



HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use COLCHICINE TABLETS safely and effectively. See full prescribing information for COLCHICINE TABLETS. COLCHICINE tablets, for oral use

Initial U.S. Approval: 1961

-INDICATIONS AND USAGE Colchicine tablets are an alkaloid indicated for: • Prophylaxis and treatment of gout flares in adults (1.1).

- Familial Mediterranean fever (FMF) in adults and children 4 years or older (1.2) --DOSAGE AND ADMINISTRATION

• Gout Flares:

Prophylaxis of Gout Flares: 0.6 mg once or twice daily in adults and adolescents older than 16 years of age

- (2.1). Maximum dose 1.2 mg/day. **Treatment of Gout Flares:** 1.2 mg (two tablets) at the first sign of a gout flare followed by 0.6 mg (one tablet) one hour later (2.1).

- one hour later (2.1).
 FMF: Adults and children older than 12 years 1.2 to 2.4 mg; children 6 to 12 years 0.9 to 1.8 mg; children 4 to 6 years 0.3 to 1.8 mg (2.2, 2.3).
 Give total daily dose in one or two divided doses (2.2).
 Increase or decrease the dose as indicated and as tolerated in increments of 0.3 mg/day, not to exceed the maximum recommended daily dose (2.2).
 Colchcicne tablets are administered orally without regard to meals.
 See full prescribing information (PPI) for dose adjustment regarding patients with impaired renal function (2.5), impaired hepatic function (2.6), the patient's age (2.3, 8.5) or use of coadministered drugs (2.4). --DOSAGE FORMS AND STRENGTHS--
- Tablets: 0.6 mg colchicine (3)

colchicine taken in therapeutic doses (7).

- Fatal overdoses have been reported with colchicine in adults and children. Keep colchicine out of the reach of children (5.1, 10). •
- Blood dyscrasias: myelosuppression, leukopenia, granulocytopenia, thrombocytopenia and aplastic anemia
- have been reported (5.2) . Monitor for toxicity and if present consider temporary interruption or discontinuation of colchicine (5.2, 5.3,
- .
- Momon or toxicity and in present consider temporary interruption or discontinuation or connicine (5.2, 5.3, 5.4, 6, 10). *Drug interaction P-gp and/or CYP3A4 inhibitors:* Coadministration of colchicine with P-gp and/or strong CYP3A4 inhibitors has resulted in life-threatening interactions and death (5.3, 7). *Neuromuscular toxicity:* Myotoxicity including rhabdomyolysis may occur, especially in combination with other drugs known to cause this effect. Consider temporary interruption or discontinuation of colchicine (5.4, 7).

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

- 1.1 Gout Flares Colchicine tablets are indicated for prophylaxis and the treatment of acute gout flares.
- <u>Prophylaxis of Gout Flares:</u> Colchicine tablets are indicated for prophylaxis of gout flares.
- <u>Treatment of Gout Flares:</u> Colchicine tablets are indicated for treatment of acute gout flares when taken at the first sign of a flare. 1.2 Familial Mediterranean Fever (FMF)

Colchicine tablets are indicated in adults and children four years or older for treatment of familial Mediterranean

fever (FMF).

2 DOSAGE AND ADMINISTRATION

The long-term use of colchicine is established for FMF and the prophylaxis of gout flares, but the safety and diffecery of repeat treatment for gout flares has not been evaluated. The dosing regimens for colchicine tablets are different for each indication and must be individualized.

The recommended dosage of colchicine tablets depends on the patient's age, renal function, hepatic function and use of coadministered drugs [see Dosage and Administration (2.4, 2.5, 2.6)].

Colchicine tablets are administered orally without regard to meals Colchicine tablets are not an analgesic medication and should not be used to treat pain from other causes.

2.1 Gout Flares

Prophylaxis of Gout Flares The recommended dosage of colchicine tablets for prophylaxis of gout flares for adults and adolescents older than 16 years of age is 0.6 mg once or twice daily. The maximum recommended dose for prophylaxis of gout flares is 1.2 mg/day.

An increase in gout flares may occur after initiation of uric acid-lowering therapy, including pegloticase, febuxostat and allopurinol, due to changing serum uric acid levels resulting in mobilization of urate from tissue deposits. Colchicine tablets are recommended upon initiation of gout flare prophylaxis with uric acid-lowering therapy. Prophylactic therapy may be beneficial for at least the first six months of uric acid-lowering therapy Treatment of Gout Flares

The recommended dose of colchicine tablets for treatment of a gout flare is 1.2 mg (two tablets) at the first sign of the flare followed by 0.6 mg (one tablet) one hour later. Higher doses have not been found to be more effective. The maximum recommended dose for treatment of gout flares is 1.8 mg over a 1-hour period. Colchicine tablets

ADVERSE REACTIONS Prophylaxis of Gout Flares: The most commonly reported adverse reaction in clinical trials for the prophylaxis of gout was diarrhea.

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- Treatment of Gout Flares: The most common adverse reactions reported in the clinical trial for gout were
- FMF: Most common adverse reactions (up to 20%) are abdominal pain, diarrhea, nausea and vomiting.
 FMF: Most common adverse reactions (up to 20%) are abdominal pain, diarrhea, nausea and vomiting.
 These effects are usually mild, transient and reversible upon lowering the dose (6). To report SUSPECTED ADVERSE REACTIONS, contact Annora Pharma Private Limited at 1-866-495-1995 or

FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

- ------USE IN SPECIFIC POPULATIONS---USE IN SPECIFIC POPULATIONS In the presence of mild to moderate renal or hepatic impairment, adjustment of dosing is not required for treatment of gout flare, prophylaxis of gout flare and FMF, but patients should be monitored closely (8.6). In patients with severe renal impairment for prophylaxis of gout flares, the starting dose should be 0.3 mg/day for gout flares, no dose adjustment is required, but a treatment course should be repeated no more than once every two weeks. In FMF patients, start with 0.3 mg/day, and any increase in dose should be donawited before prior the flare of the start of the second sec
- be done with close monitoring (8.6).
- In patients with severe hepatic impairment, a dose reduction may be needed in prophylaxis of gout flares
- In patients with severe nepatic impairment, a dose reduction may be needed in prophysics of gout nares and FMF patients; while a dose reduction may not be needed in gout flares, a treatment course should be repeated no more than once every two weeks (8.6, 8.7). For patients undergoing dialysis, the total recommended dose for prophylaxis of gout flares should be 0.3 mg given twice a week with close monitoring. For treatment of gout flares, the total recommended dose should be reduced to 0.6 mg (one tablet) x 1 dose and the treatment course should not be repeated more then gone every two weeks. For EME existent, the cotaring dose on build be 0.2 mg/due and dosing one ho than once every two weeks. For FMF patients, the starting dose should be 0.3 mg/day and dosing can be
- increased with close monitoring (8.6). Females and Males of Reproductive Potential: Advise males that colchicine may transiently impair fertility riatric Use: The recommended dose of colchicine should be based on renal function (8.5).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide

