

## **PRESCRIBING INFORMATION**

### **XYLOCAINE<sup>®</sup> OINTMENT 5%**

(lidocaine ointment USP)

50 mg/g

Topical Anesthetic

AstraZeneca Canada Inc.  
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# XYLOCAINE<sup>®</sup> OINTMENT 5%

(lidocaine ointment USP)

## PART I: HEALTH PROFESSIONAL INFORMATION

### SUMMARY PRODUCT INFORMATION

Route of Administration	Dosage Form / Strength	Clinically Relevant Nonmedicinal Ingredients
Topical	Ointment, 50mg/g	Propylene glycol <i>For a complete listing see DOSAGE FORMS, COMPOSITION AND PACKAGING section.</i>

### INDICATIONS AND CLINICAL USE

XYLOCAINE Ointment 5% (lidocaine) is indicated for:

- Temporary relief of pain associated with minor burns and abrasions of the skin, e.g. sunburn, herpes zoster and labialis, pruritus, sore nipples, insect bites;
- Anesthesia of mucous membranes, e.g. various anal conditions such as hemorrhoids and fissures;
- The alleviation of pain during examination and instrumentation, e.g. proctoscopy, sigmoidoscopy, cystoscopy, endotracheal intubation.

### CONTRAINDICATIONS

XYLOCAINE Ointment 5% (lidocaine) is contraindicated in:

- patients with a known history of hypersensitivity to local anesthetics of the amide type or to other components of the ointment (see DOSAGE FORMS, COMPOSITION AND PACKAGING).

### WARNINGS AND PRECAUTIONS

#### **General**

EXCESSIVE DOSAGE, OR SHORT INTERVALS BETWEEN DOSES, CAN RESULT IN HIGH PLASMA LEVELS OF LIDOCAINE OR ITS METABOLITES AND SERIOUS ADVERSE EFFECTS. Absorption from wound surfaces and the mucous membranes is variable but is especially high from the bronchial tree. Such applications may therefore result in rapidly rising or excessive plasma concentrations, with an increased risk for toxic

symptoms, such as convulsions. PATIENTS SHOULD BE INSTRUCTED TO STRICTLY ADHERE TO THE RECOMMENDED DOSAGE. This is especially important in children where doses vary with weight. The management of serious adverse reactions may require the use of resuscitative equipment, oxygen and other resuscitative drugs (see OVERDOSAGE).

The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Tolerance to elevated blood levels varies with the status of the patient.

Lidocaine should be used with caution in patients with sepsis and/or traumatized mucosa at the area of application, since under such conditions there is the potential for rapid systemic absorption.

XYLOCAINE Ointment 5% (lidocaine) should be used with caution in children under the age of 2 as there is insufficient data to support the safety and efficacy of this product in this patient population at this time.

In patients under general anesthesia who are paralyzed, higher plasma concentrations may occur than in spontaneously breathing patients. Unparalyzed patients are more likely to swallow a large proportion of the dose, which then undergoes considerable first-pass hepatic metabolism following absorption from the gut.

Avoid contact with eyes.

Many drugs used during the conduct of anesthesia are considered potential triggering agents for familial malignant hyperthermia. It has been shown that the use of amide local anesthetics in malignant hyperthermia patients is safe. However, there is no guarantee that neural blockade will prevent the development of malignant hyperthermia during surgery. It is also difficult to predict the need for supplemental general anesthesia. Therefore, a standard protocol for the management of malignant hyperthermia should be available.

When topical anesthetics are used in the mouth, the patient should be aware that the production of topical anesthesia may impair swallowing and thus enhance the danger of aspiration. Numbness of the tongue or buccal mucosa may enhance the danger of unintentional biting trauma. Food or chewing gum should not be taken while the mouth or throat area is anesthetized. See also Part III: Consumer Information.

XYLOCAINE Ointment 5% is ineffective when applied to intact skin.

### **Carcinogenesis and Mutagenesis**

Genotoxicity tests with lidocaine showed no evidence of mutagenic potential. A metabolite of lidocaine, 2,6-xylylidine, showed weak evidence of activity in some genotoxicity tests. A chronic oral toxicity study of the metabolite 2,6-xylylidine (0, 14, 45, 135 mg/kg) administered in feed to rats showed that there was a significantly greater incidence of nasal cavity tumors in male and female animals that had daily oral exposure to the highest dose of 2,6-xylylidine for 2 years. The lowest tumor-inducing dose tested in animals (135 mg/kg) corresponds to

approximately 40 times the amount of 2,6-xylidine to which a 50 kg subject would be exposed following the application of 8 g of lidocaine ointment 5% for 24 hours on the mucosa, assuming the highest theoretical extent of absorption of 100% and 80% conversion to 2,6-xylidine. Based on a yearly exposure (once daily dosing with 2,6-xylidine in animals and 5 treatment sessions with 8 g lidocaine ointment 5% in humans), the safety margins would be approximately 3000 times when comparing the exposure in animals to man.

