V2

APPROVED PROFESSIONAL INFORMATION JULY 2026

SCHEDULING STATUS: S4

1. NAME OF THE MEDICINE

PRILARIA 15 (film coated tablets)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

PRILARIA 15: Each film coated tablet contains:-

Primaquine Phosphate USP equivalent to Primaquine……15 mg

Contains sugar (60 mg of lactose monohydrate).

For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Film coated tablets

PRILARIA 15: Pink coloured, round shaped, biconvex, film-coated tablets, break line on one side and plain on other side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

PRILARIA 15 is indicated for the radical cure (prevention of relapse) of vivax malaria.

4.2 Posology and method of administration

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Posology

PRILARIA 15 is recommended only for the radical cure of *vivax* malaria (the prevention of relapse in *vivax* malaria), or following the termination of chloroquine phosphate suppressive therapy in an area where *vivax* malaria are endemic.

Patients suffering from an attack of *vivax* malaria or having parasitized red blood cells should initially receive a course of a blood schizontocide, which quickly destroys the erythrocytic parasites and terminates the paroxysm. **PRILARIA 15** should then be administered in order to eradicate the exo-erythrocytic parasites.

When **PRILARIA 15** is indicated for the prevention of delayed primary attacks and relapse of *Plasmodium vivax* malaria in individuals who have returned home from areas where these plasmodial species are endemic, **PRILARIA 15** is generally initiated during the last 2 weeks of, or immediately following, therapy with chloroquine or another suitable antimalarial medicine.

The Glucose-6-phosphate dehydrogenase (G6PD) status of patients should be used to guide administration of **PRILARIA 15** for preventing relapse.

Adults:

1 tablet (15 mg primaquine base) daily for 14 days.

In case of mild to moderate Glucose-6-phosphate dehydrogenase (G6PD) deficiency: 0, 75 mg/kg of primaquine base once a week for 8 weeks (see section 4.4).

NOTE: For radical cure of some strains of *Plasmodium vivax*, higher doses or longer courses may be required to overcome resistance.

Special population

Elderly patients:

Clinical studies of primaquine did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Primaquine should be used with caution in elderly patients.

Hepatic impairment:-

Efficacy and safety of primaquine have not been assessed in patients with hepatic impairment.

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Primaquine is metabolized in the liver to generate active metabolites, and it is not known if efficacy could be affected in patients with hepatic impairment. Primaquine should be used with caution in patients with impaired hepatic function.

Renal impairment:-

Safety of primaquine after repeated dose has not been assessed in patients with renal impairment. Primaquine should be used with caution in patients with impaired renal function.

Method of administration

For oral use.

Taking **PRILARIA 15** after a meal may reduce abdominal pain or cramps associated with ingestion of the medicine.

4.3 Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
- **PRILARIA 15** is contraindicated in acutely ill patients suffering from systemic disease manifested by tendency to granulocytopenia, such as rheumatoid arthritis and lupus erythematosus.
- **PRILARIA 15** is contraindicated in patients receiving concurrently other potentially haemolytic drugs or depressants of myeloid elements of the bone marrow.
- Quinacrine potentiates the toxicity of antimalarial compounds which are structurally related to primaquine; therefore, the use of quinacrine in patients receiving primaquine is contraindicated. Similarly, primaquine should not be administered to patients who have received quinacrine recently, as toxicity is increased.
- In patients with severe glucose-6 phosphate dehydrogenase (G6PD) deficiency.
- In pregnant women

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4.4 Special warnings and precautions for use

Discontinue the use of **PRILARIA 15** promptly if signs suggestive of haemolytic anaemia occur (such as darkening of the urine, marked fall of haemoglobin or erythrocytic count), or if there is a sudden decrease in leukocyte count.

Observe particular caution in individuals with a personal or family history of favism, haemolytic anaemia, or nicotinamide adenine dinucleotide (NADH) methaemoglobin reductase deficiency.

Haemolytic anaemia and G6PD deficiency:

Due to the risk of haemolytic anaemia in glucose-6-phosphate dehydrogenase (G6PD) deficient patients, G6PD testing has to be performed before using primaquine. In case of severe anaemia, the G6PD testing should be postponed until recovery of anaemia, in order to avoid false diagnosis due to reticulocytosis.

Baseline haematocrit and haemoglobin must be checked before treatment and close haematological monitoring (e.g. at day 3 and 8) is required. Due to the limitations of G6PD tests, medical practitioners need to be aware of residual risk of haemolysis. Adequate medical support and follow-up to manage haemolytic risk should be available.

In case of mild to moderate G6PD deficiency, a decision to prescribe primaquine must be based on an assessment of the risks and benefits of using primaquine; if primaquine administration is considered, the dosage regimen should be adapted accordingly (see section 4.2) and close haematological monitoring is required.

Blood monitoring

Anaemia, methaemoglobinemia and leukopenia have been observed following administration of large doses of primaquine; therefore, the adult dosage of 1 tablet daily for 14 days should not be exceeded. It is also advisable to make routine blood examinations, particularly blood cell counts and haemoglobin determinations, during therapy.

Potential prolongation of QT interval

Due to potential for QT-prolongation, caution is advised in patients with cardiac disease, a history of ventricular dysrhythmias, uncorrected hypokalaemia and/or hypomagnesaemia, or bradycardia (<50

VR

bpm), and during concomitant administration with QT-interval prolonging agents (see sections 4.8 and 4.9).

Information about excipients

PRILARIA 15 contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine. This medicinal product contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially "sodium-free".