Code

2D

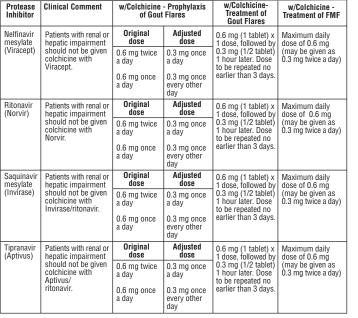
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Moderate CYP3			Gout	Flares				
Drug	Noted or Anticipated	Prophylaxis of Gout Flares		Treat	nent of Flares	FI	MF	
3	Outcome	Original Intended Dosage	Adjusted Dose	Original Intended Dosage	Adjusted Dose	Original Intended Dosage	Adjusted Dose	
Amprenavir [‡] Aprepitant Diltiazem Erythromycin Fluconazole Fosamprenavir [‡] (pro-drug of Amprenavir) Grapefruit juice Verapamil	Significant increase in colchicine plasma concentration is anticipated. Neuromuscular toxicity has been reported with diltiazem and verapamil interactions.	0.6 mg twice a day 0.6 mg once a day	0.3 mg twice a day or 0.6 mg once a day 0.3 mg once a day	1.2 mg (2 tablets) followed by 0.6 mg (1 tablet) 1 hour later. Dose to be repeated no earlier than 3 days.	repeated	Maximum daily dose of 1.2 to 2.4 mg	Maximum daily dose of 1.2 mg (may be given as 0.6 mg twice a day)	
P-gp Inhibitors [†]	Noted	1	Gout	Flares		1		
Drug	or Anticipated	Prophyl Gout F	axis of	Treatment of Gout Flares		FMF		
	Outcome	Original Intended Dosage	Adjusted Dose	Original Intended Dosage	Adjusted Dose	Original Intended Dosage	Adjusted Dose	
Cyclosporine Ranolazine	Significant increase in colchicine plasma levels*; fatal colchicine toxicity has been reported with cyclosporine,	0.6 mg twice a day 0.6 mg	-	1.2 mg (2 tablets) followed by 0.6 mg (1 tablet) 1 hour later. Dose to be	0.6 mg (1 tablet) x 1 dose. Dose to be repeated	Maximum daily dose of 1.2 to 2.4 mg	Maximum daily dose of 0.6 mg (may be given as 0.3 mg twice a	



Treatment of gout flares with colchicine tablets is not recommended in patients receiving prophylactic dose of colchicine tablets and CYP3A4 inhibitors.

2.5 Dose Modification in Renal Impairment Colchicine dosing must be individualized according to the patient's renal function [see Use in Specific Populations (8.6)].

receiving colchicine tablets for prophylaxis.

2.6 Dose Modification in Hepatic Impairment

[see Use in Specific Populations (8.7)]. Treatment of Gout Flares

receiving colchicine tablets for prophylaxis.

DOSAGE FORMS AND STRENGTHS

Specific Populations (8.7)].

(8.7)]

3

4

Revised: 08/2021

Cler in mL/minute may be estimated from serum creatinine (mg/dL) determination using the following formula: [140-age (years) x weight (kg)]

 $Cler = \frac{1140^{-age} (yours) \times 11.5}{72 \text{ x serum creatinine (mg/dL)} \times 0.85 \text{ for female patients}}$

Gout Flares

FMF

<u>Gout Flares</u> Prophylaxis of Gout Flares

Prophylaxis of Gout Flares

For prophylaxis of gout flares in patients with mild (estimated creatinine clearance [Clc] 50 to 80 mL/min) to moderate (Clc 30 to 50 mL/min) renal function impairment, adjustment of the recommended dose is not required, but patients should be monitored closely for adverse effects of colchicine. However, in patients with severe impairment, the starting dose should be 0.3 mg/day and any increase in dose should be done with close monitoring. For the prophylaxis of gout flares in patients undergoing dialysis, the starting doses should be 0.3 mg given twice a week with close monitoring [see Clinical Pharmacology (12.3), Use in Specific Populations (8.6)]. Treatment of Gout Flares

For treatment of gout flares in patients with mild (Cler 50 to 80 mL/min) to moderate (Cler 30 to 50 mL/min) renal function impairment, adjustment of the recommended dose is not required, but patients should be monitored

closely for adverse effects of colchicine. However, in patients with severe impairment, while the dose does not need to be adjusted for the treatment of gout flares, a treatment course should be repeated no more than once

every two weeks. For patients with gout flares requiring repeated courses, consideration should be given to alternate therapy. For patients undergoing dialysis, the total recommended dose for the treatment of gout flares should be reduced to a single dose of 0.6 mg (one tablet). For these patients, the treatment course should not

be repeated more than once every two weeks [see Clinical Pharmacology (12.3), Use in Specific Populations(8.6)].

Treatment of gout flares with colchicine tablets is not recommended in patients with renal impairment who are

Caution should be taken in dosing patients with moderate and severe renal impairment and in patients undergoing dialysis. For these patients, the dosage should be reduced [see Clinical Pharmacology (12.3)]. Patients with mild

(Cler 50 to 80 mL/min) and moderate (Cler 30 to 50 mL/min) renal impairment should be monitored closely for

adverse effects of colchicine. Dose reduction may be necessary. For patients with severe renal failure (Clor less

than 30 mL/min), start with 0.3 mg/day; any increase in dose should be done with adequate monitoring of the

patient for adverse effects of colchicine [see Use in Specific Populations (8.6)]. For patients undergoing dialysis, the total recommended starting dose should be 0.3 mg (half tablet) per day. Dosing can be increased with close

monitoring. Any increase in dose should be done with adequate monitoring of the patient for adverse effects of

For prophylaxis of gout flares in patients with mild to moderate hepatic function impairment, adjustment of the

recommended dose is not required, but patients should be monitored closely for adverse effects of colchicine.

Dose reduction should be considered for the prophylaxis of gout flares in patients with severe hepatic impairment

For treatment of gout flares in patients with mild to moderate hepatic function impairment, adjustment of the

recommended dose is not required, but patients should be monitored closely for adverse effects of colchicine.

However, for the treatment of gout flares in patients with severe impairment, while the dose does not need to be

adjusted, a treatment course should be repeated no more than once every two weeks. For these patients, requiring

repeated courses for the treatment of gout flares, consideration should be given to alternate therapy [see Use in

Treatment of gout flares with colchicine tablets is not recommended in patients with hepatic impairment who are

Patients with mild to moderate hepatic impairment should be monitored closely for adverse effects of colchicine.

Dose reduction should be considered in patients with severe hepatic impairment *Isee Use in Specific Populations*

Tablets: 0.6 mg colchicine - purple, film-coated, capsule-shaped, bevel edged, biconvex tablets, debossed with "H" on one side and scored with "C2" on the other side; where 'C' and '2' are separated by a score line.

colchicine [see Clinical Pharmacology (12.3), Use in Specific Populations (8.6)].

may be administered for treatment of a gout flare during prophylaxis at doses not to exceed 1.2 mg (two tablets at the first sign of the flare followed by 0.6 mg (one tablet) one hour later. Wait 12 hours and then resume the prophylactic dose.

2.2 FMF

The recommended dosage of colchicine tablets for FMF in adults is 1.2 mg to 2.4 mg daily.

Colchicine tablets should be increased as needed to control disease and as tolerated in increments of 0.3 mg/day to a maximum recommended daily dose. If intolerable side effects develop, the dose should be decreased in increments of 0.3 mg/day. The total daily colchicine tablets dose may be administered in one to two divided doses.

2.3 Recommended Pediatric Dosage Prophylaxis and Treatment of Gout Flares

Colchicine tablets are not recommended for pediatric use in prophylaxis or treatment of gout flares.

FMF

The recommended dosage of colchicine tablets for FMF in pediatric patients 4 years of age and older is based on age. The following daily doses may be given as a single or divided dose twice daily

- Children 4 to 6 years: 0.3 mg to 1.8 mg daily
- Children 6 to 12 years: 0.9 mg to 1.8 mg daily
- Adolescents older than 12 years: 1.2 mg to 2.4 mg daily

2.4 Dose Modification for Coadministration of Interacting Drugs

Concomitant Therapy Coadministration of colchicine tablets with drugs known to inhibit CYP3A4 and/or P-glycoprotein (P-gp) increases the risk of colchicine-induced toxic effects (*Table 1*). If patients are taking or have recently completed treatment with drugs listed in Table 1 within the prior 14 days, the dose adjustments are as shown in the table below [see Drug Interactions (7)].

