PACKAGE LEAFLET: INFORMATION FOR THE USER

Sinerdol 150 mg hard capsules
Sinerdol 300 mg hard capsules
rifampicin

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, please ask your doctor or your pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Sinerdol is and what it is used for

Sinerdol is part of a group of medicines known as antimycobacterials, used in the treatment of tuberculosis, antibiotics.
Sinerdol can be used to treat tuberculosis in association with other antituberculosis medicines, and also in the treatment of other infections caused by sensitive germs, such as: leprosy, brucellosis, legionellosis, and serious staphylococcal infections.

Also recommended in meningococcus carriers (without displaying any symptom of disease) in order to limit the spread of the disease.
Sinerdol is used in the treatment of asymptomatic carriers of *H. influenzae* or in prophylaxis in children aged 4 years or younger.
Sinerdol may be recommended by your doctor for other severe diseases.

2. What you need to know before you take Sinerdol

Do not take Sinerdol:
- If you are allergic to rifampicin or to any of the other ingredients of this medicine (listed in section 6);
- if you suffer from liver disease associated with jaundice;
- if you follow a treatment with medicines named proteases inhibitors (amprenavir, indinavir, nelfinavir, ritonavir, lopinavir/ritonavir, saquinavir) or delavirdine.

Warnings and precautions
Talk to your doctor or pharmacist before taking Sinerdol.
Sinerdol should only be given under medical supervision.
Patients with impaired liver function should be given Sinerdol only in cases of necessity and under strict medical supervision. In these patients, rifampicin should be given in low doses and careful monitoring of liver function, especially GPT and GOT, weekly during 2 first weeks of therapy (especially in case of association with isoniazid) and then every 2 weeks during therapy.
If signs of hepatocellular damage occur, rifampicin should be withdrawn immediately.

Rifampicin treatment should be initiated with caution in patients with a pre-existing liver disease, alcoholism, in elderly patients or under the age of 2 years and malnourished patients, especially in case of association with isoniazid. If there is no evidence of a pre-existing liver disease and your hepatic function is normal pre-treatment, hepatic tests will be made when the following symptom occur: fever, vomiting, jaundice or deterioration of general condition.
The patient will be evaluated at least monthly during the treatment.
Hyperbilirubinaemia can occur in the early days of treatment.
Rifampicin may affect the results of some blood tests: Coombs test, tests for folate, vitamin B12; urinalysis based on colorimetric reactions or spectrophotometry; serum uric acid, bilirubin, transaminases.

Rifampicin has enzyme induction properties that can enhance the metabolism of endogenous substrates including adrenal hormones, thyroid hormones and vitamin D. Isolated reports have associated porphyria exacerbation with Sinerdol administration.
Rifampicin may determine reddish colour in your urine, saliva, tears, sputum and sweat, and patients should be forewarned of this. The red colour may stain soft contact lenses.
The intermittent administration of rifampicin (less than 2-3 times per week) has been reported to be associated with an immunological reaction.
If you use oral contraceptives, replace them with non-hormonal contraceptives, during treatment with rifampicin.

Other medicines and Sinerdol
Please tell your doctor or pharmacists if you are taking, have recently taken or might take any other medicines.
If Sinerdol is used while taking other medicines, it can affect the way some other medicines work.
Please tell your doctor if you are taking other medicines such as:
- proteases inhibitors (e.g. amprenavir, indinavir, nelfinavir, ritonavir, lopinavir/ritonavir, saquinavir);
- anticonvulsant medicines, antiarrhythmics, antifungals, beta-blockers, calcium channel blockers, glucocorticoids, anti-diabetic sulphonamides, oral anticoagulants, digoxin, concurrent use of estrogen-progesterone contraceptives, antiestrogens (e.g. tamoxifen, toremifene), antipsychotics (e.g. haloperidol), tricyclic antidepressants (e.g. amitriptyline), anxiolytics and hypnotics (e.g. diazepam), barbiturates, antibacterials (e.g. chloramphenicol, clarithromycin, doxycycline, fluoroquinolones), antivirals (e.g. saquinavir, indinavir, zidovudine), cyclophosphamide, immunosuppressive agents (e.g. ciclosporin, tacrolimus), analgestics (e.g. methadone), theophylline, clofibrate, irinotecan, thyroid hormones, losartan, praziquantel, quinine, riluzole, selective 5-HT receptor antagonists (e.g. ondansetron), statins metabolised by CYP 3A4 (e.g. simvastatin), cytotoxics (e.g. imatinib), diuretics (e.g. eplerenone), isoniazid, halothane, ketoconazole, enalapril.

