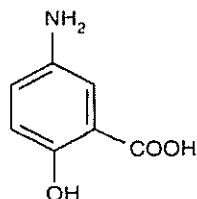


## PRODUCT INFORMATION

**SALOFALK® granules**  
**SALOFALK® tablets**

### NAME OF DRUG



#### **Mesalazine**

Proper name: 5-Aminosalicylic Acid

Chemical name: 2-hydroxy-5-aminobenzoic acid, also referred to as 5-amino salicylic acid or 5-ASA

C<sub>7</sub>H<sub>7</sub>NO<sub>3</sub> = 153.1

CAS number- 89-57-6

### DESCRIPTION

Mesalazine is a white to greyish, voluminous powder, slightly pink in colour. It is practically insoluble in ethanol (90%), methanol (70%), water, ether, and chloroform, soluble in HCl (warmed 10% solution); soluble in NaOH (10% solution, with salt formation).

SALOFALK granules have a functional coating on the particles, which ensures gastro-resistance to allow a reliable distribution and pH-dependent release of the active ingredient, mesalazine, at the intended site of action starting in the ileocecal region. The granules also contain a matrix system inside the particle core, which releases mesalazine independently of pH.

SALOFALK granules contain mesalazine, microcrystalline cellulose, hypromellose, anhydrous colloidal silica, methacrylic acid copolymer, nonoxinol 100, magnesium stearate, simethicone emulsion, triethyl citrate, purified talc, carmellose sodium, aspartame, anhydrous citric acid, vanilla custard flavour 75016-32, povidone, titanium dioxide (E 171).

SALOFALK tablets contain mesalazine, anhydrous sodium carbonate, glycine, povidone, microcrystalline cellulose, croscarmellose sodium, anhydrous colloidal silica, calcium stearate, hypromellose, methacrylic acid copolymer, dibutyl phthalate, purified talc, titanium dioxide (171), yellow iron oxide CI77492, macrogol 6000, Eudragit E100.

### PHARMACOLOGY

#### **Pharmacodynamic properties**

Mesalazine has been identified as the active component of sulfasalazine in inflammatory bowel disease and is thought to have a topical action. The mechanism of action by which mesalazine protects the mucosa in chronic inflammatory bowel disease is not yet fully known.

Mesalazine seems to act in multiple ways against several inflammatory mediators and principles. The results of *in vitro* investigations indicate that inhibition of lipoxygenase may play a role. Effects on prostaglandin concentrations in the intestinal mucosa have also been demonstrated, as has an influence on leukotriene production. Mesalazine may also function as a radical scavenger of reactive oxygen compounds.

## Pharmacokinetic Properties

### **General considerations:**

The efficacy of mesalazine (5-ASA) appears to be determined not by the systemic but the local availability of the substance at the target site.

Metabolism of mesalazine occurs mainly in the intestinal mucosa and, to a lesser extent, in the liver. The main metabolite is N-acetyl-5-aminosalicylic acid, which is – like 5-ASA – predominantly eliminated by the renal and faecal routes. It appears to have no therapeutic activity or specific toxic effects. The acetylation step appears irreversible. As metabolism occurs mainly in the intestinal mucosa, it has not been possible to differentiate between a rapid and slow acetylation form as in the case of sulfasalazine/sulfapyridine. The plasma protein binding of mesalazine and acetylated mesalazine is 43% and 78%, respectively.

Absorption of mesalazine decreases in the intestinal tract from proximal to distal. Because of low absorption rates from oral delayed release preparations or rectal applications forms, the main elimination route is via faeces. Absorbed mesalazine and N-acetyl-5-ASA are eliminated mainly via kidneys. Less than 1% 5-ASA and about 24% N-acetyl-5-ASA based on the administered 5-ASA dose are excreted in the urine. Biliary excretion is a minor route of elimination.

There is little pharmacokinetic data available for oral and rectal administered mesalazine in children. There is no pharmacokinetic data in the elderly using SALOFALK granules or tablets.

