Mycofaz 50 (Clofazimine film coated Tablets 50 mg)
Mycofaz 100 (Clofazimine film coated Tablets 100 mg)

COMPOSITION

Each film-coated tablet contains 50mg/100mg Clofazimine.
Excipients with known effect:
Each tablet contains about 12.5 mg/25 mg of castor oil polyoxyl hydrogenated and 48.5 mg/97 mg of betadex (cyclodextrin).

DESCRIPTION

For 50 mg: Light brown colored, circular shaped, biconvex, film coated tablets plain on both sides.
For 100 mg: Light brown colored, oval shaped, biconvex, film coated tablets, with scoreline on one side and plain surface on other side.

PHARMACOLOGICAL ACTION:

Pharmacodynamics
Clofazimine exerts a slow bactericidal effect on Mycobacterium leprae (Hansen's bacillus). Clofazimine inhibits mycobacterial growth and binds preferentially to mycobacterial DNA. Clofazimine also exerts anti-inflammatory properties in controlling erythema nodosum leprous reactions. However, its precise mechanisms of action are unknown.

Pharmacokinetics
Clofazimine has a variable absorption rate in leprosy patients, ranging from 45%-62% after oral administration. The average serum concentrations in leprosy patients treated with 100 mg and 300 mg daily were 0.7 μg/mL and 1.0 μg/mL, respectively. After ingestion of a single dose of 300 mg, elimination of unchanged Clofazimine and its metabolites in a 24-hour urine collection was negligible. Clofazimine is retained in the human body for a long time. The half-life of Clofazimine following repeated oral doses is estimated to be at least 70 days. Part of the ingested drug recovered from the feces may represent excretion via the bile. A small amount is also eliminated in the sputum, sebum, and sweat.
Clofazimine is highly lipophilic and tends to be deposited predominantly in fatty tissue and in cells of the reticuloendothelial system. It is taken up by macrophages throughout the body. In autopsies performed on leprosy patients, clofazimine crystals were found predominantly in the mesenteric lymph nodes, adrenals, subcutaneous fat, liver, bile, gall bladder, spleen, small intestine, muscles, bones, and skin.

INDICATIONS

Clofazimine employed in combination with dapsone and rifampicin, serves as treatment for multibacillary forms of leprosy, such as lepromatous (LL), borderline lepromatous (BL), and midborderline (BB) leprosy (classification according to Ridley and Jopling), a well as erythemanodosum leprosum (ENL).
Combined chemotherapy, e.g., with rifampicin or dapsone, is necessary to prevent the emergence of resistant strains of M. leprae.

CONTRAINDICATIONS

Hypersensitivity to clofazimine or to any of the excipients contained in the formulation.

ADVERSE REACTION

In general, Clofazimine is well tolerated when administered in dosages no greater than 100 mg daily. The most consistent adverse reactions are usually dose related and are usually reversible when Clofazimine is discontinued.
Adverse Reactions Occurring in More Than 1% of patients

Skin:
Pigmentation from pink to brownish black in 75%-100% of the patients within a few weeks of treatment; ichthyosis and dryness (8%-28%); rash and pruritus (1%-5%)

Gastrointestinal:
Abdominal and epigastric pain, diarrhoea, nausea, vomiting, gastrointestinal intolerance (40%-50%)

Ocular:
Conjunctival and corneal pigmentation due to clofazimine crystal deposits, dryness; burning; itching; irritation.

Other:
Discoloration of urine, feces, sputum, sweats; elevated blood sugar; elevated ESR.

Adverse Reactions Occurring In Less Than 1% of Patients Skin:
Phototoxicity, erythroderma, acneiform eruptions, monilial cheilosis

Gastrointestinal:
Bowel obstruction, gastrointestinal bleeding, anorexia, constipation, weight loss, hepatitis, jaundice, eosinophilic enteritis, enlarged liver.

Ocular:
Diminished vision.

Nervous:
Dizziness, drowsiness, fatigue, headache, giddiness, neuralgia, taste disorder.

Psychiatric:
Depression secondary to skin discoloration; two suicides have been reported.

Laboratory: Elevated levels of albumin, serum bilirubin, and AST (SGOT); eosinophilia, hypokalaemia.

Other:
Splenic infarction, thromboembolism, anaemia, cystitis, bone pain, edema, fever, lymphadenopathy, vascular pain.

DOSAGE

Posology
For the treatment of leprosy, the WHO recommends the following regimens.

Multibacillary leprosy (LL, BL, BB)
Adults: Clofazimine 300mg once a month under supervision + 50mg once a day as self-medication + rifampicin 600mg once a month under supervision + dapsone 100mg once a day as self-medication.

Children (10-14 years):
Clofazimine 200mg once a month under supervision + 50mg on alternate days as self-medication + rifampicin 10mg/kg once a month under supervision + dapsone 1- 2mg/kg once a day as self-medication.

The triple combination should be given for at least 2 years, if possible until skin smears are negative.

