Summary of product characteristics

(SMPC)

1. NAME OF THE MEDICINALPRODUCT

Alfadox Tablet

2. QUALITATIVE AND QUANTITATIVECOMPOSITION

Each tablet contains Sulphadoxine 500mg and Pyrimethamine 25mg

{For a full list of excipients, see section 6.1}

3. PHARMACEUTICAL FORM

A white round tablet with AFRAB inscribed on one side and a broken line on the other.

4. Clinical particulars

4.1 Therapeutic indications

Alfadox® is indicated for the treatment malaria due to Plasmodium falciparum, Plasmodium vivax, Plasmodium ovale, Plasmodium malariae. Alfadox® should also be used for intermittent preventive treatment in pregnancy (IPT)

Alfadox ® has also be used as a treatment and prophylactic measure for toxoplasmosis and Pneumonia due to Pneumocystis carinii.

4.2 Posology and method of administration

Posology

a. Intermittent Preventive Treatment of Malaria in Pregnancy.
One full treatment dose during the second and third trimesters. The last Dose should be given not later than one month before the expected date of delivery.

b. Curative treatment with a single dose.
Once-Only (Single dose)

10-20kg body weight (approx. 2-5years): 1 tablet
20-30kg body weight (approx. 5-10years): 1½ tablets
30-45kg body weight (approx. 10-14years): 2tablets
Adult : 3 tablets

Method of administration
Oral administration only.

4.3 Contraindications

Alfadox ® is contraindicated in patients with hypersensitivity to sulfonamides or pyrimethamine, or any ingredient in the formulation.
Alfadox® is contraindicated
in patients with severe hepatic or renal impairment Alfadox ® should not be administered prophylactically in the first trimester of pregnancy. Alfadox ® should not be administered in premature and newborn infants during the first weeks of life, in view of immaturity of their enzyme systems. For the same reason, Alfadox® should not be administered prophylactically in the last two weeks of pregnancy.

4.4 Special warnings and precautions for use

Check with your doctor or pharmacist before taking Risperidone if; you have a heart problem,example include an irregular heart rythm or if you are prone tolow blood pressure or if you are using medicine for your blood pressure

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

Using this medicine with any of the following medicines is usually not recommended, but may be required in some cases. If both medicines are prescribed together, your doctor may change the dose or how often you use one or both of the medicines.

- Cholera Vaccine, Live
- Methotrexate
- Sulfamethoxazole

- Trimethoprim
- Zidovudine

Using this medicine with any of the following medicines may cause an increased risk of certain side effects, but using both drugs may be the best treatment for you. If both medicines are prescribed together, your doctor may change the dose or how often you use one or both of the medicines.

- Aminolevulinic Acid
- Lorazepam

4.6 Pregnancy and Lactation

Pyrimethamine plus Sulphadoxine 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, pyrimethamine plus sulfadoxine 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 pyrimethamine plus sulfadoxine and for three months after the last dose

4.7 . Effects on ability to drive and use machines

Patients should be warned that dizziness may occur, in which case they should not drive or use machines**.**

4.8 Undesirable effects

Fever, increased sensitivity of skin to light, skin rashes, cough, loss of appetite, soreness of tongue, nausea, vomiting, sore throat.

Hypersensitivity reactions (e.g. diarrhoea , headache itchiness, contact dermatitis, and hives), nausea, vomiting.

4.9 Overdose

Acute intoxication may be manifested by headache, nausea, anorexia, vomiting and central nervous system stimulation (including convulsions), followed by megaloblastic anemia, leukopenia, thrombocytopenia, glossitis and crystalluria. In acute intoxication, emesis and gastric lavage followed by purges may be of benefit. The patient should be adequately hydrated to prevent renal damage. The renal, hepatic, and hematopoietic systems should be monitored for at least 1 month after an overdosage. If the patient is having convulsions, the use of parenteral diazepam or a barbiturate is indicated. For depressed platelet or white blood cell counts, folinic acid (leucovorin) should be administered in a dosage of 5 mg to
15 mg intramuscularly daily for 3 days or longer.

5 PHARMACOLOGICALPROPERTIES

5.1 Pharmacodynamics Properties

Mechanism of Action

Sulfadoxine and pyrimethamine, the constituents of Alfadox, are folic acid antagonists. Sulfadoxine inhibits the activity of dihydropteroate synthase whereas pyrimethamine inhibits dihydrofolate reductase.

Activity in vitro

Sulfadoxine and pyrimethamine are active against the asexual erythrocytic stages of Plasmodium falciparum. Alfadox may also be effective against strains of P. falciparum resistant to chloroquine.

5.2 Pharmacokinetic properties

Absorption

After administration , 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 Alfadox must be anticipated

5.3 Preclinical safety data

None stated.

6 PHARMACEUTICALPARTICULARS

6.1 List of excipients

Povidon (PVP) K-30
Pregel starch
Aerosil
Sodium Starch Glycollate Talcum powder Magnessium stearate Sodium lauryl sulphate

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

6.4 Special precautions for storage

Store below 30°

6.5 Nature and contents of container

Alu/Pvc blister pack of 3 tablets

6.6 Special precautions for disposal

No special requirements.

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

7 APPLICANT/MANUFACTURER

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