### **SALOFALK granules and tablets:**

SALOFALK granules and tablets are gastric juice resistant and release mesalazine in the terminal ileal region in a pH dependent manner due to the Eudragit-L coating. The release of mesalazine from the granules is prolonged due to the matrix granule structure. Owing to the granule size, under starved condition transit from the stomach to the small intestine is fast ( $0.65 \pm 0.40$  hours); the respective tablet transit time is ( $0.79 \pm 0.7$  hours). For the granules food intake may cause a shift of 1 to 2 hours to a longer  $t_{lag}$  value (lag time after which mesalazine concentrations are first detectable in blood plasma) and a longer  $t_{max}$  value, but does not cause dose-dumping due to the small granule size. Food does cause a slight increase in  $C_{max}$  and AUC values. With regard to the tablets, an intake of about 1 hour before a meal is recommended to avoid dose-dumping.

Pharmacokinetic data are summarised in the following table for SALOFALK granules and tablets (granules: 3 x 500 mg mesalazine/day, tablets: 3x2(250mg) mesalazine/day, steady state conditions, 24 healthy volunteers):

Pharmacokinetic Parameters	Granules		Tablets	
	Mesalazine/5-ASA	N-Acetyl-5-ASA	Mesalazine/5-ASA	N-Acetyl-5-ASA
$t_{lag}$ [h]	$2.4 \pm 0.8$	$2.4 \pm 0.8$	$3.4 \pm 1.0$	$3.5 \pm 0.9$
$t_{max}$ [h]	$4.3 \pm 0.6$	$4.5 \pm 0.9$	$4.4 \pm 0.9$	$4.6 \pm 0.9$
$t_{1/2}$ [h]	$4.4 \pm 3.9$	$8.2 \pm 6.0$	$2.8 \pm 1.9$	$5.0 \pm 2.4$
$C_{max}$ [ $\mu$ g/mL]	$0.8 \pm 0.4$	$1.8 \pm 0.7$	$2.0 \pm 1.5$	$2.6 \pm 1.4$
$AUC_{0-24h}$ [ $\mu$ g x h/mL]	$7.7 \pm 3.3$	$29.0 \pm 7.5$	$12.2 \pm 6.4$	$34 \pm 10.7$
$A_e$ urine [mmol]	$0.286 \pm 0.28$	$9.4 \pm 2.4$	$1.48 \pm 1.0$	$10.98 \pm 2.8$
$A_e$ urine [%]	$0.72 \pm 0.7$	$24.03 \pm 6.2$	$3.77 \pm 2.5$	$28.02 \pm 7.0$
$\Sigma A_e$ 5-ASA + Ac-5-ASA [mmol]	$9.7 \pm 2.6$		$12.5 \pm 3.4$	
$\Sigma A_e$ 5-ASA + Ac-5-ASA [%]	$24.8 \pm 6.5$		$31.8 \pm 8.8$	

The total quantity of mesalazine and N-acetyl-5-ASA eliminated by the renal pathway over 24 hours is equivalent to about 25% to 32% respectively of the administered dose of SALOFALK granules and tablets. About 30% of this amount is absorbed in the ileocecal area and about 90% in total in the ileocecal and ascending colon regions. Therefore about 80-90% 5-ASA of administered dose is available in the descending colon, sigmoid and rectum where absorption of mesalazine is low.

