

## WHO-PQ RECOMMENDED SUMMARY OF PRODUCT CHARACTERISTICS

*This summary of product characteristics focuses on uses of the medicine covered by WHO's Prequalification Team - Medicines. The recommendations for use are based on WHO guidelines and on information from stringent regulatory authorities.\**

*The medicine may be authorised for additional or different uses by national medicines regulatory authorities.*

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\*[https://extranet.who.int/prequal/sites/default/files/document\\_files/75%20SRA%20clarification\\_Feb2017\\_newtempl.pdf](https://extranet.who.int/prequal/sites/default/files/document_files/75%20SRA%20clarification_Feb2017_newtempl.pdf)

## 1. NAME OF THE MEDICINAL PRODUCT

[MA116 trade name]<sup>†</sup>

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

This is a co-packaged medicinal product, consisting of three (3) amodiaquine (as hydrochloride) tablets and one (1) pyrimethamine/ sulfadoxine tablet.

Each amodiaquine (as hydrochloride) dispersible tablet contains 76.5 mg amodiaquine (as hydrochloride) and each pyrimethamine/ sulfadoxine dispersible tablet contains 12.5 mg pyrimethamine and 250 mg sulfadoxine.

For a full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Dispersible tablets

*Amodiaquine (as hydrochloride) 76.5mg dispersible tablets*

Yellow, round, uncoated tablets. They are flat on the top and bottom with a bevelled edge. The tablets have "AQ" debossed on (stamped into) one side and a score line on the other side.

The score line is not intended for breaking the tablet.

*Pyrimethamine/Sulfadoxine 12.5mg/250mg dispersible tablets*

White, round, uncoated tablets. They are flat on the top and bottom with a bevelled edge. The tablets have 'SP' debossed on (stamped into) on one side and a score line on the other side.

The score line is not intended for breaking the tablet.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

[MA116 trade name] is indicated for malaria prevention in infants during the malaria season (seasonal malaria chemoprevention, SMC) .

Prophylaxis regimens should take into account the most recent official prophylaxis guidelines (e.g. those of the WHO) and local information on the prevalence of resistance to antimalarial drugs.

### 4.2 Posology and method of administration

#### *Posology*

Treatment should start at the beginning of the high transmission period and is taken in 3-day courses as follows:

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<sup>†</sup> Trade names are not prequalified by WHO. This is the national medicines regulatory agency's responsibility.

	<b>Dose (Infant aged 3 months – less than 12 months)</b>	
	<b>Amodiaquine tablet (76.5 mg)</b>	<b>Sulfadoxine/pyrimethamine tablet (250 mg/12.5 mg)</b>
<b>Day 1</b>	1 tablet as a single dose	1 tablet as a single dose
<b>Day 2</b>	1 tablet as a single dose	–
<b>Day 3</b>	1 tablet as a single dose	–

### Children 12 months of age and over

Another formulation should be used to supply the correct dose.

### Duration of treatment

The 3-day course is repeated at 28-day intervals, beginning at the start of the transmission season and continuing for 3–5 cycles, depending on the local context. It is important that the infant receives the full 3-day course. Missing a course reduces protection but does not prevent the infant receiving the next course.

### Method of administration

The tablets should be dispersed in water.

Doses on day 1 should be given under the supervision of the health care provider, whereas doses on days 2 and 3 (amodiaquine only) can be taken by the infant at home.

For administration of [MA116 trade name], prepare a clean cup or glass, and 1 amodiaquine dispersible tablet and 1 sulfadoxine/pyrimethamine dispersible tablet:

#### On the first day of treatment

- Add approximately 10 mL of drinking water into the cup/glass;
- Place the amodiaquine tablet and the sulfadoxine/pyrimethamine tablet into the cup/glass;
- Gently swirl the cup/glass until the tablets disperse and the contents are fully mixed, after which it should be taken immediately by the infant;
- Rinse the cup/glass with about another 10 mL of drinking water; the infant should drink the contents to be sure that the whole dose is taken.

