



SKEDULERINGSTATUS
SUID-AFRIKA: S3
NAMIBIË: NS2

EIENDOMSNAAM (en doseervorm):
ANNIN 25 mg (tablet)
ANNIN 50 mg (tablet)
ANNIN 100 mg (tablet)

SAMESTELLING:
ANNIN 25 mg: Elke filmbedekte tablet bevat 25 mg losartaankalium. Bevat suiker: 20 mg laktose.
ANNIN 50 mg: Elke filmbedekte tablet bevat 50 mg losartaankalium. Bevat suiker: 40 mg laktose.
ANNIN 100 mg: Elke filmbedekte tablet bevat 100 mg losartaankalium. Bevat suiker: 80 mg laktose.
Die ander bestanddele is mikrokristallyne sellulose, gepregelatiniseerde stysel, lae vervangde hidroksiepropiel-sellulose, magnesiumstearaat en Opadry wit. Die bedekkingsmiddel Opadry, bevat hidroksiepropielsellulose, hipromellose en titaandioksied (C.I. Nr. 77891).

FARMAKOLOGIESE KLASSIFIKASIE:
A 7.1.3 Ander hipotensiewe middels

FARMAKOLOGIESE WERKING:

Meganisme van werking:
Angiotensien (AT) II, 'n sterk vasokonstriktor, is die primêre aktiewe hormoon van die Renien-Angiotensiensisteem, (RAS) en 'n belangrike determinant van die patofisiologie van hipertensie. AT II bind aan die AT_reseptor wat 'n baie weefsels voorkom (bv. vaskulêre gladde spier, niere, byniere en die hart) en ontlok verskeie belangrike biologiese aksies, insluitende vasokonstriksie en die vrystelling van aldosteron. AT II stimuleer ook die verspreiding van gladdespiervesels.
Losartaan is 'n sintetiese, oraal aktiewe middel wat selektief aan die AT_reseptor bind.
Beide losartaan en sy farmakologies aktiewe karboksielsuurmetaboliet (E-3174) blokkeer die werking van AT II, ongeag die bron of roete van sintese.
Losartaan bind selektief aan die AT_ reseptor en bind nie aan of blokkeer nie ander hormoonreseptors of ioonkanale wat belangrik is vir kardiovaskulêre regulering nie. Boonop inhibeer losartaan nie Angiotensienomskakelingsensiem (ACE) (kinînase II), die ensiem wat bradikinien afbreek, nie. Gevolglik, word effekte wat nie direk met blokkering van AT_ reseptor geassosieer word, soos die potensiëring van bradikiningemedieerde effekte of die generering van edeem, nie met losartaan geassosieer nie.

Farmakokinetika:

Absorpsie:
Na orale toediening ondergaan losartaan eerste deurgangsmetabolisme om 'n aktiewe karboksielsuurmetaboliet en ander onaktiewe metaboliete te vorm. Die sistemiese biobeskikbaarheid van losartaan tablette is ongeveer 33 %. Gemiddelde piekkonsetrasies van losartaan en sy aktiewe metaboliet word respektiewelik na 1 uur en 3 - 4 ure bereik.

Verspreiding:
Beide losartaan en sy aktiewe metaboliet word 99 % of meer aan plasmaproteïene gebind, hoofsaaklik albumien. Die volume van verspreiding van losartaan is 34 liter. Studies in rotte toon aan dat losartaan swak, of glad nie deur die bloedbreinskans beweeg nie.

Metabolisme:
Ongeveer 14 % van 'n orale of intraveneuse dosis van losartaan word na sy aktiewe metaboliet gemetaboliseer.

Eliminasie:
Plasmaopruiming van losartaan en sy aktiewe metaboliet is ongeveer 600 mL/min en 50 mL/min, respektiewelik. Die nieropruiming van losartaan en sy aktiewe metaboliet is ongeveer 74 mL/min en 26 mL/min, respektiewelik. Wanneer losartaan oraal toegedien word, word ongeveer 4 % van die dosis onveranderd en ongeveer 6 % as aktiewe metaboliet in die urien uitgeskei. Die farmakokinetika van losartaan en sy aktiewe metaboliet is lineêr met orale losartaandosisse van tot soveel as 200 mg.
Na orale toediening in normale vrywilligers, neem plasmakonsentrasies van losartaan en sy aktiewe metaboliet poliëksponensieel af met 'n terminale halfleeftyd van ongeveer 2 ure en 6 - 9 ure, respektiewelik.
Beide urinêre en bilière uitskeiding dra by tot die opruiming van losartaan en sy metaboliete. Na 'n orale toediening van ^{14}C-gemerkte losartaan in die mens, is ongeveer 35 % van die radioaktiwiteit in die urien en 58 % in die feses herwin. Na 'n intraveneuse toediening van ^{14}C-gemerkte losartaan in die mens, is ongeveer 43 % van die radioaktiwiteit in die urien en 50 % in die feses herwin.

Eienskappe in pasiënte:
Na orale toediening in pasiënte met geringe tot matige alkoholsirrose van die lewer, was die plasmakonsentrasies van losartaan en sy aktiewe metaboliet respektiewelik 5-voudig en 1,7-voudig groter as dié wat in jong manlike vrywilligers waargeneem is.
Die plasmakonsentrasie van losartaan word nie in pasiënte met kreatinienopruiming van meer as 10 mL/min verander nie. In vergelyking met pasiënte met normale nierfunksie, is die AOK vir losartaan twee keer groter in pasiënte op hemodialise. Die plasmakonsentrasie van die aktiewe metaboliet word nie in pasiënte met nierfunksie nierfunksie of in pasiënte op hemodialise verander nie. Nóg losartaan, nóg sy aktiewe metaboliet kan met hemodialise verwyder word nie.

INDIKASIES:
ANNIN word aangedui vir die behandeling van hipertensie.