Strong CYP3A4 I	nhibitors [†]		-				
	Noted	Prophyl		Flares	nent of		
_	or	Gout F			Flares	FI	ΛF
Drug	Anticipated Outcome	Original Intended Dosage	Adjusted Dose	Original Intended Dosage	Adjusted Dose	Original Intended Dosage	Adjusted Dose
Atazanavir Clarithromycin Darunavir/ Ritonavir ⁴ Indinavir Itraconazole Ketoconazole Lopinavir/ Ritonavir ⁴ Ritonavir Ritonavir Saquinavir Telithromycin Tipranavir/ Ritonavir ⁴	Significant increase in colchicine plasma levels *; fatal colchicine toxicity has been reported with clarithromycin, a strong CYP3A4 inhibitor. Significant increase in colchicine plasma levels is anticipated with other strong CYP3A4		0.3 mg once a day 0.3 mg once every other day	followed by 0.6 mg (1 tablet) 1 hour later. Dose to be	0.6 mg (1 tablet) x 1 dose, followed by 0.3 mg (1/2 tablet) 1 hour later. Dose to be repeated no earlier than 3 days.	Maximum daily dose of 1.2 to 2.4 mg	Maximum daily dose of 0.6 mg given as 0.3 mg twice a day)

|--|--|--|--|--|--|--|

For magnitude of effect on colchicine plasma concentrations [see Clinical Pharmacology (12.3)]
 Patients with renal or hepatic impairment should not be given colchicine in conjunction with strong CYP3A4 or P-go inhibitors [see Contraindications (4)]
 When used in combination with Ritonavir, see dosing recommendations for strong CYP3A4 inhibitors [see Contraindications]

Contraindications (4)]

	olchicine Tablets Dose				
Protease Inhibitor	Clinical Comment	w/Colch Prophylaxis o		w/Colchicine - Treatment of Gout Flares	w/Colchicine - Treatment of FMF
Atazanavir sulfate (Reyataz)	Patients with renal or hepatic impairment should not be given colchicine with	Original dose 0.6 mg twice a day	Adjusted dose 0.3 mg once a day	0.6 mg (1 tablet) x 1 dose, followed by 0.3 mg (1/2 tablet) 1 hour later. Dose	Maximum daily dose of 0.6 mg (may be given as 0.3 mg twice a day)
	Reyataz.	0.6 mg once a day	0.3 mg once every other day	to be repeated no earlier than 3 days.	
Darunavir (Prezista)	Patients with renal or hepatic impairment	Original dose	Adjusted dose	0.6 mg (1 tablet) x 1 dose, followed by	Maximum daily dose of 0.6 mg
	should not be given colchicine with Prezista/ritonavir.	0.6 mg twice a day 0.6 mg once a day	0.3 mg once a day 0.3 mg once every other day	0.3 mg (1/2 tablet) 1 hour later. Dose to be repeated no earlier than 3 days.	(may be given as 0.3 mg twice a day)
Fosampre navir	Patients with renal or hepatic impairment	Original dose	Adjusted dose	0.6 mg (1 tablet) x 1 dose, followed by	Maximum daily dose of 0.6 mg
(Lexiva) with Ritonavir	should not be given colchicine with Lexiva/ritonavir.	0.6 mg twice a day 0.6 mg once a day	0.3 mg once a day 0.3 mg once every other day	0.3 mg (1/2 tablet) 1 hour later. Dose to be repeated no earlier than 3 days.	(may be given as 0.3 mg twice a day)
Fosampre navir	Patients with renal or hepatic impairment	Original dose	Adjusted dose	1.2 mg (2 tablets) x 1 dose. Dose to be	Maximum daily dose of 1.2 mg
(Lexiva)	should not be given colchicine with Lexiva/ritonavir.	0.6 mg twice a day 0.6 mg once a day	0.3 mg twice a day or 0.6 mg once a day 0.3 mg once a day	repeated no earlier than 3 days.	(may be given as 0.6 mg twice a day)
Indinavir (Crixivan)	Patients with renal or hepatic impairment	Original dose	Adjusted dose	0.6 mg (1 tablet) x 1 dose, followed by	Maximum daily dose of 0.6 mg
	should not be given colchicine with Crixivan.	0.6 mg twice a day 0.6 mg once a day	0.3 mg once a day 0.3 mg once every other day	0.3 mg (1/2 tablet) 1 hour later. Dose to be repeated no earlier than 3 days.	(may be given as 0.3 mg twice a day)
Lopinavir/ Ritonavir	Patients with renal or hepatic impairment	Original dose	Adjusted dose	0.6 mg (1 tablet) x 1 dose, followed by	Maximum daily dose of 0.6 mg
(Kaletra)	should not be given colchicine with Kaletra.	0.6 mg twice a day	0.3 mg once a day	0.3 mg (1/2 tablet) 1 hour later. Dose to be repeated no	(may be given as 0.3 mg twice a day)
		0.6 mg once a day	0.3 mg once every other	earlier than 3 days.	

ts with renal or hepatic impairment should not be given colchicine tablets in conjunction with P-gp or strong CYP3A4 inhibitors (this includes all protease inhibitors except fosamprenavir). In these patients, life-threatening and fatal colchicine toxicity has been reported with colchicine taken in therapeutic doses

WARNINGS AND PRECAUTIONS 5.1 Fatal Overdose

CONTRAINDICATIONS

Fatal overdoses, both accidental and intentional, have been reported in adults and children who have ingested colchicine [see Overdosage (10)]. Colchicine tablets should be kept out of the reach of children

5.2 Blood Dyscrasias

Myelosuppression, leukopenia, granulocytopenia, thrombocytopenia, pancytopenia and aplastic anemia have been reported with colchicine used in therapeutic doses.

5.3 Drug Interactions

Colchicine is a P-gp and CYP3A4 substrate. Life-threatening and fatal drug interactions have been reported in patients treated with colchicine given with P-gp and strong CYP3A4 inhibitors. If treatment with a P-gp or strong CYP3A4 inhibitor is required in patients with normal renal and hepatic function, the patient's dose of colchicine may need to be reduced or interrupted [see Drug Interactions (7)]. Use of colchicine tablets in conjunction with P-gp or strong CYP3A4 inhibitors (this includes all protease inhibitors except fosamprenavir) is contraindicated in patients with renal or hepatic impairment [see Contraindications (4)].

5.4 Neuromuscular Toxicity

Colchicine-induced neuromuscular toxicity and rhabdomyolysis have been reported with chronic treatment in therapeutic doses. Patients with renal dysfunction and elderly patients, even those with normal renal and hepatic function, are at increased risk. Concomitant use of atorvastatin, simvastatin, pravastatin, fluvastatin, lovastatin, gemfibrozil, fenofibrate, fenofibric acid or benzafibrate (themselves associated with myotoxicity) or cyclosporine with colchicine tablets may potentiate the development of myopathy [see Drug Interactions (7)]. Once colchicine is stopped, the symptoms generally resolve within one week to several months

6 ADVERSE REACTIONS

<u>Prophylaxis of Gout Flares</u> The most commonly reported adverse reaction in clinical trials of colchicine for the prophylaxis of gout was diarrhea.

Treatment of Gout Flares

The most common adverse reactions reported in the clinical trial with colchicine for treatment of gout flares were diarrhea (23%) and pharyngolaryngeal pain (3%).

Gastrointestinal tract adverse effects are the most frequent side effects in patients initiating colchicine, usually presenting within 24 hours, and occurring in up to 20% of patients given therapeutic doses. Typical symptoms include cramping, nausea, diarrhea, abdominal pain and vomiting. These events should be viewed as dose-limiting if severe, as they can herald the onset of more significant toxicity.

6.1 Clinical Trials Experience in Gout

Because clinical studies are conducted under widely varying and controlled conditions, adverse reaction rates observed in clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not predict the rates observed in a broader patient population in clinical practice.

In a randomized, double-blind, placebo-controlled trial in patients with a gout flare, gastrointestinal adverse reactions occurred in 26% of patients using the recommended dose (1.8 mg over one hour) of colchicine compared to 77% of patients taking a nonrecommended high dose (4.8 mg over six hours) of colchicine and 20% of patients taking placebo. Diarrhea was the most commonly reported drug-related gastrointestinal adverse event. As shown in Table 3, diarrhea is associated with colchicine treatment. Diarrhea was more likely to occur in patients taking the high-dose regimen than the low-dose regimen. Severe diarrhea occurred in 19% and vomiting occurred in 17% of patients taking the nonrecommended high-dose colchicine regimen but did not occur in the reco low-dose colchicine regimen.