For administration of [MA116 trade name] **on the second and third day of treatment** prepare a clean cup or glass and 1 amodiaquine dispersible tablet.

- Add approximately 10 mL of drinking water into the cup/glass;
- Place 1 amodiaquine tablet into the cup/glass;
- Gently swirl the cup/glass until the tablet disperses and the contents are fully mixed, after which it should be taken immediately by the infant;
- Rinse the cup/glass with about another 10 mL of drinking water; the infant should drink the contents to be sure that the whole dose is taken.

If an infant vomits the dose within 30 minutes, they should be allowed to rest for 10 minutes and a replacement dose be taken.

### 4.3 Contraindications

[MA116 trade name] is contraindicated in a child:

- who is hypersensitive to any of the active substances, to sulfonamide drugs or to any of the excipients of [MA116 trade name] (see section 6.1);

- with an acute febrile illness or a severe illness;
- taking co-trimoxazole (e.g. HIV-positive child receiving co-trimoxazole prophylaxis);
- who has received a dose of either amodiaquine or pyrimethamine/sulfadoxine during the previous 4 weeks;
- with a history of blood disorders with amodiaquine or pyrimethamine/sulfadoxine;
- with documented megaloblastic anaemia due to folate deficiency;
- with liver disease;
- with retinopathy.

#### **4.4 Special warnings and precautions for use**

##### *Acute illness*

[MA116 trade name] should not be given if the patient has an acute illness. If the patient has malaria, specific treatment should be given according to the most recent official guidelines.

##### *Renal or hepatic impairment*

Caution should be exercised in patients with renal or hepatic impairment.

##### *Hypersensitivity reactions*

Because of a rare risk of severe hypersensitivity reactions (see section 4.3), treatment with [MA116 trade name] should be stopped if a patient develops a rash or urticarial reaction.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

Concomitant use of [MA116 trade name] with trimethoprim, or sulfamethoxazole/trimethoprim, or another sulfonamide can increase haematological side effects and the risk of severe cutaneous reactions. Concomitant use should therefore be avoided.

Seasonal malaria chemoprevention is not recommended for individuals receiving other forms of malaria chemoprevention (e.g. mass drug administration [MDA] or perennial malaria chemoprevention [PMC]).

The risk of hepatic and haematological adverse effects may increase if [MA116 trade name] is given with other medicines with hepatic or haematological toxicity.

Concomitant administration of [MA116 trade name] is not recommended with:

- medicines that inhibit the liver enzymes cytochrome (CYP) 2A6 (e.g., some beta-blockers, antidepressants, and antipsychotic drugs);
- medicines that inhibit CYP2C8 (e.g. trimethoprim, ketoconazole, ritonavir, saquinavir, lopinavir, gemfibrozil, montelukast).

#### **4.6 Fertility, pregnancy and breastfeeding**

Seasonal malaria chemoprevention with [MA116 trade name] is indicated for children and effects on pregnancy and breastfeeding are not relevant.

##### *Pregnancy*

The safety of amodiaquine in pregnant women has not been established in formal studies but many years of experience with amodiaquine do not indicate reproductive toxicity.

Pyrimethamine/sulfadoxine showed reproductive toxicity in animal studies (see 5.3).

Amodiaquine + pyrimethamine/sulfadoxine should not be used during the first trimester of pregnancy unless the benefit is considered to outweigh the risks and alternative medicines are not available.

During second or third trimesters of pregnancy, [MA116 trade name] may be used for intermittent preventive treatment in pregnancy.

#### *Breastfeeding*

Amodiaquine does not appear to be excreted in appreciable amounts in the breast milk. Pyrimethamine is excreted in human milk. Some sulfonamides are excreted in human milk.

Sulfonamides should be avoided in premature infants and in infants with hyperbilirubinaemia or glucose-6-phosphate dehydrogenase deficiency. Except for the preceding conditions, [MA116 trade name] can be used during breastfeeding.