KONTRA-INDIKASIES:
- Sensitiwiteit teen enige komponent van **ANNIN**.
- 'n Geskiedenis van angioedeem wat met vorige terapie met AOE-inhibeerders of Angiotensien Reseptor Blokkeerders (ARBs) verband hou. Hierdie medisyne moet nooit weer aan hierdie pasiënte gegee word nie.
- Ooerflike of idiopatiese angioëdeem.
- Hipertrofiese obstruktiewe kardiomiopatie.
- Matig tot erg ingekorte nierfunksie (kreatinienopruiming minder as 30 mL/min).
- Bilaterale nierslagaarstenose.
- Nierslagaarstenose in 'n pasiënt met slegs een nier.
- Aortastenose.
- Gelyktydige terapie met kaliumsparende diuretika soos spironolaktoon, triamtereen, amiloried.
- Porfirie.
- Tiasieddiuretika (vaste dosis) in kombinasie met **ANNIN** behoort nie aan pasiënte met Addison se siekte toegedien te word nie. Hierdie terapie word ook teenaangedui in pasiënte met erg ingekorte nierfunksie of anurie, asook in pasiënte wat hipersensitiwiteit teen ander sulfonamiedafgeleide medisyne toon.
- Litiumterapie: Die gelyktydige toediening saam met **ANNIN** kan tot toksiese bloedvlakke van litium lei.
- Swangerskap en laktase (sien "**SWANGERSKAP EN LAKTASE**").
- **Pediatriese gebruik:** Die veiligheid en effektiwiteit is nie in kinders vasgestel nie.

WAARSKUWINGS EN SPESIALE VOORSORGSMAATREËLS:
Simptomatiese hipotensie kan in pasiënte wat aan lae intravaskulêre volume ly (bv. diegene wat met hoë dosisse diuretika behandel word), voorkom. Hierdie kondisies behoort voor die toediening van **ANNIN** reggestel te word, of 'n laer begindosis behoort gebruik te word (sien "**DOSIS EN GEBRUIKSAANWYSINGS**").
In gevalle van ingekorte nierfunksie, is veranderinge in nierfunksie weens inhibeering van die RAS, insluitende nierversaking in vatbare individue aangemeld.
Middels wat die RAS affekteer kan serumkreatinien en bloedureum in pasiënte met bilaterale nierslagaarstenose of stenose van die slagaar van 'n persoon met 'n enkel nier verhoog. Soortgelyke effekte is met **ANNIN** aangemeld.
Gebaseer op farmakokinetiese data wat 'n aansienlike toename in die plasmakonsentrasies van losartaan in sirrotiese pasiënte toon, behoort halvering van die dosis in pasiënte met 'n geskiedenis van ingekorte lewerfunksie oorweeg te word (sien "**DOSIS EN GEBRUIKSAANWYSINGS**").
In pasiënte wie se nierfunksie van die aktiwiteit van die RAS mag afhang (bv. pasiënte met ernstige kongestiewe hartversaking), is die behandeling met AOE-inhibeerders met oligurie en/of progressiewe asotemie en (minder dikwels) met akute nierversaking en/of die dood geassosieer. Soortgelyke effekte is met **ANNIN** aangemeld.
ANNIN bevat laktose en behoort nie aan pasiënte met selde voorkomende oorerflike probleme, of 'n geskiedenis van galaktoseïntoleransie, Lapp-laktasetekort of glukose-galaktose wanabsorpsie toegedien te word nie.

Gebruik in bejaardes:
In kliniese studies was daar geen ouderdomsverwante verskil in die effektiwiteits- of veiligheidsprofiel van losartaan nie.

Effekte op die vermoë om te bestuur of met masjinerie te werk:
Daar bestaan geen data wat daarop dui dat **ANNIN** die vermoë om te bestuur of met masjiene te werk, affekteer nie.

INTERAKSIES:
Die antihipertensiewe effekte van losartaan kan deur medisyne of ander middels wat die bloeddruk verlaag, gepotensieer word. 'n Bykomende hiperkalemiese effek is moontlik met kaliumaanvullings, kaliumsparende diuretika of ander middels wat hiperkalemie kan veroorsaak; losartaan en kaliumsparende diuretika behoort oor die algemeen nie saam toegedien te word nie. Losartaan en sommige ander angiotensien II reseptorantagoniste word deur sitochroom P450 isoënsieme gemetaboliseer en interaksies kan voorkom met middels wat hierdie ensieme affekteer.
Nie-steroïed anti-inflammatoriese middels (NSAIMS) kan die antihipertensiewe effek van **ANNIN** antagoniseer.

SWANGERSKAP EN LAKTASIE:

Swangerskap:
Die veiligheid gedurende swangerskap en laktasie is nie vasgestel nie (sien "**KONTRA-INDIKASIES**").
Wanneer swangerskap beplan of bevestig word, behoort die gebruik van **ANNIN** gestaak te word.
Medisyne wat die RAS affekteer, soos **ANNIN**, kan embrionale toksisiteit, fetale en neonatale morbiditeit en mortaliteit veroorsaak wanneer dit aan swanger vroue toegedien word.
Vroue wat kan swanger raak behoort effektiewe kontrasepsie te gebruik.
ANNIN word teenaangedui in laktasie.

DOSIS EN GEBRUIKSAANWYSINGS:
Vir die meeste pasiënte is die normale begin- en onderhoudsdosis 50 mg een keer per dag. Die maksimale antihipertensiewe effek word na 3 - 6 weke na aanvangs van terapie bereik. Die dosis kan na 100 mg een keer per dag verhoog word.
Vir pasiënte met 'n lae intravaskulêre volume (bv. diegene wat met hoë dosisse diuretika behandel word) behoort 'n begindosis van 25 mg een keer per dag oorweeg te word (sien "**WAARSKUWINGS EN SPESIALE VOORSORGSMAATREËLS**").
Vir bejaarde pasiënte en pasiënte met ingekorte nierfunksie, insluitende pasiënte wat dialise ondergaan, is geen aanvanklike dosisaanpassing nodig nie. 'n Laer dosis behoort oorweeg te word in pasiënte met 'n geskiedenis van ingekorte lewerfunksie (sien "**WAARSKUWINGS EN SPESIALE VOORSORGSMAATREËLS**").
ANNIN kan saam met ander antihipertensiewe middels toegedien word.
ANNIN kan met of sonder voedsel toegedien word.

NEWE EFFEKTE:
In gekontroleerde kliniese proewe vir essensiële hipertensie is duiseligheid, ortostatiese hipotensie, hoofpyn en uitslag as newe effekte aangemeld.
Die volgende newe effekte kan ook voorkom:

Liggaam as geheel:
Minder dikwels: Astenie/moegheid.
Die volgende newe effekte is aangemeld en die frekwensies is onbekend: Buikpyn, borspyn, edeem/swelling.

Kardiovaskulêr:
Die volgende newe effekte is aangemeld en die frekwensies is onbekend: Hartkloppings, tagikardie, hipotensie.