MEDICATION GUIDE Colchicine (kol' chi seen) Tablets, USP for oral use Read the Medication Guide that comes with colchicine tablets before you start taking them and each time you get a refill. There may be new information. This
taking them and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your healthcare provider about your medical condition or treatment. You and your healthcare provider should talk about colchicine tablets when you start taking them and at regular checkups. What is the most important information that I should know about colchicine
 tablets? Colchicine tablets can cause serious side effects or death if levels of colchicine are too high in your body. Taking certain medicines with colchicine tablets can cause your level of colchicine to be too high, especially if you have kidney or liver problems. Tell your healthcare provider about all your medical conditions, including if you have kidney or liver problems.
 to be changed. Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal supplements. Even medicines that you take for a short period of time, such as antibiotics, can interact with colchicine tablets and cause serious side effects or death. Talk to your healthcare provider or pharmacist before taking any new medicine. Especially tell your healthcare provider if you take: atazanavir sulfate (Reyataz) cyclosporine (Neoral, Gengraf, o darunavir (Prezista)
0 fosamprenavir (Lexiva) with o fosamprenavir (Lexiva) 0 fosamprenavir (Lexiva) with o fosamprenavir (Lexiva) 0 intonavir o intonavir (Crixivan) 0 intavir (Crixivan) 0 intavir (Crixivan) 0 ketoconazole (Nizoral) 0 nefazodone (Serzone) 0 neffinavir mesylate (Viracept) 0 ritonavir mesylate (Invirase)
 telithromycin (Ketek) telithromycin (Ketek) telithromycin (Ketek) telithromycin (Ketek) telithromycin (Aptivus) Ask your healthcare provider or pharmacist if you are not sure if you take any of the medicines listed above. This is not a complete list of all the medicines that can interact with colchicine tablets. Know the medicines you take. Keep a list of them and show it to your healthcare provider and pharmacist when you get a new medicine. Keep colchicine tablets out of the reach of children.
 Colchicine tablet is a prescription medicine used to: prevent and treat gout flares in adults treat familial Mediterranean fever (FMF) in adults and children age 4 or older Colchicine tablet is not a pain medicine, and it should not be taken to treat pain
 Before you take colchicine tablets, tell your healthcare provider about all your medical conditions, including if you: have liver or kidney problems. are pregnant or plan to become pregnant. It is not known if colchicine tablets will harm your unborn baby. Talk to your healthcare provider if you are pregnant or plan to become pregnant.
 are a male with a female partner who can become pregnant. Receiving treatment with colchicine may be related to infertility in some men that is reversible when treatment is stopped. are breastfeeding or plan to breastfeed. Colchicine passes into your breast milk. You and your healthcare provider should decide if you will take colchicine tablets while breastfeeding. If you take colchicine tablets and breastfeeding. If you take colchicine tablets and breastfeeding. If you concluded talk to your child's healthcare provider about how to work the provider should talk to your child.
Tell your meathcare provider about all the medicines you take, including ones that you may only be taking for a short time, such as antibiotics. See "What is the most important information that I should know about colchicine tablets?". Do not start a new medicine without talking to your healthcare provider. Using colchicine tablets with certain other medicines, such as cholesterol-lowering medications and digoxin, can affect each other, causing serious side effects. Your healthcare provider may need to change your dose of colchicine tablets. Talk to your healthcare provider about whether the medications you are taking might interact with colchicine tablets and what side effects to look for.

Size: 300 x 560 mm Pharma Code: Front-77 & Back-78 Spec.: Printed on 40 GSM Bible paper, front & back side printing Note: Pharma code position and Orientation are tentative, will be changed based on folding size. No of Colours: 01 - Black



Table 3. Number (%) of Patients with at Least One Drug-Related Treatment-Emergent Adverse Event with

MedDRA System Organ Class MedDRA Preferred Term	Colchi	Placebo (N=59) n (%)	
	High (N=52) n (%)	Low (N=74) n (%)	-
Number of Patients with at Least One Drug-Related TEAE	40 (77)	27 (37)	16 (27)
Gastrointestinal Disorders	40 (77)	19 (26)	12 (20)
Diarrhea	40 (77)	17 (23)	8 (14)
Nausea	9 (17)	3 (4)	3 (5)
Vomiting	9 (17)	0	0
Abdominal Discomfort	0	0	2 (3)
General Disorders and Administration Site Conditions	4 (8)	1 (1)	1 (2)
Fatigue	2 (4)	1 (1)	1 (2)
Metabolic and Nutrition Disorders	0	3 (4)	2 (3)
Gout	0	3 (4)	1 (2)
Nervous System Disorders	1 (2)	1 (1.4)	2 (3)
Headache	1 (2)	1 (1)	2 (3)
Respiratory Thoracic Mediastinal Disorders	1 (2)	2 (3)	0
Pharyngolaryngeal Pain	1 (2)	2 (3)	0

6.2 Postmarketing Experience

Serious toxic manifestations associated with colchicine include myelosuppression, disseminated intravascular coagulation and injury to cells in the renal, hepatic, circulatory and central nervous systems. These most often occur with excessive accumulation or overdosage [see Overdosage (10)].

The following adverse reactions have been identified with colchicine. These have been generally reversible upon temporarily interrupting treatment or lowering the dose of colchicine. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Veurological: sensory motor neuropathy Dermatological: sensory motor neuropathy Digestive: abdominal cramping, abdominal pain, diarrhea, lactose intolerance, nausea, vomiting Hematological: leukopenia, granulocytopenia, thrombocytopenia, pancytopenia, aplastic anemia Hepatobiliary: elevated AST, elevated ALT Musculoskelati: myopathy, elevated CPK, myotonia, muscle weakness, muscle pain, rhabdomyolysis Reproductive: azoospermia, oligospermia

7 DRUG INTERACTIONS Colchicine is a substrate of the efflux transporter P-glycoprotein (P-gp). Of the cytochrome P450 enzymes tester CYP3A4 was mainly involved in the metabolism of colchicine. If colchicine tablet is administered with drugs that inhibit P-gp, most of which also inhibit CYP3A4, increased concentrations of colchicine are likely. Fatal dru interactions have been reported.

Physicians should ensure that nationts are suitable candidates for treatment with colchicine and remain alert for is and symptoms of toxicities related to increased colchicine exposure as a result of a drug interaction. Sign d symptoms of colchicine toxicity should be evaluated promptly and, if toxicity is suspected, colchicine tablets should be disco tinued immediate

Table 4 provides recommendations as a result of other potentially significant drug interactions. Table 1 provides recommendations for strong and moderate CYP3A4 inhibitors and P-op inhibitors.

· ·								
Table 4. Other Potentially Significant Drug Interactions								
Concomitant Drug Class or Food	Noted or Anticipated Outcome	Clinical Comment						
HMG-Co A Reductase Inhibitors: atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin	Pharmacokinetic and/or pharmacodynamic interaction: the addition of one drug to a stable long-term regimen of the other has resulted in myopathy and rhabdomyolysis (including a fatality)	and risks and carefully monitor patients for any signs or symptoms of muscle pain, tenderness, or weakness,						
Other Lipid-Lowering Drugs: fibrates, gemfibrozil		particularly during initial therapy; monitoring CPK (creatine phosphokinase) will not necessarily prevent the occurrence of severe myopathy.						
Digitalis Glycosides: digoxin	P-gp substrate; rhabdomyolysis has been reported							

USE IN SPECIFIC POPULATIONS

Pregnancy

Available data from published literature on colchicine use in pregnancy over several decades have not identified any drug associated risks for major birth defects, miscarriage, or adverse maternal or fetal outcomes (see Data) Colchicine crosses the human placenta. Although animal reproductive and developmental studies were not conducted with colchicine, published animal reproduction and development studies indicate that colchicine causes embryofetal toxicity, teratogenicity and altered postnatal development at exposures within or above the clinica therapeutic range