#### *Fertility*

No human data on the effect of [MA116 trade name] on fertility are available. Animal data showed that pyrimethamine impaired fertility. Amodiaquine showed effects on spermatogenesis (see section 5.3).

### **4.7 Effects on ability to drive and use machines**

Patients receiving [MA116 trade name] should be warned that somnolence, dizziness or asthenia may occur, in which case they should not drive or use machines.

### **4.8 Undesirable effects**

Of the mild adverse events associated with amodiaquine, the most common are vomiting, abdominal pain, fever, diarrhoea, itching, headaches and rash. Aplastic anaemia and fatal hepatotoxicity are rarely associated with weekly prophylactic use of amodiaquine; such events have not been reported with use of amodiaquine for seasonal malaria chemoprophylaxis (see also section 5.1).

Mild adverse events associated with pyrimethamine/sulfadoxine involve the skin and mucous membranes. Serious cutaneous toxicity (Stevens–Johnson syndrome) and hepatotoxicity may occur rarely.

The adverse events listed below are not based on adequately sized studies, but on literature data generally published after approval and for the use of each of these antimalarials in adults. Frequency estimates are highly variable across the studies and no frequencies are given for many events. Side effects most relevant to seasonal malaria prevention in children are shown in **bold**.

Adverse events reported with [MA116 trade name], are listed below by body system, organ class. Where they can be estimated, frequencies are defined as *very common* ( $\geq 1/10$ ), *common* ( $1/100$ – $1/10$ ), *uncommon* ( $1/1000$ – $1/100$ ), *rare* ( $1/10\,000$ – $1/1000$ ) or *very rare* ( $\leq 1/10\,000$ ).

#### ***Amodiaquine***

##### *Nervous system disorders*

*Very common:* weakness, **headache**, dizziness

*Rare:* neuromyopathy

##### *Gastrointestinal disorders*

*Very common:* anorexia, nausea, **vomiting, abdominal pain, diarrhoea**

##### *Skin and subcutaneous disorders*

slate-grey pigmentation, notably of the fingers and mucous membranes (usually associated with malaria treatment rather than seasonal chemoprophylaxis)

*Common:* **pruritus**

*General disorders and administration site conditions*

*Common:* **fever**

*Eye disorders*

transient accommodation disorders, corneal opacity (usually associated with malaria treatment rather than seasonal chemoprophylaxis) which reverses on stopping treatment

*Very rare:* irreversible retinopathy requiring care from eye specialist

*Blood and lymphatic disorders*

leucopenia and neutropenia (agranulocytosis)

*Hepato-biliary disorders*

severe and sometimes fatal hepatitis; development of hepatic disorders may be delayed

***Pyrimethamine/sulfadoxine***

*Gastrointestinal reactions*

glossitis, stomatitis, nausea, emesis, **abdominal pain, diarrhoea**, feeling of fullness

*Skin and subcutaneous tissue disorders*

photosensitivity, **urticaria, pruritus**, exfoliative dermatitis, slight hair loss, Lyell's syndrome, erythema multiforme, Stevens-Johnson syndrome, **generalised skin eruptions**, toxic epidermal necrolysis

*General disorders*

**fever**, chills, periarteritis nodosa and lupus erythematosus phenomenon

*Nervous system disorders*

**headache**, peripheral neuritis, convulsions, ataxia, hallucinations, insomnia, fatigue, muscle weakness, polyneuritis

*Psychiatric disorders*

depression, **nervousness**, apathy

*Blood and lymphatic disorders*

agranulocytosis, aplastic anaemia, megaloblastic anaemia, thrombocytopenia, leucopenia, haemolytic anaemia, purpura, hypoprothrombinaemia, methemoglobinaemia, and eosinophilia

*Cardiac disorders*

allergic myocarditis/pericarditis

*Ear and labyrinth disorders*

tinnitus, vertigo

*Endocrine disorders*

Sulfadoxine, a sulphonamide is similar to some diuretics (acetazolamide and the thiazides), and sulfonylurea hypoglycaemics. Diuresis and hypoglycaemia have occurred rarely in patients receiving sulphonamide.