Spysvertering:
Minder dikwels: Diarree.
Die volgende newe effekte is aangemeld en die frekwensies is onbekend: Dispepsie, naarheid.

Muskuloskeletaal:
Minder dikwels: Rugpyn, spierkrampe.

Senuweestelsel/Psigiatries:
Baie dikwels: Hoofpyn.
Minder dikwels: Duiseligheid, slapeloosheid, migraine.

Respiratories:
Minder dikwels: Hoes, verstopte neus, faringitis, sinusafwyking, boonste lugweginfeksie.

Hipersensitiwiteit:
Die volgende newe effek is aangemeld en die frekwensie is onbekend: Angioëdeem (waarby swelling van die gesig, lippe en/of tong betrokke is).

Vel:
Die volgende newe effek is aangemeld en die frekwensie is onbekend: Korwe.

Laboratoriumtoetsbevindinge:
In gekontroleerde kliniese proewe het hiperkalemie (serumkalium meer as 5.5 mEkw/L) in 1,5 % van pasiënte voorgekom. In hierdie proewe was staking van losartaanterapie weens hiperkalemie egter nie noodsaaklik nie. Verhoging van alanieenaminotransferase (ALT) het voorgekom maar het geworrnlik met onttrekking van terapie verdwyn.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VAN DIE BEHANDELING DAARVAN:
Daar bestaan beperkte data ten opsigte van oordosering in mense. Die mees waarskynlike manifestering van oordosering sou hipotensie en tagikardie wees; bradikadie kan weens parasimpatiese (vagus-) stimulasie voorkom. Ondersteunende behandeling behoort ingestel te word as simptomatiese hipotensie sou voorkom.
Nóg losartaan, nóg sy aktiewe metaboliet kan met hemodialise verwyder word nie.

IDENTIFIKASIE:
ANNIN 25 mg: Wit tot byna-wit, ovaalvormige, bikonvekse, filmbedekte tablette met 'n breeklyn tussen "5" en "7", wat gedruk is op die een kant en "J" met 'n breeklyn op die ander kant.
ANNIN 50 mg: Wit tot byna-wit, ovaalvormige, bikonvekse, filmbedekte tablette met "E" op die een kant en "4" en "6" op die ander kant gedruk wat met 'n breeklyn geskei word.
ANNIN 100 mg: Wit tot byna-wit, ovaalvormige, bikonvekse, filmbedekte tablette met "E" op die een kant en "47" op die ander kant gedruk.

AANBIEDING:
ANNIN 25 mg, ANNIN 50 mg en ANNIN 100 mg:
1. PVC – Aluminium stolpverpakking
Tablette word in wit, ondeursigtige PVC, bedek met PVdC film en gedrukte silwergekleurde aluminiumfoelie stolpverpakkings verpak. Elke stolpstrokie bevat 10 tablette.
Pakgrootte: 30s – Elke karton bevat 3 stolpstrokies van 10 tablette elk.
2. PVC/PVdC/PE – Aluminium stolpverpakking
Tablette word in wit, ondeursigtige PVC/PVdC/PE film en gedrukte silwergekleurde aluminiumfoelie stolpverpakkings verpak. Elke stolpstrokie bevat 10 tablette.
Pakgrootte: 30s – Elke karton bevat 3 stolpstrokies van 10 tablette elk.

BERGINGSINSTRUKSIES:
Bewaar in 'n droë plek, by of benede 25 °C. Hou die stolpstrokies in die oorspronklike karton tot voor gebruik.
HOU BUITE BEREIK VAN KINDERS.

REGISTRASIENOMMER:
SUID-AFRIKA:
ANNIN 25 mg: 43/7.1.3/0493
ANNIN 50 mg: 43/7.1.3/0494
ANNIN 100 mg: 43/7.1.3/0495

NAMIBIË:
ANNIN 25 mg: 18/7.1.3/0108
ANNIN 50 mg: 18/7.1.3/0109
ANNIN 100 mg: 18/7.1.3/0110

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE SERTIFIKAAT VAN REGISTRASIE:
AUROGEN SOUTH AFRICA (EDMS) BPK
Woodhill Kantoorpark, Gebou Nr. 1, Eerste Vloer
Phillip Engelbrechtlaan 53,
Meyersdal, Uitbr. 12, Johannesburg,
1448, Suid-Afrika

DATUM VAN PUBLIKASIE VAN HIERDIE PROFESSIONELE INLIGTING:
Datum van registrasie:
4 Maart 2011

Datum van hersiening:
18 September 2021

⬆ DETACH BEFORE DISPENSING

SUID-AFRIKA: S3
NAMIBIË: NS2
ANNIN 25 mg (tablet)
ANNIN 50 mg (tablet)
ANNIN 100 mg (tablet)
Losartaankalium

Lees die hele brosjure sorgvuldig voordat u begin om ANNIN te neem.
- Hou hierdie bladsie. U mag dit moontlik weer wil lees.
- Indien u enige verdere vrae het, moet u asseblief u dokter of apteker raadpleeg.
- **ANNIN** is vir u persoonlik voorgeskryf en u behoort nie u medisyne met ander mense te deel nie. Dit mag hulle skade aandoen, ookal het hulle dieselfde simptome as u.

1. WAT ANNIN BEVAT
Die aktiewe bestanddeel is losartaankalium.
ANNIN 25 mg: Elke filmbedekte tablet bevat 25 mg losartaankalium. Bevat suiker: 20 mg laktose.
ANNIN 50 mg: Elke filmbedekte tablet bevat 50 mg losartaankalium. Bevat suiker: 40 mg laktose.
ANNIN 100 mg: Elke filmbedekte tablet bevat 100 mg losartaankalium. Bevat suiker: 80 mg laktose.
Die ander bestanddele is mikrokristallyne sellulose, gepregelatiniseerde stysel, lae vervangde hidroksiepropiel-sellulose, magnesiumstearaat en Opadry wit. Die bedekkingsmiddel Opadry, bevat hidroksiepropielsellulose, hipromellose en titaandioksied (C.I. Nr. 77891).

2. WAARVOOR ANNIN GEBRUIK WORD
Losartaan word gebruik om hoë bloeddruk (hipertensie) te behandel. Losartaan werk deur die werking van 'n middel in die liggaam wat veroorsaak dat bloedvate vernou, te blokkeer. Gevolglik ontspan losartaan die bloedvate. Dit verlaag die bloeddruk.

