



Keep them  
well protected

  
**MALARONE** ▼  
atovaquone/proguanil

Simple dependable malaria protection

Prescribing information can be found on reverse

For effective protection against Malaria, compliance is vital. **Malarone** is well tolerated and offers a short simple course. It is available for adults and children over 11kg. Make **Malarone** the choice to keep your patients protected.

## Well tolerated

- **Malarone** has a side effect profile similar to placebo.<sup>1,2</sup>

## Short Course

  
MALARONE  
Can be started ONE day before arrival  
Continues only ONE week after leaving

- **Malarone** is the shortest course compared to all other antimalarials, as post-travel it is only taken for one week.<sup>1,2</sup>
- **Malarone** is ideal for last minute travellers as it can be started just one day before arrival.
- **Malarone** is the only malaria prophylaxis that targets both the liver<sup>3</sup> and blood<sup>4</sup> stages of malarial infection within the body – so it only needs to be continued for one week after returning from a malarious country.

## Effective

- **Malarone** provides 97% protection for adults and children over 11kg (approx. 24lbs).<sup>5-8</sup>
- **Malarone** is a synergistic combination of 2 antimalarial medications, atovaquone and proguanil.<sup>9</sup>
- **Malarone** is suitable for travellers to countries where chloroquine resistance has arisen.<sup>1,2</sup>

it's well tolerated.

...is a short course...

...and provides 97% protection



## Dosage and Usage for Malaria Prophylaxis

- **Malarone Paediatric** tablets protect children weighing 11-40kg.
- **Malarone** tablets should be used for adults and children weighing more than 40kg.
- **Malarone** is licensed for prophylaxis where the traveller will be staying in a malarious area for up to 28 days.



Body Weight Range (kg)	Daily Dosage	Tablets required for a stay in a malarious area of:	
		1 week	2 weeks
11-20	1 Malarone Paediatric tablet	15	22
21-30	2 Malarone Paediatric tablets	30	44
31-40	3 Malarone Paediatric tablets	45	66
>40	1 Malarone tablet	15	22

- **Malarone Paediatric** tablets contain 62.5mg atovaquone and 25mg proguanil.
- **Malarone** tablets contain 250mg atovaquone and 100mg proguanil.

### References

- 1 Summary of Product Characteristics for Malarone, July 2002.
- 2 Summary of Product Characteristics for Malarone Paediatric, July 2002.
- 3 Fairly NH. Trans R Soc Trop Med Hyg 1946; 40: 105-151.
- 4 Shapiro TA, Ranasinha CD, Kumar N et al. Am J Trop Med Hyg 1999; 60: 831-836.
- 5 Shanks GD, Gordon DM, Klotz FW et al. Clin Infect Dis 1998; 27 (3): 494-499.
- 6 Sukwa TY, Mulenga M, Chisdaka N et al. Am J Trop Med Hyg 1999; 60 (4): 521-525.
- 7 GlaxoSmithKline, Data on File (MAL001).
- 8 GlaxoSmithKline, Data on File (MAL005).
- 9 Canfield CJ, Pudney M, Gutteridge WE. Exp Parasitol 1995; 80: 373-381.

# MALARONE

atovaquone/proguanil

Simple dependable malaria protection

**Malarone £22.92 per pack of 12 tablets.**  
**Malarone Paediatric £7.64 per pack of 12 tablets.**

Your practice can purchase Malarone direct –  
please phone free on **0808 100 9997** for more information.



