Summary of Product Characteristics for Pharmaceutical Products

1. Name of the medicinal product:

Megzuma 50 mg Tablets
Megzuma 100 mg Tablets

2. Qualitative and quantitative composition

Megzuma 50 mg Tablets

Each film coated tablet contains: Sumatriptan succinate equivalent to Sumatriptan 50mg

Megzuma 100 mg Tablets

Each film-coated tablet contains: Sumatriptan succinate equivalent to Sumatriptan 100mg

For the full list of excipients, see section 6.1

3. Pharmaceutical form

Megzuma 50 mg Tablets

Film coated tablet

Pink circular biconvex shaped film coated plain on both sides Alu-Alu blister packed in a unit box with a literature insert included.

Megzuma 100 mg Tablets

Film coated tablet

White, circular biconvex shaped film coated plain on both sides , Alu-Alu blister packed in a unit box with a literature insert included.

4. Clinical particulars

4.1 Therapeutic indications

Sumatriptan is indicated for the acute relief of migraine attacks, with or without, aura, including acute migraine attacks associated with menstruation.

Sumatriptan should only be used where there is a clear diagnosis of migraine.

4.2 Posology and method of administration

Posology

Adults

Sumatriptan is indicated for the acute intermittent treatment of migraine. It should not be used prophylactically. The recommended dose of sumatriptan should not be exceeded.

It is advisable that sumatriptan be given as early as possible after the onset of a migraine attack, but it is equally effective at whatever stage of the attack it is administered.

The recommended dose of oral sumatriptan is a 50 mg tablet. Some patients may require 25 mg or 100 mg. The tablet cannot be divided into two equal doses; if necessary, the use of other medicinal product with the same active ingredient, dosage and pharmaceutical form available in divisible tablet should be considered. If the patient has responded to the first dose but the symptoms recur a second dose may be given provided that there is a minimum interval of two hours between the two doses. No more than 300 mg should be taken in any 24-hour period.

Patients who do not respond to the prescribed dose of sumatriptan should not take a second dose for the same attack. In these cases, the attack can be treated with paracetamol, acetylsalicylic acid or non-steroidal anti-inflammatory drugs. Sumatriptan may be taken for subsequent attacks.

Sumatriptan is recommended as monotherapy for the acute treatment of migraine and should not be given concomitantly with ergotamine or derivatives of ergotamine (including methysergide) (see section 4.3).

Paediatric population

The efficacy and safety of sumatriptan film-coated tablets in children aged less than 10 years have not been established. No clinical data are available in this age group.

The efficacy and safety of sumatriptan film-coated tablets in children 10 to 17 years of age have not been demonstrated in the clinical trials performed in this age group. Therefore, the use of sumatriptan film-coated tablets in children 10 to 17 years of age is not recommended (see section 5.1).

Elderly (over 65 years of age)

Experience of the use of sumatriptan in patients aged over 65 years is limited. The pharmacokinetics do not differ significantly from a younger population but until further clinical data are available, the use of sumatriptan in patients aged over 65 years is not recommended.

Hepatic impairment

Dosage adjustment is necessary in these patients (see sections 4.4 and 5.2).

Method of administration

The tablets should be swallowed whole with water.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.

Sumatriptan should not be given to patients who have had myocardial infarction or have ischaemic heart disease, coronary vasospasm (Prinzmetal's angina), peripheral vascular disease or patients who have symptoms or signs consistent with ischaemic heart disease.

Sumatriptan should not be administered to patients with a history of cerebrovascular accident (CVA) or transient ischaemic attack (TIA).

Sumatriptan should not be administered to patients with severe hepatic impairment.

The use of sumatriptan in patients with moderate and severe hypertension and mild uncontrolled hypertension is contraindicated.

Concurrent administration of reversible and irreversible monoamine oxidase inhibitors and sumatriptan is contraindicated. Sumatriptan tablets must not be used within two weeks of discontinuation of therapy with monoamine oxidase inhibitors.

The concomitant administration of ergotamine or derivatives of ergotamine (including methysergide) or any triptan/5-hydroxytryptamine$_1$ (5-HT$_1$) receptor agonist or lithium with sumatriptan is contraindicated (see section 4.5).

4.4 Special warnings and precautions for use

Sumatriptan should only be used where there is a clear diagnosis of migraine.

Sumatriptan is not indicated for use in the management of hemiplegic, basilar or opthalmoplegic migraine.

Before treating with sumatriptan, care should be taken to exclude potentially serious neurological conditions, e.g. cerebrovascular accident (CVA), transient ischaemic attack (TIA), if the patient presents with atypical symptoms or if they have not received an appropriate diagnosis for sumatriptan use.

