SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

OXYTOCIN FRILAB 10 IU/1 ml solution for injection

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

1 ml of solution contains 16.7 micrograms of oxytocin (10 IU).
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection/infusion
Colorless and clear liquid, free from visible particles.
pH of solutions 3.5-4.5

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Antepartum

- Induction of labour for medical reasons, for example in cases of post-term pregnancy, premature rupture of membranes and gestational hypertension (preeclampsia);

- Stimulation of labor in cases of hypotonic uterine inertia;

- In early pregnancy, as adjunctive therapy for the management of an incomplete, unavoidable or failed abortion.

Postpartum

- During a cesarean section, following the delivery of the child;

- Prevention and treatment of postpartum uterine atony and hemorrhage.

4.2. Posology and method of administration

Posology

Induction or stimulation of labor
Oxytocin treatment should not be initiated within 6 hours of vaginal prostaglandin application. OXYTOCIN FRILAB should be administered by intravenous drip infusion or, preferably, using a variable-rate infusion pump. For drip infusion, it is recommended to add 5 IU of OXYTOCIN FRILAB to 500 ml of a physiological electrolyte solution (e.g., 0.9% sodium chloride). For patients in whom a sodium chloride infusion should be avoided, 5% dextrose solution may be used as a diluent (see section 4.4 Special warnings and precautions for use). To ensure homogeneous mixing, the bottle or bag should be inverted several times before use.
The initial infusion rate should be set at 1 to 4 milliunits /minute (2 to 8 drops/minute). It can be increased gradually, at minimum intervals of 20 minutes, with each increment not exceeding 1-2 milliunits /minute, until a contraction pattern similar to that of normal labor is established. In a near-term pregnancy, this pattern can often be achieved with an infusion rate of less than 10 milliunits /minute (20 drops/minute), and the maximum recommended rate is 20 milliunits /minute (40 drops/minute).
When using a motorized infusion pump that delivers volumes lower than those of a drip infusion, the concentration suitable for infusion within the recommended dosage range must be calculated according to the pump specifications.
The frequency, strength, and duration of contractions, as well as fetal cardiac output, must be closely monitored throughout the infusion. When an adequate level of uterine activity is achieved, i.e., 3 to 4 contractions every 10 minutes, it is often possible to reduce the infusion rate. In the event of uterine hyperactivity and fetal distress, the infusion must be stopped immediately.
If an infusion of a total volume of 5 IU does not result in the establishment of regular contractions in women at term or near term, it is recommended to discontinue the attempt to induce labor. This can be repeated the following day, starting at a rate of 1 to 4 milliunits /minute (see section 4.3 Contraindications).

OXYTOCIN FRILAB is well tolerated by tissues, which explains the harmlessness of an accidental extravascular infusion.

Cesarean section

1 ml of OXYTOCIN FRILAB 5 IU/ml by intravenous infusion (1.0 ml diluted in a physiological sodium chloride solution) or preferably via a variable flow infusion pump for 5 minutes) after delivery.

Prevention of postpartum hemorrhage

The recommended dose is 5 IU by intravenous infusion (5 IU diluted in a physiological electrolyte solution and administered by intravenous drip or, preferably, via a variable-rate infusion pump over 5 minutes), or 5 to 10 IU intramuscularly after placental expulsion. In women receiving OXYTOCIN FRILAB to induce or stimulate labor, the infusion should be continued with an increased rate during the third stage of labor and in the hours following.

Treatment of postpartum hemorrhage

5 IU by intravenous infusion (5 IU diluted in a physiological electrolyte solution and administered by intravenous drip infusion or, preferably, via a variable-rate infusion pump over 5 minutes), or 5 to 10 IU intramuscularly, followed in severe cases by an intravenous infusion of a solution containing 5 to 20 IU of oxytocin in 500 ml of an electrolyte diluent, at a rate necessary to control uterine atony.

Incomplete, unavoidable, or missed abortion

Due to the lower expression of receptors, the use of oxytocin is recommended from the 14th week of pregnancy.
5 IU by intravenous infusion (5 IU diluted in a physiological electrolyte solution and administered by intravenous drip infusion or, preferably, via a variable-rate infusion pump over 5 minutes), followed if necessary by an intravenous infusion at a rate of 20 to 40 milliunits /minute. If painful contractions occur, the rate should be reduced or the infusion temporarily stopped.

Elderly people

There is no indication for the use of OXYTOCIN FRILAB in elderly people.

