Salofalk 500mg Tabletten Gebrauchsinformation (GI) für Singapur
Mat.-Nr.: 1200520 (Losan Pharma)
Falk-Datumscode: SG/10.21
Laetuscode: 705
Machart: vorgefalzt
Druckfarbe: (1/1) Schwarz
Format: 420 x 200 mm
Grammatur: 40 g/m²
Schriftgröße/ZAB: 8pt / 9,5pt

1. NAME OF THE MEDICINAL PRODUCT

Salofalk® 500mg

Active substance: mesalazine

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One Salofalk 500mg gastro-resistant tablet contains
500 mg mesalazine as the therapeutically active substance.

Excipients with known effect: sodium carbonate and croscarmellose sodium
For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Gastro-resistant tablets
Salofalk 500mg
Appearance: oval, light yellow to ochre gastro-resistant tablets, matt with smooth surface; not scored.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

- Ulcerative colitis: treatment of acute exacerbations and relapse prophylaxis
- Crohn's disease: treatment of acute exacerbations

4.2 Posology and method of administration

Posology

Adults
Depending upon the clinical requirements in individual cases, the following daily doses are recommended

	Crohn's disease	Ulcerative colitis	
	Acute episode	Acute episode	Relapse prophylaxis/ long-term therapy
Mesalazine (active substance)	1.5 g – 4.5 g	1.5 g – 3.0 g	1.5 g
Salofalk 500mg gastroresistant tablets	3 x 1 to 3 x 3	3 x 1 to 3 x 2	3 x 1

Method of administration
Salofalk 500mg should be taken in the morning, at midday and in the evening, 1 hour before meals. They should be swallowed whole, not chewed, and taken with plenty of fluid.

Treatment with Salofalk 500mg should be administered regularly and consistently, both during the acute inflammatory stage and during maintenance therapy in order to achieve the desired therapeutic effect.

The duration of use is determined by the physician.

An acute exacerbation of ulcerative colitis or Crohn's disease generally subsides after 8–12 weeks.

For relapse prophylaxis of ulcerative colitis the dose can usually be reduced to 1.5 g mesalazine/day.

Note
In rare cases, in patients who have undergone bowel resection/ bowel surgery in the ileocoecal region with removal of the ileocoecal valve, it has been observed that Salofalk 500mg, gastro-resistant tablets, were excreted undissolved in the stool, due to an excessively rapid intestinal passage.

4.3 Contraindications

Salofalk 500mg must not be administered to patients with
- known hypersensitivity to the active substance, salicylates or any of the excipients listed in section 6.1
- severe impairment of hepatic or renal function.

4.4 Special warnings and special precautions for use

Blood tests (differential blood count; liver function parameters such as ALT or AST; serum creatinine) and urine status (test strips/sediment) should be determined prior to and during treatment, at the discretion of the treating physician. As a guideline, follow-up tests are recommended 14 days after commencement of treatment, then a further two to three tests at intervals of 4 weeks.

If the findings are normal, follow-up tests should be carried out every 3 months. If additional symptoms occur, these tests should be performed immediately.

Caution is recommended in patients with hepatic dysfunction.

Salofalk 500mg should not be used in patients with impaired renal function. Mesalazine-induced renal toxicity should be considered, if renal function deteriorates during treatment.

Cases of nephrolithiasis have been reported with the use of mesalazine including stones with a 100 % mesalazine content. It is recommended to ensure adequate fluid intake during treatment.

Patients with pulmonary disease, in particular asthma, should be very carefully monitored during a course of treatment with Salofalk 500mg tablets.

Severe cutaneous adverse reactions
Severe cutaneous adverse reactions (SCARs), including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in association with mesalazine treatment.
Mesalazine should be discontinued, at the first appearance of signs and symptoms of severe skin reactions, such as skin rash, mucosal lesions, or any other sign of hypersensitivity.

Patients with a history of adverse drug reactions to preparations containing sulphasalazine, should be kept under close medical surveillance on commencement of a course of treatment with Salofalk 500mg tablets. Should Salofalk 500mg tablets cause acute intolerance reactions such as abdominal cramps, acute abdominal pain, fever, severe headache and rash, therapy should be discontinued immediately.

Salofalk 500mg should not be used in children under 6 years of age.

