A Winning Combination

Against

Malaria

with ZAFA's Promise of Quality with Affordability

Arlufa Tablets

[Artemether 20mg+Lumefantrine 120mg]

A Winning Combination Against Malaria

Arlufa WHO recommends, Artemether+Lumefantrine as a First Line Treatment for Malaria.

Arlufa Artemether+Lumefantrine is a superior combination therapy for the treatment of resistant Malaria.

Arlufa Artemether+Lumefantrine is the most viable Artemisinin combination treatment.

Arlufa Artemisinin derivatives are highly effective anti-malarial compounds against P. falciparum.

Arlufa A Proven combination as it is effective and has excellent tolerability with safety.

DOSAGE & ADMINISTRATION:

Adults:

4 Tablets stat followed by 4 Tablets after 8 hours of the first dose, 4 Tablets after 16 hours of the last dose and then 4 Tablets 24 hours after the last dose (Total course of 16 tablets in 48 hours)

Children: 5-15kg body wt.	Children: 15-25kg body wt.	Children: 25-35kg body wt.
1 Tablet followed by	2 Tablets stat followed by	3 Tablets stat followed by
1 Tablet after 8 hours of the first dose,	2 Tablets after 8 hours of the first dose,	3 Tablets after 8 hours of the first dose,
1 Tablet after 16 hours of the last dose and then	2 Tablets after 16 hours of the last dose and then	3 Tablets after 16 hours of the last dose and then
1 Tablet 24 hours after the last dose	2 Tablets 24 hours after the last dose	3 Tablets 24 hours after the last dose
(Total course of 4 tablets in 48 hours)	(Total course of 8 tablets in 48 hours)	(Total course of 12 tablets in 48 hours)

Brief Prescribing Information:

Description: Arlufa is a new treatment of malaria. It is the fixed combination of Artemether (Methylether derivative of Artemisinin) & Lumefantrine. (Fluorene Derivative belonging to aminoalcohol class). **Composition:** Arlufa is available for the oral administration, **Arlufa 20/120mg Tablets:** Each tablet contains: Artemether 20mg, Lumefantrine 120mg. **Pharmacodynamics: Arlufa** comprises a fixed combination of 1 part of Artemether and 6 parts of Lumefantrine. Artemether has quick onset of action while Lumefantrine has longer duration of action. Both exert their anti-Parasitic action at the blood stage of malarial parasite. There is a synergism of independent actions of both Artemether and Lumefantrine, which has been shown to potentiate the blood schizontocidal effects. It is also effective against drug resistant strains of *P. falciparum* malaria. Results of comparative clinical trials indicate that this Artemether and Lumefantrine combination also clears gametocytes more rapidly than other conventional antimalarials. **Pharmacokinetics: Absorption:** Artemether is absorbed quickly with peak plasma concentration reaching in about 2 hours after dosing, while absorption of Lumefantrine is started after a lag-time of up to 2 hours, with peak plasma concentration in about 6-8 hours after dosing. Food enhances the absorption of Lumefantrine. Usually in acutely ill patients there is a tendency of consuming low fat diet. Absorption of Lumefantrine under fasting conditions is very poor. Patients should therefore be encouraged to take the medication with a normal diet. **Distribution:** Artemether and Lumefantrine are both highly bound the human serum proteins in vitro (97.9% and 99.9% respectively). Artemether is well distributed throughout the body, while Lumefantrine has an affinity for adipose and glandular tissues. **Metabolism:** Artemether is rapidly and extensively metabolized in human liver microsomes to the biologically active main metabolite dihydroartemisinin (demethylation). Lumefantrine is also metabolized by CYP3A4 in human liver microsomes, where glucuronidation of Lumefantrine takes place directly, after the oxidative biotransformation. **Elimination:** Artemether is rapidly cleared from plasma with an elimination half- life of about 3 - 11 hours. Lumefantrine is eliminated very slowly with an elimination half life of 4-6 days in patients with falciparum malaria. Unchanged Artemether has not been detected in feces and urine but several metabolites (unidentified) have been detected in both feces and urine. Lumefantrine is eliminated via the bile. After oral dosing in animals qualitative and quantitative recovery of metabolites in bile and feces was relatively low, most of the dose being recovered as parent drug.

'Medicines For All'

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