### **Cardiovascular**

Lidocaine should be used with caution in patients with bradycardia or impaired cardiovascular function since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced by amide-type local anesthetics.

Lidocaine should be used with caution in patients in severe shock.

### **Neurologic**

**Epilepsy:** The risk of central nervous system side effects when using lidocaine in patients with epilepsy is very low, provided that the dose recommendations are followed (See DOSAGE AND ADMINISTRATION).

**Locomotion and Coordination:** Topical lidocaine formulations generally result in low plasma concentrations because of a low degree of systemic absorption. However, depending on the dose, local anesthetics may have a very mild effect on mental function and coordination even in the absence of overt CNS toxicity and may temporarily impair locomotion and alertness.

### **Renal**

Lidocaine is metabolized primarily by the liver to monoethylglycinexylidine (MEGX, which has some CNS activity), and then further to metabolites glycinexylidine (GX) and 2,6-xylidine (see ACTION AND CLINICAL PHARMACOLOGY). Only a small fraction (2%) of lidocaine is excreted unchanged in the urine. The pharmacokinetics of lidocaine and its main metabolite were not altered significantly in haemodialysis patients (n=4) who received an intravenous dose of lidocaine. Therefore, renal impairment is not expected to significantly affect the pharmacokinetics of lidocaine when XYLOCAINE Ointment 5% is used for short treatment durations, according to dosage instructions (see DOSAGE AND ADMINISTRATION). Caution is recommended when lidocaine is used in patients with severely impaired renal function because lidocaine metabolites may accumulate during long term treatment (see DOSAGE AND ADMINISTRATION).

### **Hepatic**

Because amide-type local anesthetics such as lidocaine are metabolized by the liver, these drugs, especially repeated doses, should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations.

### **Sensitivity**

Lidocaine should be used with caution in persons with known drug sensitivities. Patients allergic to para-aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross sensitivity to lidocaine.

### **Special Populations**

Debilitated patients, acutely ill patients, and patients with sepsis should be given reduced doses commensurate with their age, weight and physical condition because they may be more sensitive to systemic effects due to increased blood levels of lidocaine following repeated doses.

**Pregnant Women:** There are no adequate and well-controlled studies in pregnant women on the effect of lidocaine on the developing fetus.

It is reasonable to assume that a large number of pregnant women and women of child-bearing age have been given lidocaine. No specific disturbances to the reproductive process have so far been reported, e.g. no increased incidence of malformations. However, care should be given during early pregnancy when maximum organogenesis takes place.

**Labour and Delivery:** Should XYLOCAINE Ointment 5% be used concomitantly with other products containing lidocaine during labour and delivery, the total dose contributed by all formulations must be kept in mind.

**Nursing Women:** Lidocaine and its metabolites are excreted in the breast milk. At therapeutic doses the quantities of lidocaine and its metabolites in breast milk are small and generally are not expected to be a risk for the infant.

**Pediatrics:** Children should be given reduced doses commensurate with their age, weight and physical condition because they may be more sensitive to systemic effects due to increased blood levels of lidocaine following repeated doses (see DOSAGE AND ADMINISTRATION).

XYLOCAINE Ointment 5% should be used with caution in children under the age of 2 as there is insufficient data to support the safety and efficacy of this product in this patient population at this time.

**Geriatrics:** Elderly patients may be more sensitive to systemic effects due to increased blood levels of lidocaine following repeated doses and may require dose reductions.

### **ADVERSE REACTIONS**

Adverse experiences following the administration of lidocaine are similar in nature to those observed with other amide local anesthetic agents. These adverse experiences are, in general, dose-related and may result from high plasma levels caused by overdosage or rapid

absorption, or may result from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient.

Serious adverse experiences are generally systemic in nature. The following types are those most commonly reported:

**Central Nervous System:** CNS manifestations are excitatory and/or depressant and may be characterized by the following signs and symptoms of escalating severity: circumoral paresthesia, lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, hyperacusis, tinnitus, blurred vision, vomiting, sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness, respiratory depression and arrest. The excitatory manifestations (e.g., twitching, tremors, convulsions) may be very brief or may not occur at all, in which case the first manifestation of toxicity may be drowsiness merging into unconsciousness and respiratory arrest.