3. VOORDAT U ANNIN NEEM

Moenie ANNIN neem nie:
- As u ooit 'n ongewone of allergiese reaksie vir losartaan of enige van die ander bestanddele van die produk gehad het.
- As u ooit angioëdeem (n kondisie wat moeite met sluk of asemhaling en pynlike swelling van die gesig, keel, tong, lippe, oë, hande, enkels of onderbene veroorsaak) ly of gely het terwyl u voorheen Angiotensienomskakelingsensiem (AOÉ) inhibeerders of Angiotensien Reseptor Blokkeerders (ARBs) geneem het. U moet nooit weer hierdie medisyne neem nie.
- As u aan abnormale verdikking van die hartspier ly.
- As u aan matige tot erge niersiekte ly.
- As u aan vernouing van die slagare na beide die niere ly.
- As u aan 'n vernouing van die slagaar in die geval van 'n enkel nier ly.
- As u aan 'n vernouing van die aortaklep ly.
- As u huidsiklik diuretika (waterabtlette) neem wat die kalium in u bloed verhoog, soos triamtereen, amiloried of spironolaktoon.
- As u aan porfirie ly (n ooerflike afwyking van die metabolisme van bloedpigment).
- In kombinasie met tiasieddiuretika (waterabtlette wat veroorsaak dat u liggaam kalium en water verloor) soos hitrochlorotiasied, as u aan Addison se siekte ly. Addison se siekte is 'n kondisie wat volg wanneer u liggaam onvoldoende hoeveelhede van sekere hormone in die byniere produseer.

Hierdie kombinasieterapie moet ook nie gebruik word as u aan erge niersiekte ly, of as u nie kan urineer nie, of allergies is vir enige swael-bevattende medisyne.
- As u litium neem, medisyne wat gebruik word om geestessiekte te behandel. **ANNIN** kan die litiumvlak in u bloed verhoog.
- As u swanger is.
- As u borsvoed.
- Vir gebruik in kinders: Die veiligheid en effektiwiteit van **ANNIN** in kinders is nie vasgestel nie.

Neem spesiale sorg met ANNIN:
- As u aan lae intravaskulêre volume ly (bv. as u met hoë dosisse diuretika (waterpille) behandel word), aangesien lae bloeddruk kan voorkom. U dokter kan besluit om u kondisie reg te stel voordat **ANNIN** aan u voorgeskryf word, of u op 'n laer dosis begin.
- Maak seker dat u u dokter in kennis stel as u aan sirrose (beskadigde lewer) of lewersiekte ly - dit kan nodig wees om die dosis te halveer.
- Maak seker dat u u dokter in kennis stel as u aan niersiekte ly.
- Maak seker dat u u dokter in kennis stel as u aan kongestiewe hartversaking ly.

Swangerskap en borsvoeding:
- Raadpleeg onmiddellik u dokter as u dink dat u swanger is.
- **ANNIN** moet nie gedurende swangerskap gebruik word nie aangesien geboortedefekte in die baba kan voorkom indien **ANNIN** gedurende swangerskap gebruik word.
- Om swangerskap te vermy behoort u voldoende kontrasepsie te gebruik terwyl u met **ANNIN** behandel word.
- Moenie **ANNIN** gebruik as u borsvoed nie.

As u swanger is of u baba borsvoed, moet u asseblief u dokter, apteker of ander professionele gesondheidswerker vir advies nader voordat u **ANNIN** begin neem.

Bestuur en die gebruik van masjinerie:
Hierdie medisyne sal nie u vermoë om te bestuur of met masjiene te werk beïnvloed nie.

Die neem van ander medisyne saam met ANNIN:
- Stel u dokter in kennis as u ander medisyne neem om bloeddruk te verlaag - die bloeddrukverlagende effekte van losartaan kan deur ander medisyne wat die bloeddruk verlaag, verskerp word.
- Stel u dokter in kennis as u kaliumaanvullings, kaliumsparende waterpille of ander medisyne neem wat te veel kalium in die bloed kan veroorsaak.
- Stel u dokter in kennis as u nie-steroïed anti-inflammatoriese medisyne neem.

Stel altyd u professionele gesondheidswerker in kennis as u enige ander medisyne gebruik.
(Dit sluit komplementêre en tradisionele medisyne in).

Belangrike inligting oor sommige van die bestanddele van ANNIN:
ANNIN bevat laktose. **ANNIN** behoort nie deur pasiënte wat aan ooerflike probleme soos 'n intoleransie teen sommige suikers, die Lapp-laktasetekort (dit is wanneer die liggaam nie in staat is om melk of melkprodukte weens die tekort aan 'n ensiem) of glukose-galaktose wanabsorpsie (dit is wanneer die dunderm nie die suikers glukose en galaktose kan absorbeer of vervoer nie) ly, geneem te word nie.

4. HOE OM ANNIN TE NEEM
- Neem hierdie medisyne slegs soos deur u dokter voorgeskryf.
- Hierdie medisyne kan met of sonder voedsel geneem word.
- Hierdie medisyne kan saam met ander medisyne wat hoë bloeddruk verlaag, geneem word.

Dosis:
Vir hoë bloeddruk:
- **Volwassenes** - Vir die meeste pasiënte is die normale begin- en onderhoudsdosis 50 mg een keer per dag. Die dosis kan na 100 mg een keer per dag verhoog word.
- **Pasiënte met lae kardiovaskulêre volume (bv. diegene wat met hoë dosisse waterpille behandel word)** - 'n Begindosis van 25 mg een keer per dag behoort oorweeg te word.
- **Bejaarde pasiënte en pasiënte met niersiekte** - Geen aanvanklike dosisaanpassing is nodig nie.
- **Pasiënte met lewersiekte** - 'n Laer dosis behoort oorweeg te word.

Neem **ANNIN** altyd presies soos deur u dokter voorgeskryf. Bevestig met u dokter of apteker as u onseker is. As u van mening is dat die effek van **ANNIN** te sterk of te swak is, moet u u dokter of apteker raadpleeg.

As u te veel ANNIN geneem het:
Oordosering met **ANNIN** kan tot lae bloeddruk en 'n verhoogde hartklop lei. 'n Abnormaal stadige polsslag kan voorkom.

In die geval van oordosering, raadpleeg u dokter of apteker. As hulle nie beskikbaar is nie, kontak u naaste hospitaal of gifbeheersentrum.

