Only for the use of medical professionals

Avloquin®

Chloroquine Phosphate BP

Presentation

Avloquin® Tablets: White, round tablets, engraved one side with 'AVLOQUIN' and breakline on the other; each tablet contains 250mg Chloroquine Phosphate BP equivalent to 155mg chloroquine base.

Avloquin® Syrup: Yellow coloured, orange flavoured surup; each 5ml contains 80mg Chloroquine Phosphate BP equivalent to 50mg chloroquine base.

Uses

Avloquin® is indicated in the following cases:

Treatment of malaria

Prophylaxis and suppression of malaria

Treatment of amoebic hepatitis and abscess

Treatment of discoid and systemic and systemic lupus erythematosus

Treatment of rheumatoid arthritis

Dosage and administration

Treatment of Malaria

Partially immune adults: A single dose of 4 tablets. In severe attacks, the dosage schedule for non-immune adults should be adopted.

Partially immune children

Age	Single dose (in 5 ml spoonful)
Under 1 year	1 – 2
1- 3 years	3 – 4
3 - 6 years	4 – 6
6 – 9 years	6 - 9

In severe attacks, the dosage schedule for non-immune children should be adopted.

Non-immune adults

i) ***P. falciparum* infections**: 4 tablets initially, 2 tablets after 6 to 8 hours and then 2 tablets per day for 2 days

ii) ***P. vivax* group infections**: A single dose of four tablets followed by a course of treatment with primaquine phosphate (15mg base daily for fourteen days)

Non Immune Children

Age	Initial dose (in 5 ml spoonful)	Dose to be taken 6 hours later and then daily for 2 days (in 5 ml spoonful)
Under 1 year	1 – 2	1
1- 3 years	3 – 4	1- 2
3 - 6 years	4 – 6	2 – 3
6 – 9 years	6 - 9	3 - 5

Prophylaxis and suppression of Malaria

Adults: 2 tablets taken once a week, on the same day each week, during exposure to risk and continued for 6 weeks after leaving the malarious area.

Children: Syrup: The following doses should be taken once a week, on the same day each week, during exposure to risk and continued for 6 weeks after leaving the malarious area.

Age	Single dose (in 5ml spoonful)
Under 1 year	1
1 – 3 years	2
3 – 6 years	2 – 3
6 – 9 years	3 - 5

Tablets: For practical purpose, children over 12 years may be treated as adults and for those below this age, the following proportions may be applied.

Age	Dose	
Under 1 year	1/8 adult dose	¼ tablet
1 – 4 years	¼ adult dose	½ tablet
4 – 8 years	½ adult dose	1 tablet
8 – 12 years	¾ adult dose	1.5 tablet

Amoebic hepatitis

Four tablets daily for two days followed by one tablet twice daily for two or three weeks.

Lupus erythomatosus

One tablet twice daily for one to two weeks followed by a maintenance dose of one tablet daily.

Contra-indication, Warnings, etc

Contraindications

There is no absolute contraindication to the use of chloroquine.

Precautions

Caution is necessary when giving choroquine to patients with porphyria who also have hepatic dysfunction or cirrhosis as the drug may precipitate severe constitutional symptoms and an increase in the amount of porphyrins excreted in the urine. This reaction is especially apparent in alcoholics.

Patients receiving choloquine continuously at higher dose levels for a period longer than 12 months or at weekly intervals for a period of more than 3 years as prophylactic against malaria (or the consumption exceeds 1.6 g/Kg) should undergo ophthalmic examination at three months interval.

Side effects

Choroquine is well tolerated at the standard dosage regimens, side effects such as headache and gastrointestinal disturbances which may occur are not of a serious nature. Where prolonged high dose is required side effects can be of greater severity and patients may develop skin eruptions, occasional depigmentation or loss of hair, difficulty in accommodation, blurring of vision. Corneal opacities disappear completely when the drug is stopped. Rarely thrombocytopenia, agranulocytosis and aplastic anemia have been reported.

The most serious toxic hazard of prolonged therapy with doses is the occasional development of irreversible retinal damage. For this reason considerable caution is needed in the use of choroquine for long-term high dosage therapy and such use should only be considered when no other drug is available.

Defects in visual accommodation may occur on first taking choloquine and patients should be warned regarding driving or operating machinery.

Use in pregnancy
As with all other drugs, the use of choroquine during pregnancy should be avoided if possible, unless in the case of threatening infections, in the judgment of the physician, when the potential benefit outweighs the risk.

Treatment of Over dosage:
In the event of gross overdosage with Avloquin® prompt measures will be required to counteract the depressant effect of the drug on the cardiovascular and respiratory systems. Vomiting should be induced or gastric lavage carried out as soon as possible, followed by appropriate resuscitative measures, such as tracheal intubation with artificial respiration and the administration of vasopressor agents or intravenous fluids. Intravenous molar sodium lactate solution 30-50 ml has been used to counteract the quinidine – like action of chloroquine on the myocardium. To promote excretion of the drug, the administration of enteric coated ammonium chloride tablets 0.5 mg every eight hours is also recommended.

Precautions
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Pharmaceutical precautions
Store at room temperature in a dry place, away from light.

Package Quantities
Avloquin® tablet: Carton of 100 tablets in strips.
Avloquin® Syrup: Bottles of 60ml.

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ACI Limited
Narayanganj, Bangladesh