Drowsiness following the administration of lidocaine is usually an early sign of a high lidocaine plasma level and may occur as a consequence of rapid absorption.

**Cardiovascular System:** Cardiovascular manifestations are usually depressant and are characterized by bradycardia, hypotension, arrhythmia and cardiovascular collapse, which may lead to cardiac arrest.

**Allergic:** Allergic reactions are characterized by cutaneous lesions, urticaria, edema or, in the most severe instances, anaphylactic shock. Allergic reactions of the amide type are rare (<0.1%) and may occur as a result of sensitivity either to the local anesthetic agent or to other components in the formulation (See DOSAGE FORM, COMPOSITION AND PACKAGING).

**Skin Irritation:** Topical products that contain propylene glycol may cause skin irritation.

## DRUG INTERACTIONS

### Overview

Lidocaine is mainly metabolized in the liver by CYP1A2 and CYP3A4 to its two major metabolites, monoethylglycinexylidide (MEGX) and glycinexylidide (GX), both of which are pharmacologically active. Lidocaine has a high hepatic extraction ratio. Only a small fraction (2%) of lidocaine is excreted unchanged in the urine. The hepatic clearance of lidocaine is expected to depend largely on blood flow.

Strong inhibitors of CYP1A2, such as fluvoxamine, given concomitantly with lidocaine, can cause a metabolic interaction leading to an increased lidocaine plasma concentration. Therefore, prolonged administration of lidocaine should be avoided in patients treated with strong inhibitors of CYP1A2, such as fluvoxamine. When co-administered with intravenous lidocaine, two strong inhibitors of CYP3A4, erythromycin and itraconazole, have each been shown to have a modest effect on the pharmacokinetics of intravenous lidocaine. Other drugs

such as propranolol and cimetidine have been reported to reduce intravenous lidocaine clearance, probably through effects on hepatic blood flow and/or metabolism.

When lidocaine is used topically, plasma concentrations are of importance for safety reasons (see WARNINGS AND PRECAUTIONS, General; ADVERSE REACTIONS). However, with the low systemic exposure and short duration of topical application, the abovementioned metabolic drug-drug interactions are not expected to be of clinical significance when XYLOCAINE Ointment 5% is used according to dosage recommendations.

Clinically relevant pharmacodynamic drug interactions may occur with lidocaine and other local anesthetics or structurally related drugs, and Class I and Class III antiarrhythmic drugs due to additive effects.

### **Drug-Drug Interactions**

#### Local anesthetics and agents structurally related to amide-type local anesthetics

Lidocaine should be used with caution in patients receiving other local anesthetics or agents structurally related to amide-type local anesthetics (e.g. antiarrhythmics such as mexiletine), since the toxic effects are additive.

#### Antiarrhythmic Drugs

##### *Class I Antiarrhythmic drugs*

Class I antiarrhythmic drugs (such as mexiletine) should be used with caution since toxic effects are additive and potentially synergistic.

##### *Class III Antiarrhythmic drugs*

Caution is advised when using Class III antiarrhythmic drugs concomitantly with lidocaine due to potential pharmacodynamic or pharmacokinetic interactions with lidocaine, or both. A drug interaction study has shown that the plasma concentration of lidocaine may be increased following administration of a therapeutic dose of intravenous lidocaine to patients treated with amiodarone (n=6). Case reports have described toxicity in patients treated concomitantly with lidocaine and amiodarone. Patients treated with Class III antiarrhythmic drugs (e.g. amiodarone) should be kept under close surveillance and ECG monitoring should be considered, since cardiac effects of these drugs and lidocaine may be additive.

#### Strong Inhibitors of CYP1A2 and CYP3A4

Cytochrome CYP1A2 and CYP3A4 are involved in the formation of the pharmacologically active lidocaine metabolite MEGX.

*Fluvoxamine*: Strong inhibitors of CYP1A2, such as fluvoxamine, given during prolonged administration of lidocaine to areas with a high extent of systemic absorption (e.g., mucous membranes) can cause a metabolic interaction leading to an increased lidocaine plasma concentration. The plasma clearance of a single intravenous dose of lidocaine was reduced by 41 to 60% during co-administration of fluvoxamine, a selective and potent CYP1A2 inhibitor, to healthy volunteers.

*Erythromycin and Itraconazole:* Erythromycin and itraconazole, which are strong inhibitors of CYP3A4, have been shown to reduce clearance of lidocaine by 9 to 18%, following a single intravenous dose of lidocaine to healthy volunteers.