*Eye disorders*

periorbital oedema, conjunctival and scleral icterus

*Hepatobiliary disorders*

hepatitis, hepatocellular necrosis, pancreatitis, transient rise of liver enzymes

*Immune system disorders*

hypersensitivity reactions, serum sickness, anaphylactoid reactions

*Musculoskeletal and connective tissue disorders*

arthralgia

*Renal and urinary disorders*

renal failure, interstitial nephritis, blood-urea nitrogen and serum creatinine elevation, toxic nephrosis with oliguria and anuria, crystalluria

*Respiratory disorders*

pulmonary infiltrates resembling eosinophilic or allergic alveolitis

***Reporting of suspected adverse reactions***

Health care providers are asked to report adverse reactions that may be linked to a medicine, to the marketing authorisation holder, or, if available, to the national reporting system. Reports of suspected adverse reactions to a medicine are important for the monitoring of the medicine's benefits and risks.

## **4.9 Overdose**

***Amodiaquine***

*Symptoms:* headache, dizziness, visual disorders, cardiovascular collapse, and convulsions, followed by early respiratory and cardiac arrest.

*Treatment:* the patient should be urgently transferred to a specialised unit for close monitoring and supportive therapy.

***Pyrimethamine/sulfadoxine***

*Symptoms:* headache, anorexia, nausea, vomiting, agitation, convulsions, haematologic changes (megaloblastic anaemia, leucopenia, thrombocytopenia), glossitis and crystalluria.

*Treatment:* the patient should be urgently transferred to a specialised unit for close monitoring and supportive therapy including, where appropriate, activated charcoal and fluid administration; a parenteral benzodiazepine, phenytoin or a barbiturate can be given for convulsions. Liver and renal function should be monitored, and blood counts checked repeatedly for up to four weeks after the overdose. Should blood dyscrasia occur, folinic acid (leucovorin) may be used.

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Antimalarial

Amodiaquine ATC code: P01BA06

Pyrimethamine combinations. ATC code: P01BD51

Amodiaquine is a synthetic 4-aminoquinoline antimalarial. It has schizonticidal action on *Plasmodium falciparum*, *P. vivax*, and *P. ovale* by destroying intraerythrocytic forms.

The mechanism of action of 4-aminoquinoline derivatives like amodiaquine against plasmodium is not completely known. It is nonetheless accepted that these derivatives penetrate the infected red blood cells and prevent the parasite from polymerising haeme into an insoluble product called haemozoin, leading to parasite death.

Pyrimethamine is a diaminopyrimidine. It exerts its antimalarial activity by inhibiting plasmodial dihydrofolate reductase thus indirectly blocking the synthesis of nucleic acids in the malaria parasite. It is a slow-acting blood schizonticide and is also possibly active against pre-erythrocytic forms of the malaria parasite and inhibits sporozoite development in the mosquito vector. It has in vitro activity against the four long-established human malaria parasites. There has been rapid emergence of clinical resistance.

Sulfadoxine is a sulfonamide. Sulfonamides are competitive antagonists of p-aminobenzoic acid. They are competitive inhibitors of dihydropteroate synthase, the enzyme in *P. falciparum*, which is responsible for the incorporation of p-aminobenzoic acid in the synthesis of folic acid. Therefore, by acting at a different step in folate synthesis, sulfadoxine increases the effect of pyrimethamine.

Strains of *P. falciparum* resistant to 4-aminoquinolines (chloroquine, amodiaquine) are present in many areas, and their geographical distribution is constantly changing. However, amodiaquine remains active against some chloroquine-resistant *P. falciparum* strains. *P. falciparum* can also become resistant to the effects of pyrimethamine/sulfadoxine.

### Clinical efficacy

Three randomised placebo-controlled studies have looked at the efficacy of seasonal malaria prevention with amodiaquine + pyrimethamine/sulfadoxine added to other measures such as insecticidal bed-nets or home malaria management. Over 7300 children aged 3–59 months participated in the studies, all in west Africa. The protective efficacy, measured as the incidence of malaria, ranged from 66 to 82%.