5. MOONTLIKE NEWE EFFEKTE
ANNIN kan newe effekte hê.
Raadpleeg onmiddellik u dokter as enige van die volgende newe effekte voorkom: Swelling van die gesig, mond, hande, skielike moeite met sluk of asemhaling.
Die volgende newe effekte kan voorkom: Tekort aan energie/moegheid, bukpyn, borspyn, swelling, vinnige ongereelde hartklop, toename in hartlempo, diarree, indigestie, naarheid, rugpyn, spierkrampe, hoofpyn, migraine, korwe, duiseligheid, slapeloosheid, hoes, verstopte neus, inflammasie van die mond en keel, sinusprobleme, boonste lugweginfeksie.

Nie al die newe effekte wat vir **ANNIN** aangemeld is, word in hierdie brosjure ingesluit nie. As u algemene gesondheid ageruitgaan of as u enige ongewone effekte ondervind terwyl u **ANNIN** neem,, moet u asseblief u dokter, apteker of ander professionele gesondheidswerker om advies raadpleeg.

6. OPBERGING EN WEGDOEN VAN ANNIN
Bewaar by of benede 25 °C.
Moenie in die badkamer, naby die kombuiswasbak of in ander vogtige plekke berg nie. Vogtigheid kan veroorsaak dat die medisyne afbreek.
Hou die stolpstrokies in die oorspronklike karton tot voor gebruik.

Berg alle medisyne buite die bereik van kinders.

Neem alle ongebruikte medisyne na u apteker terug.
Moenie enige ongebruikte medisyne in die drein of riolering (bv. toilette) weggooi nie.

7. AANBIEDING
ANNIN 25 mg, ANNIN 50 mg en ANNIN 100 mg:
1. PVC – Aluminium stolpverpakking
Tablette word in wit, ondeursigtige PVC, bedek met PVdC film en gedrukte silwergekleurde aluminiumfoelie stolpverpakkings verpak. Elke stolpstrokie bevat 10 tablette.
Pakgrootte: 30s – Elke karton bevat 3 stolpstrokies van 10 tablette elk.
2. PVC/PVdC/PE – Aluminium stolpverpakking
Tablette word in wit, ondeursigtige PVC/PVdC/PE film en gedrukte silwergekleurde aluminiumfoelie stolpverpakkings verpak. Elke stolpstrokie bevat 10 tablette.
Pakgrootte: 30s – Elke karton bevat 3 stolpstrokies van 10 tablette elk.

8. IDENTIFIKASIE VAN ANNIN
ANNIN 25 mg: Wit tot byna-wit, ovaalvormige, bikonvekse, filmbedekte tablette met 'n breeklyn tussen "5" en "7", wat gedruk is op die een kant en "J" met 'n breeklyn op die ander kant.
ANNIN 50 mg: Wit tot byna-wit, ovaalvormige, bikonvekse, filmbedekte tablette met "E" op die een kant en "4" en "6" op die ander kant wat met 'n breeklyn geskei word.
ANNIN 100 mg: Wit tot byna-wit, ovaalvormige, bikonvekse, filmbedekte tablette met "E" op die een kant en "47" op die ander kant gedruk.

9. REGISTRASIENOMMER
SUID-AFRIKA:
ANNIN 25 mg: 43/7.1.3/0493
ANNIN 50 mg: 43/7.1.3/0494
ANNIN 100 mg: 43/7.1.3/0495
NAMIBIË:
ANNIN 25 mg: 18/7.1.3/0108
ANNIN 50 mg: 18/7.1.3/0109
ANNIN 100 mg: 18/7.1.3/0110

10. NAAM EN ADRES VAN DIE REGISTRASIEHOUER
AUROGEN SOUTH AFRICA (EDMS) BPK
Woodhill Kantoorpark, Gebou Nr. 1, Eerste Vloer
Phillip Engelbrechtlaan 53,
Meyersdal, Uitbr. 12, Johannesburg,
1448, Suid-Afrika

11. DATUM VAN PUBLIKASIE
Datum van registrasie:
4 Maart 2011

Datum van hersiening:
18 September 2021

SCHEDULING STATUS
SOUTH AFRICA: S3
NAMIBIA: NS2
PROPRIETARY NAME (and dosage form):
ANNIN 25 mg (tablet)
ANNIN 50 mg (tablet)
ANNIN 100 mg (tablet)

COMPOSITION:
ANNIN 25 mg: Each film-coated tablet contains 25 mg losartan potassium. Contains sugar: 20 mg lactose.
ANNIN 50 mg: Each film-coated tablet contains 50 mg losartan potassium. Contains sugar: 40 mg lactose.
ANNIN 100 mg: Each film-coated tablet contains 100 mg losartan potassium. Contains sugar: 80 mg lactose.
The other ingredients are microcrystalline cellulose, pregelatinised starch, low substituted hydroxypropyl cellulose, magnesium stearate and Opadry white. The coating agent, Opadry, contains hydroxypropyl cellulose, hypromellose and titanium dioxide (C.I. No: 77891).

PHARMACOLOGICAL CLASSIFICATION:
A 7.1.3 Other hypotensive medicines

PHARMACOLOGICAL ACTION:
Mechanism of action:
Angiotensin (AT) II, a potent vasoconstrictor, is the primary active hormone of the Renin-Angiotensin System (RAS), and a major determinant of the pathophysiology of hypertension. AT II binds to the AT$_1$ receptor found in many tissues (e.g. vascular smooth muscle, kidneys, adrenal glands, and the heart) and elicits several important biological actions, including vasoconstriction and the release of aldosterone. AT II also stimulates smooth muscle cell proliferation.
Losartan is a synthetic, orally active compound which binds selectively to the AT$_1$ receptor.
Both losartan and its pharmacologically active carboxylic acid metabolite (E-3174) block the actions of AT II, regardless of the source or route of synthesis.
Losartan binds selectively to the AT$_1$ receptor and does not bind to or block other hormone receptors or ion channels important in cardiovascular regulation. Furthermore, losartan does not inhibit Angiotensin-Converting Enzyme (ACE) (kininase II), the enzyme that degrades bradykinin. Consequently, effects not directly related to blocking the AT$_1$ receptor, such as the potentiation of bradykinin-mediated effects or the generation of oedema are not associated with losartan.

Pharmacokinetics:
Absorption:
After oral administration, losartan undergoes first-pass metabolism, forming an active carboxylic acid metabolite and other inactive metabolites. The systemic bioavailability of losartan tablets is approximately 33 %. Mean peak concentrations of losartan and its active metabolite are reached in 1 hour and in 3 - 4 hours, respectively.