During combined co-administration with fluvoxamine and erythromycin the plasma clearance of lidocaine was reduced by 53%.

#### β-blockers and cimetidine

Following a single intravenous dose of lidocaine, administered to healthy volunteers, the clearance of lidocaine has been reported to be reduced up to 47% when co-administered with propranolol and up to 30% when co-administered with cimetidine. Reduced clearance of lidocaine when co-administered with these drugs is probably due to reduced liver blood flow and/or inhibition of microsomal liver enzymes. The potential for clinically significant interactions with these drugs should be considered during long-term treatment with high doses of lidocaine.

#### **Drug-Food Interactions**

Interactions of lidocaine with food have not been established.

#### **Drug-Herb Interactions**

Interactions of lidocaine with herbal products have not been established.

#### **Drug-Laboratory Tests Interactions**

Interactions of lidocaine with laboratory tests have not been established.

#### **Drug-Lifestyle Interactions**

Interactions of lidocaine with lifestyle have not been established.

## **DOSAGE AND ADMINISTRATION**

### **Dosing Considerations**

#### **General**

When XYLOCAINE Ointment 5% (lidocaine) is used concomitantly with other products containing lidocaine, the total dose contributed by all formulations must be kept in mind.

#### **Special Populations**

Lidocaine should also be used with caution in patients with epilepsy, impaired cardiac conduction, bradycardia, impaired hepatic or renal function and in severe shock (See WARNINGS AND PRECAUTIONS).

Debilitated, elderly patients, acutely ill patients, patients with sepsis, and children should be given reduced doses commensurate with their age, weight and physical condition.

XYLOCAINE Ointment 5% should be used with caution in children under the age of 2 as there is insufficient data to support the safety and efficacy of this product in this patient population at this time.

## **Mode of Administration**

### **XYLOCAINE Ointment 5%**

The ointment should be applied in a thin layer for adequate control of symptoms. A sterile gauze pad is recommended for application to broken and burned tissue.

For sore nipples, apply on a small piece of gauze; the ointment must be washed away before the next feeding.

For endotracheal intubation, apply 1-2 g of ointment to the tube prior to intubation.

## **Recommended Dose and Dosage Adjustment**

### **Maximum Dosage**

#### Adults

No more than 2 g (100 mg lidocaine base) in a single dose for endotracheal intubation.

No more than 10 g (500 mg lidocaine base) in a single dose for other indications.

After a maximum endotracheal dose or application to mucous membranes the next dose should not be applied until 4 hours later. After a maximal dose given rectally or to burns the minimum dosing interval should be 8 hours.

The total maximum dose administered in a 24 hour period to healthy adults should not exceed 20 g (1000 mg lidocaine base).

#### Children (Under 12 Years)

It is difficult to recommend a maximum dose of any drug for children since this varies as a function of age and weight. Hence, for safety reasons, in children less than 12 years of age 100% bioavailability should be assumed following application to mucous membranes and broken skin, and the maximum amount of XYLOCAINE Ointment 5% administered to children should not exceed 0.1 g ointment/kg body weight (corresponding to 5 mg lidocaine/kg of body weight). The minimum dosing interval in children should be 8 hours.

For children over 12 years of age doses should be commensurate with weight and physical condition.

## **OVERDOSAGE**

Acute systemic toxicity from local anesthetics is generally related to high plasma levels encountered during therapeutic use of local anesthetics and originates mainly in the central nervous and the cardiovascular systems (see ADVERSE REACTIONS and WARNINGS AND PRECAUTIONS). It should be kept in mind that clinically relevant pharmacodynamic drug interactions (i.e., toxic effects) may occur with lidocaine and other local anesthetics or structurally related drugs, and Class I and Class III antiarrhythmic drugs due to additive effects (see DRUG INTERACTIONS).

## **Symptoms**

*Central nervous system* toxicity is a graded response, with symptoms and signs of escalating severity. The first symptoms are circumoral paresthesia, numbness of the tongue, lightheadedness, hyperacusis and tinnitus. Visual disturbance and muscular tremors are more serious and precede the onset of generalized convulsions. Unconsciousness and grand mal convulsions may follow, which may last from a few seconds to several minutes. Hypoxia and hypercarbia occur rapidly following convulsions due to the increased muscular activity, together with the interference with normal respiration. In severe cases apnea may occur. Acidosis increases the toxic effects of local anesthetics.

Recovery is due to redistribution and metabolism of the local anesthetic drug. Recovery may be rapid unless large amounts of the drug have been administered.

