PRESCRIBING INFORMATION

Pr

PRIMAQUINE®

primaquine phosphate tablets USP

26.3 mg primaquine phosphate equivalent to 15 mg primaquine base

Antimalarial

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Date of Revision:
September 9, 2011

Submission Control No.: 142601

s-a 2.0 Version dated September 9, 2011

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THERAPEUTIC CLASSIFICATION

Antimalarial

PHARMACOLOGY

Primaquine is an 8-aminoquinoline anti-protozoal agent which is highly active against exo-erythrocytic stages of *Plasmodium vivax*, *Plasmodium ovale* and against the primary exo-erythrocytic stages of *Plasmodium falciparum***.**

Primaquine is also highly active against gametocytes of *Plasmodia*, especially *Plasmodium falciparum*.

Primaquine is readily absorbed from the gastro-intestinal tract and extensively distributed into body tissues.

Peak plasma concentration occurs about 1 to 3 hours after a dose is taken and then rapidly diminishes with a reported elimination half-life of 3 to 6 hours.

Primaquine is rapidly metabolized in the liver, its principal metabolite being carboxyprimaquine. Little unchanged drug is excreted in the urine.

INDICATIONS

For the radical cure (prevention of relapse) of vivax and ovale malaria.

CONTRAINDICATIONS

In patients who are hypersensitive to primaquine.

In acutely ill patients suffering from systemic disease manifested by tendency to granulocytopenia, such as rheumatoid arthritis and lupus erythematosus.

In patients receiving concurrently other potentially hemolytic drugs or depressants of myeloid elements of the bone marrow.

Quinacrine appears to potentiate the toxicity of antimalarial compounds which are structurally related to primaquine; therefore, the use of quinacrine in patients receiving primaquine is contraindicated. Similarly, primaquine should not be administered to patients who have received quinacrine recently, as toxicity is increased.

WARNINGS

General
Discontinue the use of primaquine promptly if signs suggestive of hemolytic anemia occur (such as darkening of the urine or a sudden decrease in hemoglobin concentration or erythrocyte count), or if there is a sudden decrease in leukocyte count.

Use in special groups
Observe particular caution in individuals with a personal or family history of favism, hemolytic anemia, or glucose-6-phosphate dehydrogenase (G-6-PD) deficiency or nicotinamide adenine dinucleotide (NADH) methemoglobin reductase deficiency.

Pregnancy
The safety of primaquine in human pregnancy has not been established. It should therefore be avoided during pregnancy unless in the judgment of the physician the benefits outweigh the possible hazard.

Lactation
It is not known whether primaquine is excreted in breast milk.

Because of the potential of primaquine to produce serious adverse reactions in nursing infants, a decision should be made whether to discontinue breast-feeding or to discontinue the drug.

PRECAUTIONS

Anemia, methemoglobinemia and leukopenia have been observed following administration of large doses of primaquine; therefore, the adult dosage of 1 tablet daily for 14 days should not be exceeded. It is also advisable to make routine blood examinations, particularly blood cell counts and hemoglobin determinations, during therapy.

ADVERSE EFFECTS

Gastrointestinal: Nausea, vomiting, epigastric distress, and abdominal pain.

Hematologic: Leukopenia, hemolytic anemia especially in G-6-PD deficient individuals and methemoglobinemia especially in NADH methemoglobin reductase deficient individuals.

OVERDOSE: SYMPTOMS

Abdominal cramps, vomiting, jaundice, burning epigastric distress, CNS and cardiovascular disturbances, cyanosis, methemoglobinemia, moderate leukocytosis or leukopenia, and anemia. The most striking changes are granulocytopenia and acute hemolytic anemia in sensitive persons. Acute hemolysis often occurs, but complete recovery can be expected if primaquine is discontinued.

TREATMENT

For management of a suspected drug overdose, contact your regional Poison Control Centre.

Management should include appropriate attempts to recover primaquine from the stomach by emesis or gastric lavage and provision of respiratory and cardiovascular support.

Sodium lactate i.v. may be used to counter the depressant effects of primaquine on the heart. Electrical pacing of the heart may be needed.

Ammonium chloride in doses up to 12 g daily orally may be given to enhance urinary excretion.

Symptomatic methemoglobinemia should be treated with 1 to 2 mg per kg of methylene blue.

DOSAGE

Primaquine is recommended only for the radical cure of *vivax* and *ovale* malaria, the prevention of relapse in *vivax* and *ovale* malaria, or following the termination of chloroquine phosphate suppressive therapy in an area where *vivax* or *ovale* malaria are endemic.

Patients suffering from an attack of *vivax* or *ovale* malaria or having parasitized red blood cells should initially receive a course of a blood schizontocide, which quickly destroys the erythrocytic parasites and terminates the paroxysm. Primaquine phosphate should then be administered in order to eradicate the exo-erythrocytic parasites.

When primaquine is indicated for the prevention of delayed primary attacks and relapse of *Plasmodium vivax* or *Plasmodium ovale* malaria in individuals who have returned home from areas where these plasmodial species are endemic, primaquine is generally initiated during the last 2 weeks of, or immediately following, therapy with chloroquine or another suitable antimalarial agent.

Adults: 1 tablet (15 mg primaquine base) daily for 14 days.
Children: 0.39 mg primaquine base per kg daily for 14 days

NOTE: For radical cure of some strains of *Plasmodium vivax*, higher doses or longer courses may be required to overcome resistance.

Taking primaquine after a meal may reduce abdominal pain or cramps associated with ingestion of the drug.

AVAILABILITY

Each pink, film-coated, convex round tablet imprinted in black ink with a stylized W and P97 on one side and plain on the other side contains: primaquine phosphate USP 26.3 mg (equivalent to primaquine base 15 mg).

Non-medicinal ingredients: cellulose (microcrystalline), hydroxypropylmethylcellulose, lactose, magnesium stearate, polyethylene glycol 400, polysorbate 80, red iron oxide, starch, talc and titanium dioxide. Gluten and tartrazine-free.

Bottles of 100.

STORAGE AND STABILITY

Store between 15-30°C.