SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Metoclopramide hydrochloride 5 mg / ml Solution for Injection

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each ml contains metoclopramide hydrochloride monohydrate equivalent to 5 mg of anhydrous metoclopramide hydrochloride.

Each ampoule of 2 ml solution contains metoclopramide hydrochloride monohydrate equivalent to 10 mg of anhydrous metoclopramide hydrochloride.

Excipient with known effect:

Each ml contains 4.89 mg of sodium.

Each ampoule of 2 ml solution contains 9.78 mg of sodium.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Solution for injection.

Clear, colourless solution for injection.

Osmolality: 270 - 330 mOsmol/kg.

pH: 3.00 - 5.00

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Adult population

Metoclopramide hydrochloride is indicated in adults for:

- Prevention of post operative nausea and vomiting (PONV)
- Symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting - Prevention of radiotherapy induced nausea and vomiting (RINV).

Paediatric population

Metoclopramide hydrochloride is indicated in children (aged 1 – 18 years) for:

Prevention of delayed chemotherapy induced nausea and vomiting (CINV) as a second line option - Treatment of established post operative nausea and vomiting (PONV) as a second line option.

4.2 Posology and method of administration

Due to the risk of severe cardiovascular reactions such as cardiac arrest, the use of the solution for injection is limited to situations where the necessary resuscitation equipment is available (see sections 4.4 and 4.8).

The solution can be administered intravenously or intramuscularly.

Intravenous doses should be administered as a slow bolus (over at least 3 minutes).

All indications (adult patients)

For prevention of PONV a single dose of 10mg is recommended.

For the symptomatic treatment of nausea and vomiting, including acute migraine induced nausea and vomiting and for the prevention of radiotherapy induced nausea and vomiting (RINV): the recommended single dose is 10 mg, repeated up to three times daily.

The maximum recommended daily dose is 30 mg or 0.5 mg / kg body weight.

The injectable treatment duration should be as short as possible and transfer to oral or rectal treatment should be made as soon as possible.

All indications (paediatric patients aged 1 – 18 years)

The recommended dose is 0.1 to 0.15 mg / kg body weight, repeated up to three times daily by intravenous route. The maximum dose in 24 hours is 0.5 mg / kg body weight.

Dosing table

Age	Body Weight	Dose	Frequency
1 – 3 years	10 – 14 kg	1 mg	Up to 3 times daily
3 – 5 years	15 – 19 kg	2 mg	Up to 3 times daily
5 – 9 years	20 – 29 kg	2.5 mg	Up to 3 times daily
9 – 18 years	30 – 60 kg	5 mg	Up to 3 times daily
15 – 18 years	Over 60 kg	10 mg	Up to 3 times daily

The maximum treatment duration is 48 hours for treatment of established post operative nausea and vomiting (PONV).

The maximum treatment duration is 5 days for prevention of delayed chemotherapy induced nausea and vomiting (CINV).

Frequency of administration:

A minimal interval of 6 hours between two administrations is to be respected, even in case of vomiting or rejection of the dose (see section 4.4).

Special population

Elderly:

In elderly patients a dose reduction should be considered, based on renal and hepatic function and overall frailty.

Renal impairment:

In patients with end stage renal disease (Creatinine clearance < 15 ml / min), the daily dose should be reduced by 75 %.

In patients with moderate to severe renal impairment (Creatinine clearance 15 – 60 ml / min), the dose should be reduced by 50 % (see section 5.2).

Hepatic impairment:

In patients with severe hepatic impairment, the dose should be reduced by 50 % (see section 5.2). Other pharmaceutical forms may be more appropriate for administration to this population.

Paediatric population:

Metoclopramide is contraindicated in children aged less than 1 year (see section 4.3).