Granule and tablet preparations radio-labelled with  $^{153}\text{Sm}$  (Samarium) showed the following gastrointestinal distribution (means  $\pm$  S.D.):

	Granules	Tablets
Gastric emptying:	$0.94 \pm 0.70$ h	$0.56 \pm 0.71$ h
Appearance in small bowel	$0.65 \pm 0.40$ h	$0.79 \pm 0.71$ h
Transit time in small bowel	$3.07 \pm 0.88$ h	$3.00 \pm 0.84$ h
Disappearance from small bowel	$3.71 \pm 1.08$ h	$3.79 \pm 1.17$ h
Ileocecal region: appearance:	$3.31 \pm 1.03$ h	$3.83 \pm 0.89$ h
Ileocecal region: disappearance	$6.15 \pm 2.48$ h	$5.56 \pm 1.57$ h
Ascending colon: appearance:	$4.08 \pm 1.39$ h	$4.74 \pm 1.15$ h
Ascending colon: disappearance	$13.57 \pm 4.45$ h	$10.88 \pm 1.48$ h
Overall transit time in colon:	$19.92 \pm 1.39$ h	$17.37 \pm 4.80$ h

## Clinical Trials

The criteria used to evaluate the efficacy of the substance in the therapy of ulcerative colitis are frequency of bowel movements, rectal haemorrhage, abdominal pain, general well-being, temperature, extraintestinal manifestations, ESR, and haemoglobin. These criteria have been summarised in the clinical activity index (CAI) to evaluate the efficacy of treatment for ulcerative colitis.

The safety and efficacy of SALOFALK granules (1.5 g to 3 g 5-ASA/day) was compared against mesalazine tablets (SALOFALK 500 mg tablets, 1.5 g to 3.0 g 5-ASA/day) in a double-blind randomised multi-centre study in 233 patients with mild to moderately active ulcerative colitis over a period of 8 weeks. The primary efficacy criterion, complete response rate (per protocol analysis, PP) was very similar in the granules (68%) and the tablets (70%) groups. The efficacy analysis (PP) showed that more patients treated with mesalazine tablets (47%) had to increase the dose from 1.5 g mesalazine/day to 3.0 g mesalazine/day compared to patients treated with granules (38%). Similar results were obtained by the ITT (intention-to-treat) analysis: 39% of the granules group, 45% of the tablets group, i.e., more patients came into remission (49%) with the 1.5 g 5-ASA/day from granules than from tablets (43%). Granules, therefore, in total were as efficacious and as well tolerated as the tablets at the same dose. Subgroup analyses showed that the response rates to granules were higher in patients with high baseline disease activity (CAI>8) and with 1 or more extraintestinal manifestations than the tablets:

Parameters	Granules	Tablets
CAI ≤8	67%	74%
CAI >8	65%	44%
Extraintestinal Manifestation:		
-none	69%	72%
-1 or more	53%	36%

In another study, the efficacy and safety of SALOFALK granules of different dosages (1.5 g, 3.0 g, 4.5 g/day) were compared in 321 patients with mild to moderately active ulcerative colitis in a double-blind manner for a treatment period of 8 weeks. Complete response (CAI ≤ 4) was obtained by 50% in the 1.5 g dose group, by 66% in the 3.0 g group (in comparison to 1.5 g:  $p = 0.014$ ) and by 55% in the 4.5 g group (in comparison to 1.5 g: not significant,  $p=0.318$ ). The 3.0 g/day dose appears to be the optimal dose.

Results of the various studies show that oral delayed release SALOFALK granules and tablets are well tolerated in patients with ulcerative colitis.

## INDICATIONS

SALOFALK granules and tablets are indicated in the treatment of acute ulcerative colitis of mild to moderate severity, and for the maintenance of remission and/or the long term treatment of ulcerative colitis.

## CONTRAINDICATIONS

SALOFALK granules and tablets are contraindicated in patients with the following:

- hypersensitivity to salicylic acid, salicylic acid derivatives, e.g. mesalazine/5-ASA.
- severe impairment of hepatic and renal function
- gastric or duodenal ulcer
- pathological tendency to bleeding

Salofalk should be discontinued in the last 2-4 weeks of pregnancy. See PRECAUTIONS – Use in Pregnancy.