Daily doses of rifampicin should be given at least 1 hour before the ingestion of antacids.
Rifampicin and p-aminosalicylic acid should be taken at least 8 hours apart.
Rifampicin may interfere with standard microbiological assays for serum folate and vitamin B12.
Rifampicin may impair biliary excretion of contrast media used for visualization of the gallbladder.
Rifampicin causes a temporary abnormal bromosulphthalein excretion. Therefore, these tests should be performed before the morning dose of rifampicin.

Sinerdol with food, drink and alcohol
Food may slow rifampicin absorption. This is why rifampicin should be taken with 30 minutes before meals. If you cannot tolerate it, your doctor may allow you to take this medicine with food.
Avoid alcoholic beverages during rifampicin treatment, because they may increase the risk of severe hepatic disorders.

Pregnancy, breast-feeding and fertility
If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.
Do not take Sinerdol during pregnancy or breast-feeding.

Driving and using machines
Sinerdol does not influence the ability to drive or use machines.

Sinerdol contains lactose monohydrate. If your doctor warned you about your intolerance to certain categories of glucides, please ask him before taking this medicine.
Sinerdol contains Amaranth (E123)**,** which may cause allergic reactions.
Sinerdol contains methyl parahydroxybenzoate (E218) and propyl parahydroxybenzoate (E216). Therefore, it may cause allergic reactions (even delayed).

3. How to take Sinerdol

Always take this medicine exactly as your doctor or pharmacist has told you. You must check with your doctor or pharmacist if you are not sure.
Recommended dose:
Tuberculosis
Adults:
The recommended daily dose is 8-12 mg/kg of body weight.
The usual daily dose: Patients weighing less than 50 kg: 450 mg; Patients weighing more than 50 kg: 600 mg.
Children: the recommended daily dose is 10 mg to 20 mg per kilogram of body weight. The maximum daily dose is 600mg.

Leprosy
600 mg of rifampicin should be given once per month. An alternative treatment can be used daily. The single daily dose is 10 mg/kg of body weight.
The usual daily dose: Patients weighing less than 50kg: 450 mg; Patients weighing more than 50kg: 600 mg.
Rifampicin should always be given with other medicine for leprosy.
Brucellosis, Legionnaires Disease or other serious staphylococcal infections
Adults: the recommended daily dose is 600 mg to 1200 mg daily. The dose is given in 2 to 4 divided doses together with another antibiotic in order to prevent bacterial resistance.
Prophylaxis of meningococcal meningitis
Adults: 600 mg twice per day for two days.
Children (1-12 years old): 10 mg/kg of body weight twice per day for 2 days.
Children (3 months -1 year old): 5 mg per kilogram of body weight twice per day for 2 days.
Prophylaxis of *Haemophilus Influenzae*:
Adults and children: 20 mg per kilogram of body weight daily in a single dose, no more than 600 mg per day should be given in children, for 4 days.
Neonates: 10mg/kilogram of body weight /day for 4 days.
Impaired liver function: not more than 8mg of rifampicin per kilogram of body weight daily.
Elderly patients: the renal excretion of rifampicin is decreased proportionally with physiological decrease of renal function; due to compensatory increase of liver excretion, the terminal half-life in serum level of rifampicin is similar to that of younger patients. However, caution should be exercised in using rifampicin in such patients, especially if there is evidence of impaired liver function.

In children less than 6 years it is recommended rifampicin with age-appropriate formulations.

Take Sinerdol by mouth, with a drink of water. Daily dose depends on patient's bodyweight.
Sinerdol should be taken at least 30 minutes before a meal or 2 hours after a meal for an efficient and quick absorption.

If you take more Sinerdol than you should
Taking too much of any medicine may have serious consequences. If you suspect an overdose, tell your doctor immediately. The rifampicin overdose symptoms are: nausea, vomiting, abdominal pain, headaches, sleepiness, loss of consciousness. The “red man syndrome” may also occur: reddish or orange colouration of the skin, tears, sweat. In some severe cases the decreases of blood pressure and irregular heartbeat have been reported. In children, swelling of the faces and eyes may happen.

If you forget to take Sinerdol
If you forget a dose, take the medicine as soon as you remember. However, if it is almost time for your next dose, do not take the missed dose and continue as usual. Do not take a double dose to make up for a forgotten dose.