Following administration, sumatriptan can be associated with transient symptoms including chest pain and tightness, which may be intense and involve the throat (see section 4.8). Where such symptoms are thought to indicate ischaemic heart disease, no further doses of sumatriptan should be given and appropriate evaluation should be carried out.

Sumatriptan should not be given to patients with risk factors for ischaemic heart disease, including those patients who are diabetics, heavy smokers or users of nicotine substitution therapies, without prior cardiovascular evaluation (see section 4.3). Special consideration should be given to postmenopausal women and males over 40 with these risk factors. These evaluations, however, may not identify every patient who has cardiac disease, and, in very rare cases, serious cardiac events have occurred in patients without underlying cardiovascular disease.

Sumatriptan should be administered with caution to patients with mild controlled hypertension, since transient increases in blood pressure and peripheral vascular resistance have been observed in a small proportion of patients (see section 4.3).

There have been rare post-marketing reports describing patients with serotonin syndrome (including altered mental status, autonomic instability and neuromuscular abnormalities) following the use of a selective serotonin reuptake inhibitor (SSRI) and sumatriptan. Serotonin syndrome has been reported following concomitant treatment with triptans and serotonin noradrenaline reuptake inhibitors (SNRIs).

If concomitant treatment with sumatriptan and an SSRI/SNRI is clinically warranted, appropriate observation of the patient is advised (see section 4.5).

Sumatriptan should be administered with caution to patients with conditions which may affect significantly the absorption, metabolism or excretion of drugs, e.g. impaired hepatic (see section 5.2) or renal function (see section 5.2).

Patients with known hypersensitivity to sulfonamides may exhibit an allergic reaction following administration of sumatriptan. Reactions may range from cutaneous hypersensitivity to anaphylaxis. Evidence of cross-sensitivity is limited, however, caution should be exercised before using sumatriptan in these patients.

Undesirable effects may be more common during concomitant use of triptans and herbal preparations containing St. John's wort (*Hypericum perforatum*).

Sumatriptan should be used with caution in patients with epilepsy and/or a history of seizures or other risk factors which lower the seizure threshold, as seizures have been reported in association with sumatriptan (see section 4.8).

Prolonged use of any type of painkiller for headaches can make them worse. If this situation is experienced or suspected, medical advice should be obtained and treatment should be discontinued. The diagnosis of medication overuse headache (MOH) should be suspected in patients who have frequent or daily headaches despite (or because of) the regular use of headache medication.

4.5 Interaction with other medicinal products and other forms of interaction

Studies in healthy subjects show that sumatriptan does not interact with propranolol, flunarizine, pizotifen or alcohol.

Preparations containing ergotamine or other triptans/5-HT_1 receptor agonists may lead to prolonged vasospastic reactions. There is limited data relating to interactions with these preparations. The increased risk of coronary artery spasm is a theoretical possibility, therefore concomitant administration is contraindicated (see section 4.3).

The period of time that should elapse between the use of sumatriptan and ergotamine-containing preparations or another triptan/5-HT_1 receptor agonist is not known. This will also depend on the doses and types of products used. The effects may be additive. It is advised to wait at least 24 hours following the use of ergotamine-containing preparations or another triptan/5-HT_1 receptor agonist before administering sumatriptan. Conversely, it is advised to wait at least 6 hours following use of sumatriptan before administering an ergotamine-containing product and at least 24 hours before administering another triptan/5-HT_1 receptor agonist.

An interaction may occur between sumatriptan and monoamine oxidase inhibitors (MAOIs) and concomitant administration is contraindicated (see section 4.3).

There have been rare post-marketing reports describing patients with serotonin syndrome (including altered mental status, autonomic nervous system imbalance and neuromuscular abnormalities) following the use of SSRIs and sumatriptan. Serotonin syndrome has also been

reported following concomitant treatment with triptans and SNRIs (see section 4.4).

There may be a risk of serotonergic syndrome also if sumatriptan is used concomitantly with lithium.

4.6 Pregnancy and Lactation

Pregnancy

Post-marketing data from the use of sumatriptan during the first trimester in over 1,000 women are available. Although these data contain insufficient information to draw definitive conclusions, they do not point to an increased risk of congenital defects. Experience with the use of sumatriptan in the second and third trimester is limited.

Evaluation of experimental animal studies does not indicate direct teratogenic effects or harmful effects on peri- and postnatal development. However, embryonic and foetal death may occur in rabbits (see section 5.3).

Administration of sumatriptan should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus.

