Mesalazine

Core Safety Profile

4.3 Contraindications

Salofalk is contraindicated in cases of:
- Known hypersensitivity to salicylates or any of the excipients
- severe impairment of hepatic or renal function

4.4 Special warnings and precautions for use

Blood tests (differential blood count; liver function parameters such as ALT or AST; serum creatinine) and urinary status (dip sticks) should be determined prior to and during treatment, at the discretion of the treating physician. As a guideline, follow-up tests are recommended 14 days after commencement of treatment, then a further two to three tests at intervals of 4 weeks.

If the findings are normal, follow-up tests should be carried out every three months. If additional symptoms occur, these tests should be performed immediately.

Caution is recommended in patients with impaired hepatic function.
Salofalk should not be used in patients with impaired renal function.
Mesalazine-induced renal toxicity should be considered, if renal function deteriorates during treatment.

Patients with pulmonary disease, in particular asthma, should be very carefully monitored during a course of treatment with Salofalk.

Patients with a history of adverse drug reactions to preparations containing sulphasalazine should be kept under close medical surveillance on commencement of a course of treatment with Salofalk. Should Salofalk cause acute intolerance reactions such as abdominal cramps, acute abdominal pain, fever, severe headache and rash, therapy should be discontinued immediately.

4.5 Interaction with other medicinal products and other forms of interaction

Specific interaction studies have not been performed.

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

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

4.6. Pregnancy and lactation

There are no adequate data on the use of Salofalk in pregnant women. However, data on a limited number of exposed pregnancies indicate no adverse effect of mesalazine on the pregnancy or on the health of the fetus/newborn child. To date no other relevant epidemiologic data are available.

In one single case after long-term use of a high dose of mesalazine (2-4 g, orally) during pregnancy, renal failure in a neonate was reported.

No animal studies with Salofalk Rectal Foam have been performed. *(Rectal foam only*) Animal studies on oral mesalazine do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/fetal development, parturition or postnatal development.

Salofalk should only be used during pregnancy if the potential benefit outweighs the possible risk.

N-acetyl-5-aminosalicylic acid and to a lesser degree mesalazine are excreted in breast milk. Only limited experience during lactation in women is available to date. Hypersensitivity reactions such as diarrhoea in the infant cannot be excluded. Therefore, Salofalk should only be used during breast-feeding, if the potential benefit outweighs the possible risk. If the infant develops diarrhoea, breast-feeding should be discontinued.

4.7. Effects on ability to drive and use machines

No effects on the ability to drive and use machines have been observed.

4.8. Undesirable effects

Organ Class System	Frequency According to MedDRA Convention			
	Common (≥1/100, < 1/10)	Uncommon (≥ 1/1,000, < 1/100)	Rare ≥ 1/10,000, < 1/1,000)	Very rare (< 1/10,000)
General disorders and administration site conditions	Abdominal distension *(Salofalk rectal foam only)*	Anal discomfort, application site irritation, painful rectal tenesmus *(Salofalk rectal foam only)*		
Blood and lymphatic system disorders				Altered blood counts (aplastic anaemia, agranulocytosis, pancytopenia, neutropenia, leukopenia, thrombocytopenia)

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	Common (≥ 1/100, < 1/10)	Uncommon (≥ 1/1,000, < 1/100)	Rare ≥ 1/10,000, < 1/1,000)	Very rare (< 1/10,000)
Nervous system disorders			Headaches, dizziness	Peripheral neuropathy
Cardiac disorders			Myocarditis, Pericarditis	
Respiratory, thoracic and mediastinal disorders				Allergic and fibrotic lung reactions (including dyspnoea, cough, bronchospasm, alveolitis, pulmonary eosinophilia, lung infiltration, pneumonitis)
Gastrointestinal disorders			Abdominal pain, diarrhoea, flatulence, nausea, vomiting	Acute pancreatitis
Renal and urinary disorders				Impairment of renal function including acute and chronic interstitial nephritis and renal insufficiency
Skin and subcutaneous tissue disorders				Alopecia
Musculoskeletal and connective tissue disorders				Myalgia, arthralgia
Immune system disorders				Hypersensitivity reactions such as allergic exanthema, drug fever, lupus erythematosus syndrome, pancolitis

Hepatobiliary disorders				Changes in liver function parameters (increase in transaminases and cholestasis parameters), hepatitis, cholestatic hepatitis
Reproductive system disorders				Oligospermia (reversible)

4.9 Overdose

There are rare data on overdosage (e.g. intended suicide with high oral doses of mesalazine), which do not indicate renal or hepatic toxicity. There is no specific antidote and treatment is symptomatic and supportive.