If you stop taking Sinerdol
Follow the treatment as directed by your doctor. If you stop treatment too early, the infection may return. The intermittent treatment of rifampicin may cause the increase of adverse reactions frequency.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.
The following side effects may occur:
Common
- flushing and itching with or without transient rashes.

Uncommon
- urticaria

Rare
- disseminated intravascular coagulation (DIC)
- exfoliative dermatitis, pemphigoid reaction, erythema multiforme including Stevens-Johnson syndrome, Lyell syndrome and vasculitis.
- adrenal insufficiency
- psychoses

Very rare
- eosinophilia, leukopenia, agranulocytosis.

Not known
- haemolytic anaemia, thrombocytopenia with or without purpura (intermittent therapy). This effect is reversible if the drug is discontinued. Cerebral haemorrhage has been reported when rifampicin administration has been continued;
- Other reactions which have occurred with intermittent dosage regimens include "flu" syndrome (such as episodes of fever, shivers, myalgia, headache, dizziness); the "flu" syndrome appears between the third and the sixth months of treatment reported in up to 50 % of patients. It can also occur: wheezing, decrease in blood pressure, shock, anaphylaxis, acute haemolytic anaemia and acute renal failure, usually due to acute tubular necrosis or to acute interstitial nephritis;
- oedema;
- muscle weakness, myopathy, anorexia, nausea, vomiting, abdominal discomfort and diarrhoea.

Pseudomembranous colitis has been reported with the use of rifampicin;
- hepatitis and abnormal liver function tests have been reported;
- occasional menstrual disturbances in women receiving long-term therapy with regimens containing rifampicin;
- rifampicin produces reddish colouration of the urine, sputum, sweat, tears and saliva.

Adverse reactions are classified according to the following frequencies:
Very common: may affect more than 1 in 10 people

Common: may affect up to 1 in 10 people
Uncommon: may affect up to 1 in 100 people
Rare: may affect up to 1 in 1,000
Very rare: may affect up to 1 in 10,000 people
Not known: frequency cannot be estimated from available data.

Reporting of side effects
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system whose details are published on website of National Agency for Medicines and Medical Devices http://www.anm.ro By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Sinerdol

Keep out of the sight and reach of children.
Store below 25 °C, in the original package.

Do not use after the expiry date is stated on the package after EXP. The expiry date refers to the last day of that month.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of pack and other information

What Sinerdol contains

Sinerdol 150 mg hard capsules
- The active substance is rifampicin. Each hard capsule contains 150 mg of rifampicin.
- The other ingredients: *the content of capsule*: lactose monohydrate, magnesium stearate, the capsule cap: titanium dioxide (E 171), Allura Red (E129), Amaranth (E123), methyl parahydroxybenzoate (E218), propyl parahydroxybenzoate (E216), gelatin, *capsule body*: titanium dioxide (E171), brilliant blue (E133), methyl parahydroxybenzoate (E 218), propyl parahydroxybenzoate (E216), gelatin.

Sinerdol 300 mg hard capsules
- The active substance is rifampicin. Each hard capsule contains 300 mg of rifampicin.
- The other ingredients: *the content of capsule*: lactose monohydrate, magnesium stearate, *the capsule cap/body*: titanium dioxide (E 171), Allura Red (E129), Amaranth (E123), methyl parahydroxybenzoate (E 218), propyl parahydroxybenzoate (E 216), gelatin.

What Sinerdol looks like and contents of the pack

Sinerdol 150 mg is presented as size "2", hard capsules, with opaque red cap/opaque blue body, containing a reddish-brown powder.

Box with 2 PVC/Al blisters of 10 hard capsules
Cardboard box with 100 PVC/Al blisters of 10 hard capsules

Not all pack sizes may be marketed.

Sinerdol 300 mg is presented as size "1", hard capsules, with opaque red cap/opaque red body, containing a reddish-brown powder.

Box with 1 PVC/Al blister of 10 hard capsules
Cardboard box with 100 PVC/Al blisters of 10 hard capsules
Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer
Antibiotice SA
1 Valea Lupului, Iasi 707410, Romania

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

Romania
Antibiotice SA
1 Valea Lupului, Iasi 707410, Romania

This leaflet was last revised in August 2016.

Detailed information on this medicine is available on the National Agency for Medicines and Medical Devices web site http://www.anm.ro