## Prescribing Information

Please refer to the Summary of Product Characteristics (SPC) before prescribing. **Malarone** ▼ and **Malarone Paediatric Tablets** ▼: Malarone (250mg atovaquone/100mg proguanil hydrochloride) film coated tablets. Malarone Paediatric (62.5mg atovaquone/25mg proguanil hydrochloride) film coated tablets. **Uses:** Malarone and Malarone Paediatric: Prophylaxis of *Plasmodium falciparum* malaria, especially where the pathogen may be resistant to other anti-malarials. Malarone: Treatment of acute, uncomplicated *P. falciparum* malaria, especially where the pathogen may be resistant to other anti-malarials. **Dosage:** Prophylaxis: Adults >40kg: One Malarone (250/100mg) tablet daily. Children 11-20kg: One Malarone Paediatric tablet daily; 21-30kg: Two Malarone Paediatric tablets daily; 31-40kg: Three Malarone Paediatric tablets daily; >40kg: Adult dose. Prophylaxis should commence 24-48 hours prior to entering a malaria-endemic area, continued during the period of stay (maximum of 28 days) and for 7 days after leaving the area. The efficacy and tolerability of Malarone and Malarone Paediatric Tablets have been established in studies of up to 12 weeks in semi-immune residents of endemic areas. Treatment: Adults >40kg: Four Malarone (250/100mg) tablets as a single dose for three consecutive days. Children 11-20kg: One Malarone (250/100mg) tablet daily for three consecutive days; 21-30kg: Two Malarone (250/100mg) tablets as a single dose for three consecutive days; 31-40kg: Three Malarone (250/100mg) tablets as a single dose for three consecutive days; >40kg: Adult dose. The once daily dose should be taken at the same time each day with food or milky drink. If patients are unable to tolerate food, Malarone or Malarone Paediatric should be administered, but systemic exposure of atovaquone will be reduced. Repeat dose if patient vomits within 1 hour of dosing. Malarone Paediatric tablets should be swallowed whole but may be crushed and administered with food. **Contra-indications:** Hypersensitivity to atovaquone, proguanil hydrochloride or any component of the formulation. Severe renal impairment (creatinine clearance < 30mL/min) when used for prophylaxis. **Precautions:** Prophylaxis: The efficacy and tolerability of Malarone Paediatric Tablets for prophylaxis in children <11kg has not been established. Diarrhoea or vomiting was not associated

with reduced efficacy but patients should comply with personal protection measures. Treatment: Alternative therapy to Malarone tablets should be considered in patients with acute malaria with diarrhoea or vomiting. The efficacy and tolerability of Malarone tablets for malaria treatment in children <11kg has not been established. Malarone Paediatric Tablets are not suitable for the treatment of acute, uncomplicated *P. falciparum* malaria. Malaria caused by *P. vivax* or *P. ovale* should be treated with an additional agent to Malarone tablets. Alternative treatment is recommended for patients with severe renal impairment (creatinine clearance < 30mL/min) with acute *P. falciparum* malaria. **Interactions:** Concomitant administration with metoclopramide, tetracycline, rifampicin or rifabutin reduces levels of atovaquone. Concomitant administration with indinavir reduces indinavir levels. **Pregnancy & Lactation:** The safety of atovaquone and proguanil hydrochloride when administered concurrently for use in human pregnancy is unknown. Balance risks against benefits. Not recommended for use in lactation. **Adverse reactions:** Prophylaxis: Most commonly reported in clinical trials for Malarone: headache, abdominal pain, diarrhoea. Commonly reported (> 1/100) in clinical trials for Malarone Paediatric: abdominal pain, diarrhoea, fever, nausea, vomiting and headache. However, in placebo controlled trials all these events occurred at similar rates in the Malarone and Malarone Paediatric groups compared to placebo groups. Treatment: Most commonly reported in clinical trials for Malarone: abdominal pain, headache, anorexia, nausea, vomiting, diarrhoea, coughing. **Legal category:** POM **Presentation and Basic NHS Cost:** 12 Malarone tablets £22.92, 12 Malarone Paediatric tablets £7.64 **Marketing Authorisation Number:** PL 10949/0363, PL 10949/0258 **Marketing Authorisation Holder:** Glaxo Wellcome UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Further information is available from: Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; [customercontactuk@gsk.com](mailto:customercontactuk@gsk.com); Freephone 0808 100 9997.

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