SUMMARY OF PRODUCT CHARECTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

CORNIZOLE DENTA GEL
Metronidazole gel BP 1% w/w
Each gel contains Metronidazole BP…1% w/w

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Composition
Metronidazole BP……..1% w/w
Chlorhexidine Gluconate Solution BP (20%)…….0.25% w/w
(as Preservative)
Water soluble gel base……..qs

For excipient see section 6.1

3. PHARMACEUTICAL FORM

Gel

4 Clinical particulars

4.1 Therapeutic indications
Cornizole Denta Gel is indicated for:

- In gingivitis as characterized by redness and swelling of the gingival pocket
- Patients having coexisting periodontitis
- To reduce dental plaque and oral bacterial infection
- To reduce subgingival calculus

4.2 Posology and method of administration

Posology
Apply and rub CORNIZOLE Dental Gel, twice daily to entire affected area after washing for 30 seconds or as directed by Physician.

Method of administration:
For Topical use

4.3 Contraindications

- Known hypersensitivity to Metronidazole and components
- Children up to 6 years of age
- Pregnancy and lactation

4.4 Special warnings and precautions for use

For oral use only.
Do not swallow.
Keep out of the eyes and ears. If the gel comes into contact with the eyes, wash out promptly and thoroughly with water. In case of soreness, swelling or irritation of the mouth, stop using the product and consult a Healthcare Professionals.

CORNIZOLE Denta Gel is incompatible with anionic gents which are usually present in conventional dentifrices. These should therefore be used before CORNIZOLE Denta Gel (rinsing the mouth and toothbrush between applications) or at different time of the day.

4.5 Interaction with other medicinal products and other forms of interaction
Interaction with systemic medication is unlikely because absorption of Metronidazole following cutaneous application of CORNIZOLE Denta Gel is low. Nevertheless, it should be mentioned that disulfiram-like have been reported in a small number of patients taking Metronidazole and alcohol concomitantly.

4.6 fertility, pregnancy and lactation
Pregnancy
There has been no experience to date with the use of Metronidazole gel in pregnant patients. In case of oral administration, Metronidazole crosses the placental barrier and enters foetal circulation rapidly. No foetotoxicity was observed after oral Metronidazole in either rats or mice. However because animal reproduction studies are not always predictive of human response and since oral Metronidazole has been shown to be a carcinogen in some rodents this drug should be used in pregnancy only if clearly needed.

Breast-feeding
After oral administration Metronidazole is secreted in breast milk in concentration similar to those found in plasma. Even though blood levels are significantly lower with cutaneous application of Metronidazole gel than those achieved after oral Metronidazole in nursing mothers, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into importance of the drug to the mother.

4.7 Effects on ability to drive and use machines
None

4.8 Undesirable effects
Because of the low plasma concentration after local application of the Metronidazole Gel, the risk of systemic side effects is low.

The following adverse experiences have been reported with the topical use of Metronidazole-Chlorhexidine combination: burning, irritation, dryness, transient redness, metallic state, staining of teeth, tingling or numbness of extremities and nausea.

Adverse effects, caused by Metronidazole
The most common are local and are related to the application, namely a bitter taste and temporary local tenderness. Headache has been reported.

Adverse effects, caused by Chlorhexidine
Irriative skin reactions: irritative skin reactions to Chlorhexidine preparations can occasionally occur.

Generalised reactions
Allergic reactions, hypersensitivity and anaphylaxis to Chlorhexidine have also been reported but are extremely rare. Surfaces which are not adequately cleaned by professional prophylaxis may require replacement.

Transient disturbances of taste sensation and burning sensation of the tongue may occur on initial use of the gel. These effects usually diminish with continued use.

4.9 Overdose

Treatment should be supportive and symptomatic.

5 Pharmacological properties

5.1 Pharmacodynamic properties

Anti-infective and antiseptics for local oral treatment
A01AB17

Metronidazole is an antibiotic active against those organisms that are predominant in the subgingival flora in adult periodontitis. Metronidazole has a bactericidal effect against Bacteeroides spp. Fusobacterium, Selemonas, Wilinella, Spirocchetes and other anaerobic organisms, but does not affect aerobic bacteria.

Chlorhexidine is effective against a wide range of Gram negative and Gram positive vegetative bacteria, yeast, dermatophyte fungi and lipophilic viruses. It is active against a wide range of important oral pathogens and is therefore effective in the treatment of many common dental conditions.

5.2 Pharmacokinetic properties

Topical administration of one gram dose of Metronidazole gel BP 1% to the face of 13 patients with moderate to severe rosacea once daily for 7 days resulted in a mean ± SD Cmax of Metronidazole of 32 ± 9 ng/mL The mean ± SD AUC (0-24) was 595 ± 154 ng*hr/mL The mean Cmax and AUC (0-24) are less than 1% of the value reported for a single 250 mg oral dose of Metronidazole. The time to maximum plasma concentration (Tmax) was 6-10 hours after topical application.

5.3 Preclinical safety data

The toxicity studies conducted with Metronidazole 1% Topical gel formulation demonstrate that the product is non-toxic in rats after acute oral administration 5 g/kg and produces no ocular irritation in rabbit eyes. The formulation produces no observable effects in rabbits after dermal application of 13 mg/kg for 90 days.

No compound related dermal or systemic effects were observed in a 13 weeks cutaneous route toxicity study, in which Cornizole denta gel containing Metronidazole 1% w/w was applied daily to rabbits at doses ranging between 0.13 and 13 mg/kg.

Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration in mice and rats but not in studies involving hamsters.

One study showed a significant enhancement of UV induced skin tumors in hairless mice treated with Metronidazole intraperitoneally (15µg per g body weight and per day for 28 weeks). Although the significance of these studies to man is not clear, patients should be advised to avoid or minimise exposure of Metronidazole treated sited to sun.

Metronidazole has shown mutagenic activity in several in vitro bacterial assay systems. In addition, a dose-response increase in the frequency of micronuclei was observed in mice after intraperitoneally injection and an increase in chromosome aberrations have been reported in patients with Crohn's disease who are treated with 200 to 1200 mg/day of Metronidazole for 1 to 24 months. However, no excess chromosomal aberrations in circulating human lymphocytes have been observed in patients treated for 8 months.

6 PHARMACEUTICAL PARTICULARS

6.1 List of Excipients
Chlorhexidine Gluconate Solution BP 20%
Carbomer 934 USP
Glycerin BP
Sodium Saccharin BP
Triethanolamine BP
Levomenthol BP
Clove N IH
Purified Water BP

6.2 Incompatibilities
None known

6.3 Shelf life
24 Months from date of manufacturing..

6.4 Special precautions for storage
Store below 30°C in a dry place. Protect from light and moisture.

6.5 Nature and contents of container
20 g and 30 g aluminium tube. Further to be packed in a mono carton along with pack inserts.

6.6 Special precautions for disposal
None.

7. MARKETING AUTHORISATION HOLDER AND MANUFACTURING SITE
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29/03/2021

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