4.3 Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1
- Gastrointestinal haemorrhage, mechanical obstruction or gastro- intestinal perforation for which the stimulation of gastrointestinal motility constitutes a risk
- Confirmed or suspected pheochromocytoma, due to the risk of severe hypertension episodes
- History of neuroleptic or metoclopramide-induced tardive dyskinesia
- Epilepsy (increased crises frequency and intensity)
- Parkinson's disease
- Combination with levodopa or dopaminergic agonists (see section 4.5)
- Known history of methaemoglobinaemia with metoclopramide or of NADH cytochrome-b5 deficiency.
- Use in children less than 1 year of age due to an increased risk of extrapyramidal disorders (see section4.4).

4.4 Special warnings and precautions for use

Neurological Disorders

Extrapyramidal disorders may occur, particularly in children and young adults, and/or when high doses are used. These reactions occur usually at the beginning of the treatment and can occur after a single administration.

Metoclopramide should be discontinued immediately in the event of extrapyramidal symptoms. These effects are generally completely reversible after treatment discontinuation, but may require a symptomatic treatment (benzodiazepines in children and / or anticholinergic anti-Parkinsonian medicinal products in adults).

The time interval of at least 6 hours specified in the section 4.2 should be respected between each metoclopramide administration, even in case of vomiting and rejection of the dose, in order to avoid overdose.

Prolonged treatment with metoclopramide may cause tardive dyskinesia, potentially irreversible, especially in the elderly. Treatment should not exceed 3 months because of the risk of tardive dyskinesia (see section 4.8). Treatment must be discontinued if clinical signs of tardive dyskinesia appear.

Neuroleptic malignant syndrome has been reported with metoclopramide in combination with neuroleptics as well as with metoclopramide monotherapy (see section 4.8). Metoclopramide should be discontinued immediately in the event of symptoms of neuroleptic malignant syndrome and appropriate treatment should be initiated.

Special care should be exercised in patients with underlying neurological conditions and in patients being treated with other centrally-acting drugs (see section 4.3).

Symptoms of Parkinson's disease may also be exacerbated by metoclopramide.

Methaemoglobinemia

Methemoglobinemia which could be related to NADH cytochrome b5 reductase deficiency has been reported. In such cases, metoclopramide should be immediately and permanently discontinued and appropriate measures initiated (such as treatment with methylene blue).

Cardiac Disorders

There have been reports of serious cardiovascular undesirable effects including cases of circulatory collapse, severe bradycardia, cardiac arrest and QT prolongation following administration of metoclopramide by injection, particularly via the intravenous route (see section 4.8).

Special care should be taken when administering metoclopramide, particularly via the intravenous route to the elderly population, to patients with cardiac conduction disturbances (including QT prolongation), patients with uncorrected electrolyte imbalance, bradycardia and those taking other drugs known to prolong QT interval. Intravenous doses should be administered as a slow bolus (over at least 3 minutes) in order to reduce the risk of adverse effects (e.g. hypotension, akathisia).

Renal and Hepatic Impairment

In patients with renal impairment or with severe hepatic impairment, a dose reduction is recommended (see section 4.2).

Other precautions

Metoclopramide may cause elevation of serum prolactin levels.

Care should be exercised when using metoclopramide in patients with a history of atopy (including asthma) or porphyria.

Special care should be taken when administering metoclopramide intravenously to patients with “sick sinus syndrome” or other cardiac conduction disturbances.

Excipients with known effect:

This medicine contains less than 1 mmol sodium (23 mg) per ampoule, that is to say essentially ‘sodium free’.

4.5 Interaction with other medicinal products and other forms of interaction

Contraindicated combination

Levodopa or dopaminergic agonists and metoclopramide have a mutual antagonism (see section 4.3).

Combination to be avoided

Alcohol potentiates the sedative effect of metoclopramide.

Combination to be taken into account

Due to the prokinetic effect of metoclopramide, the absorption of certain drugs may be modified.

Anticholinergics and morphine derivatives

Anticholinergics and morphine derivatives may have both a mutual antagonism with metoclopramide on the digestive tract motility.

Central nervous system depressants (morphine derivatives, anxiolytics, sedative H1 antihistamines, sedative antidepressants, barbiturates, clonidine and related)

Sedative effects of Central Nervous System depressants and metoclopramide are potentiated.