*Cardiovascular* effects may be seen in cases with high systemic concentrations. Severe hypotension, bradycardia, arrhythmia and cardiovascular collapse may be the result in such cases.

Cardiovascular toxic effects are generally preceded by signs of toxicity in the central nervous system, unless the patient is receiving a general anesthetic or is heavily sedated with drugs such as a benzodiazepine or barbiturate.

## **Treatment**

The first consideration is prevention, best accomplished by careful and constant monitoring of cardiovascular and respiratory vital signs and the patient's state of consciousness after each local anesthetic administration. At the first sign of change, oxygen should be administered.

The first step in the management of systemic toxic reactions consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. This may prevent convulsions if they have not already occurred.

If convulsions occur, the objective of the treatment is to maintain ventilation and oxygenation and support circulation. Oxygen must be given and ventilation assisted if necessary (mask and bag or tracheal intubation). Should convulsions not stop spontaneously after 15-20 seconds, an anticonvulsant should be given iv to facilitate adequate ventilation and oxygenation. Thiopental sodium 1-3 mg/kg iv is the first choice. Alternatively diazepam 0.1 mg/kg bw iv may be used, although its action will be slow. Prolonged convulsions may jeopardise the patient's ventilation and oxygenation. If so, injection of a muscle relaxant (e.g. succinylcholine 1 mg/kg bw) will facilitate ventilation, and oxygenation can be controlled. Early endotracheal intubation is required when succinylcholine is used to control motor seizure activity.

If cardiovascular depression is evident (hypotension, bradycardia), ephedrine 5-10 mg i.v. should be given and may be repeated, if necessary, after 2-3 minutes.

Should circulatory arrest occur, immediate cardiopulmonary resuscitation should be instituted. Continual oxygenation and ventilation and circulatory support as well as treatment of acidosis are of vital importance, since hypoxia and acidosis will increase the systemic toxicity of local anesthetics. Epinephrine (0.1-0.2 mg as intravenous or intracardial injections) should be given as soon as possible and repeated, if necessary.

Children should be given doses of epinephrine commensurate with their age and weight.

## **ACTION AND CLINICAL PHARMACOLOGY**

### **Mechanism of Action**

Lidocaine stabilizes the neuronal membrane by inhibiting the ionic fluxes required for the initiation and conduction of impulses, thereby effecting local anesthetic action. Local anesthetics of the amide type are thought to act within the sodium channels of the nerve membrane.

### **Onset of Action**

Anesthesia usually occurs within 3-5 minutes when applied to mucous membrane. The duration of analgesia for burn wound pain is about 4 hours. The application of gauze over the cream may prolong duration of analgesia in burn wounds. XYLOCAINE Ointment 5% (lidocaine) is ineffective when applied to intact skin.

### **Hemodynamics**

Lidocaine, like other local anesthetics, may also have effects on excitable membranes in the brain and myocardium. If excessive amounts of drug reach systemic circulation rapidly, symptoms and signs of toxicity will appear, emanating from the central nervous and cardiovascular systems.

Central nervous system toxicity (see OVERDOSAGE) usually precedes the cardiovascular effects since it occurs at lower plasma concentrations. Direct effects of local anesthetics on the heart include slow conduction, negative inotropism and eventually cardiac arrest.

### **Pharmacokinetics**

**Absorption:** The rate and extent of absorption depends upon concentration and total dose administered, the specific site of application and duration of exposure. In general, the rate of absorption of local anesthetic agents following topical application to wound surfaces and mucous membranes is high, and occurs most rapidly after intratracheal and bronchial administration. Lidocaine is also well absorbed from the gastrointestinal tract, although little intact drug may appear in the circulation because of biotransformation in the liver.

**Distribution:** Lidocaine has a total plasma clearance of 0.95 L/min and a volume of distribution at steady state of 91 L.

Following insertion of an endotracheal tube lubricated with a mean of 1.26 g (range 0.49-2.45) XYLOCAINE Ointment 5% in patients 18 to 80 years old, the mean peak venous plasma

concentration of lidocaine was 0.45 (range 0.2-0.9) µg/mL and was usually observed within 15 min. A dose increase of 1 g ointment resulted in an average increase of 0.22 µg/mL.

Lidocaine readily crosses the placenta, and equilibrium in regard to free, unbound drug will be reached. Because the degree of plasma protein binding in the fetus is less than in the mother, the total plasma concentration will be greater in the mother, but the free concentrations will be the same.

