothyroidism, either biological or even clinical (goiter). This side effect is reversible if administered during the second trimester, but in late pregnancy, it can lead to goiter.

Therefore, as a precaution, it is best not to use this medication during the first trimester of pregnancy.

If used for prolonged periods, its use is contraindicated from the second trimester onward. Its occasional use should only be considered if absolutely necessary.

Breastfeeding

Iodine passes into breast milk at concentrations higher than in maternal plasma. Due to the risk of hypothyroidism in the infant, breastfeeding is contraindicated during prolonged treatment with this medication.

Fertility

Current data on the fertility of povidone-iodine are limited.

4.7 Effects on the ability to drive vehicles and use machinery

Not applicable.

4.8 Undesirable effects

The frequencies of adverse reactions have been classified as follows: very common (≥ 1/10), common (≥ 1/100, < 1/10), uncommon (≥ 1/1,000, < 1/100), rare (≥ 1/10,000, < 1/1,000), very rare (< 1/10,000), not known (cannot be estimated from the available data).

Immune system disorders

Undetermined Hypersensitivity

Undetermined Anaphylactic reaction: urticaria, angioedema, anaphylactic shock, anaphylactoid reaction

Endocrine disorders

Undetermined. With repeated and prolonged administration, iodine overload may occur, potentially leading to thyroid dysfunction, particularly in premature infants, newborns, and patients with extensive burns. Rare cases of hyperthyroidism have been reported.*

Undetermined Hypothyroidism**

Metabolism and nutrition disorders

Undetermined Metabolic acidosis ***

Undetermined Electrolyte imbalance

Skin and subcutaneous tissue disorders

Undetermined: Contact dermatitis (with symptoms such as erythema, blisters and pruritus)

Undetermined Angioedema

Undetermined. Cases of reversible and transient brown skin discoloration have been reported (this discoloration washes off with water).

Kidney and urinary tract disorders

Undetermined Acute renal failure ***

Undetermined Abnormal blood osmolarity ***

* In patients with a history of thyroid disease (see section 4.4), after significant absorption of iodine, for example, in the case of repeated use for the treatment of wounds or burns over large areas.

** Hypothyroidism after prolonged or extensive use of povidone iodine.
*** *May occur through absorption of large volumes of povidone iodine following exposure of large skin or mucous membrane areas (e.g., treatment of burns).*

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals report any suspected adverse reactions using the FRILAB reporting form available under the pharmacovigilance tab of the website: www.frilab.ch .

4.9 Overdose

An overdose is not expected under normal conditions of use.
Accidental ingestion of large volumes of povidone-iodine, or absorption of large volumes through exposure of large areas of skin or mucous membranes (healthy or damaged), can lead to severe systemic iodine poisoning. Systemic iodine poisoning may cause abdominal pain, bloody vomiting and diarrhea, tachycardia, hypotension, circulatory failure, glottic edema leading to asphyxia, pulmonary edema, aspiration pneumonia, seizures, fever, metabolic acidosis, hypernatremia, and/or renal failure (including anuria). Hyperthyroidism or hypothyroidism may also develop.
The treatment, to be carried out in a specialized setting, is symptomatic and adapted according to needs.
In cases of severe hypotension, an intravenous solution should be administered; vasopressors should be added if necessary.
Endotracheal intubation may be necessary if caustic injury to the upper airway results in significant swelling and edema.

Vomiting should not be induced. The patient should be kept in a position that maintains a clear airway and prevents aspiration (in case of vomiting).
If the patient is not vomiting and can tolerate oral feeding, ingesting starchy foods (e.g., potato, flour, cornstarch, bread) can help convert iodine to the less toxic iodide. In the absence of signs of intestinal perforation, gastric irrigation with a starch solution via a nasogastric tube can be used (the gastric effluent turns dark blue-violet, and this color can be used as a guide to determine when the irrigation is complete).
Hemodialysis effectively removes iodine and should be used in severe cases of iodine poisoning, particularly in cases of renal failure. Continuous venovenous hemofiltration is less effective than hemodialysis.
In case of thyroid dysfunction, treatment with povidone iodine should be discontinued.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic class: IODINE ANTISEPTIC, ATC code: G01AX11 (G01A: Genitourinary system).
Broad-spectrum antiseptic with bactericidal and fungicidal properties.
The virucidal activity (including against HIV) of Gynodine 10% vaginal solution has been established *in-vitro* But no *in-vivo.*
Povidone iodine is an iodophorous product, an organic complex with approximately 10 percent available active iodine.
Organic matter (proteins, serum, blood, etc.) reduces the activity of free iodine, the active form of this product.
Iodophores are unstable at alkaline pH.

5.2 Pharmacokinetic properties

The available iodine from povidone-iodine can result in transmucosal passage.
Iodine crosses the placental barrier.
Its elimination will occur primarily through the urinary tract.

5.3 Preclinical safety data

Acute toxicity

In acute toxicity studies in mice, rats, rabbits and dogs, after systemic administration (oral, ip, iv) toxic effects were observed only with excessively high doses which are not significant for local use of a povidone iodine solution.

Thus the LD50 in rodents is greater than 200 mg/kg of available iodine (equivalent to 20 ml per kg of a pure 10% PVP-I solution) and by intraperitoneal route, greater than 30 mg of available iodine per kg (equivalent to 3 ml per kg of an undiluted 10% PVP-I solution).

Chronic toxicity

Subchronic and chronic toxicity studies were conducted in rats, administering povidone-iodine (10% available iodine) in the diet at doses ranging from 75 to 750 mg of povidone-iodine per day per kg of body weight for up to 12 weeks. After discontinuation of povidone-iodine administration, dose-dependent and reversible increases in serum protein-bound iodine and nonspecific histopathological changes in the thyroid gland were observed. Similar changes also occurred in the control group, which received potassium iodide in an iodine-equivalent amount instead of povidone-iodine.

In chronic IP treatment in rats from a dose of 5 mg/kg of PVP-I, severe peritonitis with adhesion of intra-abdominal organs is observed, which can lead to the death of the animal.

Mutagenic and carcinogenic potential

PVP-I has no mutagenic properties.

No carcinogenicity studies have been conducted.

Reproductive and developmental toxicity

A reproductive toxicity study was conducted in rabbits. Doses of 16, 35, and 75 mg/kg body weight per day were administered intramuscularly to pregnant female rabbits for 12 days, from the 6th to the 18th day of gestation. PVP-I was not teratogenic.

No animal fertility studies have been conducted.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glycerin, nonylphenol 9.5 mole, anhydrous disodium hydrogen phosphate, citric acid monohydrate, potassium iodate, purified water.

6.2 Incompatibilities

Iodophores are unstable at alkaline pH.
Inactivated by sodium thiosulfate (possible antidote).

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store at a temperature not exceeding 30°C.

6.5 Nature and contents of container

125 ml in a bottle (HDPE).

6.6 Special precautions for disposal and handling

Not applicable.

7. MARKETING AUTHORISATION HOLDER AND OPERATOR

FRILAB SA
17 RUE DES PIERRES DU NITON
1207 GENEVA - SWITZERLAND

8. MANUFACTURER

NANZ MED SCIENCE PHARMA PVT LTD
Rampur Ghat – Paonta Sahib,
Dist. Sirmour, HP 173025
India

9. DATE OF REVISION OF THE TEXT

April 2024

10. DOSIMETRY

Not applicable

TERMS OF PRESCRIPTION AND OF DELIVERY

Medicine No submitted has prescription medical.