## PRECAUTIONS

SALOFALK should be given/used under medical supervision. The blood and renal status should be determined prior to and during treatment, at the discretion of the treating physician as prolonged therapy may damage the kidneys. As a guideline, checks are recommended 14 days after commencement of treatment, then a further 2 to 3 times at 4-weekly intervals. If the findings are normal, follow-up tests should be conducted every three months or immediately if additional signs of the disorder occur. To check renal function, it is recommended that levels of serum urea (BUN) and creatinine be determined as well as urine sediment examined.

As mesalazine might cause blood dyscrasias, although rarely reported, and hepatic impairment due to hypersensitivity reactions, blood parameters, like blood counts and liver function and cholestasis parameters (e.g. ALT, AST, alkaline phosphatase,  $\gamma$ GT) may be monitored like the renal parameters. Epigastric pain, also commonly associated with inflammatory bowel disease and prednisone or sulfasalazine therapy, should be investigated in order to exclude pericarditis, hepatitis and pancreatitis either as adverse drug reactions to 5-ASA or secondary manifestations of inflammatory bowel disease.

Patients should be monitored for elevated methaemoglobin values.

SALOFALK should be used/given with caution in patients with pulmonary function impairment, particularly asthma and in patients with known hypersensitivity to sulfasalazine containing preparations. Treatment in the latter patients should be instituted with careful medical supervision. Treatment should be discontinued immediately if symptoms of acute intolerance, e.g. cramps, acute abdominal pain, fever, severe headache and skin rash, occur.

In the case of phenylketonuria, it should be borne in mind that SALOFALK granules contain aspartame as a sweetening agent, equivalent to the following quantities of phenylalanine:

SALOFALK granules equivalent to:	Aspartame equivalent to the following Quantity of phenylalanine:
500 mg mesalazine	0.56 mg
1 g mesalazine	1.12 mg
1.5 g mesalazine	1.68 mg
3 g mesalazine	3.36 mg

SALOFALK is not expected to affect the ability of patients to drive or operate machinery.

## **Carcinogenicity and mutagenicity**

There was no evidence of carcinogenicity in rats treated with mesalazine in the diet for 127 weeks at doses up to 320 mg/kg/day, associated with plasma concentrations of mesalazine and N-acetyl-5-ASA of 1 and 6 fold the respective clinical plasma concentrations associated with a 1500 mg dose of the granules and 4g/60 mL enema.

There was no evidence of genotoxic potential with mesalazine in bacterial gene mutation assays, of chromosomal damage in mouse haematopoietic cells following a single oral dose, or of increases in sister chromatid exchange frequencies in Chinese hamster bone marrow following a single intraperitoneal dose.

## **Impairment of fertility**

Fertility and reproductive performance were not impaired in rats treated orally with mesalazine prior to and during mating (both sexes) and throughout gestation and lactation (females) at doses up to 320 mg/kg/day, which is about the same as the maximal recommended clinical dose of Salofalk granules on a body surface area basis.

The oligospermia and infertility in men associated with sulfasalazine have not been reported with mesalazine.

## **Use in Pregnancy (Category C)**

There was no evidence of embryotoxicity or teratogenicity in rats and rabbits treated orally with mesalazine during the period of organogenesis at respective doses of up to 320 and 495 mg/kg/day representing about the same, and nearly twice, the maximal recommended clinical dose of Salofalk granules on a body surface area basis.

Human data on use during pregnancy are limited. There is a theoretical risk that, in common with other anti-inflammatory agents, mesalazine may produce premature closure of the ductus arteriosus and may, if given at term, prolong labour and delay parturition. The administration of aspirin (acetylsalicylic acid) increases the bleeding tendency in the neonate and the mother. A similar pathological bleeding tendency in the neonate and the mother is not expected with mesalazine. However, mesalazine is a salicylate and, in general, should be used only in the first trimester if strictly indicated. If possible, women should postpone conception until a phase in which minimal drug treatment is required. The individual disease activity permitting, treatment should be discontinued in the last 2-4 weeks of pregnancy.

