PROFESSIONAL INFORMATION

SCHEDULING STATUS

S4

1. NAME OF THE MEDICINE

MONURIL, 3 g, granules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each sachet contains 5,631 g fosfomycin trometamol equivalent to 3 g fosfomycin.

Excipient(s) with known effect:

- Contains sugar (sucrose): 2,213 g per sachet.
- Contains sweetener (saccharin): 0,016 g per sachet.

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Granules.

White granular powder with a characteristic mandarin flavour.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

MONURIL is indicated as a single dose in the treatment of acute uncomplicated lower urinary tract infections caused by sensitive *E. Coli*, in women and female children over the age of five years.

MONURIL is indicated for prophylaxis in diagnostic and surgical transurethral procedures in adult men.

4.2 Posology and method of administration

Posology

The recommended dose for uncomplicated urinary tract infections in women, including the elderly up to seventy-five years, is a single 3 g dose.

The recommended dose for prophylaxis prior to transurethral surgical and diagnostic procedures in adult men, including the elderly, is two doses of 3 g. The first dose should be taken three hours before surgery. The second dose should be taken twenty-four hours after surgery.

Method of administration

MONURIL is administered orally after reconstitution in water. To be taken at least two hours prior to the next meal.

4.3 Contraindications

- Known hypersensitivity to fosfomycin trometamol or to any of the excipients listed in 6.1.
- Severe renal insufficiency (creatinine clearance < 10 mL/min).

4.4 Special warnings and precautions for use

Paediatric population

Safety and efficacy in children under the age of five years has not yet been established.

Contains sucrose

Contains sucrose. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take MONURIL.

4.5 Interactions with other medicines and other forms of interaction

Concomitant administration of metoclopramide has been shown to lower serum and urinary concentrations and should be avoided.

4.6 Fertility, pregnancy and lactation

Pregnancy

No evidence in animals or humans has been found to indicate adverse effects of MONURIL in pregnancy. However, the safety and efficacy of single dose therapy has not been established for MONURIL in pregnancy.

Breastfeeding

MONURIL should not be given to lactating women. Fosfomycin has been shown to cross into breast milk.

4.7 Effects on ability to drive and use machines

No specific studies have been performed.

MONURIL may cause dizziness which can affect the ability to drive a vehicle and use machines (see section 4.8).

4.8 Undesirable effects

a. Summary of the safety profile

MONURIL is generally well tolerated.

b. Tabulated summary of adverse reactions

The following convention is used to define the frequency of side effects: Very common (> 1/10); Common (> 1/100, < 1/10); Uncommon (> 1/1000, < 1/100); Rare (> 1/10 000, < 1/1000): Very rare (< 1/10 000) including isolated reports.

SYSTEM ORGAN CLASS

FREQUENCY

ADVERSE REACTIONS

Nervous system disorders

Very common

Headache.

Common

Dizziness.

Respiratory,

thoracic and

mediastinal

disorders

Common

Pharyngitis (sore throat), rhinitis (runny or stuffy nose).

Gastrointestinal disorders

Very common

Diarrhoea, nausea.

Common

Abdominal pain, dyspepsia (heartburn, indigestion).

Skin and

subcutaneous tissue disorders

Common

Skin rash.

Musculoskeletal

and connective

tissue disorders

Common

Back pain.

Reproductive system and breast disorders

Common

Vaginitis, dysmenorrhoea.

General disorders and administration

site conditions

Common

Pain (non-localised), asthenia.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of MONURIL is important. It allows continued monitoring of the benefit/risk balance of MONURIL. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the "6.04 Adverse Drug Reactions Reporting Form", found online under SAHPRA's publications:

http://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

In the event of overdose, urinary elimination of MONURIL can be accelerated through adequate administration of oral fluids.

In overdose, side effects can be precipitated and/or be of increased severity (see section 4.8).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A20.1.1 Broad and medium spectrum antibiotics

Fosfomycin trometamol is a broad-spectrum bactericidal antibiotic, derived from phosphonic acid with activity in the lower urinary tract.

The antibacterial activity of fosfomycin is due to an inhibition of bacterial cell wall synthesis. Its particular mechanism of action is inhibition of enol pyruvyl transferase.

Fosfomycin is active *in vitro* against species of Gram-positive and Gram-negative bacteria most frequently isolated in urinary tract infections (*E. Coli, Proteus, Klebsiella, Enterobacter, Staphylococcus, Streptococcus*). *In vitro* sensitivity does not necessarily imply *in vivo* efficacy.

5.2 Pharmacokinetic properties

Fosfomycin trometamol is an orally well-absorbed salt of fosfomycin. It usually provides therapeutic concentrations of the active moiety in the urine for periods of thirty-six hours or more from a single dose.

Fosfomycin is eliminated mainly unchanged through the kidneys and this results in very high peak urinary concentrations (approximately 3 000 mg/L) within two to four hours. Therapeutic concentrations in urine are usually maintained for at least thirty-six hours.

Food delays and reduces absorption of fosfomycin trometamol, resulting in reduced blood and urinary concentrations.

In patients with moderately reduced renal function (creatinine clearance > 80 mL/min), including the physiological reduction in the elderly, the half-life of fosfomycin is prolonged but urinary concentration remains therapeutically adequate.

5.3 Preclinical safety data

No information available.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Mandarin flavour

Orange flavour

Saccharin

Sucrose

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

36 months.

Store at or below 30 °C.

6.4 Special precautions for storage

Store in the original packaging until required for use.

6.5 Nature and contents of container

Printed carboard carton containing one paper-polyethylene-aluminium-polyethylene laminated sachet.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Adcock Ingram Limited

1 New Road,

Erand Gardens,

Midrand, 1685

South Africa

www.adcock.com

0860 ADCOCK (232625)

8. REGISTRATION NUMBER(S)

550358.

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

10 May 2022

10. DATE OF REVISION OF THE TEXT