The plasma binding of lidocaine is dependent on drug concentration, and the fraction bound decreases with increasing concentration. At concentrations of 1 to 4 µg of free base per mL, 60 to 80 percent of lidocaine is protein bound. Binding is also dependent on the plasma concentration of the alpha-1-acid glycoprotein.

**Metabolism:** Lidocaine is metabolized rapidly by the liver, and metabolites and unchanged drug are excreted by the kidneys. Biotransformation includes oxidative N-dealkylation, ring hydroxylation, cleavage of the amide linkage, and conjugation. Only 2% of lidocaine is excreted unchanged. Most of it is metabolized first to monoethylglycinexylidide (MEGX) and then to glycinexylidide (GX) and 2,6-xylidine. Up to 70% appears in the urine as 4-hydroxy-2,6-xylidine.

**Excretion:** Lidocaine has an elimination half-life of 1.6 h and an estimated hepatic extraction ratio of 0.65. The clearance of lidocaine is almost entirely due to liver metabolism, and depends both on liver blood flow and the activity of metabolizing enzymes.

The elimination half-life of lidocaine following an intravenous bolus injection is typically 1.5 to 2.0 hours. The elimination half-life in neonates (3.2 h) is approximately twice that of adults. The half-life may be prolonged two-fold or more in patients with liver dysfunction. Renal dysfunction does not affect lidocaine kinetics but may increase the accumulation of metabolites.

### **Special Populations and Conditions**

Acidosis increases the systemic toxicity of lidocaine while the use of CNS depressants may increase the levels of lidocaine required to produce overt CNS effects. Objective adverse manifestations become increasingly apparent with increasing venous plasma levels above 6.0 µg free base per mL.

### **STORAGE AND STABILITY**

Store at 15-30°C. Protect from freezing.

### **SPECIAL HANDLING INSTRUCTIONS**

On initial opening, do not use if the protective membrane of the tube is punctured.

## **DOSAGE FORMS, COMPOSITION AND PACKAGING**

### **Dosage Forms**

XYLOCAINE Ointment 5% (lidocaine) is a white to greyish-white ointment. The vehicle for the active ingredient is a water-miscible base consisting of propylene glycol and polyethylene glycol.

### **Composition**

lidocaine (base)	50 mg/g
polyethylene glycol	
propylene glycol	
water, purified	

### **Packaging**

XYLOCAINE Ointment 5% is available in 35 g aluminum tubes.

**XYLOCAINE® OINTMENT 5%**  
lidocaine ointment USP

**PART III:  
CONSUMER INFORMATION**

**This leaflet is part III of a two-part "Prescribing Information" published when XYLOCAINE Ointment 5% was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about XYLOCAINE Ointment 5%. Contact your doctor or pharmacist if you have any questions about the drug.**

**Before using XYLOCAINE Ointment 5%, read this leaflet carefully.**

**Please keep this leaflet to refer to until you have used up all your XYLOCAINE Ointment 5%.**

**This medicine has been prescribed for you personally and you should not pass it on to others. It may harm them, even if their symptoms are the same as yours.**

**ABOUT THIS MEDICATION**

**WHAT THE MEDICATION IS USED FOR:**

XYLOCAINE Ointment 5% is used to produce a temporary loss of feeling or numbness of the area where it is applied in adults and children 2 years of age and older, and can be used:

- before certain types of examinations done by your doctor;
- to help relieve the pain from minor skin abrasions, sunburn or other minor burns, sore nipples, insect bites and hemorrhoids.

**WHAT IT DOES:**

XYLOCAINE Ointment 5% is the brand name for a topical anesthetic that contains the drug lidocaine. Topical anesthetics are used to produce a temporary loss of feeling or numbness on the area where they are applied.

XYLOCAINE Ointment 5% should start to work within 5 minutes after you apply it. The pain relief effect lasts about 4 hours specifically for wounds caused by burning. When a gauze is used over the cream, it may extend the effect of relief of pain in burn wounds.

**WHEN IT SHOULD NOT BE USED:**

Do not use XYLOCAINE Ointment 5% if you:

- are allergic to lidocaine, any other "-caine" type anesthetics, or any of the non-medicinal ingredients in the product (see **WHAT THE IMPORTANT NONMEDICINAL INGREDIENTS ARE** below).

**WHAT THE MEDICINAL INGREDIENT IS:**  
lidocaine 5%

**WHAT THE IMPORTANT NONMEDICINAL INGREDIENTS ARE:**

XYLOCAINE Ointment 5% also contains polyethylene glycol, propylene glycol, and purified water.

Check with your doctor if you think you may be sensitive to any of the above ingredients.