## **Use in Lactation**

In rats, there were no adverse effects on dams or offspring from oral administration of mesalazine during late gestation and throughout lactation at doses up to 320 mg/kg/day which is about the same as the maximal recommended clinical dose of Salofalk granules on a body surface area basis.

There has been a report of a patient receiving mesalazine suppositories during the lactation period. Twelve hours after the initial dose, the infant developed watery diarrhoea that disappeared on discontinuation of the mesalazine therapy but reappeared on rechallenge. There have been reports of mesalazine and of its

metabolite N-acetyl-5-ASA found in breast milk. There is no experience with SALOFALK granules in lactating women. Salofalk should not be used during lactation unless the likely benefit of treatment outweighs the potential hazard.

### **Use in Children**

SALOFALK should not be used in children 12 years old and under, as there is no experience with this age group.

### **Use in elderly**

Specific clinical data in only elderly patients for mesalazine are not available, but have been used in patients up to 75 years of age in clinical trials.

### **Interactions with other drugs**

Studies to evaluate the potential interaction between SALOFALK and other drugs have not been performed. In common with other salicylates, interactions may occur during concomitant administration of mesalazine and the following drugs:

- |                                 |  |
|---------------------------------|--|
| • Coumarin-type anticoagulants: | possible potentiation of the anticoagulant effect action (increasing the risk of gastrointestinal haemorrhage) |
| • Glucocorticoids               | possible increase in undesirable gastric effects   |
| • Sulphonylureas:               | possible increase in the blood glucose-lowering effects  |
| • Methotrexate:                 | possible increase in toxic potential of methotrexate   |
| • Probenecid/sulphinpyrazone:   | possible attenuation of the uricosuric effects   |
| • Spironolactone/frusemide:     | possible attenuation of the diuretic effects   |
| • Rifampicin                    | possible attenuation of the tuberculostatic effects  |

One case of pancytopenia (decrease in levels of all blood cells) has been reported following the concomitant administration of mesalazine and azathioprine or 6-mercaptopurine.

### **Effects on laboratory tests**

Not known to interfere with laboratory tests or physical diagnostic agents.

### **ADVERSE REACTIONS**

The most frequent adverse reactions seen in clinical trials are headache (3%), abdominal pain (4%), exacerbation of ulcerative colitis (2%), abnormal hepatic function (2%) and upper respiratory tract infection (1%).

In two clinical trials involving 550 patients with acute ulcerative colitis, tolerability was good. The table below shows the adverse events that occurred in at least 5% of patients in the clinical trials:

Adverse event	SAG-2/UCA			SAG-15/UCA	
	Salofalk 0.5 g tds	Salofalk 1 g tds	Salofalk 1.5 g tds	Salofalk 0.5 – 1 g tds granules	Salofalk 0.5 – 1 g tds tablets
	(n = 102)	(n = 108)	(n = 108)	(n = 114)	(n=118)
	AE/ Potential ADR	AE/ Potential ADR	AE/ Potential ADR	AE/ Potential ADR	AE/ Potential ADR
Headache	24%/3%	23%/12%	21%/4%	6%/3%	7%/3%
Abdominal pain	5%/1%	7%/4%	7%/4%	-	-
Ulcerative colitis aggravated	15%/2%	6%/1%	7%/0	5%/1%	8%/1%
Hepatic function abnormal	1%/1%	3%/2%	5%/5%	-	-
Upper resp tract infection	3%/0	4%/1%	7%/1%	-	-
Influenza like symptoms	-	-	-	3%/0	6%/0

The following adverse events presented by body system have been reported in international post marketing surveillance of SALOFALK preparations including enemas and tablets. In many cases, the relationship to SALOFALK has not been established.