Kidney damage

There are no studies focusing on patients with kidney failure.

Liver damage

No studies have been conducted on patients with liver failure.

Pediatric population

There is no indication for the use of OXYTOCIN FRILAB in children or adolescents.

Method of administration

Intramuscular (IM) injection and intravenous (IV) infusion.

4.3. Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1;
- mechanical obstruction to delivery;
- fetal distress;
- hypertonic uterine contractions.

Any condition for which spontaneous labor is inadvisable or vaginal delivery is contraindicated, for fetal or maternal reasons. For example:

- significant cephalopelvic disproportion ;
- abnormal presentation of the fetus;
- placenta previa and vasa previa ;
- retroplacental hematoma ;
- presentation of the golden prolapse cord;
- excessive distension of the uterus or alteration of its resistance to rupture as in the case of a multiple pregnancy;
- polyhydramnios ;
- large multiparity;

- in the presence of a scarred uterus resulting from major surgery, including a classic cesarean section.

OXYTOCIN FRILAB should not be used for a prolonged period in patients with oxytocin- resistant uterine inertia , severe eclampsia , or serious cardiovascular disorders.

OXYTOCIN FRILAB should not be administered within 6 hours of vaginal administration of prostaglandins (see section 4.5 Drug interactions).

4.4. Special warnings and precautions for use

Warnings

In case of overdose, there is a risk of reversible uterine hypertonia and fetal distress (see Precautions for use).

Precautions for use

Oxytocin should not be administered by rapid intravenous injection due to the risk of immediate transient hypotension with flushing and reflex tachycardia .
To avoid significant changes in blood pressure and heart rate, oxytocin should be used with caution in patients predisposed to myocardial ischemia due to pre-existing cardiovascular disease (such as hypertrophic cardiomyopathy, valvular disease and/or ischemic heart disease including coronary artery vasospasm).
Oxytocin should be administered with caution to patients with "long QT syndrome" or related symptoms.
In the case of induced labor, direct IM or IV injection is strictly discouraged.
This medication must be administered by IV infusion under very strict medical supervision. It is essential to monitor uterine activity and fetal condition from the beginning to the end of labor to prevent fetal distress or uterine hypertonia, which is reversible upon discontinuation of treatment.
In cases of postpartum hemorrhage and atony, it is necessary to ensure uterine emptiness before administering the medication.
Prostaglandins can potentiate the effect of oxytocin , and vice versa. Therefore, oxytocin should not be administered simultaneously with prostaglandins, as this can lead to overstimulation in the absence of uterine evacuation.
Pharmacological induction of labour with dinoprostone or oxytocin increases the risk of disseminated intravascular coagulation (DIC) in the postpartum period, in very rare circumstances.
The risk is increased even more if the woman has other risk factors for DIC such as: 35 years or older, complications during pregnancy and gestational age greater than 40 weeks.
In these women, oxytocin or other therapeutic alternatives should be used with caution and the practitioner should be alerted by signs of DIC (fibrinolysis).

Anaphylactic reaction in women allergic to latex

Cases of anaphylactic reactions have been reported following the administration of oxytocin in women with a known latex allergy. Given the structural homology between oxytocin and latex, a latex allergy/intolerance may be a significant risk factor predisposing to an anaphylactic reaction following oxytocin administration .

4.5. Interactions with other medicinal products and other forms of interaction

Certain volatile anesthetics, such as cyclopropane or halothane, can worsen the hypotensive effect of oxytocin and reduce its uterotonic action . Arrhythmias have also been reported with concomitant administration. During or after epidural anesthesia, oxytocin may potentiate the vasoconstrictive effect of sympathomimetics.

4.6. Fertility, pregnancy and breastfeeding

Not applicable.

4.7. Effects on the ability to drive vehicles and use machinery

Not applicable.

4.8. Undersirable effects

Rarely: nausea, vomiting, rhythm disturbances, disseminated intravascular coagulation (see section 4.4).
Very rarely, prolonged infusion of this medication can lead to an antidiuretic effect, manifesting as transient water intoxication with headaches, nausea, vomiting, and seizures. Hyponatremia is also possible in newborns.
Immediate transient hypotension with flushing and reflex tachycardia may be observed after rapid intravenous injection.

This rapid hemodynamic change can cause myocardial ischemia, particularly in patients with pre-existing cardiovascular disease.
Rapid intravenous injection of oxytocin at doses of several IU can also lead to QT interval prolongation .
In exceptional cases, rash, anaphylactoid reaction, or even anaphylactic shock may occur.