Distribution:
Both losartan and its active metabolite are greater than or equal to 99 % bound to plasma proteins, primarily albumin. The volume of distribution of losartan is 34 litres. Studies in rats indicate that losartan crosses the blood-brain barrier poorly, if at all.

Metabolism:
Approximately 14 % of an oral or intravenous dose of losartan is converted to its active metabolite.

Elimination:
Plasma clearance of losartan and its active metabolite is about 600 mL/min and 50 mL/min, respectively. Renal clearance of losartan and its active metabolite is about 74 mL/min and 26 mL/min, respectively. When losartan is administered orally, about 4 % of the dose is excreted unchanged in the urine, and about 6 % of the dose is excreted in the urine as active metabolite. The pharmacokinetics of losartan and its active metabolite are linear with oral losartan doses up to 200 mg.
Following oral administration of normal volunteers plasma concentrations of losartan and its active metabolite decline polyexponentially with a terminal half-life of about 2 hours and 6 – 9 hours, respectively.
Both urinary and biliary excretion contributes to the elimination of losartan and its metabolites. Following an oral dose of ^{14}C-labelled losartan in man, about 35 % of radioactivity is recovered in the urine and 58 % in the faeces. Following an intravenous dose of ^{14}C-labelled losartan in man, about 43 % of radioactivity is recovered in the urine and 50 % in the faeces.

Characteristics in patients:
Following oral administration in patients with mild to moderate alcoholic cirrhosis of the liver, plasma concentrations of losartan and its active metabolite were, respectively, 5-fold and 1,7-fold greater than those seen in young male volunteers.
Plasma concentrations of losartan are not altered in patients with creatinine clearance above 10 mL/min. Compared to patients with normal renal function, the AUC for losartan is approximately two-fold greater in haemodialysis patients. Plasma concentrations of the active metabolite are not altered in patients with renal impairment or in haemodialysis patients. Neither losartan nor the active metabolite can be removed by haemodialysis.

INDICATIONS:
ANNIN is indicated for the treatment of hypertension.

CONTRA-INDICATIONS:
- Sensitivity to any component of **ANNIN**.
- A history of angioedema related to previous therapy with ACE inhibitors or Angiotensin Receptor Blockers (ARBs). These patients must never again be given these medicines.
- Hereditary or idiopathic angioedema.
- Hypertrophic obstructive cardiomyopathy.
- Moderate to severe renal function impairment (creatinine clearance less than 30 mL/min).
- Bilateral renal artery stenosis.
- Renal artery stenosis in a patient with a single kidney.
- Aortic stenosis.
- Concomitant therapy with potassium sparing diuretics such as spironolactone, triamterene, amiloride.
- Porphyria.
- Thiazide diuretics in (fixed dose) combination with **ANNIN** should not be given to patients with Addison's disease. This therapy is also contra-indicated in patients with severe renal impairment or anuria, and in patients who show hypersensitivity to other sulphonamide-derived medicines.
- Lithium therapy: Concomitant administration with **ANNIN** may lead to toxic blood concentrations of lithium.
- Pregnancy and lactation (see "**PREGNANCY AND LACTATION**").
- **Paediatric use:** Safety and effectiveness in children have not been established.

WARNINGS AND SPECIAL PRECAUTIONS:
In patients who are intravascularly volume-depleted (e.g., those treated with high-dose diuretics), symptomatic hypotension may occur. These conditions should be corrected prior to administration of **ANNIN**, or a lower starting dose should be used (see "**DOSAGE AND DIRECTIONS FOR USE**").
When impaired renal function is present, changes in renal function as a consequence of inhibiting the RAS including renal failure have been reported in susceptible individuals.
Agents that affect the RAS may increase serum creatinine and blood urea in patients with bilateral renal artery stenosis or stenosis of the artery to a solitary kidney. Similar effects have been reported with **ANNIN.**
Based on pharmacokinetic data which demonstrate significantly increased plasma concentrations of losartan in cirrhotic patients, halving of the dose should be considered for patients with a history of hepatic impairment (see "**DOSAGE AND DIRECTIONS FOR USE**").
In patients whose renal function may depend on the activity of the RAS system (e.g., patients with severe congestive heart failure), treatment with ACE inhibitors has been associated with oliguria and/or progressive azotemia and (less frequently) with acute renal failure and/or death. Similar outcomes have been reported with **ANNIN**.
ANNIN contain lactose and should not be administered to patients with rare hereditary problems, or a history of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption.
Use in the elderly:
In clinical studies there was no age-related difference in efficacy or safety profile of losartan.
Effects on ability to drive and use machines:
There is no data to suggest that **ANNIN** affects the ability to drive and use machines.

INTERACTIONS:
The antihypertensive effects of losartan may be potentiated by medicines or other agents that lower blood pressure. An additive hyperkalaemic effect is possible with potassium supplements, potassium-sparing diuretics, or other drugs that can cause hyperkalaemia; losartan and potassium-sparing diuretics should not generally be given together. Losartan and some other angiotensin II receptor antagonists are metabolised by cytochrome P450 isoenzymes and interactions may occur with drugs that affect these enzymes.
Non-steroidal anti-inflammatory medicines (NSAIDS) may antagonise the antihypertensive effect of **ANNIN.**

PREGNANCY AND LACTATION:
Pregnancy:
Safety in pregnancy and lactation has not been established (see "**CONTRA-INDICATIONS**").
When pregnancy is planned or confirmed, **ANNIN** should be discontinued.
Medicines affecting the RAS, such as **ANNIN**, can cause embryonal toxicity, foetal and neonatal morbidity and mortality when administered to pregnant women.
Women of childbearing age should ensure effective contraception.
ANNIN is contra-indicated in lactation.

DOSAGE AND DIRECTIONS FOR USE:
The usual starting and maintenance dose is 50 mg once daily for most patients. The maximal antihypertensive effect is attained 3 - 6 weeks after initiation of therapy. The dose may be increased to 100 mg once daily.
For patients with intravascular volume-depletion (e.g., those treated with high-dose diuretics), a starting dose of 25 mg once daily should be considered (see "**WARNINGS AND SPECIAL PRECAUTIONS**").
For elderly patients and patients with renal impairment, including patients on dialysis, no initial dosage adjustment is necessary. A lower dose should be considered for patients with a history of hepatic impairment (see "**WARNINGS AND SPECIAL PRECAUTIONS**").
ANNIN may be administered with other antihypertensive agents.
ANNIN may be administered with or without food.

