AUSTRALIAN PRODUCT INFORMATION

SALOFALK® GRANULES (mesalazine) modified release granules

1. NAME OF THE MEDICINE

SALOFALK GRANULES mesalazine modified release granules

Mesalazine.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

SALOFALK GRANULES modified release granules contain either 500 mg, 1 g, 1.5 g or 3 g mesalazine as the active ingredient.

Excipients of known effect
Aspartame
Sucrose

See section 4.4 Special warnings and precautions for use.

For the full list of excipients, see section 6.1 List of excipients.

3. PHARMACEUTICAL FORM

SALOFALK GRANULES modified release granules are presented as greyish white cylindrical or round granules.

They 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 ileocoecal region. The granules also contain a matrix system inside the particle core, which releases mesalazine independently of pH.

4. CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

SALOFALK GRANULES 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.

4.2 DOSE AND METHOD OF ADMINISTRATION

For adults and the elderly:
Unless otherwise prescribed, the recommended dose for acute ulcerative colitis is 1.5 g to 3 g per day. For maintenance of remission and/or long-term treatment of ulcerative colitis, the recommended dose is 1.5 g per day.

For children older than 6 years of age:
The recommended dose for acute ulcerative colitis, depending on disease severity, is 30-50 mg mesalazine/kg (body weight)/day. For maintenance of remission and/or long-term treatment of ulcerative colitis, the recommended dose is 15-30 mg mesalazine/kg (body weight)/day.

Doses may be given in one to three divided doses.

It is generally recommended that half the adult dose may be given to patients up to a body weight of 40 kg; and the normal adult dose to those above 40 kg.

SALOFALK GRANULES should not be used in children below 6 years of age, as there is very limited experience with this age group.

SALOFALK GRANULES should be swallowed without chewing or crushing with sufficient fluid. If granules are taken together with meals the gastric passage might be delayed for 1-2 hours, but does not influence the release profile or plasma concentrations of mesalazine.

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

4.3 CONTRAINDICATIONS

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

- hypersensitivity to salicylic acid, salicylic acid derivatives, e.g. mesalazine/5-ASA or to any of the other ingredients
- severe impairment of hepatic and renal function.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

SALOFALK GRANULES should be taken under medical supervision.

Phenylketonuria
In the case of phenylketonuria, it should be noted 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 GRANULES contain sucrose. Patients with rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrase-isomaltase insufficiency should not take these medicines.

Use in pulmonary function impairment
Mesalazine 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.

Use in hepatic impairment
Caution is recommended in patients with impaired hepatic function. SALOFALK GRANULES are contraindicated in patients with severe hepatic impairment (see Section 4.3 Contraindications).

As mesalazine might cause hepatic impairment due to hypersensitivity reactions, blood parameters, like blood counts and liver function and cholestasis parameters (e.g. ALT, AST, alkaline phosphatase, γGT) may be monitored like the renal parameters.

Blood dyscrasia
Serious blood dyscrasias have been reported very rarely with mesalazine. Haematological investigations should be performed if patients suffer from unexplained haemorrhages, bruises, purpura, anaemia, fever or pharyngolaryngeal pain. SALOFALK GRANULES should be discontinued in case of suspected or confirmed blood dyscrasia.

Epigastric pain
Epigastric pain, also commonly associated with inflammatory bowel disease and prednisone or sulfasalazine therapy, should be investigated in order to exclude conditions such as pericarditis, hepatitis and pancreatitis either as adverse drug reactions to mesalazine or secondary manifestations of inflammatory bowel disease. Cardiac hypersensitivity reactions (myocarditis, and pericarditis) induced by mesalazine have been rarely reported. SALOFALK GRANULES should then be discontinued immediately if any of these reactions occur.

Use in renal impairment
Mesalazine is not recommended in patients with impaired renal function. The blood and renal status should be determined prior to and during treatment, at the discretion of the treating physician. 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 performing a urine sediment test. Mesalazine-induced renal toxicity should be considered if renal function deteriorates during treatment. If this is the case, SALOFALK GRANULES should be discontinued immediately.

Nephrolithiasis
Cases of nephrolithiasis have been reported with the use of mesalazine, including stones with mesalazine content. Ensure adequate fluid intake during treatment.

Severe cutaneous adverse reactions
Severe cutaneous adverse reactions (SCARs), including drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in association with mesalazine treatment. SALOFALK GRANULES should be discontinued, at the first appearance of signs and symptoms of severe skin reaction, such as skin rash, mucosal lesions, or any other sign of hypersensitivity.

Idiopathic intracranial hypertension
Idiopathic intracranial hypertension (pseudotumor cerebri) has been reported in patients receiving mesalazine. Patients should be warned for signs and symptoms of idiopathic intracranial hypertension, including severe or recurrent headache, visual disturbances or tinnitus. If idiopathic intracranial hypertension occurs, discontinuation of mesalazine should be considered.