Neuroleptics

Metoclopramide may have an additive effect with other neuroleptics on the occurrence of extrapyramidal disorders.

Serotonergic drugs

The use of metoclopramide with serotonergic drugs such as SSRIs may increase the risk of serotonin syndrome.

Digoxin

Metoclopramide may decrease digoxin bioavailability. Careful monitoring of digoxin plasma concentration is required.

Ciclosporin

Metoclopramide increases ciclosporin bioavailability (Cmax by 46 % and exposure by 22 %). Careful monitoring of ciclosporin plasma concentration is required. The clinical consequence is uncertain.

Mivacurium and suxamethonium

Metoclopramide injection may prolong the duration of neuromuscular block (through inhibition of plasma cholinesterase).

Strong CYP2D6 inhibitors

Metoclopramide exposure levels are increased when co-administered with strong CYP2D6 inhibitors such as fluoxetine and paroxetine. Although the clinical significance is uncertain, patients should be monitored for adverse reactions.

4.6 Fertility, pregnancy and lactation

Pregnancy

A large amount of data on pregnant women (more than 1000 exposed outcomes) indicates no malformative toxicity nor foetotoxicity.

Metoclopramide can be used during pregnancy if needed. Due to pharmacological properties (as other neuroleptics), in case of metoclopramide administration at the end of pregnancy, extrapyramidal syndrome in newborn cannot be excluded. Metoclopramide should be avoided at the end of pregnancy. If metoclopramide is used, neonatal monitoring should be undertaken.

Breastfeeding

Metoclopramide is excreted in breast milk at low level. Adverse reactions in the breast-fed baby cannot be excluded. Therefore metoclopramide is not recommended during breastfeeding. Discontinuation of metoclopramide in breastfeeding women should be considered.

4.7 Effects on ability to drive and use machines

Metoclopramide may cause drowsiness, dizziness, dyskinesia and dystonias which could affect the vision and also interfere with the ability to drive and operate machinery.

4.8 Undesirable effects

Adverse reactions listed by System Organ Class. Frequencies are defined using the following convention: very common ((≥1/10), common ((≥1/100,

<1/10), uncommon ((≥1/1000, <1/100), rare ((≥1/10000, <1/1000), very rare (<1/10000), not known (cannot be estimated from the available data).

System Organ Class	Frequency	Adverse reactions
Blood and lymphatic system disorders		
	Not known	Methaemoglobinaemia, which could be related to NADH cytochrome b5 reductase deficiency, particularly in neonates (see section 4.4) Sulfhaemoglobinaemia, mainly with concomitant administration of high doses of sulphur-releasing medicinal products
Cardiac disorders		
	Uncommon	Bradycardia, particularly with intravenous formulation
	Not known	Cardiac arrest, occurring shortly after injectable use, and which can be subsequent to bradycardia (see section 4.4); Atrioventricular block, Sinus arrest particularly with intravenous formulation; Electrocardiogram QT prolonged; Torsade de Pointes;
Endocrine disorders*		
	Uncommon	Amenorrhoea, Hyperprolactinaemia,
	Rare	Galactorrhoea
	Not known	Gynaecomastia
Gastrointestinal disorders		
	Common	Diarrhoea
General disorders and administration site conditions		
	Common	Asthenia
Immune system disorders		
	Uncommon	Hypersensitivity
	Not known	Anaphylactic reaction (including anaphylactic shock) particularly with intravenous formulation
Nervous system disorders		
	Very common	Somnolence
	Common	Extrapyramidal disorders (particularly in children and young adults and/or when the recommended dose is exceeded, even following administration of a single dose of the drug) (see section 4.4), Parkinsonism, Akathisia
	Uncommon	Dystonia (including troubled vision and oculogyric crisis), Dyskinesia, decreased level of consciousness

	Rare	Convulsion especially in epileptic patients
	Not known	Tardive dyskinesia which may be persistent, during or after prolonged treatment, particularly in elderly patients (see section 4.4), Neuroleptic malignant syndrome (see section 4.4)
Psychiatric disorders		
	Common	Depression with light or severe symptoms including suicidal thoughts
	Uncommon	Hallucination
	Rare	Confusional state
	Not known	Suicidal ideation
Vascular disorder		
	Common:	Hypotension, particularly with intravenous formulation
	Not known	Transient increase in blood pressure Shock, syncope after injectable use. Acute hypertension crisis in patients with phaeochromocytoma (see section 4.3)

* Endocrine disorders during prolonged treatment in relation with hyperprolactinaemia (amenorrhoea, galactorrhoea, gynaecomastia).