**WHAT DOSAGE FORMS IT COMES IN:**

XYLOCAINE Ointment 5%, 35g tube

**WARNINGS AND PRECAUTIONS**

BEFORE you use XYLOCAINE Ointment 5% tell your doctor, or pharmacist:

- about all health problems you have now or have had in the past;
- about other medicines you take, including ones you can buy without a prescription;
- if you are taking other medicines such as drugs used to treat irregular heart activity (anti-arrhythmics);
- if you have ever had a bad, unusual or allergic reaction to XYLOCAINE Ointment 5% or any other medicines ending with "caine";
- if you think you may be allergic or sensitive to any ingredients in XYLOCAINE Ointment 5% (see above);
- if you have bleeding hemorrhoids and wish to use the ointment in that area;
- if there is an infection, skin rash, cut or wound at or near the area you want to apply XYLOCAINE Ointment 5%;
- if you have a skin condition that is severe or that covers a large area;
- if you have a severe heart, kidney or liver disease (see PROPER USE OF THIS MEDICATION);
- if you have epilepsy (there is very low risk if used as per PROPER USE OF THIS MEDICATION section);
- if you are experiencing severe shock;
- if you are pregnant, plan to become pregnant or are breastfeeding.

**INTERACTIONS WITH THIS MEDICATION**

Tell your doctor or pharmacist about any other drugs you take, or have recently taken, including:

- drugs you can buy without a prescription;
- anti-arrhythmic drugs for heart problems (e.g. mexiletine, amiodarone) (see PROPER USE OF THIS MEDICATION);
- other anesthetics (see PROPER USE OF THIS MEDICATION);
- propranolol for heart problems or cimetidine for gastrointestinal problems, if you are going to use high doses of XYLOCAINE Ointment 5% for a long time;

- fluvoxamine for depression, if you are going to use high doses of XYLOCAINE Ointment 5% for a long time.

Usage of such medicines at the same time as XYLOCAINE Ointment 5% may increase the risk of serious side effects.

### PROPER USE OF THIS MEDICATION

#### USUAL DOSE:

If this medicine is recommended by your doctor, be sure to follow the directions for use that have been given. If you are treating yourself, follow the directions below. Check with your doctor or pharmacist if you have any questions about your directions.

XYLOCAINE Ointment 5% comes in tube sizes of 35 gram tubes with a special protective seal on the tube opening. If this seal is broken when you buy XYLOCAINE Ointment 5%, exchange it at the pharmacy for a new tube. To break the protective seal the first time you use XYLOCAINE Ointment 5%, firmly press the pointed end of the white cap into the seal.

The following are general guidelines for the maximum amount of XYLOCAINE Ointment 5% that should be used without a doctor's advice. These guidelines apply only to otherwise healthy people. If you have a special skin condition or other condition that requires a doctor's supervision ask your doctor about the maximum amount of ointment that you should use.

Do not use more XYLOCAINE Ointment 5%; or more often or for a longer period of time than either your doctor ordered or than these package directions recommend as this may cause unwanted side effects (see SERIOUS SIDE EFFECTS AND WHAT TO DO ABOUT THEM).

- If possible, clean the affected area well, before each application of ointment.
- Use the smallest amount of ointment needed to control your symptoms.
- Apply a thin layer, using only enough to cover the affected area, and reapply it only when you need it.
- For broken or burned skin: To avoid touching the affected area with your hands, apply the ointment to a sterile gauze pad. Then secure the gauze pad in place over the affected area.
- If used on sore nipples it is essential that you clean the nipple area completely before each feeding. This will ensure that the baby does not take in any of this medicine.
- Avoid contact with your eyes.

#### Conditions where dose adjustments may be required:

- elderly patients
- acutely ill patients
- patients with severe liver disease
- patients with severe kidney disease
- patients also treated with other anesthetics or certain antiarrhythmic drugs (such as amiodarone or melixitine)

#### Dose for Adults:

No more than 10 grams of ointment should be used for any single application.

The minimum time between doses should be at least 8 hours.

The **total dose** for a 24-hour period should be no more than 20 grams.

#### Dose for Children 2-12 Years of Age:

The dose depends on the child's weight. No more than 1 gram of ointment per 10 kilograms of the child's weight. The minimum time between doses should be at least 8 hours.

- For use in children under 2 years of age, consult a doctor.
- If you have any questions about how to measure the above amounts, be sure to ask your pharmacist.
- 10 grams of ointment administered from the 35 g tube is approximately 1/3 of the tube.
- If you have the impression that the effect of XYLOCAINE Ointment 5% is too strong or too weak, talk to your doctor or pharmacist.