Urine discoloration
Mesalazine may produce red-brown urine discoloration after contact with sodium hypochlorite bleach (e.g. in toilets cleaned with sodium hypochlorite contained in certain bleaches).

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

Paediatric use
SALOFALK GRANULES should not be used in children below 6 years of age, as there is very limited experience with this age group.

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

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

Studies to evaluate the potential interaction between SALOFALK GRANULES 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
• Lactulose or similar preparations, which lower stool pH:	possible reduction of mesalazine release from granules due to decreased pH caused by bacterial metabolism

There is weak evidence that mesalazine might decrease the anticoagulant effect of warfarin.

In patients who are concomitantly treated with azathioprine, 6-mercaptopurine or thioguanine, possible enhanced myelosuppressive effects of azathioprine, 6-mercaptopurine or thioguanine should be taken into account.

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on 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.

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 3.5 times, the maximal recommended clinical dose of SALOFALK GRANULES on a body surface area basis. Oral mesalazine does not show direct or indirect harmful effects with respect to parturition or postnatal development in animals.

Human data on use during pregnancy are limited. No adverse effect of mesalazine on pregnancy or on the health of the foetus/newborn child was shown. To date no other relevant epidemiologic data are available. In one single case after oral use of 2-4 g mesalazine per day during the 3rd and 5th months of pregnancy, renal failure in a neonate was reported. SALOFALK GRANULES should only be used during pregnancy if the potential benefit outweighs the possible risk.

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 GRANULES should not be used during lactation unless the likely benefit of treatment outweighs the potential hazard. If the infant develops diarrhoea, the treatment should be temporarily discontinued and further medical advice sought.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

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

4.8 ADVERSE EFFECTS (UNDESIRABLE EFFECTS)

Reporting suspected adverse effects
Reporting suspected adverse reactions after registration of the medicinal product is important. It allows continued monitoring of the benefit-risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions at http://www.tga.gov.au/reporting-problems.

The most frequent adverse reactions seen in clinical trials of SALOFALK GRANULES 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 mild to moderate 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 GRANULES 500 mg tds (n = 102)	**SALOFALK GRANULES 1 g tds (n = 108)**	**SALOFALK GRANULES 1.5 g tds (n = 108)**	**SALOFALK GRANULES 500 mg – 1 g tds granules (n = 114)**	**SALOFALK GRANULES 500 mg – 1 g tds tablets (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 all SALOFALK preparations including SALOFALK GRANULES. In many cases, the relationship to SALOFALK GRANULES treatment has not been established.

The **common: (≥1% - <10%)** adverse events were as follows:

Body as a whole – General disorders
Headache

Gastrointestinal system disorders
Abdominal pain, diarrhoea, nausea and vomiting, dyspepsia, flatulence, exacerbation of ulcerative colitis

Skin and appendages disorder
Rash including pruritus, urticaria

The following additional adverse events were classified as **uncommon being reported in < 1% of patients:**

Body as a whole – General disorders
Fever, allergic reaction

Central and peripheral nervous systems disorders
Dizziness, paraesthesia, peripheral neuropathy

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

Gastrointestinal system disorders
Acute pancreatitis, pancolitis, neonate diarrhoea

Liver and biliary system disorders
Hepatitis, increased liver enzyme values (transaminase activity), intrahepatic cholestasis, increased bilirubin, changes in pancreatic enzymes (lipase and amylase increased), eosinophil count increased

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

Reproductive system disorders
Oligospermia (reversible)

Respiratory, thoracic and mediastinal disorders
Allergic and fibrotic lung reactions, dyspnoea, cough, bronchospasm, pleural effusion, alveolitis, pulmonary eosinophilia, lung infiltration, pneumonitis

Skin and appendages disorders
Alopecia, allergic exanthema, increased sweating

Urinary system disorders
Acute or chronic interstitial nephritis, renal insufficiency, renal failure, nephrotoxicity

White cell and RES disorders
Agranulocytosis, leukopenia, neutropenia, pancytopenia

The following additional adverse events were classified as **rare being reported in < 0.1% of patients:**

Skin and appendages disorders
Photosensitivity
(More severe reactions are reported in patients with pre-existing skin conditions such as atopic dermatitis and atopic eczema)

The following additional adverse events were classified as **very rare being reported in < 0.01% of patients:**

Liver and biliary system disorders
Cholestatic hepatitis

The frequency of the following adverse events is **not known** (i.e. cannot be estimated from the available data):

Urinary System Disorders
Nephrolithiasis (see section 4.4 Special Warnings and Precautions for Use for further information)

Skin and subcutaneous tissue disorders SOC
Drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN)

Severe cutaneous adverse reactions (SCARs), including drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in association with mesalazine treatment (see section 4.4).