A previous study had compared regimens containing pyrimethamine/sulfadoxine with either artesunate or amodiaquine in 2102 children. The incidence of malaria was lowest (5%) among children who received amodiaquine + pyrimethamine/sulfadoxine compared to those receiving artesunate-based regimens (9–11%).

## 5.2 Pharmacokinetic properties

### Absorption of [MA116 trade name]

No pharmacokinetic data are available for [MA116 trade name]. A bioequivalence study was conducted with a fixed dose combination product pyrimethamine/sulfadoxine 25/500 mg dispersible tablet and amodiaquine 150 mg dispersible tablet, [MA117 trade name], that is essentially the same as [MA116 trade name] in qualitative terms and with respect to the ratio of active and other ingredients.

The absorption characteristics of [MA117 trade name] have been determined after administration of one (1) amodiaquine (as hydrochloride) 153 mg dispersible tablet and one (1) pyrimethamine/ sulfadoxine 25 mg/500 mg dispersible tablets in healthy volunteers in the fasting state as follows:

Pharmacokinetic variable	Arithmetic mean value (± standard deviation)		
	Pyrimethamine	Sulfadoxine	Amodiaquine
Maximum concentration (C <sub>max</sub> )	193 ± 29 ng/mL	70.2 ± 9.2 µg/mL	14.7 ± 6.7 ng/mL
Area under the curve (AUC <sub>0–72h</sub> ), a measure of the extent of absorption	9922 ± 1238 ng·h/mL	4125 ± 507 µg·h/mL	116 ± 29 ng·h/mL *
Time to attain maximum concentration (t <sub>max</sub> )	3.84 ± 1.47 hour	4.16 ± 1.33 hour	0.81 ± 0.27 hour

\* AUC<sub>0–inf</sub>



*Pharmacokinetics of pyrimethamine, sulfadoxine and amodiaquine*

	<b>Pyrimethamine</b>	<b>Sulfadoxine</b>	<b>Amodiaquine</b>
<b>Absorption</b>			
Oral bioavailability	NA*	NA*	NA*
Absolute bioavailability	NA*	NA*	Amodiaquine is metabolized to its main active form, desethylamodiaquine.
Food effect	-	-	The C <sub>max</sub> and AUC <sub>(0-t)</sub> of the active metabolite desethylamodiaquine increased 18% and 12% respectively with a high-fat meal, compared to fasting.
<b>Distribution</b>			
Volume of distribution (mean)	2.3 L/kg	0.14 L/kg	20 to 40 L/kg
Plasma protein binding <i>in vitro</i>	90%	90%	>90% (amodiaquine as well as desethylamodiaquine)
Tissue distribution	Widely distributed. Crosses the placental barrier and excreted in breast milk	Widely distributed. Crosses the placental barrier and excreted in breast milk	Distributed into red blood cells; blood/plasma ratio is 4-6.
<b>Metabolism</b>			
	Transformed to several unidentified metabolites.	5% acetylated 2-3% glucuronated	Metabolism of amodiaquine into the active metabolite, desethylamodiaquine, by CYP2C8
Active metabolite(s)	-	-	Desethylamodiaquine; further metabolized by oxidation and glucuronidation
<b>Elimination</b>			
Elimination half life	100 hours	200 hours	Amodiaquine: 12h Desethylamodiaquine: 9–18 days.
Mean systemic clearance (Cl/F)	NA*	NA*	Amodiaquine: 1.1 L/h*

% of dose excreted in urine	NA*	Approximately 60% is present as the acetyl derivative and 10% as the glucuronide	2% excreted unchanged
% of dose excreted in faeces	-	-	-
<b>Pharmacokinetic linearity</b>	NA*	NA*	Linear PK over the 200 – 600 mg dose range
<b>Drug interactions (in vitro)</b>			
Transporters		-	-
Metabolizing enzymes	-		May inhibit CYP2D6

\*Information not available.