Erythema nodosum leprosum (ENL) Adults and children:
If the patient develops ENL, the treatment with rifampicin and dapsone should be continued as before, and the dosage of Clofazimine raised to 200-300 mg daily, given under medical supervision.

These high daily doses must not be given for longer than 3 months.

Method of administration To ensure maximum absorption Clofazimine should be taken with meals or with milk.

Route of administration Oral

DRUG INTERACTIONS

Dapsone:
Clofazimine seems to have no important effects on the pharmacokinetics of dapsone, although a transient increase in urinary excretion of dapsone occurred in a few patients. Preliminary data suggesting that dapsone inhibits the anti-inflammatory activity of Clofazimine have not been confirmed. If leprosy-associated inflammatory reactions develop in patients being treated with dapsone and Clofazimine, it is still advisable to continue treatment with both drugs.

Rifampicin:
Clofazimine reduces rifampicin absorption in leprosy patients, increasing the time it takes for peak serum concentrations to be reached and prolonging the half-life. Bioavailability was not affected, so this interaction is unlikely to be clinically significant.

Isoniazid:
In patients receiving high doses of Clofazimine (300mg daily) and isoniazid (300mg daily), elevated concentrations of Clofazimine were detected in plasma and urine, although skin concentrations were found to be lower. Rifampicin accelerates the plasma clearance of dapsone, but this does not necessitate any adjustment of the dosage for the treatment of leprosy.

WARNING AND PRECAUTIONS

Warnings:
Severe abdominal symptoms have necessitated exploratory laparotomies in some patients receiving Clofazimine. Rare reports have included splenic infarction, bowel obstruction, and gastrointestinal bleeding. There have also been reports of death following severe abdominal symptoms. Autopsies have revealed crystalline deposits of clofazimine in various tissues including the intestinal mucosa, liver, spleen, and mesenteric lymph nodes.
Clofazimine should be used with caution in patients who have gastrointestinal problems such as abdominal pain and diarrhoea. Dosages of Clofazimine of more than 100 mg daily should be given for as short a period as possible and only under close medical supervision. If a patient complains of colicky or burning pain in the abdomen, nausea, vomiting, or diarrhoea, the dose should be reduced, and if necessary, the interval between doses should be increased, or the drug should be discontinued.

Precautions:
General Physicians should be aware that skin discoloration due to Clofazimine may result in depression. Two suicides have been reported in patients receiving Clofazimine. For skin dryness and ichthyosis, oil can be applied to the skin.

PREGNANCY AND LACTATION:

Clofazimine were not teratogenic in laboratory animals at dose levels equivalent to 8 times (rabbit) and 25 times (rat) the usual human daily dose. However, there was evidence of fetotoxicity in the mouse at 12-25 times the human dose, i.e., retardation of fetal skull ossification, increased incidence of abortions and stillbirths, and impaired neonatal survival. The skin and fatty tissue of offspring

became discoloured approximately 3 days after birth, which was attributed to the presence of Clofazimine in the maternal milk.
It has been found that Clofazimine crosses the human placenta. The skin of infants born to women who had received the drug during pregnancy was found to be deeply pigmented at birth. No evidence of teratogenicity was found in these infants. There are no adequate and well-controlled studies in pregnant women. Clofazimine should be used during pregnancy only if the potential benefit justifies the risk to the foetus**.**

Nursing Mothers
Clofazimine is excreted in the milk of nursing mothers. Clofazimine should not be administered to a nursing woman unless clearly indicated.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES
Vision problems, dizziness, and fatigue have been reported during treatment with clofazimine. Patients should be instructed that if they experience these symptoms they should avoid potentially hazardous tasks such as driving and operating machinery.

OVERDOSAGE
No specific data are available on the treatment of overdosage with clofazimine. In case of overdose, supportive symptomatic treatment should be initiated.

STORAGE
Do not store above 30°C, protect from light. Excursions above 30ºC are not allowed.

PRESENTATION
For 50 mg:
-Alu/PVC/PVdC blister pack of 28 Tablets, such 10 blisters are packed in a carton along with pack insert.
-Alu/PVC/PVdC blister pack of 10 Tablets, such 10 blisters are packed in a carton along with pack insert.
-Strip pack of 10 Tablets, such 10 strips are packed in a carton along with pack insert.

For 100 mg:
-Strip pack of 10 Tablets, such 10 strips are packed in a carton along with pack insert.

MANUFACTURED BY
Oxalis Labs
Village Theda, P.O. Lodhimajra,
Tehsil Baddi, District Solan,
Himachal Pradesh,
India

PRODUCT REGISTRATION HOLDER:
Macleods Pharmaceutical Sdn. Bhd.,
A2-27-1 Soho Suites KLCC, Jalan Perak,
50450 Kuala Lumpur,
Malaysia.

DATE OF REVISION:
16/04/2025

FONT SIZE 7, TIMES NEW ROMAN