SCHEDULING STATUS: S4

PROPRIETARY NAME (AND DOSAGE FORM):
XEROPRIM Tablets

COMPOSITION:
Each tablet contains:
Trimethoprim 80 mg
Sulphamethoxazole 400 mg
Preservative:
Nipastat 0,023 % *m/m*

Inactive ingredients include magnesium stearate, microcrystalline cellulose, Nipastat, pregelatinised starch, sodium carboxymethyl cellulose, Maize starch.

Sugar free

PHARMACOLOGICAL CLASSIFICATION:
A20.2 antimicrobial agents other than antibiotics.

PHARMACOLOGICAL ACTION:
XEROPRIM is a combination of trimethoprim and sulphamethoxazole and results in synergistic effects causing a batericidal action (*in vitro*). The action of XEROPRIM is achieved by the sequential blocking of two enzymes essential in folinic acid synthesis in the organism.

INDICATIONS:
The treatment of infections of the upper and lower respiratory tract, the urinary tract and the alimentary and genital tract in both sexes, and skin infections caused by sensitive organisms.

CONTRAINDICATIONS:
XEROPRIM is contraindicated in patients with known sulphonamide or trimethoprim hypersensitivity or who are suffering from porphyria. It should not be used in patients suffering from liver parenchyma damage, or a severe renal insufficiency. XEROPRIM should not be used during pregnancy and lactation. Use of the substance in premature or newborn infants during the first two months of life, is contraindicated
(See HUMAN REPRODUCTION).

Should not be given to patients with megaloblastic anaemia or blood dyscrasias. Contraindicated in the presence of vitamin b12 and folic acid deficiency state.

WARNINGS AND SPECIAL PRECAUTIONS:
Erythema multiforme, toxic dermal necrolysis and allergic vasculitis may occur.
In patients with renal impairment, reduced or more widely spaced dosage is indicated to avoid accumulation in the blood. For such patients measurements of plasma concentration is advisable. Regular blood counts are advisable if XEROPRIM is to be given for a long period.

High doses of XEROPRIM may have a hypoglycaemic effect. Thyroid tests must be carried out in patients with thyroid disorders.

INTERACTIONS
Paraldehyde has been reported to increase the acetylation of sulphamethoxazole with subsequent increased risk of crystalluria. Because of the risk of crystalluria, an adequate fluid intake should be maintained.

XEROPRIM may be antagonized by p-aminobenzoic acid and compounds derived from it.

Sulphamethoxazole is strongly bound to proteins. Patients receiving anticoagulants of the coumarin group or methotrexate concomitantly should therefore be carefully monitored. Sulphamethoxazole increases the hypoglycaemic action of sulphonylureas in diabetic patients.

XEROPRIM should be used with caution in patients receiving pyrimethamine or immunosuppressive therapy. Trimethoprim prolongs the half-life of phenytoin.

XEROPRIM may interact with the following medicines by interfering with their clearance: digoxin, procainamide and tolbutamide.

Previous or simultaneous administration of diuretics with XEROPRIM may cause an increased risk of thrombocytopenia, especially in elderly patients with heart failure; death may occur.

HUMAN REPRODUCTION
XEROPRIM should not be used during pregnancy and lactation. Use of the substance in premature or newborn infants during the first two months of life, is contraindicated (See CONTRAINDICATIONS).

DOSAGE AND DIRECTIONS FOR USE:
Adults and children older than 12 years:
Two tablets every 12 hours for a period of 10 to 14 days.

SIDE-EFFECTS:
Haematological changes such as anaemia (including aplastic, haemolytic and nacrocytic), coagulation disorders, granulocytopenia, agranulocytosis, purpura, henoch-schöntein purpura; and sulphaemoglobinaemia may occur. Skin disorders e.g. Reddening exanthema and itch may occur. Exfoliative dermatitis, Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis (Lyells Syndrome) may occur.

When a rash appears, this medicine must be discontinued.
Megaloblastosis, leucopenia or thrombocytopenia may occur. Nausea and vomiting constitutes the bulk of gastro-intestinal reactions; diarrhoea may occur. Glossitis and stomatitis are relatively common.

Jaundice has been noted and appears to have the histological features of allergic cholestatic hepatitis. Central nervous system reactions consist of headache, depression and hallucinatory manifestations, dizziness, drug fever and psychosis.

Other adverse effects include: acidosis, anorexia, goitre, hypothyroidism, arthralgia, drowsiness, fatigue, insomnia, nightmares, confusion, vertigo, ataxia, tinnitus, peripheral neuritis and polyarteritis nodosa.