This medicinal product contains 49 mg sodium per tablet, equivalent to 2.5 % of the WHO recommended maximum daily intake for sodium. The maximum daily dose of this product is equivalent to 22 % of the WHO recommended maximum daily intake for sodium. Salofalk 500mg tablets are considered high in sodium. This should be particularly taken into account for those on a low salt diet.

4.5 Interaction with other medicinal products and other forms of interaction

Specific interaction studies have not been performed.

In patients who are concomitantly treated with azathioprine, 6-mercapto-purine or thioguanine, a possible increase in the myelosuppressive effects of azathioprine, 6-mercaptopurine or thioguanine should be taken into account.

There is weak evidence that mesalazine might decrease the anticoagulant effect of warfarin.

4.6 Fertility, pregnancy and lactation

Pregnancy
There are no adequate data on the use of Salofalk 500mg in pregnant women.
However, data on a limited number of exposed pregnancies indicate no adverse effect of mesalazine on pregnancy or on the health of the fetus/ newborn child. To date, no other relevant epidemiological data are available. In one single case after long-term use of high dose mesalazine (2-4 g, orally) during pregnancy, renal failure in a neonate was reported.

Animal studies on oral mesalazine do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/ fetal development, parturition or postnatal development.

Salofalk 500mg should only be used during pregnancy if the potential benefit outweighs the possible risk.

Breastfeeding
N-acetyl-5-aminosalicylic acid and to a lesser degree mesalazine are secreted in breast milk.
Only limited experience during lactation in women is available to date. Hypersensitivity reactions such as diarrhoea in the infant cannot be excluded. Therefore Salofalk 500mg should only be used during breast-feeding if the potential benefit outweighs the possible risk. If the infant develops diarrhoea, the breast-feeding should be discontinued.

4.7 Effects on ability to drive and use machines

No effects on the ability to drive and use machines have been observed.

4.8 Undesirable effects

See table at the end of this package leaflet.

4.9 Overdose

There are rare data on overdosage (e.g. intended suicide with high oral doses of mesalazine), which do not indicate renal or hepatic toxicity. There is no specific antidote and treatment is symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Intestinal antiinflammatory agents; aminosalicylic acid and similar agents ATC code: A07EC02.

Mechanism of action
The mechanism of the anti-inflammatory action is unknown. The results of in-vitro studies indicate that inhibition of lipoxygenase may play a role. Effects on prostaglandin concentrations in the intestinal mucosa have also been demonstrated. Mesalazine (5-aminosalicylic acid/5-ASA) may also function as a radical scavenger of reactive oxygen compounds.

Pharmacodynamic effects
Mesalazine, orally administered, acts predominantly locally at the gut mucosa and in the submucous tissue from the luminal side of the intestine. It is important, therefore, that mesalazine is available at the regions of inflammation. Systemic bioavailability/plasma concentrations of mesalazine therefore are of no relevance for therapeutic efficacy, but rather a factor for safety. In order to fulfil these criteria, Salofalk tablets are coated with Eudragit L; they are thus gastro-resistant and the release of mesalazine is pH-dependent.

5.2 Pharmacokinetic properties

General aspects of mesalazine
Absorption
Mesalazine absorption is highest in the proximal gut regions and lowest in distal gut areas.

Biotransformation
Mesalazine is metabolised both pre-systemically by the intestinal mucosa and the liver to the pharmacologically inactive N-acetyl-5-aminosalicylic acid (N-Ac-5-ASA). The acetylation seems to be independent of the acetylator phenotype of the patient. Some acetylation also occurs through the action of colonic bacteria. Protein binding of mesalazine and N-Ac-5-ASA is 43 % and 78 %, respectively.

Elimination
Mesalazine and its metabolite N-Ac-5-ASA are eliminated via the faeces (major part), renally (varies between 20 % and 50 %, dependent on kind of application, pharmaceutical preparation and route of mesalazine release, respectively), and biliary (minor part). Renal excretion predominantly occurs as N-Ac-5- ASA. About. 1 % of total orally administered mesalazine dose is excreted into breast milk, mainly as N-Ac-5-ASA.

Salofalk 500mg tablets specific

Distribution

A combined pharmacoscintigraphic/ pharmacokinetic study showed that Salofalk 500mg, gastro-resistant tablets, reach the ileocoecal region after approximately 3-4 hours in fasting subjects and reach the ascending colon within approximately 4-5 hours. The total transit time in the colon is approximately 17 hours.