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Data Human Data

Available data from published observational studies, case series, and case reports over several decades do not suggest an increased risk for major birth defects or miscarriage in pregnant women with rheumatic diseases (such as rheumatoid arthritis, Behcet's disease, or familial Mediterranean fever (FMF) treated with colchicine at therapeutic doses during pregnancy. Limitations of these data include the lack of randomization and inability to control for confounders such as underlying maternal disease and maternal use of concomitant medications

8.2 Lactation Risk Summary

Colchicine is present in human milk *(see Data)*. Adverse events in breastfed infants have not been reported in the published literature after administration of colchicine to lactating women. There are no data on the effects of colchicine on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for colchicine and any potential adverse effects on the breastfee child from colchicine or from the underlying maternal condition

Limited published data from case reports and a small lactation study demonstrate that colchicine is present in breastmilk. A systematic review of literature reported no adverse effects in 149 breastfed children. In a prospective observational cohort study, no gastrointestinal or other symptoms were reported in 38 colchicine-exposed breastfec infants

8.3 Females and Males of Reproductive Potential

<u>Intertility</u> Case reports and epidemiology studies in human male subjects on colchicine therapy indicated that infertility from colchicine is rare and may be reversible. A case report indicated that azoospermia was reversed when therapy was stopped. Case reports and epidemiology studies in female subjects on colchicine therapy have not established

In patients with severe hepatic disease, dose reduction should be considered with careful monitoring [see Clinical Pharmacology (12.3), Dosage and Administration (2.6)].

DRUG ABUSE AND DEPENDENCE

Tolerance, abuse or dependence with colchicine has not been reported.

10 OVERDOSAGE

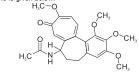
The exact does of colchicine that produces significant toxicity is unknown. Fatalities have occurred after ingestion of a dose as low as 7 mg over a four day period, while other patients have survived after ingesting more than 60 mg. A review of 150 patients who overdosed on colchicine found that those who ingested less than 0.5 mg/kg survived and tended to have milder toxicities such as gastrointestinal symptoms, whereas those who took 0.5 to 0.8 mg/kg had more severe reactions such as myelosuppression. There was 100% mortality in those who ingested more than 0.8 mg/kg.

The first stage of acute colchicine toxicity typically begins within 24 hours of ingestion and includes gastrointestinal symptoms such as abdominal pain, nausea, vomiting, diarrheat and significant fluid loss, leading to volume depletion. Peripheral leukocytosis may also be seen. Life-threatening complications occur during the second stage, which occurs 24 to 72 hours after drug administration, attributed to multiorgan failure and its consequences. Death is usually a result of respiratory depression and cardiovascular collapse. If the patient survives, recovery of multiorgan injury may be accompanied by rebound leukocytosis and alopecia starting about one week after the initial ingestion.

Treatment of colchicine poisoning should begin with gastric lavage and measures to prevent shock. Otherwise, treatment is symptomatic and supportive. No specific antidote is known. Colchicine is not effectively removed by dialysis [see Clinical Pharmacology (12.3)].

11 DESCRIPTION

Colchicine is an alkaloid chemically described as Acetamide, N-(5,6,7,9-tetrahydro-1,2,3,10-tetramethoxy-9-oxobenzo[a]heptalen-7-yl)-,(S) with a molecular formula of $C_{22}H_{25}NO_6$ and a molecular weight of 399.44. The structural formula of colchicine is given below.



Colchicine USP occurs as pale yellow to pale greenish-yellow crystalline powder. Is odorless or nearly so, and darkens on exposure to light. Colchicine is freely soluble in alcohol, in chloroform and soluble in water.

Colchicine tablets, USP are supplied for oral administration as purple, film-coated, capsule-shaped, bevel edged, biconvex tablets, debossed with "H" on one side and scored with "C2" on the other side; where 'C' and '2' are separated by a score line, containing 0.6 mg of the active ingredient colchicine USP. Inactive ingredients: carnauba wax, FD&C blue #2/indigo carmine AL, FD&C red #40/allura red AC aluminum lake, hypromellose, lactose monohydrate, macrogol, magnesium stearate, microcrystalline cellulose, polydextrose, pregelatinized starch, sodium starch glycolate, titanium dioxide and triacetin.

The botanical source of pregelatinized starch is corn starch.

FDA approved dissolution test specifications differ from USP

12 CLINICAL PHARMACOLOGY 12.1 Mechanism of Action The mechanism by which colchicine exerts its beneficial effect in patients with FMF has not been fully elucidated; however, evidence suggests that colchicine may interfere with the intracellular assembly of the inflammasome complex present in neutrophils and monocytes that mediates activation of interleukin-1 β . Additionally, colchicine disrupts cytoskeletal functions through inhibition of β -tubulin polymerization into microtubules and consequently prevents the activation, degranulation and migration of neutrophils thought to mediate some gout symptoms.

12.3 Pharmacokinetics

<u>Absorption</u>

In healthy adults, colchicine is absorbed when given orally, reaching a mean C_{max} of 2.5 ng/mL (range 1.1 to 4.4 ng/mL) in one to two hours (range 0.5 to 3 hours) after a single dose administered under fasting conditions.

Following oral administration of colchicine given as 1.8 mg colchicine over one hour to healthy, young adults under fasting conditions. Following oral administration of colchicine given as 1.8 mg colchicine over one hour to healthy, young adults under fasting conditions, colchicine appears to be readily absorbed, reaching mean maximum plasma concentrations of 6.2 ng/mL at a median 1.81 hours (range: 1.0 to 2.5 hours). Following administration of the nonrecommended high-dose regimen (4.8 mg over six hours), mean maximal plasma concentrations were 6.8 ng/mL, at a median 4.47 hours (range: 3.1 to 7.5 hours).

After ten days on a regimen of 0.6 mg twice daily, peak concentrations are 3.1 to 3.6 ng/mL (range 1.6 to 6 ng/mL), occurring 1.3 to 1.4 hours postdose (range 0.5 to 3 hours). Mean pharmacokinetic parameter values in healthy adults are shown in *Table 5*.

Table 5. Mean (%CV) Pharmacokinetic Parameters in Healthy Adults Given Colchicine						
C _{max} (Colchicine ng/mL)	T _{max} * (h)	Vd/F (L)	CL/F (L/hr)	t _{1/2} (h)		
Colchicine 0.6 mg Single Dose (N=13)						
2.5 (28.7) 1.5 (1.0 - 3.0) 341.5 (54.4) 54.1 (31.0)						
Colchicine 0.6 mg Twice Daily × 10 Days (N=13)						
3.6 (23.7)	1.3 (0.5-3.0)	1150 (18.7)	30.3 (19.0)	26.6 (16.3)		

* T_{max} mean (range) CL = Dose/AUC₀-t (calculated from mean values) Vd = CL/Ke (calculated from mean values)

In some subjects, secondary colchicine peaks are seen, occurring between three and 36 hours postdose and ranging from 39 to 155% of the height of the initial peak. These observations are attributed to intestinal secretion and reabsorption and/or biliary recirculation. Absolute bioavailability is reported to be approximately 45%.

Administration of colchicine with food has no effect on the rate of colchicine absorption but does decrease the extent of colchicine by approximately 15%. This is without clinical significance.

Distribution

The mean apparent volume of distribution in healthy young volunteers is approximately 5 to 8 L/kg. Colchicine binding to serum protein is low, 39 ± 5%, primarily to albumin regardless of concentration

Colchicine crosses the placenta (plasma levels in the fetus are reported to be approximately 15% of the maternal concentration). Colchicine also distributes into breast milk at concentrations similar to those found in the maternal serum (see Use in Specific Populations (8.1, 8.2)). Metabolism

Colchicine is demethylated to two primary metabolites, 2-0-demethylcolchicine and 3-0-demethylcolchicine (2- and 3-DMC, respectively) and one minor metabolite, 10-0-demethylcolchicine (also known as colchiceine). *In vitro* studies using human liver microsomes have shown that CVP3A4 is involved in the metabolism of colchicine to 2-and 3-DMC. Plasma levels of these metabolites are minimal (less than 5% of parent drug). Elimination/Excretion

In healthy volunteers (n=12), 40 to 65% of 1 mg orally administered colchicine was recovered unchanged in urine. Enterohepatic recirculation and billary excretion are also postulated to play a role in colchicine elimination. Following multiple oral doses (0.6 mg twice daily), the mean elimination half-lives in young healthy volunteers (mean age 25 to 28 years of age) is 26.6 to 31.2 hours. Colchicine is a substrate of P-gp. Extracorporeal Elimination

Colchicine is not removed by hemodialysis.

