1. NAME OF THE MEDICINAL PRODUCT

Falcimon 50/135 B/L*

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Falcimon 50/135 B/L is a fixed dose combination of amodiaquine and artesunate.

Each tablet contains 50 milligrams of artesunate and 176.33 mg of amodiaquine hydrochloride equivalent to 135 milligrams of amodiaquine.

Excipients with known effect: each tablet contains 180.3 mg of lactose.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablet.

Circular uncoated bilayered flat bevelled tablet with one white to light yellowish layer and the other yellow layer debossed with '50' on one side and with central break-line on the white to light yellowish layer.

The break-line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indication

Falcimon 50/135 B/L is indicated for the treatment of uncomplicated cases of malaria due to *Plasmodium falciparum* strains which are susceptible to amodiaquine as well as to artesunate.

The most recent official guidelines on the appropriate use of antimalarial agents and local information on the prevalence of resistance to antimalarial drugs must be taken into consideration for deciding on the appropriateness of therapy with Falcimon 50/135 B/L.

Official guidance will normally include WHO (http://whqlibdoc.who.int/publications/2010.pdf) and public health authorities guidelines (see also sections 4.4 and 5.1).

Falcimon 50/135 B/L should not be used in regions where amodiaquine resistance is widespread (see also sections 4.4 and 5.2 regarding pharmacokinetic interactions between artesunate and amodiaquine).

* Trade names are not prequalified by WHO. This is the national medicines regulatory authority's (NMRA) responsibility. Throughout this WHOPAR the proprietary name is given as an example only.

4.2 Posology and method of administration

Oral use

The dosage of artesunate and amodiaquine is:

- 4 mg/kg (range 2 to 10 mg/kg) body weight of artesunate and
- 10 mg/kg (range 7.5 to 15 mg/kg) body weight of amodiaquine base

once daily for 3 days.

Weight range (approximate age range)	1st day of treatment	2nd day of treatment	3rd day of treatment
≥ 4.5kg to < 9 kg (2 to 11 months)*	25 mg AS 67.5 mg AQ	25 mg AS 67.5 mg AQ	25 mg AS 67.5 mg AQ
≥9kg to <18kg (1 to 5 years)*	50 mg AS 135 mg AQ	50 mg AS 135 mg AQ	50 mg AS 135 mg AQ
≥18kg to <36kg (6 to 13 years)*	100 mg AS 270 mg AQ	100 mg AS 270 mg AQ	100 mg AS 270 mg AQ
≥ 36kg (14 years and above)*	200 mg AS 540 mg AQ	200 mg AS 540 mg AQ	200 mg AS 540 mg AQ

* if a weight-age mismatch occurs, dosing should be weight-based.
AS: artesunate
AQ: amodiaquine

Falcimon 50/135 B/L should not be taken with a high-fat meal (see section 5.2).

The tablets should be swallowed with water.

For very young children or patients not able to swallow the tablets whole, the tablets may be crushed and added to a small amount of semi-solid food or liquid, all of which should be consumed immediately.

Should vomiting occur within half an hour after dosing, a repeated dose of Falcimon 50/135 B/L is to be taken. In case of further vomiting, treatment for severe malaria should be considered.

Renal/hepatic impairment:
No data are available on dosing in hepatically or renally impaired patients (see section 4.4).

4.3 Contraindications

- Hypersensitivity to the active substances or to any of the excipients listed in section 6.1,
- History of liver injury during treatment with amodiaquine,
- Previous haematological event during treatment with amodiaquine,
- Retinopathy (in case of frequent treatment).

Falcimon 50/135 B/L must not be used for malaria prophylaxis, since it may result in agranulocytosis and severe hepatotoxicity (see section 4.4).

4.4 Special warnings and precautions for use

Falcimon 50/135 B/L should not be used in regions where amodiaquine resistance is widespread, as the treatment with the combination under such conditions may mean effectively a treatment with artesunate alone with an insufficient duration and decreased plasma concentrations as compared to artesunate alone (see section 4.5). As a result, the risk of development of resistance of *P.falciparum* to artesunate increases significantly.

Amodiaquine is effective against some chloroquine-resistant strains of *P.falciparum*, although there is cross-resistance.

Falcimon 50/135 B/L has not been evaluated for the treatment of complicated malaria and is therefore not recommended.

Falcimon 50/135 B/L has not been evaluated in the treatment of malaria due to *Plasmodium vivax*, *Plasmodium malariae* or *Plasmodium ovale* and is therefore not recommended.

Falcimon 50/135 B/L has not been evaluated for malaria prophylaxis. The use of amodiaquine for prophylaxis results in an unacceptably high risk of agranulocytosis and liver toxicity and is contraindicated. Therefore, the combination of amodiaquine and artesunate is also contraindicated for malaria prophylaxis (see section 4.3).

It is not known, whether the toxicity of amodiaquine, observed with prophylactic use (i.e. agranulocytosis, hepatotoxicity), may also develop after repeated cycles of curative treatment.

Falcimon 50/135 B/L has not been studied specifically in patients with thalassaemia, sickle cell anaemia or G6PD deficiency.

In the absence of specific clinical studies, caution should be exercised in patients with renal or hepatic impairment.

Symptoms suggestive of the following diseases should be carefully monitored:

- Hepatitis, pre-icteric phase and especially when jaundice has developed,
- Agranulocytosis (as suggested, for instance, by a clinical condition including fever and/or tonsillitis and/or mouth ulcers).

When these symptoms develop or exacerbate during the course of therapy with Falcimon 50/135 B/L, laboratory tests for liver function and/or blood cell counts should be performed at once. Immediate discontinuation of treatment may be required.
In such cases, continuation of treatment with amodiaquine increases the risk of death.

Cardiovascular effects have been reported with other amino-4-quinoline derivatives during high dose treatment. There is no evidence that an overdose of amodiaquine causes any of the life-threatening cardiovascular complications often seen after an overdose of chloroquine. However, by chemical class analogy, caution should be exercised, especially with patients who have recently taken other antimalarial drug with cardiovascular side effects (quinine, quinidine, halofantrine, lumefantrine, mefloquine) or those who are under treatment with cardiovascular drugs or other drugs with the potential to prolong the QT interval (see section 4.9 overdosage).

The combination of artesunate and amodiaquine may induce neutropenia (see section 4.8) and increase the risk of infection.

6. PHARMACEUTICAL PARTICULARS

6.1 List of Excipients

Lactose anhydrous, lactose monohydrate, croscarmellose sodium, magnesium stearate, calcium carbonate DC 95S with 5% corn starch, and colloidal anhydrous silica

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months

6.4 Special precautions for storage

Do not store above 30°C.

6.5 Nature and contents of container

Alu-Alu blister pack containing 3 tablets. Such 1 or 25 blisters are contained in a carton.

6.6 Special precautions for disposal

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

7. SUPPLIER

Cipla Limited
Cipla House,
Peninsula Business Park,
Ganpatrao Kadam Marg,
Lower Parel, Mumbai- 400013,
India
Phone: 91-22-24826000
Fax: 91-22-24826120

8. WHO REFERENCE NUMBER (PREQUALIFICATION PROGRAMME)

MA103

9. DATE OF FIRST PREQUALIFICATION/RENEWAL OF PREQUALIFICATION

8 April 2014