Breast-feeding

It has been demonstrated that following subcutaneous administration sumatriptan is secreted into breast milk. Infant exposure can be minimised by avoiding breast feeding for 12 hours after treatment during which time any breast milk expressed should be discarded.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed. Somnolence and dizziness or other related symptoms either due to the migraine or treatment with sumatriptan may occur. This may influence the ability to drive and to operate machinery.

Caution is recommended for patients engaged in such activities.

4.8 Undesirable effects

Adverse events are listed below by system organ class and frequency.
Frequencies are defined as:
Very common (≥ 1/10)
Common (≥ 1/100 to <1/10),
Uncommon (≥ 1/1,000 to <1/100),
Rare (≥ 1/10,000 to <1/1,000),
Very rare (<1/10,000), not known (cannot be estimated from the available data).
Some of the symptoms reported as undesirable effects may be associated symptoms of migraine.

Nervous system disorders	
Common:	Dizziness, drowsiness, sensory disturbance including paraesthesia and hypoaesthesia.
Not known:	Seizures, although some have occurred in patients with either a history of seizures or concurrent conditions predisposing to seizures. There are also reports in patients where no such predisposing factors are apparent; Tremor, dystonia, nystagmus, scotoma.
Eye disorders	
Not known:	Flickering, diplopia, reduced vision. Loss of vision including reports of permanent defects. However, visual disorders may also occur during a migraine attack itself.
Cardiac disorders	
Not known:	Bradycardia, tachycardia, palpitations, cardiac arrhythmias, transient ischaemic ECG changes, coronary artery vasospasm, angina, myocardial infarction (see section 4.3 and 4.4).
Vascular disorders	
Common:	Transient increases in blood pressure arising soon after treatment. Flushing.
Not known:	Hypotension, Raynaud's phenomenon.
Respiratory, thoracic and mediastinal disorders	
Common:	Dyspnoea.
Gastrointestinal disorders	
Common:	Nausea and vomiting occurred in some patients but it is unclear if this is related to sumatriptan or the underlying condition.
Not known:	Ischaemic colitis.
Not known:	Diarrhoea.
Not known:	Dysphagia
Musculoskeletal and connective tissue disorders	
Common:	Sensations of heaviness (usually transient and may be intense and can affect any part of the body including the chest and throat). Myalgia.
Not known:	Neck stiffness.
Not known:	Arthralgia.
General disorders and administration site conditions	
Common:	Pain, sensations of heat or cold, pressure or tightness (these events are usually transient and may be intense and can affect any part of the body including the chest and throat); feelings of weakness, fatigue (both events are mostly mild to moderate in

	intensity and transient).
Not known:	Pain trauma activated Pain inflammation activated
Investigations	
Very rare:	Minor disturbances in liver function tests have occasionally been observed.
Psychiatric disorders	
Not known:	Anxiety.
Skin and subcutaneous tissue disorders	
Not known:	Hyperhidrosis.

Reporting of suspected adverse reactions: Healthcare professionals are asked to report any suspected adverse reactions via pharmacy and poisons board, Pharmacovigilance Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org

4.9 Overdose

Patients in clinical trials (N = 670) received single oral doses of 140 to 300 mg without significant adverse reactions. Volunteers (N = 174) received single oral doses of 140 to 400 mg without serious adverse reactions.

Overdose in animals has been fatal and has been heralded by convulsions, tremor, paralysis, inactivity, ptosis, erythema of the extremities, abnormal respiration, cyanosis, ataxia, mydriasis, salivation, and lacrimation.

The elimination half-life of sumatriptan is approximately 2.5 hours and therefore monitoring of patients after overdose with sumatriptan tablets should continue for at least 12 hours or while symptoms or signs persist.

It is unknown what effect hemodialysis or peritoneal dialysis has on the serum concentrations of sumatriptan.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Selective serotonin ($5HT_1$) agonists

ATC code: N02CC01

Sumatriptan is a specific and selective 5-hydroxytryptamine-1d receptor agonist, and has not demonstrated activity on the other 5HT ($5HT_2$-$5HT_7$) receptors.

The vascular $5HT_{1d}$ receptor is found predominantly in the cranial blood vessels and has a vasoconstrictor effect. In experimental animals, it has been shown that sumatriptan causes vasoconstriction of the arterioles and the arteriovenous anastomata of the carotid vascular bed. This vascular bed provides the blood supply to the extracranial and intracranial tissues, such as the meninges. It has been proposed that dilatation of these arterial vessels, and the formation of oedema here, is the underlying cause of a migraine attack in humans. There is also evidence from animal experiments to suggest that sumatriptan inhibits the activity of the trigeminal nerve. Both effects (cranial vasoconstriction and inhibition of the activity of the trigeminal nerve) might contribute to the anti-migraine effect of sumatriptan in humans.