Toxic nephrosis has been reported. Direct exposure to sunlight should be avoided as it facilitates development of sensitisation dermatitis. XEROPRIM should be used with caution in patients with allergic conditions or bronchial asthma.

Pseudomembranous colitis and anaphylaxis have been reported.

Sulphamethoxazole has been reported to interfere with some diagnostic tests including those for urea, creatinine, urinary glucose and urobilinogen.
Trimethoprim may interfere with some diagnostic tests including serum methotrexate assay and the jaffé reaction for creatinine.

Adverse effects on the blood may be more severe and higher blood levels are reached in malnourished or elderly patients.

KNOWN SYMPTOMS OF OVERDOSAGE PARTICULARS OF ITS TREATMENT:
Nausea, vomiting, cyanosis, heamaturia, oliguria, or anuria and allergic skin reactions (skin rashes, anaphylaxis, etc.). Treatment is supportive and symptomatic.

IDENTIFICATION:
White, round flat tablet bisected on one side.

PRESENTATION:
Packed into blisters and patient ready packs of 28's, 56's and 100's and bottles of 20's, 100's and 500's tablets.

STORAGE INSTRUCTIONS:
Store in a cool dry place at or below 25 °C. Protect from light and heat. Keep out of reach of children.

REGISTRATION NUMBER:
27/20.2/0077

NAME AND BUSINESS ADDRESS OF THE APPLICANT:
Oethmaan Biosims (PTY) Ltd.
1st Floor, 207A Sherwood House
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SKEDULERINGSTATUS: S4

HANDELSNAAM (EN DOSEERVORM)
XEROPRIM Tablette

SAMESTELLING
Elke tablet bevat:
Trimetopriem 80 mg
Sulfametoksasool 400 mg
Preserveermiddel:
0,023 % *m/m* Nipastat

Onaktiewe bestanddele sluit in magnesiumstearaat, mieliestysel. mikrokristallyne sellulose, natriumkarboksimetielsellulose, nipastat, voorafgegelatiniseerde stysel.

Suikervry

FARMAKOLOGIESE KLASSIFIKASIE
A20.2 Antimikrobiese middels anders as antibiotika.

FARMAKOLOGIESE WERKING
XEROPRIM is 'n kombinasie van trimetopriem en sulfametoksasool en lei tot sinergistiese effekte wat 'n bakterisidiese werking veroorsaak (*in vitro*). Die werking van XEROPRIM word verkry deur die opeenvolgende blokkering van twee ensieme wat noodsaaklik vir foliensuursintese in die organisme is.

INDIKASIES
Die behandeling van infeksies van die boonste en onderste respiratoriese weg, die urienweg en die spysverteringskanaal in beide geslagte en velinfeksies wat deur sensitiewe organismes veroorsaak word.

KONTRA-INDIKASIES
XEROPRIM is teenaangedui vir pasiënte met bekende hipersensitiwiteit vir sulfonamiede of trimetopriem of wat aan porfirie ly. Dit moet nie gebruik word deur pasiënte met skade aan die lewerparenchiem, of met erge swak nierfunksie nie. XEROPRIM moet nie tydens swangerskap en borsvoeding gebruik word nie. Die gebruik van die middel vir premature of pasgebore babas gedurende die eerste twee maande van die lewe is teenaangedui (Sien MENSLIKE VOORTPLANTING).

Moet nie aan pasiënte met megaloblastiese anemie of bloeddiskrasie gegee word nie. Teenaangedui as daar 'n tekort aan vitamien B12 en foliensuur is.

WAARSKUWINGS EN SPESIALE VOORSORGMAATREëLS
Multivorme eriteem, toksies dermale nekrolise en allergiese vaskulitis kan voorkom.

Laer of meer verspreide dosisse is aangedui vir pasiënte met swak nierfunksie, om ophoping in die bloed te voorkom. Vir sulke pasiënte is meting van plasmakonsentrasie raadsaam. Gereelde bloedtellings is raadsaam as XEROPRIM vir 'n lang tydperk gegee word.

Hoë dosisse XEROPRIM kan 'n hipoglisemiese effek uitoefen. Skildkliertoetse van pasiënte met afwykings in die skildklier moet gedoen word.

INTERAKSIES
Dit is gemeld dat paraldehied die asetilering van sulfametoksasool verhoog met gevolglike groter risiko vir kristalurie. As gevolg van die risiko van kristalurie, moet 'n voldoende vloeistofinname gehandhaaf word.