SIDE EFFECTS:
In controlled clinical trials for essential hypertension, dizziness, orthostatic hypotension, headache and rash side effects were reported.
The following side effects may also occur:

Body as a whole:
Less frequent: Asthenia/fatigue.
The following side effects have been reported and the frequencies are unknown: Abdominal pain, chest pain, oedema/swelling.

Cardiovascular:
The following side effects have been reported and the frequencies are unknown: Palpitation, tachycardia, hypotension.

Digestive:
Less frequent: Diarrhoea.
The following side effects have been reported and the frequencies are unknown: Dyspepsia, nausea.

Musculoskeletal:
Less frequent: Back pain, muscle cramps.

Nervous/Psychiatric:
More frequent: Headache.
Less frequent: Dizziness, insomnia, migraine.

Respiratory:
Less frequent: Cough, nasal congestion, pharyngitis, sinus disorder, upper respiratory infection.

Hypersensitivity:
The following side effect has been reported and frequency is unknown: Angioedema (involving swelling of the face, lips, and/or tongue).

Skin:
The following side effect has been reported and frequency is unknown: Urticaria.

Laboratory test findings:
In controlled clinical trials, hyperkalaemia (serum potassium greater than 5.5 mEq/L) occurred in 1,5 % of patients, but in these trials, discontinuation of losartan therapy due to hyperkalaemia was not necessary. Elevations of alanine amino transferase (ALT) have occurred but are resolved upon discontinuation of therapy.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:
Limited data are available in regard to overdosage in humans. The most likely manifestation of overdosage would be hypotension and tachycardia; bradycardia could occur from parasympathetic (vagal) stimulation. Supportive treatment should be instituted if symptomatic hypotension should occur.
Neither losartan nor the active metabolite can be removed by haemodialysis.

IDENTIFICATION:
ANNIN 25 mg: White to off-white, oval shaped, biconvex, film-coated tablets, debossed with "5" and "7" on either side of scoreline on one side and "J" with a scoreline on other side.
ANNIN 50 mg: White to off-white, oval shaped, biconvex, film-coated tablets, debossed with "E" on one side and "4" and "6" separated by a scoreline on the other side.
ANNIN 100 mg: White to off-white, oval shaped, biconvex, film-coated tablets, debossed with "E" on one side and "47" on the other side.

PRESENTATION:
ANNIN 25 mg, ANNIN 50 mg and ANNIN 100 mg:
1. PVC - Aluminium blister pack
Tablets are packed in white opaque PVC coated with PVdC film and printed silver-coloured aluminium foil blister packs. Each blister contains 10 tablets.
Pack size: 30s — Each carton contains 3 blisters of 10 tablets each.
2. PVC/PVdC/PE - Aluminium blister pack
Tablets are packed in white opaque PVC/PVdC/PE film and printed silver-coloured aluminium foil blister packs. Each blister contains 10 tablets.
Pack size: 30s — Each carton contains 3 blisters of 10 tablets each.

STORAGE INSTRUCTIONS:
Store in a dry place, at or below 25 °C. Keep blisters in the original carton until required for use.
KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:
SOUTH AFRICA:
ANNIN 25 mg: 43/7.1.3/0493
ANNIN 50 mg: 43/7.1.3/0494
ANNIN 100 mg: 43/7.1.3/0495
NAMIBIA:
ANNIN 25 mg: 18/7.1.3/0108
ANNIN 50 mg: 18/7.1.3/0109
ANNIN 100 mg: 18/7.1.3/0110

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:
AUROGEN SOUTH AFRICA (PTY) LTD
Woodhill Office Park, Building 1, First Floor
53 Phillip Engelbrecht Avenue
Meyersdal Ext 12, 1448
Johannesburg, South Africa

DATE OF PUBLICATION OF THIS PROFESSIONAL INFORMATION:
Date of registration:
4 March 2011
Date of revision:
18 September 2021

P1530448



DETACH BEFORE DISPENSING

SOUTH AFRICA: S3
NAMIBIA: NS2
ANNIN 25 mg (tablet)
ANNIN 50 mg (tablet)
ANNIN 100 mg (tablet)
Losartan potassium

Read all of this leaflet carefully before you start taking ANNIN.
- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor or your pharmacist.
- **ANNIN** has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

1. WHAT ANNIN CONTAINS
The active substance is losartan potassium.
ANNIN 25 mg: Each film-coated tablet contains 25 mg losartan potassium. Contains sugar: 20 mg lactose.
ANNIN 50 mg: Each film-coated tablet contains 50 mg losartan potassium. Contains sugar: 40 mg lactose.
ANNIN 100 mg: Each film-coated tablet contains 100 mg losartan potassium. Contains sugar: 80 mg lactose.
The other ingredients are microcrystalline cellulose, pregelatinised starch, low substituted hydroxypropyl cellulose, magnesium stearate and Opadry white. The coating agent, Opadry, contains hydroxypropyl cellulose, hypromellose and titanium dioxide (C.I. No: 77891).

2. WHAT ANNIN IS USED FOR
Losartan is used to treat high blood pressure (hypertension). Losartan works by blocking the action of a substance in the body that causes blood vessels to tighten. As a result, losartan relaxes blood vessels. This lowers blood pressure.

3. BEFORE YOU TAKE ANNIN
Do not take ANNIN:
- If you have ever had an unusual or allergic reaction to losartan or to any of the ingredients of the product.
- If you have or have ever had angioedema (a condition that causes difficulty swallowing or breathing and painful swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs) whilst taking previous Angiotensin-Converting Enzyme (ACE) inhibitors or Angiotensin Receptor Blockers (ARBs). You must never again take these medicines.
- If you have abnormal thickening of the heart muscle.
- If you have moderate to severe kidney disease.
- If you have narrowing of the renal arteries to both kidneys.
- If you have narrowing of the renal artery with a single kidney.
- If you have abnormal narrowing of the aortic valve.
- If you are currently taking diuretics (water tablets) that increase potassium in the blood such as triamterene, amiloride or spironolactone.
- If you have porphyria (an inherited disorder of blood pigment metabolism).
- In combination with thiazide diuretics (water tablets that cause the body to lose potassium as well as water) such as hydrochlorothiazide, if you have Addison's disease. Addison's disease is a condition that results when your body produces insufficient amounts of certain hormones produced by your adrenal gland.