### ***Special populations***

#### ***Renal impairment***

In patients with renal insufficiency, delayed elimination of sulfadoxine and pyrimethamine is expected.

#### ***Pregnant women***

During pregnancy, sulfadoxine clearance is increased. Pyrimethamine is not significantly affected.

## **5.3 Preclinical safety data**

### ***Amodiaquine***

#### ***General toxicity***

Non-clinical data reveal no special hazard for humans not already covered in other sections of the SmPC, based on conventional studies of safety pharmacology and repeated dose toxicity.

#### ***Genotoxicity***

In vitro (Ames test) and in vivo tests (sister chromatid exchange and chromosome aberration tests) showed that amodiaquine, like chloroquine, has both a mutagenic and a clastogenic potential.

#### ***Carcinogenicity***

No studies on the carcinogenic potential of amodiaquine have been conducted.

#### ***Reproductive toxicity***

Treatment of rats with amodiaquine caused disruption of the blood-testis barrier and germ cell apoptosis without affecting body weight. The adverse effects on spermatogenesis were reversible when treatment was discontinued.

### ***Pyrimethamine/sulfadoxine***

#### ***Genotoxicity***

Pyrimethamine was not found mutagenic in the Ames test. Pyrimethamine was found to be mutagenic in laboratory animals and also in human bone marrow following 3 or 4 consecutive daily doses totalling 200–300 mg.

### *Carcinogenesis*

Pyrimethamine was not found carcinogenic in female mice or in male and female rats.

### *Reproductive toxicity*

Sperm motility and count were significantly decreased in pyrimethamine-treated male mice, and their fertility rate fell to zero. These adverse effects were reversible when pyrimethamine was discontinued. Testicular changes have been observed in rats treated with pyrimethamine/sulfadoxine. The pregnancy rate of female rats was not affected following treatment with 10.5 mg/kg daily, but was significantly reduced at doses of 31.5 mg/kg daily or higher. Pyrimethamine/sulfadoxine was teratogenic in rats when given in weekly doses about 12 times the normal human dose.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### ***Amodiaquine (as hydrochloride) 76.5 mg dispersible tablets***

Povidone

Sodium bicarbonate

Microcrystalline cellulose

Crosslinking carboxymethyl cellulose sodium

Sucralose

Magnesium stearate

This medicine is essentially 'sodium-free'. It contains less than 1 mmol sodium (23 mg) per tablet.

#### ***Pyrimethamine/sulfadoxine 12.5 mg/250 mg dispersible tablets***

Hypromellose

Low-substituted hydroxypropyl cellulose

Sucralose

Magnesium stearate

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

36 months

### **6.4 Special precautions for storage**

Do not store above 30°C. Store the tablets in the blisters in the provided box/carton. Protect from light.

### **6.5 Nature and contents of container**

The tablets are packaged in colourless transparent plastic (PVC) on aluminium foil blister cards, each containing three (3) amodiaquine (as hydrochloride) 76.5 mg dispersible tablets and one (1) pyrimethamine/sulfadoxine 12.5mg/250 mg dispersible tablet.

Available in box of 50 x 4 co-blisters. Such 60 boxes packed in larger carton.

## 6.6 Special precautions for disposal and other handling

No special requirements.

Any unused product or waste material should be disposed of in accordance with local requirements.

## 7. SUPPLIER

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## 8. WHO REFERENCE NUMBER (WHO Prequalification Programme)

MA116

## 9. DATE OF PREQUALIFICATION

21 August 2018

## 10. DATE OF REVISION OF THE TEXT

October 2024

### References

WHO guidelines for malaria. Geneva: World Health Organization; 2023  
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*Section 5.2*

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*Section 5.3*

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All references accessed in July 2024.

*Detailed information on this medicine is available on the World Health Organization (WHO) website:*  
<https://extranet.who.int/prequal/medicines/prequalified/finished-pharmaceutical-products>