Nervous system disorders
Idiopathic intracranial hypertension (see section 4.4)

4.9 OVERDOSE
There are limited data on overdosage (e.g. intended suicide with high oral doses of mesalazine), which do not indicate renal or hepatic toxicity.
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.

For information on the management of overdosage, contact the Poisons Information Centre on 13 11 26 (Australia).

5. PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

Mechanism of action
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.

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 mesalazine/day) was compared against mesalazine tablets (SALOFALK 500 mg tablets, 1.5 g to 3.0 g mesalazine/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 mesalazine/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:

Baseline Parameters	SALOFALK Granules Group	SALOFALK Tablets Group
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 $\leq$ 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.

In a double-blind, randomised comparative study, the efficacy and tolerability of once daily (o.d.) 3.0 g SALOFALK GRANULES was compared with three time daily (t.i.d.) 1.0 g SALOFALK GRANULES in 380 patients with active ulcerative colitis over a period of eight weeks. The data show that for SALOFALK GRANULES, a daily dose of 3 g mesalazine given o.d. is therapeutically equivalent to the conventional t.i.d. dosage regimen for the induction of remission (CAI $\leq$ 4) in patients with mild-to-moderate ulcerative colitis. The clinical remission rate in the PP analysis set (primary analysis) was 84.4% in the o.d. group and 81.3% in the t.i.d. group. The resulting p-value for the non-inferiority test (pre-defined margin: -15%) was 0.0007 with a 95% CI of [-11.4%, 17.6%]. With the achieved lower boundary of the derived 95% CI of 3.1%, an even narrower margin for the non-inferiority was kept. Remission rates in ITT analysis set were very similar, 80.8% in the o.d. group and 77.4% in the t.i.d. group. ITT test result (p = 0.0007) and 95% CI (-11.4%, 18.1%) agreed with the PP analysis. Once daily dosing of SALOFALK GRANULES was as safe and well tolerated as three times daily dosing of SALOFALK GRANULES.

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

5.2 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.

There is no pharmacokinetic data in the elderly using SALOFALK GRANULES.

Absorption
The systemic absorption of mesalazine decreases in the intestinal tract from proximal to distal segments. Because of low systemic absorption rates from oral delayed release preparations or rectal applications forms of mesalazine, the main elimination route is via faeces.

Distribution
The plasma protein binding of mesalazine and acetylated mesalazine is 43% and 78%, respectively.

Metabolism
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, similar to

mesalazine this is 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.

Excretion
Systemically absorbed mesalazine and N-acetyl-5-ASA are eliminated mainly via kidneys.

Less than 1% mesalazine and about 24% N-acetyl-5-ASA based on the administered mesalazine dose are excreted in the urine. Biliary excretion is a minor route of elimination.

SALOFALK GRANULES:
SALOFALK GRANULES 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 + 0.40 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.

Pharmacokinetic data are summarised in the following table for SALOFALK GRANULES and SALOFALK tablets (granules: 3 x 500 mg mesalazine/day, tablets: 3 x 2 (250mg) mesalazine/day, steady state conditions, 24 healthy volunteers):

	GRANULES		Tablets	
Pharmacokinetic Parameters	Mesalazine/5-ASA	N-Acetyl-5-ASA	Mesalazine/5-ASA	N-Acetyl-5-ASA
t_{lag} [h]	2.4 ± 0.8	2.4 ± 0.8	3.4 ± 1.0	3.5 ± 0.9
t_{max} [h]	4.3 ± 0.6	4.5 ± 0.9	4.4 ± 0.9	4.6 ± 0.9
$t_{1/2}$ [h]	4.4 ± 3.9	8.2 ± 6.0	2.8 ± 1.9	5.0 ± 2.4
C_{max} [µg/mL]	0.8 ± 0.4	1.8 ± 0.7	2.0 ± 1.5	2.6 ± 1.4
AUC_{0-24h} [µg x h/mL]	7.7 ± 3.3	29.0 ± 7.5	12.2 ± 6.4	34 ± 10.7
A_e urine [mmol]	0.286 ± 0.28	9.4 ± 2.4	1.48 ± 1.0	10.98 ± 2.8
A_e urine [%]	0.72 ± 0.7	24.03 ± 6.2	3.77 ± 2.5	28.02 ± 7.0
$\sum A_e$ 5-ASA + Ac-5-ASA [mmol]	9.7 ± 2.6		12.5 ± 3.4	
$\sum A_e$ 5-ASA + Ac-5-ASA [%]	24.8 ± 6.5		31.8 ± 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 SALOFALK tablets. About 30% of this amount is absorbed in the ileocoecal area and about 90% in total in the ileocoecal and ascending

colon regions. Therefore about 80-90% mesalazine 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}Sm (Samarium) showed the following gastrointestinal distribution (means ± S.D.):

