METRONIDAZOLE- metronidazole cream Preferred Pharmaceuticals Inc.

Metronidazole Topical Cream, 0.75% FOR TOPICAL USE ONLY (NOT FOR OPHTHALMIC USE)

DESCRIPTION

Metronidazole topical cream contains metronidazole, USP, at a concentration of 7.5 mg per gram (0.75%) in an emollient cream consisting of benzyl alcohol, emulsifying wax, glycerin, isopropyl palmitate, purified water, sorbitol solution, lactic acid and sodium hydroxide to adjust pH.

Metronidazole is a member of the imidazole class of antibacterial agents and is classified therapeutically as an antiprotozoal and anti-bacterial agent. Chemically, metronidazole is 2-methyl-5-nitro-1*H*-imidazole-1-ethanol. The molecular formula is $C_6H_9N_3O_3$ and molecular weight is 171.15.

Metronidazole is represented by the following structural formula:

CLINICAL PHARMACOLOGY

The mechanisms by which metronidazole acts in the treatment of rosacea are unknown, but appear to include an anti-inflammatory effect.

INDICATIONS AND USAGE

Metronidazole topical cream is indicated for topical application in the treatment of inflammatory papules and pustules of rosacea.

CONTRAINDICATIONS

Metronidazole topical cream is contraindicated in individuals with a history of hypersensitivity to metronidazole, or other ingredients of the formulation.

PRECAUTIONS

General

Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. If a reaction suggesting local irritation occurs, patients should be directed to use the medication less frequently or discontinue use. Metronidazole is a nitroimidazole and should be used with care in patients with evidence of, or history of blood dyscrasia.

Information for patients

This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.

Drug Interactions

Oral metronidazole has been reported to potentiate the anticoagulant effect of warfarin and coumarin anticoagulants, resulting in a prolongation of prothrombin time. The effect of topical metronidazole on prothrombin time is not known.

Carcinogenes is, mutagenes is, impairment of fertility

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.

Metronidazole has shown evidence of 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 intraperitoneal injections and an increase in chromosome aberrations have been reported in patients with Crohn's disease who were treated with 200 mg/day to 1,200 mg/day of metronidazole for 1 months to 24 months.

However, no excess chromosomal aberrations in circulating human lymphocytes have been observed in patients treated for 8 months.

Pregnancy

Teratogenic effects

There are no adequate and well-controlled studies with the use of metronidazole topical cream in pregnant women. Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral metronidazole in 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 during pregnancy only if clearly needed.

Nursing mothers

After oral administration, metronidazole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels are significantly lower with topically applied metronidazole than those achieved after oral administration of metronidazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric use

Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

In controlled clinical trials, the total incidence of adverse reactions associated with the use of metronidazole topical cream was approximately 10%. Skin discomfort (burning and stinging) was the most frequently reported event followed by erythema, skin irritation, pruritus and worsening of rosacea.

All individual events occurred in less than 3% of patients. The following additional adverse experiences have been reported with the topical use of metronidazole: dryness, transient redness, metallic taste, tingling or numbness of extremities and nausea.

To report SUSPECTED ADVERSE REACTIONS, contact Viona Pharmaceuticals Inc. at 1-888-304-5011 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DOSAGE AND ADMINISTRATION

Apply and rub in a thin layer of metronidazole topical cream twice daily, morning and evening, to entire affected areas after washing.

Areas to be treated should be washed with a mild cleanser before application. Patients may use cosmetics after application of metronidazole topical cream.

HOW SUPPLIED

Metronidazole topical cream, 0.75% is white to off-white homogeneous cream, free from lumps, free from gritty particles and foreign matter without phase separation and is supplied as follows:

45 gram aluminum tube

NDC 68788-8552-4

Storage conditions: Store at 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [See USP Controlled Room Temperature].

Call your doctor for medical advice about side effects. You may report side effects to Viona Pharmaceuticals Inc. at 1-888-304-5011 or FDA at 1-800-FDA-1088.

SPL UNCLASSIFIED

Manufactured by:

Zydus Lifesciences Ltd.

Changodar, Ahmedabad, India

Distributed by:

Viona Pharmaceuticals Inc.

Cranford, NJ 07016

Rev.: 01/23

Relabeled By: Preferred Pharmaceuticals Inc.

PACKAGE LABEL.PRINCIPAL DISPLAY PANEL

NDC 68788-8552-4

Metronidazole Topical Cream, 0.75%

Rx only

45 g

Viona

Relabeled By: Preferred Pharmaceuticals Inc.



METRONIDAZOLE								
metronidazole cream								
Product Information								
Product Type	HUMAN PRESCRIPTION	ltem Code		NDC:68788-8552(NDC:72578 129)		2578-		
Troduct Type	DRUG	(Source)						
Route of Administration	TOPICAL							
Active Ingredient/Active	Moiety							
Ingre	Basis	of Strength	Stre	ngth				
METRONIDAZOLE (UNII: 140QMO2	METRO	NIDAZ OLE	7.5 mg	in 1 g				
Inactive Ingredients								
Ingredient Name						Strength		
BENZYL ALCOHOL (UNII: LKG8494								

	YCERIN (UNII: PE					
SO	OPROPYL PALMI	TATE (UN	II: 8CRQ2TH63M)			
LAC	CTIC ACID, UNS	PECIFIED	FORM (UNII: 33X04XA5AT)			
so	DIUM HYDROXI	DE (UNII:	55X04QC32I)			
50	RBITOL SOLUT	ON (UNII:	8KW3E207O2)			
WA	ATER (UNII: 059Q	F0KO0R)				
Pr	oduct Chara	acterist	ics			
Color		١	MHITE (off-white)	:	Score	
Shape				:	Size	
Flavor					Imprint Code	
~						
Co	ntains					
Co	ntains					
Co	ntains					
	ackaging					
Pa			Package Description		Marketing Start Date	Marketing End Date
Pa #	ackaging	1 in 1 C4				-
Pa #	ackaging Item Code NDC:68788-			11	Date	-
Pa #	ackaging Item Code NDC:68788-	45 g in 1	RTON	11	Date	-
Pa # 1	Item Code NDC:68788- 8552-4	45 g in 1 Product	RTON TUBE; Type 0: Not a Combination	11	Date	-
Pa # 1	ackaging Item Code NDC:68788- 8552-4	45 g in 1 Product	RTON TUBE; Type 0: Not a Combination	11 1	Date /20/2023	Date
Pa #	Item Code NDC:68788- 8552-4	45 g in 1 Product	RTON TUBE; Type 0: Not a Combination	11 1	Date	-

Labeler - Preferred Pharmaceuticals Inc. (791119022)

Registrant - Preferred Pharmaceuticals Inc. (791119022)

Establishment								
Name	Address	ID/FEI	Business Operations					
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-8552)					

Revised: 1/2025

Preferred Pharmaceuticals Inc.