<u>Special Populations</u> There is no difference between men and women in the pharmacokinetic disposition of colchicine

Pediatric Patients

Pharmacokinetics of colchicine was not evaluated in pediatric patients.

Elderlv

Table 6. Drug Interactions: Pharmacokinetic Parameters for Colchicine Tablets in the Presence of the oadministered Drug

Coadministered Drug	Dose of Coadministered Drug (mg)	Dose of Colchicine (mq)	N	% Change in Concentrations f (Range: Mi	rom Baseline
-	,			Cmax	AUC o-t
Diltiazem	240 mg daily, 7 days	0.6 mg single dose	20	44.2 (-46.0 to 318.3)	93.4 (-30.2 to 338.6)
Azithromycin	500 mg × 1 day, then 250 mg × 4 days	0.6 mg single dose	21	21.6 (-41.7 to 222.0)	57.1 (-24.3 to 241.1)
Grapefruit juice	240 mL twice daily, 4 days	0.6 mg single dose	21	-2.55 (-53.4 to 55.0)	-2.36 (-46.4 to 62.2)

Estrogen-containing oral contraceptives: In healthy female volunteers given ethinyl estradiol and norethindrone (Ortho-Novum 1/35) coadministered with colchicine (0.6 mg twice daily x 14 days), hormone concentrations are not affected.

In healthy volunteers given theophylline coadministered with colchicine (0.6 mg twice daily x 14 days), theophylline concentrations were not affected.

Table 7. Drug Interactions: Pharmacokinetic Parameters for Coadministration of Drug in the Presence of Colchicine Tablets

Coadministered Drug	Dose of Coadministered Drug (mg)	Dose of Colchicine (mg)	N	% Change in Co Drug Concentration (Range: Mi	s from Baseline
_	,			Cmax	AUC o-t
Theophylline	300 mg (elixir) single dose	0.6 mg twice daily x 14 days	27	1.6 (-30.4 to 23.1)	1.6 (-28.5 to 27.1)
Ethinyl Estradiol (Ortho-Novum 1/35)		0.6 mg twice daily x 14 days	07*	-6.7 (-40.3 to 44.7)	-3 [†] (-25.3 to 24.9)
Norethindrone (Ortho-Novum 1/35)			27*	0.94 (-37.3 to 59.4)	-1.6 [†] (-32.0 to 33.7)

* Conducted in healthy adult females $^{\dagger}\text{AUC}\tau$

NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility Carcinogenesis

Two year studies were conducted in mice and rats to assess the carcinogenic potential of colchicine. No evidence of colchicine-related tumorigenicity was observed in mice or rats at colchicine oral doses up to 3 and 2 mg/kg/day, respectively (approximately six and eight times, respectively, the maximum recommended human dose of 2.4 mg on a mg/m² basis).

Mutagenesis

ine was negative for mutagenicity in the bacterial reverse mutation assay. In a chromosomal aberration Colch sasay in cultured human white blood cells, colchicine treatment resulted in the formation of micronuclei. Since published studies demonstrated that colchicine induces aneuploidy from the process of mitotic nondisjunction without structural DNA changes, colchicine is not considered clastogenic, although micronuclei are formed.

Impairment of Fertility No studies of colchicine effects on fertility were conducted with colchicine. However, published nonclinical studies demonstrated that colchicine-induced disruption of microtubule formation affects meiosis and mitosis. Reproductive studies also reported abnormal sperm morphology and reduced sperm counts in males, and interference with sperm penetration, second meiotic division and normal cleavage in females when exposed to colchicine. Colchicine administered to pregnant animals resulted in fetal death and teratogenicity. These effects were dose-dependent. administered to pregnant amministress desires in relative and teradogenicity. These energy were dose-verpenicent, with the timing of exposure critical for the effects on embryofestal development. The nonclinical doses evaluated were generally higher than an equivalent human therapeutic dose, but safety margins for reproductive and developmental toxicity could not be determined.

14 CLINICAL STUDIES

The evidence for the efficacy of colchicine in patients with chronic gout is derived from the published literature. Two randomized clinical trials assessed the efficacy of colchicine 0.6 mg twice a day for the prophylaxis of gout flares in patients with gout initiating treatment with urate-lowering therapy. In both trials, treatment with colchi decreased the frequency of gout flares.

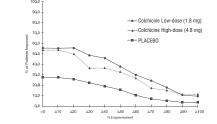
decreased the frequency of gout flares. The efficacy of a low-dosage regimen of oral colchicine (colchicine total dose 1.8 mg over one hour) for treatment of gout flares was assessed in a multicenter, randomized, double-blind, placebo-controlled, parallel group, one week, dose-comparison study. Patients meeting American College of Rheumatology criteria for gout were randomly assigned to three groups: high-dose colchicine (1.2 mg, then 0.6 mg hourly x 6 hours [4.8 mg total]); low-dose colchicine (1.2 mg, then 0.6 mg in one hour [1.8 mg total] followed by five placebo doses hourly); or placebo (two capsules, then one capsule hourly x six hours). Patients took the first dose within 12 hours of the onset of the flare and recorded pain intensity (11-point Likert scale) and adverse events over 72 hours. The efficacy of colchicine was measured based on response to treatment in the target joint, using patient self-assessment of pain at 24 hours following the time of first dose as recorded in the diary. A responder was one who achieved at least a 50% reduction in pain score at the 24-hour postdose assessment relative to the pretreatment score and did not use rescue medication prior to the actual time of 24-hour postdose assessment. Rates of resconse were similar for the recormmended low-dose treatment group (38%) and the nonrecommended

Rates of response were similar for the recommended low-dose treatment group (38%) and the nonrecommended high-dose group (33%) but were higher as compared to the placebo group (16%) as shown in *Table 8*.

Table 8. Number (%) of Responders Based on Target Joint Pain Score at 24 Hours Post First Dose						
Colchicine Dose Responders n (%)			% Differences in Proportion			
Low-Dose (n=74)	High-Dose (n=52)	Placebo n (%) (n=58)	Low-Dose vs Placebo (95% Cl)	High-Dose vs Placebo (95% Cl)		
28 (38%)	17 (33%)	9 (16%)	22 (8, 37)	17 (1.33)		

Figure 1 shows the percentage of patients achieving varying degrees of improvement in pain from baseline at 24 hours.

Figure 1 Pain Relief on Low and High Doses of Colchicine and Placebo (Cumulative)



The evidence for the efficacy of colchicine in patients with FMF is derived from the published literature. Three randomized, placebo-controlled studies were identified. The three placebo-controlled studies randomized a total of 48 adult patients diagnosed with FMF and reported similar efficacy endpoints as well as inclusion and excl

One of the studies randomized 15 patients with FMF to a six month crossover study during which five patients discontinued due to study noncompliance. The ten patients completing the study experienced five attacks over the course of 90 days while treated with colchicine compared to 59 attacks over the course of 90 days while treated with placeheet Similary the second study randomized 22 patients with EME to a for month crossover study during with placeheet second study randomized 22 patients with EME to a for month crossover study during the second study randomized 22 patients with EME to a for month crossover study during the second study randomized 22 patients with EME to a for month crossover study during the second study randomized 22 patients with EME to a for month crossover study during the second study randomized to second study and the second study randomized to second study at the second study randomized to s which nine patients discontinued due to lack of efficacy while receiving placebo or study noncompliance. The 3 patients completing the study experienced 18 attacks over the course of 60 days while treated with colchicine compared to 68 attacks over the course of 60 days while treated with placebo. The third study was discontinued after an interim analysis of six of the 11 patients enrolled had completed the study; results could not be confirmed. Open-label experience with colchicine in adults and children with FMF is consistent with the randomized, controlled trial experience and was utilized to support information on the safety profile of colchicine and for dosing

a clear relationship between colchicine use and female infertility. However, since the progression of FMF withou treatment may result in infertility, the use of colchicine needs to be weighed against the potential risks [see Nonclinical Toxicology (13.1)].