XEROPRIM kan deur *p*-aminobensoësuur en derivate daarvan geantagoniseer word.

Sulfametoksasool bind sterk aan proteïene. Pasiënte wat antikoagulante van die kumariengroep of wat metotreksaat ontvang, moet dus noukeurig gemonitor word. In diabetiese pasiënte verhoog sulfametoksasool die hipoglisemiese werking van die sulfonielureums.

XEROPRIM moet versigtig gebruik word deur pasiënte wat behandeling met pirimetamien of immuunonderdrukkers kry. Trimetopriem verleng die halfleeftyd van fenitoïen.

XEROPRIM kan met die volgende medisyne interaksie hê deur met hul opruiming in te meng: digoksien, prokaïenamied en tolbutamied.

Vorige of gelyktydige toediening van diuretika saam met XEROPRIM veroorsaak ook 'n groter risiko vir trombositopenie, veral in ouer pasiënte met hartversaking; sterftes kan voorkom.

MENSLIKE VOORTPLANTING
XEROPRIM moet nie tydens swangerskap en borsvoeding gebruik word nie. Die gebruik van die middel vir premature of pasgebore babas gedurende die eerste twee maande van die lewe is teenaangedui (Sien KONTRA-INDIKASIES).

DOSIS EN GEBRUIKSAANWYSINGS
Volwassenes en kinders ouer as 12 jaar:
Twee tablette elke 12 uur vir 'n periode van 10 tot 14 dae.

NEWE-EFFEKTE
Hematologiese veranderinge soos bloedarmoede (waaronder aplastiese, hemolitiese en makrositiese anemie), stollingsversteurings, granulositopenie, agranulositose, purpura, Henloch Schönlein-purpura en sulfhemoglobinemie kan voorkom. Velafwykings, bv. rooi verkleurende eksanteem en jeuk kan voorkom. Afskilferende dermatitis, Stevens-Johnsonsindroom en toksiese epidermale nekrolise (Lyell se sindroom) kan voorkom.

Wanneer 'n uitslag verskyn, moet hierdie medisyne gestaak word. Megaloblastose, leukopenie of trombositopenie kan voorkom. Naarheid en braking maak die grootste deel van gastro-intestinale reaksies uit; diarree kan voorkom. Glossitis en stomatitis is relatief algemeen.

Geelsug is opgemerk en blyk die histologiese kenmerke van allergiese cholestatiese hepatitis te hê. Reaksies op die sentrale senustelsel bestaan uit hoofpyn, depressie en manifestasies van hallusinasies, duiseligheid, geneesmiddelkoors en psigose.

Ander nadelige effekte is onder meer asidose, anoreksie, goiter, hipotireose, artralgie, slaperigheid, moegheid, slaaploosheid, nagmerries, verwardheid, vertigo, ataksie, tinnitus, perifere neuritis en poli-arteritis nodosa.

Toksiese nefrose is aangemeld. Direkte blootstelling aan sonlig moet vermy word aangesien dit die ontwikkeling van sensitisasiedermatitis bevorder. XEROPRIM moet versigtig gebruik word deur pasiënte met allergiese toestande of brongiale asthma.

Pseudomembraankolitis en anafilakse is aangemeld.

Dit is gemeld dat sulfametoksasool inmeng met sommige diagnostiese toetse, waaronder dié vir ureum, kreatinien, urinêre glukose en urobilinogeen. Trimetopriem kan inmeng met sommige diagnostiese toetse, waaronder bepaling van metotreksaat in serum en die Jaffe-reaksie vir kreatinien.

Nadelige effekte op die bloed kan erger wees en hoër bloedvlakke word bereik in ondervoede of ouer pasiënte.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VIR DIE BEHANDELING DAARVAN
Naarheid, braking, sianose, hematurie, oligurie, of anurie en allergiese velreaksies (veluitslag, anafilakse, ens.). Behandeling is ondersteunend en simptomaties.

IDENTIFIKASIE
Wit, ronde, plat tablet met 'n breeklyn op die een kant.

AANBIEDING
Verpak in stulppakke en pasiëntregpakke met 28, 56 of 100 tablette en bottels met 20, 100 of 500 tablette.

BEWARINGSINSTRUKSIES
Bêre op 'n koel, droë plek onder 25 °C. Beskerm teen lig en hitte. Hou buite bereik van kinders.

REGISTRASIENOMMER
27/20.2/0077

NAAM EN BESIGHEIDSADRES VAN DIE APPLIKANT
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