

Primaquine

• INDICATIONS AND DOSE

Adjunct in the treatment of non-falciparum malaria caused by *P.vivax* infection

► BY MOUTH

- Child 6 months–17 years: 500 micrograms/kg daily (max. per dose 30 mg) for 14 days

Adjunct in the treatment of non-falciparum malaria caused by *P.ovale* infection

► BY MOUTH

- Child 6 months–17 years: 250 micrograms/kg daily (max. per dose 15 mg) for 14 days

Adjunct in the treatment of non-falciparum malaria caused by *P.vivax* infection in patients with mild G6PD deficiency (administered on expert advice) | Adjunct in the treatment of non-falciparum malaria caused by *P.ovale* infection in patients with mild G6PD deficiency (administered on expert advice)

► BY MOUTH

- Child: 750 micrograms/kg once weekly for 8 weeks; maximum 45 mg per week

Treatment of mild to moderate pneumocystis infection (in combination with clindamycin)

► BY MOUTH

- Child: This combination is associated with considerable toxicity (consult product literature)

- **UNLICENSED USE** Not licensed.
- **CAUTIONS** G6PD deficiency · systemic diseases associated with granulocytopenia (e.g. juvenile idiopathic arthritis, rheumatoid arthritis, lupus erythematosus)
- **INTERACTIONS** → Appendix 1: antimalarials
- **SIDE-EFFECTS**
 - **Common or very common** Abdominal pain · appetite decreased · nausea · vomiting
 - **Uncommon** Haemolytic anaemia (more common in G6PD deficiency) · leucopenia · methaemoglobinemia
- **PREGNANCY** Risk of neonatal haemolysis and methaemoglobinemia in third trimester.
- **BREAST FEEDING** No information available; theoretical risk of haemolysis in G6PD-deficient infants.
- **PRE-TREATMENT SCREENING** Before starting primaquine, blood should be tested for glucose-6-phosphate dehydrogenase (G6PD) activity since the drug can cause haemolysis in G6PD-deficient patients. Specialist advice should be obtained in G6PD deficiency.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension
Tablet

► Primaquine (Non-proprietary)

Primaquine (as Primaquine phosphate) 7.5 mg Primaquine 7.5mg tablets | 100 tablet £199.70

Primaquine (as Primaquine phosphate) 15 mg Primaquine 15mg tablets | 100 tablet (PoM) [X]

Proguanil hydrochloride

• INDICATIONS AND DOSE

Prophylaxis of malaria

► BY MOUTH

- Child 4–11 weeks (body-weight up to 6 kg): 25 mg once daily, dose to be started 1 week before entering endemic area and continued for 4 weeks after leaving
- Child 3–11 months (body-weight 6–9 kg): 50 mg once daily, dose to be started 1 week before entering endemic area and continued for 4 weeks after leaving

- Child 1–3 years (body-weight 10–15 kg): 75 mg once daily, dose to be started 1 week before entering endemic area and continued for 4 weeks after leaving
- Child 4–7 years (body-weight 16–24 kg): 100 mg once daily, dose to be started 1 week before entering endemic area and continued for 4 weeks after leaving
- Child 8–12 years (body-weight 25–44 kg): 150 mg once daily, dose to be started 1 week before entering endemic area and continued for 4 weeks after leaving
- Child 13–17 years (body-weight 45 kg and above): 200 mg once daily, dose to be started 1 week before entering endemic area and continued for 4 weeks after leaving

- **UNLICENSED USE** Proguanil doses in BNF Publications may differ from those in product literature.
- **INTERACTIONS** → Appendix 1: antimalarials
- **SIDE-EFFECTS** Alopecia · angioedema · bone marrow disorders · cholestasis · constipation · diarrhoea · fever · gastric disorder · megaloblastic anaemia · oral disorders · skin reactions · vasculitis
- **PREGNANCY** Benefit of prophylaxis in malaria outweighs risk. Adequate folate supplements should be given to mother.
- **BREAST FEEDING** Amount in milk probably too small to be harmful when used for malaria prophylaxis.
- **RENAL IMPAIRMENT**
Dose adjustments Use half normal dose if estimated glomerular filtration rate 20–60 mL/minute/1.73m².
Use one-quarter normal dose on alternate days if estimated glomerular filtration rate 10–20 mL/minute/1.73m².
Use one-quarter normal dose once weekly if estimated glomerular filtration rate less than 10 mL/minute/1.73m²; increased risk of haematological toxicity in severe impairment.
- **DIRECTIONS FOR ADMINISTRATION** Tablet may be crushed and mixed with food such as milk, jam, or honey just before administration.
- **PATIENT AND CARER ADVICE** Warn travellers about **importance** of avoiding mosquito bites, **importance** of taking prophylaxis regularly, and **importance** of immediate visit to doctor if ill within 1 year and **especially** within 3 months of return.
- **NATIONAL FUNDING/ACCESS DECISIONS**
NHS restrictions Drugs for malaria prophylaxis are not prescribable in NHS primary care; health authorities may investigate circumstances under which antimalarials are prescribed.
- **EXCEPTIONS TO LEGAL CATEGORY** Can be sold to the public provided it is licensed and labelled for the prophylaxis of malaria.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution
Tablet

CAUTIONARY AND ADVISORY LABELS 21

► Paludrine (Alliance Pharmaceuticals Ltd)

Proguanil hydrochloride 100 mg Paludrine 100mg tablets | 98 tablet [P] £11.95 DT = £11.95

Pyrimethamine

• INDICATIONS AND DOSE

Toxoplasmosis in pregnancy (in combination with sulfadiazine and folic acid)

► BY MOUTH

- Child 12–17 years: 50 mg once daily until delivery