Summary of Product Characteristics

ATROPINE TEVA 1 mg/ml

Solution for I.V. or I.M. Injection

1. NAME OF THE MEDICINAL PRODUCT

Atropine Teva 1 mg/ml

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

1 ml of solution contains:

Active ingredient:
Atropine sulfate 1 mg.
For the full list of the excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection.

Clear, colorless solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Preanesthetic medication to decrease excessive salivation and secretions of the respiratory tract.
Treatment of sinus bradycardia, particularly if complicated by hypotension.
Antidote in poisoning by organophosphorus.

4.2 Posology and method of administration

Pre-anesthetic medication

Adults: The recommended dose is 0.3-0.6 mg by intravenous injection immediately before the anesthesia induction or by intramuscular injection 30-60 minutes before the induction.
Children: The recommended dose is 0.02 mg/kg (maximum dose 0.6 mg).

Treatment of sinus bradycardia

The recommended dose is between 0.3 and 1.0 mg intravenously.

Antidote in poisoning by organophosphorus
Adults: The recommended dose is 2 mg (intramuscularly or intravenously, taking into account the poisoning severity) every 5-10 minutes, until the skin becomes red and dry, pupils dilate and tachycardia appears.
Children: The recommended dose is 0.02 mg/kg.

4.3 Contraindications

Hypersensitivity to the active ingredient or to any of the excipients listed in section 6.1.
Angle-closure glaucoma, esophageal reflux, pyloric stenosis, gastrointestinal obstruction, ulcerative colitis, prostatic hypertrophy, paralytic ileus, intestinal atony, myasthenia gravis (unless co-administered with anticholinesterase).

However, all these contraindications are irrelevant in potentially fatal emergency

situations (such as bradyarrhythmia, poisoning).

4.4 Special warnings and precautions for administration

The solution should be clear, colorless and free of visible particles.
The ampoule is intended for a single, uninterrupted administration and any unused residual solution should be discarded.
Atropine sulfate should be used with caution in children, the elderly and patients with Down syndrome.
Precautions should be taken in geriatric patients for whom you may need a dose adjustment due to a possible occurrence of adverse events related to the cardiovascular system and the central nervous system.

Use with caution in patients with ileostomy or colostomy; the occurrence of diarrhea may indicate an incomplete intestinal obstruction.
Use with caution in cases of:
– Hyperthyroidism
– Renal or hepatic insufficiency
– Coronary alterations, acute myocardial ischemia, acute myocardial infarction, tachycardia, tachyarrhythmia.
– Obstructive uropathies
– Chronic obstructive pulmonary disease, because the reduction of bronchial secretions may lead to the formation of bronchial caps
– Urinary retention
– Fever or when the ambient temperature is high.
Cases of atrioventricular paradoxical blockade or sinus arrest have been reported following administration of atropine in some patients after cardiac transplantation. The use of atropine for therapeutic or diagnostic procedures in patients undergoing heart transplantation should be undertaken with extreme caution.

Doses of atropine up to 1 mg slightly stimulate the central nervous system. Higher doses may induce mental disorders and central nervous system depression. Children and the elderly are particularly sensitive.

Care should be taken when using atropine in the presence of ischemia, as ischemia or infarction may be worsened.

Important information about some of the excipients:

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 associations
Derivatives of Belladonna: increase of the anticholinergic activity.
Halothane: attenuation of the depressor effect on heart rate.
Procainamide: increased vagal effects at atrioventricular level.
Methacholine: inhibition of the bronchoconstriction induced by methacholine inhalation.

Combinations to be taken into consideration
Other drugs with anticholinergic activity, such as tricyclic antidepressants, some anti-H1 antihistamines, antiparkinsonian drugs, disopyramide, mequitazine,

phenothiazines, neuroleptic drugs, atropine antispasmodics, clozapine and quinidine, due to the risk of intensification of atropine adverse effects (urinary retention, constipation, dry mouth).

4.6 Fertility, pregnancy and lactation

Pregnancy

Data obtained from a limited number of exposed pregnancies indicate that atropine has no adverse effects on pregnancy or on the health of the fetus/newborn.

Animal studies do not indicate direct or indirect harmful effects of reproductive toxicity (see section 5.3).

Studies of the pharmacokinetics of atropine in mothers and fetuses in late stage pregnancies indicate that atropine rapidly crosses the placental barrier. Intravenous administration of atropine during pregnancy or at the end of pregnancy may cause tachycardia in the fetus and in the mother.

Atropine should not be used during pregnancy, unless clearly needed.

Lactation

Small amounts of atropine may pass into human breast milk. Newborns have a greater sensitivity to the anticholinergic effects of atropine. Atropine may inhibit milk production, particularly in case of repeated use. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from treatment, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. If you decide to continue breast-feeding during treatment, your child should be monitored for the presence of anticholinergic effects.