4.5 Interaction with other medicines and other forms of interaction

Caution is advised if primaquine is used concomitantly with other medicines that prolong the QT interval.

4.6 Fertility, pregnancy and lactation

Women of childbearing potential

Preclinical data show a potential risk of genotoxicity and a potential embryo-foetal developmental toxicity. Although no clinical consequences have been identified, human data are limited. Patients must be informed of the potential genotoxic risk. Patients have to avoid pregnancy during treatment and for the following period after end of treatment:

− in treated women of childbearing potential, until completion of on-going ovulatory cycle (i.e. up to next menses),

− in treated males whose partners may become pregnant, for 3 months.

Pregnancy

The safety of primaquine in human pregnancy has not been established. The use of primaquine is contraindicated during pregnancy (even if a pregnant woman is G6PD normal, the foetus may still be G6PD deficient).

Breastfeeding

It is not known whether primaquine is excreted in breast milk. Because of the potential of primaquine

VR

to produce serious adverse reactions in nursing infants, primaquine should not be taken during breastfeeding.

Fertility

There are no clinical data available on the effects of primaquine on human fertility.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed. However, given that some patients may experience dizziness or difficulty with concentration, patients must be advised to exercise caution during activities requiring a high degree of alertness, e.g., driving or operating machines.

4.8 Undesirable effects

Tabulated summary of adverse reactions

System organ class	Frequency unknown
Blood and lymphatic system disorders	Leukopenia, haemolytic anaemia especially in G-6-PD deficient individuals and methaemoglobinaemia especially in NADH methaemoglobin reductase deficient individuals.

Nervous system disorders	dizziness
Cardiac disorders	Cardiac dysrhythmia and QT prolongation, mainly with high dose.
Gastrointestinal disorders	Nausea, vomiting, epigastric distress, and abdominal pain
Skin and subcutaneous tissue disorders	Rash maculo-papular, pruritus.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows

VR

continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website or to Macleods Pharmaceuticals SA (Pty) Ltd. at safety@macleodspharma.com

4.9 Overdose

Symptoms

Abdominal cramps, vomiting, jaundice, burning epigastric distress, CNS and cardiovascular disturbances, including cardiac dysrhythmia and QT prolongation, cyanosis, methemoglobinaemia, moderate leucocytosis or leukopenia, and anaemia. The most striking changes are granulocytopaenia and acute haemolytic anaemia in G6PD deficient patients. Acute haemolysis often occurs, but complete recovery can be expected if primaquine is discontinued.

Management should include provision of respiratory and cardiovascular support.

Sodium lactate i.v. may be used to counter the depressant effects of primaquine on the heart. Electrical pacing of the heart may be needed.

Ammonium chloride in doses up to 12 g daily orally may be given to enhance urinary excretion.

Symptomatic methemoglobinaemia should be treated with 1 to 2 mg per kg of methylene blue.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 20.2.6 Medicines against protozoa

Pharmacotherapeutic group:

Antimalarials, Aminoquinolines, ATC code: P01BA

Primaquine is an 8-aminoquinoline anti-protozoal medicine which is highly active against exo-erythrocytic stages of *Plasmodium vivax* and against the primary exo-erythrocytic stages of *Plasmodium falciparum***.**

Primaquine is also highly active against gametocytes of *Plasmodia*, especially *Plasmodium falciparum*.

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5.2 Pharmacokinetic properties

Absorption

Primaquine is readily absorbed from the gastro-intestinal tract.

Distribution

It is extensively distributed into body tissue. Peak plasma concentration occurs about 1 to 3 hours after a dose is taken and then rapidly diminishes with a reported elimination half-life of 3 to 6 hours.

Biotransformation

Primaquine is rapidly metabolised in the liver, its principal metabolite being carboxyprimaquine.

Elimination

Little unchanged drug is excreted in the urine.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Microcrystalline cellulose (Avicel PH 101), Lactose monohydrate (Pharmatose 200 M), Pregelatinized Starch (Starch 1500), Povidone (Kollidon 30), Isopropyl Alcohol, Magnesium Stearate (Ligamed MF-2-V), Opadry Pink 13B540033, Purified Water.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

36 months for blister pack and Container Pack

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6.4 Special precautions for storage

Store at or below 25°C.

Keep the blisters in the carton until required for use.

Keep the HDPE container tightly closed

Keep in the original packaging until required for use.

KEEP OUT OF REACH OF CHILDREN

6.5 Nature and contents of container

1) Blister Pack:

Tablets are packed in cold form laminate 25 micron OPA/45 micronaluminum foil/60 micron PVC as the forming material and Plain 25 µ aluminium plain foil/ 6-8 gsm heat seal lacquer (HSL) as the lidding material, packed in a pre-printed carton.

Pack size include 10's, 14's, 28's and 30's Tablets.

2) HDPE Container Pack:

Tablets are packed in round white 60 cc HDPE container with 33 mm neck finish (barrier container) which are closed with 33 mm closure with pulp and white printed heat seal liner and packed in outer carton.

Pack size include 100's Tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

MACLEODS PHARMACEUTICALS SA (PTY) LTD

Ground Floor, Block 1,

Bassonia Estate Office Park (East),

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1 Cussonia Drive, Bassonia Rock Ext 12,

Alberton, Gauteng

8. REGISTRATION NUMBERS

PRIMAK15: 60/20.2.6/0332

9. DATE OF FIRST AUTHORISATION

PRILARIA 15: 07/07/2026

10. DATE OF REVISION OF THE TEXT

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