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

Plasma C_{max} values of mesalazine and Ac-5-ASA during steady-state were about 1.4 and 1.2 fold higher after once daily dosing (o.d.) when compared to values obtained after dosing three times daily (t.i.d.) dosing of the same daily dose. Plasma trough levels at the end of the dosing interval were only slightly (0.3 and 0.4 times, mesalazine and Ac-5-ASA respectively) lower after o.d. dosing when compared to that after t.i.d. dosing. There is no indication of systemic drug accumulation, when given o.d.

The administration of a single oral dose of SALOFALK GRANULES, 20 mg/kg body weight, in 13 children with active colonic inflammatory bowel disease (IBD) (age range: 5.9 to 15.8 years) showed that the pharmacokinetics of systemic exposure in children corresponds with those in adults. SALOFALK GRANULES was safe and well tolerated.

5.3 PRECLINICAL SAFETY DATA

Genotoxicity
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.

Carcinogenicity
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 SALOFALK GRANULES.

6. PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

SALOFALK GRANULES 500 mg & 1 g granules contain the following excipients: microcrystalline cellulose, hypromellose, colloidal anhydrous silica, methacrylic acid copolymer, magnesium stearate, simethicone, triethyl citrate, purified talc, carmellose sodium, aspartame, citric acid, vanilla custard flavour 75016-32 (PI 2187, contains sucrose), povidone and titanium dioxide.

SALOFALK GRANULES 1.5 g granules contain the following excipients: microcrystalline cellulose, hypromellose, colloidal anhydrous silica, methacrylic acid copolymer, magnesium stearate, simethicone, sorbic acid, methylcellulose, triethyl

citrate, purified talc, carmellose sodium, aspartame, citric acid, vanilla custard flavour 75016-32 (PI 2187, contains sucrose), povidone and titanium dioxide.

SALOFALK GRANULES 3 g granules contain the following excipients: microcrystalline cellulose, hypromellose, colloidal anhydrous silica, methacrylic acid copolymer, magnesium stearate, simethicone, sorbic acid, methylcellulose, triethyl citrate, purified talc, carmellose sodium, aspartame, citric acid, vanilla custard flavour 75016-32 (PI 2187, contains sucrose), povidone and titanium dioxide.

6.2 INCOMPATIBILITIES

Incompatibilities were either not assessed or not identified as part of the registration of this medicine.

6.3 SHELF LIFE

In Australia, information on the shelf life can be found on the public summary of the Australian Register of Therapeutic Goods (ARTG). The expiry date can be found on the packaging.

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Store below 25˚C. Protect from light.

6.5 NATURE AND CONTENTS OF CONTAINER

SALOFALK GRANULES modified release granules are available in aluminium sachets of 500 mg, 1 g, 1.5 g or 3 g doses of mesalazine.

500 mg sachets are available in packs of 50, 100 or 300 sachets.
1 g sachets are available in packs of 50, 100 or 150 sachets.
1.5 g sachets are available in packs of 6, 60 or 100 sachets.
3 g sachets are available in packs of 6, 30 or 50 sachets.

Not all pack sizes are currently available in Australia.

6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

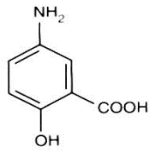
In Australia, any unused medicine or waste material should be disposed of by taking to your local pharmacy.

6.7 PHYSICOCHEMICAL PROPERTIES

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).

Proper name: 5-Aminosalicylic Acid, chemical name: 2-hydroxy-5-aminobenzoic acid, also referred to as 5-amino salicylic acid or 5-ASA. $C_7H_7NO_3$ = 153.1

Chemical structure



CAS number
89-57-6

7. MEDICINE SCHEDULE (POISONS STANDARD)

S4

8. SPONSOR

Dr Falk Pharma Australia Pty Ltd
Suite 205, 9 Help Street
Chatswood, NSW 2067
Australia
Phone: 1800 DRFALK (373 255)

9. DATE OF FIRST APPROVAL

SALOFALK GRANULES 500 mg and 1 g granules: 15 May 2002
SALOFALK GRANULES 1.5 g granules: 14 July 2008
SALOFALK GRANULES 3 g granules: 2 July 2014

10. DATE OF REVISION

01 May 2025

SALOFALK® is a registered trademark of Dr. Falk Pharma GmbH, Germany.

Summary table of changes

Section changed	Summary of new information
4.4, 4.8	Addition of idiopathic intracranial hypertension
4.4, 4.9	Minor editorial changes for readability