A clinical response occurs approximately 30 minutes after oral administration of a dose of 100 mg.

Sumatriptan is effective for the acute treatment of migraine attacks that occur during menstruation in women, i.e. in the period from 3 days before to 5 days after the beginning of menstruation.

A number of placebo-controlled clinical studies assessed the safety and efficacy of oral sumatriptan in approximately 800 children and adolescent migraineurs aged 10-17 years. These studies failed to demonstrate relevant differences in headache relief at 2 hours between placebo and any sumatriptan dose. The undesirable effects profile of oral sumatriptan in adolescents aged 10-17 years was similar to that reported from studies in the adult population.

5.2 Pharmacokinetic properties

Following oral administration sumatriptan is rapidly absorbed, the maximum concentration being reached after 2 (0.5-5) hours. Absolute bioavailability after oral administration is on average 14%. This is partly due to presystemic metabolism and partly to incomplete absorption. In patients with hepatic insufficiency, presystemic clearance after oral administration is reduced, resulting in an increase in the plasma levels of sumatriptan.

Protein binding is low (14-21%) and the mean volume of distribution is 170 litres. The elimination half-life is approximately 2 hours. Mean total clearance is 1160 ml/minute and mean renal clearance is approximately 260 ml/minute. Non-renal clearance is approximately 80% of total clearance, suggesting that sumatriptan is primarily cleared through oxidative metabolism mediated by monoamine oxidase A. The major metabolite, the indole acetic acid analogue of sumatriptan, is excreted in the urine as the acid or as the glucuronide conjugate. This metabolite has no known 5HT1 or 5HT2 activity. Minor metabolites

have not been identified. The pharmacokinetics of the oral administration of sumatriptan does not appear to be influenced by a migraine attack.

Pharmacokinetics in special groups:

Hepatic Impairment

Sumatriptan pharmacokinetics after an oral dose (50 mg) and a subcutaneous dose (6 mg) were studied in 8 patients with mild to moderate hepatic impairment matched for sex, age, and weight with 8 healthy subjects. Following an oral dose, sumatriptan plasma exposure (AUC and C_{max}) almost doubled (increased approximately 80%) in patients with mild to moderate hepatic impairment compared to the control subjects with normal hepatic function. There was no difference between the patients with hepatic impairment and control subjects after the s.c. dose. This indicates that mild to moderate hepatic impairment reduces presystemic clearance and increases the bioavailability and exposure to sumatriptan compared to healthy subjects.

The pharmacokinetics in patients with severe hepatic impairment have not been studied (see Section 4.3 Contraindications and Section 4.4 Warnings and Precautions).

Elderly:

The kinetics in elderly subjects has not been sufficiently studied to permit a statement on possible differences in the kinetics between elderly and young volunteers.

5.3 Preclinical safety data

In a fertility study in the rat, a reduction in the success of insemination was seen on exposure to concentrations higher than the maximum exposure in humans.
In rabbits embryo lethality was observed, without marked teratogenic effects. The relevance for humans of these findings is unknown.
Sumatriptan was devoid of genotoxic and carcinogenic activity in *in-vitro* systems and animal studies.

6. Pharmaceutical Particulars

6.1 List of Excipients

Dicalcium phosphate
Microcrystalline Cellulose pH 102 BP
Croscarmellose sodium
Polyvinyl pyrrolidone K30

Purified water
Sodium Lauryl sulphate
Aerosil 200
Magnesium stearate
Tabcoat Tc 588097 White

6.2 Incompatibilities
Not applicable

6.3 Shelf-Life
24 months from the date of manufacture

6.4 Special Precautions for storage
This medicinal product does not require any special storage conditions.

6.5 Nature and Content of container
Alu-Alu blister pack of 1×10's in a printed unit box with literature included.

6.6 Special precautions for disposal and other handling
Do not store above 30°C.Protect from direct sunlight. Keep all medicines out of reach of children

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. Marketing Authorization Holder
Dawa Limited,
Plot No 7879/8, Baba Dogo Road –Ruaraka
P.O Box 16630-6200-Nairobi-Kenya.

8. Marketing Authorization Number
Megzuma 50 mg Tablets
CTD11976
Megzuma 100 mg Tablets
CTD11977

9. Date of first authorization/renewal of the authorization
07/02/2025

10. Date of revision of the text
05/05/2025