8.4 Pediatric Use The safety and efficacy of colchicine in children of all ages with FMF has been evaluated in uncontrolled studies. There does not appear to be an adverse effect on growth in children with FMF treated long-term with colchicine. Safety and effectiveness of colchicine in pediatric patients with gout has not been established.

8.5 Geriatric Use

Clinical studies with colchicine for prophylaxis and treatment of gout flares and for treatment of FMF did not include sufficient numbers of patients aged 65 years and older to determine whether they respond differently from younger patients. In general, dose selection for an elderly patient with gout should be cautious, reflecting the greater frequency of decreased renal function, concomitant disease or other drug therapy [see Dosage and Administration (2.4), Clinical Pharmacology (12.3)].

8.6 Renal Impairment Colchicine is significantly excreted in urine in healthy subjects. Clearance of colchicine is decreased in patients with impaired renal function. Total body clearance of colchicine was reduced by 75% in patients with end-stage renal disease undergoing dialysis.

Prophylaxis of Gout Flares

Proprivaxis of Gout Hares For prophylaxis of gout flares in patients with mild (estimated creatinine clearance Cler 50 to 80 mL/min) to moderate (Cler 30 to 50 mL/min) renal function impairment, adjustment of the recommended dose is not required, but patients should be monitored closely for adverse effects of colchicine. However, in patients with severe impairment, the starting dose should be 0.3 mg per day and any increase in dose should be done with close monitoring. For the prophylaxis of gout flares in patients undergoing dialysis, the starting doses should be 0.3 mg given twice a week with close monitoring [see Dosage and Administration (2.5)].

<u>Treatment of Gout Flares</u> For treatment of gout flares in patients with mild (Cler 50 to 80 mL/min) to moderate (Cler 30 to 50 mL/min) renal function impairment, adjustment of the recommended dose is not required, but patients should be monitored closely for adverse effects of colchicine. However, in patients with severe impairment, while the dose does not need to be adjusted for the treatment of gout flares, a treatment course should be repeated no more than once means the marked for the treatment of gout flares, a treatment does not consideration build be repeated in more than once every two weeks. For patients with gout flares requiring repeated courses, consideration should be given to alternate therapy. For patients undergoing dialysis, the total recommended dose for the treatment of gout flares should be reduced to a single dose of 0.6 mg (one tablet). For these patients, the treatment course should not be repeated more than once every two weeks [see Dosage and Administration (2.5)].

FMF

<u>rwr</u> Although pharmacokinetics of colchicine in patients with mild (Cl_{cr} 50 to 80 mL/min) and moderate (Cl_{cr} 30 to 50 mL/min) renal impairment is not known, these patients should be monitored closely for adverse effects of colchicine. Dose reduction may be necessary. In patients with severe renal failure (Cl_{cr} less than 30 mL/min) and end-stage renal disease requiring dialysis, colchicine may be started at the dose of 0.3 mg/day. Any increase in dose should be done with adequate monitoring of the patient for adverse effects of colchicine [see Clinical Pharmacology (12.3), Dosage and Administration (2.5)].

8.7 Hepatic Impairment The clearance of colchicine may be significantly reduced and plasma half-life prolonged in patients with chronic hepatic impairment compared to healthy subjects [see Clinical Pharmacology (12.3)]

Prophylaxis of Gout Flares For prophylaxis of gout flares in patients with mild to moderate hepatic function impairment, adjustment of the recommended dose is not required, but patients should be monitored closely for adverse effects of colchicine. Dose reduction should be considered for the prophylaxis of gout flares in patients with severe hepatic impairment [see Dosage and Administration (2.6)].

Treatment of Gout Flares

Treatment of Goul Frates For treatment of gout flares in patients with mild to moderate hepatic function impairment, adjustment of the recommended colchicine dose is not required, but patients should be monitored closely for adverse effects of colchicine. However, for the treatment of gout flares in patients with severe impairment, while the dose does not need to be adjusted, the treatment course should be repeated no more than once every two weeks. For these patients, requiring repeated courses for the treatment of gout flares, consideration should be given to alternate therapy [see Dosage and Administration (2.6)].

A published report described the pharmacokinetics of 1 mg oral colchicine tablet in four elderly women compared to six young healthy males. The mean age of the four elderly women was 83 years (range 75 to 93), mean weight was 47 kg (38 to 61 kg) and mean creatinine clearance was 46 mL/min (range 25 to 75 mL/min). Mean peak plasma levels and AUC of colchicine were two times higher in elderly subjects compared to young healthy males.

A pharmacokinetic study using a single oral dose of one 0.6 mg colchicine tablet was conducted in young healthy finates. A pharmacokinetic study using a single oral dose of one 0.6 mg colchicine tablet was conducted in young healthy subjects (n=20) between the ages of 18 and 30 years and elderly subjects (n=18) between the ages of 60 and 70 years. Elderly subjects in this study had a median age of 62 years and a mean (\pm SD) age of 62.83 \pm 28 years. A statistically significant difference in creatinine clearance (mean \pm SD) was found between the two age groups (132.56 \pm 23.16 mL/min for young vs 87.02 \pm 17.92 mL/min for elderly subjects, respectively). The following pharmacokinetic parameter values (mean \pm SD) were observed for colchicine in the young and elderly subjects, respectively. AlC₀ to inf (ng/hr/mL) 22.39 \pm 6.95 and 25.01 \pm 6.92; Cm_{ax} (ng/mL) 2.61 \pm 0.71 and 2.56 \pm 0.97; max (hr) 1.38 \pm 0.42 and 1.25 \pm 0.43; apparent elimination half-life (hr) 24.92 \pm 5.4 and 30.06 \pm 10.78; and clearance (mL/min) 0.0321 \pm 0.091 and 0.0292 \pm 0.0071.

Clinical studies with colchicine for prophylaxis and treatment of gout flares and for treatment of FMF did not Similar sufficient numbers of patients aged 65 years and older to determine whether they respond differently than younger patients. In general, dose selection for an elderly patient with gout should be cautious, reflecting the greater frequency of decreased renal function, concomitant disease or other drug therapy [see Dosage and Administration (2.4), Use in Specific Populations (8.5)].

Renal Impairment

Renal Impairment Pharmacokinetics of colchicine in patients with mild and moderate renal impairment is not known. A published report described the disposition of colchicine (1 mg) in young adult men and women with FMF who had normal renal function or end-stage renal disease requiring dialysis. Patients with end-stage renal disease had 75% lower colchicine clearance (0.17 vs. 0.73 L/hr/kg) and prolonged plasma elimination half-life (18.8 vs. 4.4 hours) as compared to subjects with FMF and normal renal function [see Dosage and Administration (2.5), Use in Specific Panulations (4.6). Populations (8.6)].

Peptic Impairment Hepatic Impairment Published reports on the pharmacokinetics of IV colchicine in patients with severe chronic liver disease, as well as those with alcoholic or primary bilary cirrhosis and normal renal function suggest wide interpatient variability. In some subjects with mild to moderate cirrhosis, the clearance of colchicine is significantly reduced and plasma half-life prolonged compared to healthy subjects. In subjects with primary bilary cirrhosis, no consistent trends were noted (*see Dosage and Administration (2.6.), Use in Specific Populations (8.7)].* No pharmacokinetic data are available for patients with severe hepatic impairment (Child-Pugh C).