This combination therapy must also not be used if you have severe kidney disease, are unable to urinate, or are allergic to any medicine that contains sulphur.
- If you are taking lithium, a medicine used to treat mental illness. **ANNIN** may increase the lithium level in your blood.
- If you are pregnant.
- If you are breastfeeding.
- For use in children: The safety and effectiveness of **ANNIN** in children has not been established.

Take special care with ANNIN:
- If your blood vessels are volume-depleted (e.g. if you are being treated with high-dose diuretics (water pills)), since a low blood pressure may occur. Your doctor may decide to correct your condition before giving you **ANNIN,** or start you on a lower dose.
- Make sure you tell your doctor if you have cirrhosis (scarred liver) or liver disease – Your doctor may need to halve your dose.
- Make sure you tell your doctor if you have kidney disease.
- Make sure you tell your doctor if you have severe congestive heart failure.

Pregnancy and Breastfeeding:
- Check with your doctor immediately if you think that you are pregnant.
- **ANNIN** must not be used in pregnancy, as birth defects in the baby may occur if **ANNIN** is taken during pregnancy.
- To avoid pregnancy, adequate contraceptive measures should be used while being treated with **ANNIN**.
- **ANNIN** must not be used if you are breastfeeding.

If you are pregnant or breastfeeding your baby, please inform your doctor, pharmacist or other healthcare professional for advice, before you start taking **ANNIN**.

Driving and using machinery:
This medicine will not affect your ability to drive and use machines.

Taking other medicines with ANNIN:
- Tell your doctor if you are taking other medicines to lower blood pressure – the blood pressure lowering effects of losartan may be increased by other medicines that lower blood pressure.
- Tell your doctor if you are taking potassium supplements, potassium-sparing water pills or other medicines that can cause too much potassium in the blood.
- Tell your doctor if you are taking non-steroidal anti-inflammatory medicines.

Always tell your healthcare professional if you are taking any other medicine.
(This includes complementary or traditional medicines).

Important information about some of the ingredients of ANNIN:
ANNIN contains lactose. **ANNIN** should not be taken by patients who have inherited problems such as an intolerance to some sugars, Lapp lactase deficiency (this is when the body is unable to digest milk or milk products due to lack of an enzyme) or glucose-galactose malabsorption (this is when the small intestine is unable to absorb and transport the sugars glucose and galactose).

4. HOW TO TAKE ANNIN
- Take this medicine only as directed by your doctor.
- This medicine may be taken with or without food.
- This medicine may be taken with other medicines which reduce high blood pressure.

Dose:
For high blood pressure:
- **Adults** - The usual starting and maintenance dose is 50 mg once a day for most patients.
  The dose may be increased to 100 mg once a day.
- **Patients with blood vessels that are volume-depleted (e.g. those treated with high-dose water pills)** – A starting dose of 25 mg once daily should be considered.
- **Elderly patients and patients with kidney disease** – No initial dosage adjustment is necessary.
- **Patients with liver disease** – A lower dose should be considered.

Always take **ANNIN** exactly as your doctor has instructed you. You should check with your doctor or pharmacist if you are unsure. If you have the impression that the effect of **ANNIN** is too strong or too weak, talk to your doctor or pharmacist.

If you take more ANNIN than you should:
Taking an overdose of **ANNIN** may lead to low blood pressure and an increased rate of heart beat. An abnormally slow pulse rate could occur.

In the event of overdosage, consult your doctor or pharmacist. If neither is available, contact the nearest hospital or poison control centre.

5. POSSIBLE SIDE EFFECTS
ANNIN can have side effects.
Contact your doctor immediately if any of the following side effects occur: Swelling of face, mouth, hands, or feet, trouble in swallowing or breathing (sudden).
The following side effects may occur: Lack of energy/fatigue, abdominal pain, chest pain, swelling, rapid irregular action of heart, increased rate of heart beat, diarrhoea, indigestion, nausea, back pain, muscle cramps, headache, migraine, hives, dizziness, inability to sleep, cough, nasal congestion, inflammation of mouth and throat, sinus problems, upper respiratory infection.

Not all side effects reported for **ANNIN** are included in this leaflet. Should your general health worsen or if you experience any untoward effects while taking **ANNIN**, please consult your doctor, pharmacist or other healthcare professional for advice.

6. STORING AND DISPOSING OF ANNIN
Store at or below 25 °C.
Do not store in the bathroom, near the kitchen sink, or in other damp places. Moisture may cause the medicine to break down.
Keep blisters in the original carton until required for use.

Store all medicines out of the reach of children.

Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

7. PRESENTATION
ANNIN 25 mg, ANNIN 50 mg and ANNIN 100 mg:
1. PVC - Aluminium blister pack
Tablets are packed in white opaque PVC coated with PVdC film and printed silver-coloured aluminium foil blister packs. Each blister contains 10 tablets.
Pack size: 30s — Each carton contains 3 blisters of 10 tablets each.
2. PVC/PVdC/PE - Aluminium blister pack
Tablets are packed in white opaque PVC/PVdC/PE film and printed silver-coloured aluminium foil blister packs. Each blister contains 10 tablets.
Pack size: 30s — Each carton contains 3 blisters of 10 tablets each.

8. IDENTIFICATION OF ANNIN
ANNIN 25 mg: White to off-white, oval shaped, biconvex, film-coated tablets, debossed with "5" and "7" on either side of scoreline on one side and "J" with a scoreline on other side.
ANNIN 50 mg: White to off-white, oval shaped, biconvex, film-coated tablets, debossed with "E" on one side and "4" and "6" separated by a scoreline on the other side.
ANNIN 100 mg: White to off-white, oval shaped, biconvex, film-coated tablets, debossed with "E" on one side and "47" on the other side.

9. REGISTRATION NUMBER/REFERENCE NUMBER
SOUTH AFRICA:
ANNIN 25 mg: 43/7.1.3/0493
ANNIN 50 mg: 43/7.1.3/0494
ANNIN 100 mg: 43/7.1.3/0495
NAMBIA:
ANNIN 25 mg: 18/7.1.3/0108
ANNIN 50 mg: 18/7.1.3/0109
ANNIN 100 mg: 18/7.1.3/0110

10. NAME AND ADDRESS OF REGISTRATION HOLDER
AUROGEN SOUTH AFRICA (PTY) LTD
Woodhill Office Park, Building 1, First Floor
53 Phillip Engelbrecht Avenue
Meyersdal Ext 12, 1448
Johannesburg, South Africa

11. DATE OF PUBLICATION
Date of registration:
4 March 2011
Date of revision:
18 September 2021