The following reactions, sometimes associated, occur more frequently when high doses are used:

- Extrapyramidal symptoms: acute dystonia and dyskinesia, parkinsonian syndrome, akathisia, even following administration of a single dose of the medicinal product, particularly in children and young adults (see section 4.4).
- Drowsiness, decreased level of consciousness, confusion, hallucination.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme, website: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

4.9 Overdose

Symptoms

Extrapyramidal disorders, drowsiness, decreased level of consciousness, confusion, hallucination, and cardiorespiratory arrest may occur.

Management

In case of extrapyramidal symptoms related or not to overdose, the treatment is only symptomatic (benzodiazepines in children and/or anticholinergic anti- parkinsonian medicinal products in adults).

A symptomatic treatment and a continuous monitoring of the cardiovascular and respiratory functions should be carried out according to clinical status.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Propulsives.

ATC code: A03F (A).

Metoclopramide is a substituted benzamide. It is used among other things for its anti-emetic properties. Its anti-emetic effect due to two central-acting mechanisms of action:

- antagonism of the dopaminergic D2 receptors in the chemoceptor trigger zone and in the vomiting centre of the medulla involved in apomorphine-induced vomiting;

- antagonism of the serotoninergic 5HT3 receptors and agonism of the 5HT4 receptors involved in chemotherapy-induced vomiting.

In addition to its central action, metoclopramide has a stimulatory effect on digestive motor activity through a peripheral mode of action. It has an anti-dopaminergic effect and potentiates the action of acetylcholine. This results in an accelerated gastric emptying and increase in the pressure of the lower oesophageal sphincter. Metoclopramide does not affect gastric secretion.

5.2 Pharmacokinetic properties

Distribution

Metoclopramide is vastly distributed in the tissue. The volume of distribution is 2.2 to 3.4 L / kg. Metoclopramide shows little attachment to plasma proteins. It passes through the placenta and in breast milk.

Biotransformation

Metoclopramide is poorly metabolised. Elimination

Metoclopramide is primarily eliminated in urine, in free form or as sulfate conjugates. The elimination halflife is 5 to 6 hours. This increases in case of renal or hepatic impairment.

Renal impairment

The clearance of metoclopramide is reduced by up to 70 % in patients with severe renal impairment, while the plasma elimination half-life is increased (approximately 10 hours for a creatinine clearance of 10 – 50 ml / minute and 15 hours for a creatinine clearance < 10 ml / minute).

Hepatic impairment

In patients with cirrhosis of the liver, accumulation of metoclopramide has been observed, associated with a 50 % reduction in plasma clearance.

5.3 Preclinical safety data

No relevant information additional to that contained elsewhere in the SPC.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium chloride

Sodium hydroxide or hydrochloric acid (for pH adjustment) Water for injections

6.2 Incompatibilities

The literature indicates that metoclopramide may be added to the following solutions:

- Glucose 5% in sodium chloride 0.45%
- Glucose 5% in water
- Mannitol 20%

- Sodium chloride 0.9%
- Ringer's injection
- Ringer's injection, lactated (Hartmann’s solution)

6.3 Shelf life

24 months

For single use only. After first opening of the ampoule: the product must be used immediately.

6.4 Special precautions for storage

Keep the ampoule in the outer carton to protect from light.

This medicinal product does not require any special temperature

storage conditions.

6.5 Nature and contents of container

The product is packed in a 2 ml Type-I, clear glass ampoule with orange Snap Off.

10 x 2 ml

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

Single use only. Any unused solution should be discarded.

7 MARKETING AUTHORISATION HOLDER

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