The ointment can easily be removed from the site of application and from clothing by washing with water.

If you are treating yourself and your condition does not seem to improve within three to five days, check with your doctor about continuing to use XYLOCAINE Ointment 5%.

#### OVERDOSE:

Early signs of overdosage are numbness of the lips and around the mouth, lightheadedness, dizziness and sometimes blurred vision. In the event of a serious overdosage, trembling, seizures or unconsciousness may occur.

If the early signs of overdosage are noticed and no further XYLOCAINE Ointment 5% is given, the risk of serious side effects occurring rapidly decreases. If you think you or anyone else is experiencing any of the above signs, telephone your doctor or go to the nearest hospital right away.

### SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Like any medication, XYLOCAINE Ointment 5% may cause side effects in some people.

Propylene glycol (one of the other ingredients of the ointment) may cause skin irritation.

Avoid eating or chewing gum when XYLOCAINE Ointment 5% is used in the mouth or throat since numbness in these areas may interfere with swallowing and could potentially cause choking. Numbness of the tongue or gums may also increase the danger of injury due to biting.

Avoid exposure to extreme hot or cold temperatures (e.g. food, drink) until complete sensation has returned.

Avoid contact with the eyes because numbness in the eyes may prevent you from noticing if you get something in your eye.

With the recommended doses, XYLOCAINE Ointment 5% has no effect on the ability to drive and use machines.

Medicines affect different people in different ways. Just because side effects have occurred in some patients, does not mean that you will get them. If any side effects bother you, or if you experience any unusual effects while you are using XYLOCAINE Ointment 5%, stop using it and check with your doctor or pharmacist as soon as possible.

Consult your doctor immediately if any of these symptoms appear.

**HOW TO STORE IT**

Remember to **keep XYLOCAINE Ointment 5% well out of the reach of children** when you are not using it.

Keep XYLOCAINE Ointment 5% at room temperature. Protect from freezing. Do not keep XYLOCAINE Ointment 5% in the bathroom medicine cabinet or other warm, moist places. Store in the original package.

Do not use XYLOCAINE Ointment 5% after the expiry date marked on the package.

**REPORTING SUSPECTED SIDE EFFECTS**

To monitor drug safety, Health Canada collects information on serious and unexpected effects of drugs. If you suspect you have had a serious or unexpected reaction to this drug you may notify Health Canada by:

Toll-free telephone: 866-234-2345  
 Toll-free fax: 866-678-6789  
 By email: [cadrmpp@hc-sc.gc.ca](mailto:cadrmpp@hc-sc.gc.ca)

By regular mail:  
 National AR Centre  
 Marketed Health Products Safety and Effectiveness  
 Information Division  
 Marketed Health Products Directorate  
 Tunney's Pasture, AL 0701C  
 Ottawa ON K1A 0K9

**NOTE: Before contacting Health Canada, you should contact your physician or pharmacist.**

**SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM**

Symptom / effect		Talk with your doctor or pharmacist		Stop taking drug and call your doctor or pharmacist
		Only if severe	In all cases	
Rare	<b>Allergic reaction such as:</b> redness, itching or swelling of your skin, hives, burning, stinging, or any other skin problems, swelling of the neck area, or any difficulty with breathing, not present before using this medicine	X		X

*This is not a complete list of side effects. For any unexpected effects while taking XYLOCAINE Ointment 5% contact your doctor or pharmacist*

XYLOCAINE Ointment 5% can cause serious side effects if too much is used. These include: drowsiness, numbness of your tongue, light-headedness, ringing in your ears, blurred vision, vomiting, dizziness, unusually slow heart beat, fainting, nervousness, unusual sweating, trembling or seizures.

The above are extremely rare and usually require large amounts of XYLOCAINE Ointment 5% over a long period of time.

**MORE INFORMATION**

**Important Note: This leaflet alerts you to some of the times you should call your doctor. Other situations which cannot be predicted may arise. Nothing about this leaflet should stop you from calling your doctor with any questions or concerns you have about using XYLOCAINE Ointment 5%.**

NOTE: This CONSUMER INFORMATION leaflet provides you with the most current information at the time of printing.

For the most current information, the Consumer Information Leaflet plus the full Prescribing Information, prepared for health professionals can be found at:  
[www.astrazeneca.ca](http://www.astrazeneca.ca)  
 or by contacting the sponsor, AstraZeneca Canada Inc. at:  
 Customer Inquiries – 1 (800) 668-6000,  
 Renseignements – 1 (800) 461-3787.

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