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 adverse effects suspected unwanted substance via the FRILAB declaration form available under the tab Pharmacovigilance information from the website: www.frilab.ch

4.9. Overdose

In case of overdose, the following symptoms may appear:
When oxytocin is used by IV infusion, administering high doses can lead to:

- Fetal distress (slowed heart rate, hypoxia, presence of meconium in the amniotic fluid);

- Uterine hyperstimulation can cause or lead to hypertonicity (risk of contracture, soft tissue damage, or uterine rupture, and exceptionally, placental rupture and/or amniotic fluid embolism). If signs or symptoms of an overdose appear during continuous IV administration of oxytocin , it is necessary to immediately stop the oxytocin infusion and initiate oxygen therapy for the mother.

In cases of water intoxication, treatment is symptomatic; in particular, it is essential to reduce fluid intake and correct electrolyte imbalances.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic class: POST-PITUITARY HORMONE, ATC code: H01BB02.
(Systemic hormones, sex hormones excluded).
Oxytocin is a synthetic oxytocic drug with a composition and pharmacological properties identical to those of the natural posterior pituitary oxytocic hormone. It increases the frequency and intensity of uterine contractions.

5.2. Pharmacokinetic properties

After IV or IM administration, oxytocin acts rapidly with a latency of less than 1 minute for the IV route and 2 to 4 minutes for the IM route; the uterine response lasts 30 to 40 minutes after IM injection and may be shorter after IV administration. With continuous intravenous infusion at appropriate doses, the uterine response is gradual and reaches a plateau within 20 to 40 minutes. Plasma oxytocin levels are comparable to those observed during the first stage of spontaneous labor. After stopping or significantly reducing the infusion rate (in cases of excessive stimulation), uterine activity declines rapidly but can easily be maintained at an acceptable lower level.
Oxytocin has a short half-life (3 to 17 minutes) which allows easy control of the uterotonic effect by IV infusion . Plasma protein binding is low.
Elimination is primarily hepatic and renal.
Less than 1% of the administered dose is excreted unchanged in the urine. The apparent volume of distribution is approximately 0.3 L/kg in humans, and the metabolic clearance is around 20 mL/kg/min, including in pregnant women.

5.3. Preclinical safety data

Not applicable.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Chlorobutanol , glacial acetic acid, water for injections.

6.2. Incompatibilities

Not applicable.

6.3. Shelf life

2 years.

6.4. Special storage precautions

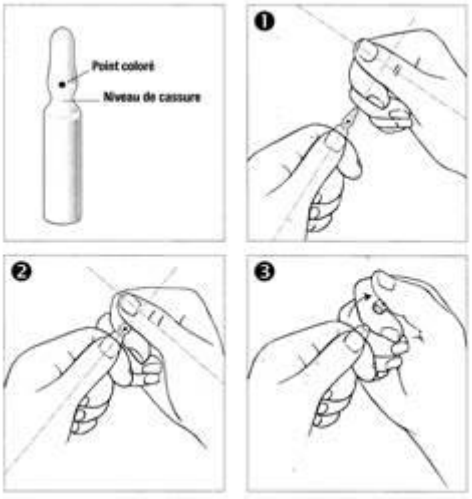
Store at a temperature between 2°C and 8°C.

6.5. Nature and contents of container

1 ml colorless glass ampoules (Type I). Box of 10 ampoules.

6.6. Special precautions for disposal and handling

Instructions for opening the light bulbs:
An OPC (One Point Cut) type ampoule is characterized by a fragile area at the neck of the ampoule, marked by a colored dot. To open the ampoule correctly, it is essential to apply pressure to this area according to the following procedure:
1 - With one hand, firmly hold the body of the bulb, leaving the head of the bulb protruding, with the colored dot facing you.
2 - With the other hand, grasp the upper part of the bulb, index finger placed behind the neck of the bulb and thumb on the colored dot as shown in the diagram (the two thumbs are thus perpendicular).
3 - Holding each part of the bulb firmly, break it off with a sharp blow while applying downward pressure.



7. OPERATOR

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8. MANUFACTURER

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9. DATE OF REVISION OF THE TEXT

December 2024

10. DOSIMETRY

Not applicable.

11. INSTRUCTIONS FOR THE PREPARATION OF RADIOPHARMACEUTICALS

Not applicable.

CONDITIONS FOR PRESCRIPTION AND DISPENSING

List I
This medication is for hospital use only.