The common: ( $\geq 1\%$  -  $<10\%$ ) adverse events were as follows:

***Body as a whole – General Disorders***

Headache

***Gastrointestinal***

Abdominal pain, diarrhoea, nausea and vomiting, flatulence, exacerbation of ulcerative colitis

***Skin and Appendages Disorder***

Rash including pruritus, urticaria

The following additional adverse events were uncommon and reported by  $< 1\%$  of patients:

***Body as a Whole – General Disorders***

Fever, allergic reaction,

***Central and Peripheral Nervous Systems Disorders***

Dizziness, paraesthesia

***Collagen disorders***

Lupus erythematosus syndrome (as observed for preparations with a similar chemical structure).



**Foetal Disorders**

Congenital anomalies

**Gastrointestinal System Disorders**

Acute pancreatitis, pancolitis, neonate diarrhoea

**Hearing And Vestibular Disorders**

Impaired hearing

**Liver and Biliary System Disorders**

Hepatitis, increased liver enzyme values (transaminase activity), intrahepatic cholestasis, increased bilirubin

**Musculo-skeletal System Disorders**

Arthralgia, myalgia, myositis

**Myo-, Endo-, Pericardial and Valve Disorders**

Pericarditis, myocarditis, pericardial effusion

**Platelet, Bleeding and Clotting Disorders**

Thrombocytopenia

**Red Blood Cell Disorders**

Aplastic anaemia, haemolytic anaemia

**Respiratory System Disorders**

Bronchospasm, pleural effusion, alveolitis

**Skin and Appendages Disorders**

Alopecia, allergic exanthema, increased sweating, photosensitivity reaction

**Urinary System Disorders**

Acute or chronic interstitial nephritis, renal insufficiency, renal failure, nephrotoxicity

**Vascular (Extracardiac) Disorders**

Thrombophlebitis

**White Cell and RES Disorders**

Agranulocytosis, leukopenia, neutropenia, pancytopenia

**DOSAGE AND ADMINISTRATION**

Unless otherwise prescribed, the recommended dose for acute ulcerative colitis is 500mg to 1 g three times a day and for maintenance of remission and/or long term treatment of ulcerative colitis is 500 mg three times a day.

SALOFALK granules and tablets should be swallowed without chewing with sufficient fluid in the morning, midday and in the evening. The tablets should be taken at least 1 hour before a meal in order to allow for gastric emptying. If granules are taken together with meals the gastric passage might be delayed for 1-2 hours, but does not influence the release profile and plasma concentrations.

SALOFALK should be used on a regular basis and consistently, in the treatment of acute inflammatory episode, in order to achieve the desired therapeutic effect. In general, an acute episode of ulcerative colitis usually subsides by 8 weeks.

### **Use in Children**

SALOFALK should not be used in children 12 years old and under, as there is no experience with this age group.

### **OVERDOSAGE**

No overdosage has been reported to date. Possible symptoms may include nausea, vomiting and diarrhoea, and symptoms similar to salicylate overdose.

There is no specific antidote. General supportive and symptomatic measures are recommended.

### **PRESENTATION**

*SALOFALK granules* are presented as greyish white cylindrical or round particles.

They are available in aluminium sachets of 500 mg or 1 g doses of mesalazine. 500 mg sachets are available in packs of 50, 100, 300 sachets. 1 g sachets are available in packs of 50, 100, or 150 sachets.

They are also available in a multi-dose bottle. Each bottle contains 80 g of mesalazine and a measuring beaker with graduations to allow administration of 250mg, 500 mg, 1g and 1.5 g doses of mesalazine.

SALOFALK enteric coated tablets are presented as butter-yellow to ochre colour, lustreless with a smooth surface.

They are supplied in orange blister strips of aluminium foil backing packed in cardboard. Cartons of 10 or 100 tablets are available.

### **Storage Condition**

Store below 25°C. Store in a dry place and protect from light.

Salofalk in the multi-dose bottle should be used within 6 months of opening.

### **Name and Address of Sponsor**

Orphan Australia Pty. Ltd.  
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Berwick  
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Website: [www.orphan.com.au](http://www.orphan.com.au)

This Product Information was approved by the Therapeutic Goods Administration on 19 February 2004.

Date of last amendment 23 June 2004

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