Drug Interactions

In Vitro Drug Interactions In Vitro Drug Interactions In vitro studies in human liver microsomes have shown that colchicine is not an inhibitor or inducer of CYP1A2, CYP2A6, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP2E1 or CYP3A4 activity.

In *Vivo Drug Interactions* The effects of coadministration of other drugs with colchicine on C_{max} , AUC and C_{min} are summarized in *Table 6* (effect of other drugs on colchicine) and *Table 7* (effect of colchicine on other drugs). For information regarding clinical recommendations, see *Table 1* in Dose Modification for Coadministration of Interacting Drugs [see Dosage and Administration (2.4)].

Table 6. Drug Interactions: Pharmacokinetic Parameters for Colchicine Tablets in the Presence of the

Godullininstered Drug						
Coadministered Drug	Dose of Coadministered Drug (mg)	Dose of Colchicine (mg)	N	% Change in Colchicine Concentrations from Baseline (Range: Min - Max)		
				Cmax	AUC o-t	
Cyclosporine	100 mg single dose	0.6 mg single dose	23	270.0 (62.0 to 606.9)	259.0 (75.8 to 511.9)	
Clarithromycin	250 mg twice daily, 7 days	0.6 mg single dose	23	227.2 (65.7 to 591.1)	281.5 (88.7 to 851.6)	
Ketoconazole	200 mg twice daily, 5 days	0.6 mg single dose	24	101.7 (19.6 to 219.0)	212.2 (76.7 to 419.6)	
Ritonavir	100 mg twice daily, 5 days	0.6 mg single dose	18	184.4 (79.2 to 447.4)	296.0 (53.8 to 924.4)	
Verapamil	240 mg daily, 5 days	0.6 mg single dose	24	40.1 (-47.1 to 149.5)	103.3 (-9.8 to 217.2)	

 HOW SUPPLIED/STORAGE AND HANDLING
 16.1 HOW SUPPLIED/STORAGE AND HANDLING
 16.1 How Supplied
 Colchicine Tablets USP, 0.6 mg are purple, film-coated, capsule-shaped, bevel edged, biconvex tablets, debossed with "H" on one side and scored with "C2" on the other side; where 'C' and '2' are separated by a score line. NDC 31722-899-30 NDC 31722-899-01

Bottles of 30 Tablets

recommendations

 Bottles of OD Tablets
 NDC 31722-899

 16.2 Storage
 Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]

Protect from light. DISPENSE IN TIGHT, LIGHT-RESISTANT CONTAINER.

 Top Trent Counseling Information

 Advise the patient to read the FDA-approved patient labeling (Medication Guide).

 Dosing Instructions

Patients should be advised to take colchicine tablets as prescribed, even if they are feeling better. Patients should not alter the dose or discontinue treatment without consulting with their doctor. If a dose of colchicine is missed: • For treatment of a gout flare when the patient is not being dosed for prophylaxis, take the missed dose

- as soon as possible. For treatment of a gout flare during prophylaxis, take the missed dose immediately, wait 12 hours,
- For prophylaxis without treatment for a gout flare, or FMF, take the dose as soon as possible and then return to the normal dosing schedule. However, if a dose is skipped the patient should not double the next dose.

Fatal Overdose Instruct patient that fatal overdoses, both accidental and intentional, have been reported in adults and children who have ingested colchicine. Colchicine tablets should be kept out of the reach of children.

<u>Blood Dyscrasias</u> Patients should be informed that bone marrow depression with agranulocytosis, aplastic anemia and thrombocytopenia

Thay occur with concincine. <u>Drug and Food Interactions</u> Patients should be advised that many drugs or other substances may interact with colchicine and some interactions could be fatal. Therefore, patients should report to their healthcare provider all of the current medications they are taking and check with their healthcare provider before starting any new medications, particularly antibiotics. Patients should also be advised to report the use of nonprescription medication or herbal products. Grapefruit and grapefruit juice may also interact and should not be consumed during colchicine treatment.

Neuromuscular Toxicity Patients should be informed that muscle pain or weakness, tingling or numbness in fingers or toes may occur with colchicine alone or when it is used with certain other drugs. Patients developing any of these signs or symptoms must discontinue colchicine and seek medical evaluation immediately. Infertility

Advise males of reproductive potential that colchicine tablets may rarely and transiently impair fertility [see Use in Specific Populations (8.3)

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Manufactured for: Camber Pharmaceuticals, Inc.

By: Annora Pharma Pvt. Ltd. Sangareddy - 502313, Telangana, India Piscataway, NJ 08854

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What are the possible side effects of colchicine tablets?
Colchicine tablets can cause serious side effects or even cause death. See "W is the most important information that I should know about colchicine tablets.
Muscle weakness or pain
Numbness or tingling in your fingers or toes
Unusual bleeding or bruising
Feel weak or tired
Severe diarrhea or vomiting General Information about colchicine tablets
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use colchicine tablets for a condition for which it was not prescribed. Do not give colchicine tablets to other people, even if they have the same symptoms that you have. It may harm them. This Medication Guide summarizes the most important information about colchicine tablets. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about colchicine tablets that is written for healthcare professionals.
For more information, call 1-866-495-1995. Gout Flares: The most common side effect of colchicine tablets in people have gout flares is diarrhea.
 FMF: The most common side effects of colchicine tablets in people whether are abdominal pain, diarrhea, nausea and vomiting.
 Tell your healthcare provider if you have any side effect that bothers you does not go away. These are not all of the possible side effects of coll tablets. For more information, ask your healthcare provider or phar Call your doctor for medical advice about side effects. You may report side to FDA at 1-800-FDA-1088. Do not stop taking colchicine tablets even if you start to feel better, unless your healthcare provider tells you.
Your healthcare provider may do blood tests while you take colchicine tablets. If you take colchicine tablets daily and you miss a dose, then take it as soon as you remember. If it is almost time for your next dose, just skip the missed dose. Take the next dose at your regular time. Do not take 2 doses at the same time.
If you have a gout flare while taking colchicine tablets daily, report this to your healthcare provider. Take colchicine tablets?
Take colchicine tablets exactly as your healthcare prothem. If you are not sure about your dosing, call you
Colchicine tablets can be taken with or without food.
If you take too much colchicine, go to the nearest hosn right away.
Do not stop taking an area. Manufactured for: Camber Pharmaceuticals, I Piscataway, NJ 08854 magnesium : starch, sodiur • How How should I store colchicine tablets?
Store colchicine tablets at room temperature between 68°F and 25°C).
Keep colchicine tablets in a tightly closed container.
Keep colchicine tablets out of the light. What should I avoid while taking colchicine table
 Avoid eating grapefruit or drinking grapefruit j tablets. It can increase your chances of getting By: Annora Pharma Pvt. Ltd. Sangareddy - 502313, Telangana, India Revised: 08/2021 What are the ingredients in a Active Ingredient: colchicine Keep colchicine tablets and all medicines The Medication Guide available at http://camberpharma.com/medication-guides #40/allura This Medication Guide nactive rademarks AMBER brands listed esium stearate, , sodium starch lares: The most com out flares is diarrhea. **Ingredients:** carnauba wax, FD&C blue #2/indigo carmine AL, FD&C red ra red AC aluminum lake, hypromellose, lactose monohydrate, macrogol, sium stearate, microcrystalline cellulose, polydextrose, pregelatinized sodium starch glycolate, titanium dioxide and triacetin. q f Annora I has been approved by the trademarks of thei Pharma Private Limited Inc colchicine tablets? of their the out of the reach of tablets? nearest hospital U.S. respective e, polydextrose, and triacetin. Food provider tells you to take your healthcare provider. and at bothers y، ue effects of colchic. der or pharmacist. مرا side effects owners Drug in people who emergency room children and Administration peop and . See "What e tablets?". 77°F colchicine are e (20°C have who not

Size: 300 x 560 mm Pharma Code: Front-77 & Back-78 Spec.: Printed on 40 GSM Bible paper, front & back side printing Note: Pharma code position and Orientation are tentative, will be changed based on folding size. No of Colours: 01 - Black