Fertility

No data is available on the effects of atropine sulfate on fertility in humans. Atropine sulfate has reduced the fertility of male rats, presumably as a result of the inhibitory effect on the transport of sperm and ejaculation.

4.7 Effects on ability to drive and use machines

Atropine affects your ability to drive or use machines.

4.8 Undesirable effects

Below are the side effects of atropine organized according to the MedDRA system organ classification. There are insufficient data to determine the frequency of the single effects listed.

Endocrine disorders

Change in the levels of the growth hormone.

Metabolism and nutrition disorders
Porphyria, hyperthermia, hypothermia.

Nervous system disorders
Sedation, disorientation, dizziness, impaired short-term memory, psychosis, hallucinations (especially at higher doses), convulsions, headache.

Eye disorders
Diplopia, disturbances in accommodation, mydriasis, changes in intraocular

pressure.

Cardiac disorders

Angina, arrhythmias, transient bradycardia (followed by tachycardia, palpitations and arrhythmias), atrioventricular block, hypertension, tachycardia.

Vascular disorders
Flushes.

Respiratory, thoracic and mediastinal disorders
Reduction of bronchial secretions.

Gastrointestinal disorders
Esophageal reflux, dry mouth with difficulty swallowing and talking, nausea, vomiting, feeling of swelling, inhibition of gastric secretion.

Skin subcutaneous tissue
Redness and dryness of the skin, hives, rush.
In case of intramuscular administration, a reduced activity of the sweat glands can be observed.

Renal and urinary disorders
Inhibition of the parasympathetic control of the urinary bladder, urinary retention.

General disorders and administration site conditions
Hypersensitivity reactions – Anaphylactic reactions.

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.
Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form: https://sideeffects.health.gov.il

4.9 Overdose
Symptoms:
In case of an overdose of the drug, you may have the intensification of the side effects described. In particular, dryness of mucous membranes, dilated pupils, tachycardia, fever and skin rash are possible; neurological symptoms such as confusion, hallucinations, etc., that can persist for 48 hours or more, can also be observed. In some cases respiratory depression, coma, circulatory collapse and death can be observed.

Treatment:
At the first signs, in the case of respiratory depression, it is recommended to administer oxygen and, in the case of a persistence of seizures, if the circulatory conditions permit it, proceed with an intravenous administration of short-acting barbiturates (e.g. thiopental) or benzodiazepines (e.g. diazepam). Since atropine is excreted through the kidneys, an intravenous administration of fluids is recommended. In case of delirium and coma, the administration of physostigmine by a slow intravenous infusion at a dose range of 1 to 4 mg (0.5 to 1 mg in children) is recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Belladonna alkaloids, tertiary amines.
ATC code: A03BA01
Atropine is an antimuscarinic alkaloid. It acts as an antagonist of peripheral muscarinic cholinergic receptors, which become insensitive to the action of acetylcholine that is released by the parasympathetic autonomic endings. This elective action explains the pharmacotherapeutic activity of the product.

5.2 Pharmacokinetic properties

Distribution
Atropine is rapidly distributed in the tissues after an intravenous administration (distribution volume of 3,297 L/kg in normal subjects). Atropine crosses the blood-brain barrier and has a half life of 4 hours.

Metabolism and excretion
About half of a dose is metabolized and eliminated by the liver, while the remaining half is excreted unchanged in the urine. Atropine crosses the placenta and traces appear in breast milk.

5.3 Preclinical safety data

In preclinical studies, effects were observed only at exposures considered sufficiently in excess of the maximum human exposure, which indicates little clinical relevance. Atropine sulfate has reduced fertility in male rats, presumably as a result of an inhibitory effect on the transport of sperm and ejaculation.

6. PHARMACEUTICAL PARTICULARS

6.1 List of the excipients

Sulphuric acid 96% (q.s. for pH adjustment), sodium hydroxide (q.s. for pH adjustment), water for injections q.s. to 1 ml.

6.2 Incompatibility

The drug must not be mixed with alkali.

6.3 Shelf life

The expiry date of the product is indicated on the packaging materials.
The product should be used immediately after opening. Any unused residual solution should be discarded.

6.4 Special precautions for storage.

Store below 25°C.

6.5 Nature and contents of container.

Amber glass ampoule.
Each package contains 10 ampoules of 1 ml.

6.6 Special precautions for disposal and other handling

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

7. MANUFACTURER AND LICENCE HOLDER

Teva Pharmaceutical Industries Ltd.,

P.O.Box 3190, Petah-Tikva

8. MARKETING AUTHORIZATION NUMBER

059.57.22040

This leaflet dated January 2020 is in the format determined by the Ministry of Health and the content thereof is in accordance with the leaflet of the reference product that was checked and approved by the Ministry of Health in August 2017 and updated in August 2019.