Absorption

Release of mesalazine from Salofalk 500mg, gastro-resistant tablets, begins after a lag-phase of approximately 3-4 hours. Peak plasma concentrations are reached after approximately 5 hours (ileocoecal region) and, at 3 x 500 mg mesalazine/ day under steady-state conditions, are 3.0 ± 1.6 µg/ml for mesalazine and 3.4 ± 1.6 µg/ml for the metabolite, N-Ac-5-ASA.

Elimination

The total renal elimination rate for mesalazine and N-Ac-5-ASA over 24 hours during multiple intake (3 x 1 Salofalk 500mg, gastro-resistant tablets, for 2 days; 1 gastro-resistant tablet on the third day = examination day) was approximately 60 %. The non-metabolised mesalazine fraction after oral administration was approximately 10 %.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, genotoxicity, carcinogenicity (rat) or toxicity to reproduction. Kidney toxicity (renal papillary necrosis and epithelial damage of the proximal tubule (pars convoluta) or the whole nephron) has been seen in repeat-dose toxicity studies with high oral doses of mesalazine. The clinical relevance of this finding is unknown.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Basic butylated methylacrylate copolymer (rel. molar mass: approx. 150000), calcium stearate, croscarmellose sodium, glycine, hydrated iron(III) oxide (E 172), hypromellose, macrogol 6000, methacrylic acid-methyl methacrylate copolymer (1:1) (rel.molar mass: approx. 135000), microcrystalline cellulose, povidone K25, silica colloidal anhydrous, sodium carbonate, talc, titanium dioxide (E 171)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 25 °C

6.5 Nature and contents of container

Container:
Blister: PVC/PE/PVDC (orange-transparent) / aluminium blister foil

Package sizes:
Blister packs with 100 gastro-resistant tablets.

6.6 Instructions for use and handling and disposal

No special requirements.

Manufactured by Losan Pharma GmbH, Germany and Rottendorf Pharma GmbH, Germany for DR. FALK PHARMA GmbH, Germany.

Date of revision of text: October 2021

Undesirable effects

The following undesirable effects have been observed after administration of mesalazine

System Organ Class	**Frequency according to MedDRA convention**				
	Common (≥ 1/100 to < 1/10)	Uncommon (≥ 1/1,000 to < 1/100)	Rare (≥ 1/10, 000 to < 1/1,000)	Very rare (<1/10,000)	Not known (cannot be estimated from the available data)
Blood and lymphatic system disorders				Altered blood counts (aplastic anaemia, agranulocytosis, pancytopenia, neutropenia, leukopenia, thrombocytopenia)	
Immune system disorders				Hypersensitivity reactions such as allergic exanthema, drug fever, lupus erythematosus syndrome, pancolitis	
Nervous system disorders	Headache		Dizziness	Peripheral neuropathy	
Cardiac disorders			Myocarditis, pericarditis		
Respiratory, thoracic and mediastinal disorders				Allergic and fibrotic lung reactions (including dyspnoea, cough, bronchospasm, alveolitis, pulmonary eosinophilia, lung infiltration, pneumonitis)	
Gastrointestinal disorders		Abdominal pain, diarrhoea, dyspepsia, flatulence, nausea, vomiting, acute pancreatitis			
Hepatobiliary disorders			Cholestatic hepatitis	Hepatitis	
Skin and subcutaneous tissue disorders			Photosensitivity	Alopecia	Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN)
Musculoskeletal and connective tissue disorders			Arthralgia	Myalgia	
Renal and urinary disorders				Impairment of renal function including acute and chronic interstitial nephritis and renal insufficiency	Nephrolithiasis*
Reproductive system and breast disorders				Oligospermia (reversible)	
General disorders			Asthenia, fatigue		
Investigations		Changes in liver function parameters (increase in transaminases and parameters of cholestasis), changes in pancreatic enzymes (lipase and amylase increased), eosinophil count increased			

* See section 4.4 for further information

Severe cutaneous adverse reactions (SCARs), including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in association with mesalazine treatment (see section 4.4).

Photosensitivity

More severe reactions are reported in patients with pre-existing skin conditions such as atopic dermatitis and atopic eczema.