MECURE INDUSTRIES PLC

SUMMARY OF PRODUCT CHARACTERISTICS (SmPC)

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1. Name of the Medicinal Product

WINMALAR TABLETS

2. Qualitative and Quantitative Composition

Each uncoated tablet contains Sulphadoxine 500mg and Pyrimethamine 25mg.

Excipients q.s

For a full list of excipients, see section 6.1

3. Pharmaceutical Form

Uncoated tablet

White circular flat beveled edge uncoated tablets, having embossed with “MECURE” on one side and a break line between “W” and “M” embossed on the other side.

4. Clinical Particulars

4.1. Therapeutic Indications

The combination of Sulphadoxine and Pyrimethamine is recommended for prophylactic treatment of malaria in pregnant women, in their second and third trimester.

4.2. Posology and method of administration

Route of administration: By mouth (oral)

Conditions of administration: Adults, 3 tablets to be taken at once.

4.3. Contra-Indications

The drug is contraindicated in patients with severe renal insufficiency, marked liver parenchymal damage or blood dyscrasias, hypersensitivity to pyrimethamine or sulphonamides, patients with documented megaloblastic anemia due to folate deficiency, infants < 2 months of age, pregnancy at term and during the nursing period.

Treatment must be immediately discontinued upon the appearance of any skin reactions or mucocutaneous signs or symptoms such as pruritus, erythema, rash, urogenital lesions or pharyngitis, and a medical practitioner consulted as these may be indicative of a life-threatening reaction to the drug. The possibility of an adverse drug reaction should be considered in patients developing a rash, jaundice, fever or severe generalized malaise during treatment with sulphadoxine-pyrimethamine.

This combination should not be used in premature or newborn infants in the first two months of

life because of the immaturity of their enzyme systems. Pyrimethamine has been reported to cause aplastic anaemia if used between courses of antineoplastic agents. This should be borne in mind when using sulphadoxine-pyrimethamine combination.

4.4. Special warnings and precautions for use

Adequate fluid intake must be maintained in order to prevent crystalluria and stone formation.

If anorexia or vomiting occurs during the therapy, these adverse effects may be minimized by taking the drug with meals.

4.5. Interaction with other medicinal products and other forms of interaction

Not available

4.6. Pregnancy and Lactation

Sulfadoxine and pyrimethamine has been shown to be teratogenic in rats when given in weekly doses approximately 12 times the weekly human prophylactic dose. Teratology studies with pyrimethamine plus sulfadoxine (1:20) in rats showed the minimum oral teratogenic dose to be approximately 0.9 mg/kg pyrimethamine plus 18 mg/kg sulfadoxine. In rabbits, no teratogenic effects were noted at oral doses as high as 20 mg/kg pyrimethamine plus 400 mg/kg sulfadoxine.

There are no adequate and well-controlled studies in pregnant women. However, due to the teratogenic effect shown in animals and because pyrimethamine plus sulfadoxine may interfere with folic acid metabolism, sulfadoxine and pyrimethamine therapy should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Women of childbearing potential who are traveling to areas where malaria is endemic should be warned against becoming pregnant, and should be advised to practice contraception during prophylaxis with sulfadoxine and pyrimethamine and for three months after the last dose.

Pediatric Use

Sulfadoxine and pyrimethamine should not be given to infants less than 2 months of age because of inadequate development of the glucuronide-forming enzyme system.

Geriatric Use

Clinical studies of Sulfadoxine and pyrimethamine did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

4.7. Effects on the ability to drive and use machines

Not available

4.8. Undesirable effects

Along with its therapeutic effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your doctor immediately if any of following side effects occur: increased sensitivity of skin to sunlight; irritation or soreness of tongue; skin rash Less common in Blacks, tarry stools; bleeding or crusting sores on lips; blood in urine or stools; chest pain; chills; cough or hoarseness; loss of appetite; lower back or side pain; muscle cramps or pain; nausea; painful or difficult urination;

pinpoint red spots on skin; redness, blistering, peeling, or loosening of skin; sore mouth; sore throat; sore, ulcers, and/or white spots in mouth; sores on lips; swelling in upper abdominal area; unusual bleeding or bruising; unusual tiredness or weakness; vomiting; yellow eyes or skin, severe

Abdominal or stomach pain; changes in facial skin color; constipation; fast or irregular breathing; tenderness, itching, or burning of skin; puffiness or swelling of the eyelids of around the eyes; shortness of breath, troubled breathing, tightness in chest, and/or wheezing; swelling of front part of neck.

Other side effects may occur that usually do not need medicals attention.

These side effects may disappear during treatment as body adjusts to the medicine.

However, check with your doctor if any of the following side effects continue or are bothersome: More common are Anxiety, diarrhea, drowsiness, headache and nervousness, Less common is pain in joints.

4.9. Overdose

Not available

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Sulphadoxine and pyrimethamine combination is an antimalarial agent, which acts by reciprocal potentiation of its two components, achieved by a sequential blockade of two enzymes involved in the biosynthesis of folinic acid with the parasites. They are blood schizontocidal agents and are active against the asexual erythrocytic forms of susceptible plasmodia.

5.2 Pharmacokinetic properties

Absorption

After administration of 1 tablet, peak plasma levels for pyrimethamine (approximately 0.2 mg/L) and for sulfadoxine (approximately 60 mg/L) are reached after about 4 hours.

Distribution

The volume of distribution for sulfadoxine and pyrimethamine is 0.14 L/kg and 2.3 L/kg, respectively.

Patients taking 1 tablet a week (recommended adult dose for malaria prophylaxis) can be expected to have mean steady state plasma concentrations of about 0.15 mg/L for pyrimethamine after about four weeks and about 98 mg/L for sulfadoxine after about seven weeks.
Plasma protein binding is about 90% for both pyrimethamine and sulfadoxine. Both pyrimethamine and sulfadoxine cross the placental barrier and pass into breast milk.

Metabolism

About 5% of sulfadoxine appears in the plasma as acetylated metabolite, about 2 to 3% as the glucuronide. Pyrimethamine is transformed to several unidentified metabolites.

Elimination

A relatively long elimination half-life is characteristic of both components. The mean values are about 100 hours for pyrimethamine and about 200 hours for sulfadoxine. Both pyrimethamine and sulfadoxine are eliminated mainly via the kidneys.

Characteristics in Patients

In malaria patients, single pharmacokinetic parameters may differ from those in healthy subjects, depending on the population concerned. In patients with renal insufficiency, delayed elimination of the components of Sulphadoxine and pyrimethamine must be anticipated.

5.3 Preclinical safety data

Not available

6. Pharmaceutical particulars

6.1 List of excipients

Tablet core:

Starch
Aerosil
Sodium Lauryl Sulphate
Sodium Starch Glycolate
Cross Carmellose Sodium
Magnesium Stearate

6.2 Incompatibilities
Not Applicable

6.3 Shelf life
36 months.

6.4 Special precautions for storage
Store in a cool dry place at temperature below 30°C. Store in the original packaging.

6.5 Nature and contents of container
Blister strips of 20 μm Aluminium and 250 μm PVC in a cardboard outer container. Pack sizes: Blisters of 3 tablets.

6.6 Special precautions for disposal and other handling
None.

7. Marketing authorization holder

Me Cure Industries Limited

Plot 6 Block H, Debo Industries Compound,

Oshodi Industrial Scheme,

Oshodi,

Lagos,

Nigeria.

8.0 NAFDAC Registration Number: A4-0960