PENCLONAC

1.0 NAME OF THE MEDICINAL PRODUCT : Aceclofenac Tablets

1.1 Proprietary Name : Penclonac®
1.2 International Non-Proprietary Name (INN) : Aceclofenac Tablets

2.0 ANATOMIC THERAPEUTIC AND CHEMICAL (ATC) CLASSIFICATION AND DISTRIBUTION CATEGORY :

2.1 Therapeutic class :- M01A -Anti-inflammatory and anti-rheumatic.
2.2 Distribution catgory :- Prescription only medicine.

3.0 QUALITATIVE AND QUANTITATIVE COMPOSITION :
Each film coated tablet contains : Aceclofenac BP 100mg

4.0 PHARMACEUTICAL FORM :
4.1 Dosage form :- Tablets
4.2 Description :- Ligth pink, circular, biconvex, film coated tablets, plain both sides.

5.0 CLINICAL PARTICULARS :

5.1 THERAPEUTIC INDIACATIONS :-
Aceclofenac is indicated for the relief of pain and inflammation associated with rheumatoid arthritis, osteoarthritis or ankylosing spondylitis.

5.2 POSOLOGY AND METHOD OF ADMINISTRATION :- As directed by the Physician OR

The recommended adult dose is 200 mg daily, taken as two separate 100mg doses, one tablet in the morning and one in the evening with a sufficient quantity of liquid.

5.3 CONTRAINDICATIONS :-
Hypersensitivity to any of the constituents. NSAIDs are contraindicated in patients who have previously shown hypersensitivity reactions (e.g. asthma, rhinitis, angioedema or urticaria) in response to ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs.
Severe hepatic and cardiac failure, moderate to severe renal failure, during the last trimester of pregnancy, active or previous peptic ulcer, history of upper gastrointestinal bleeding or perforation, related to previous NSAIDs therapy and use with concomitant NSAIDs including cyclooxygenase 2 specific inhibitors.

5.4 SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE :-

Keep the medicine out of reach of children. Aceclofenac Tablets contains "Lactose".
Undesirable effects may be minimized by using the minimum effective dose for the shortest possible duration.

Elderly **-** The elderly have an increased frequency of adverse reactions to NSAIDs especially gastrointestinal bleeding and perforation which may be fatal.

Respiratory disorders **-** Caution is required if administered to patients suffering from, or with a previous history of, bronchial asthma since NSAIDs have been reported to precipitate bronchospasm in such patients.

Cardiovascular, Renal and Hepatic Impairment **-** The administration of an NSAID may cause a dose dependent reduction in prostaglandin formation and precipitate renal failure. Patients at greatest risk of this reaction are those with impaired renal function, cardiac impairment, liver dysfunction, those taking diuretics and the elderly.

Female fertility **-** In women who have difficulties conceiving or who are undergoing investigation of infertility, withdrawal of Aceclofenac should be considered.

5.5 INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION :-

Lithium **-** Aceclofenac, like many NSAIDs, may increase plasma concentrations of lithium.

Cardiac Glycosides **-** Through their renal effects, NSAIDs may increase plasma glycoside (including digoxin) levels, exacerbate cardiac failure and reduce the glomerular filtration rate in patients receiving glycosides.

Diuretics **-** Aceclofenac, like other NSAIDs, may inhibit the activity of diuretics. Diuretics can increase the risk of nephrotoxicity of NSAIDs.

Anticoagulants **-** Like other NSAIDs, Aceclofenac may enhance the activity of anticoagulants such as warfarin.

Methotrexate **-** Caution should be exercised if NSAIDs and methotrexate are administered within 24 hours of each other, since NSAIDs may increase methotrexate plasma levels, resulting in increased toxicity.

Ciclosporin **-** Ciclosporin nephrotoxicity may be increased by the effect of NSAIDs on renal prostaglandins.

Quinolone antimicrobials **-** Convulsions may occur due to an interaction between quinolones and NSAIDs.

Other analgesics **-** Avoid concomitant use of two or more NSAIDs (including aspirin) as this may increase the risk of adverse effects.

5.6 PREGNANCY AND LACTATION :-

Pregnancy **-** Use in the last trimester of pregnancy is contraindicated. NSAIDs should not be used during the first two trimesters of pregnancy or labour unless the potential benefit to the patient outweighs the potential risk to the foetus.

Lactation **-** NSAIDs can appear in breast milk in very low concentrations. NSAIDs should, if possible, be avoided when breastfeeding.

5.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES :-

Undesirable effects such as dizziness, drowsiness, fatigue and visual disturbances are possible after taking NSAIDs. If affected, patients should not drive or operate machinery.

5.8 UNDESIRABLE EFFECTS :-

The majority of adverse reactions reported have been reversible and of a minor nature. The most frequent are dyspepsia, abdominal pain, nausea, diarrhoea and dizziness. The uncommon adverse effects are flatulence, gastrtis, constipation, vomiting, ulcerative, stomatitis, vertigo, pruritis, rash, eczema, dermatitis and urticaria.

The rare or very rare side effects are melaena, stomatitis, haematemesis, gastrointestinal, haemorrhage, gastric ulcer, pancreatitis, renal failure, nephritic syndrome, paraesthesis, tremor, depression, abnormal dreaming, somnolence, insomnia, bullosdermatoses, purpura, anaemia, headache, fatique, face oedema, weight increase and allergic reactions.

5.9 OVERDOSE :-

There are no human data available on the consequences of Aceclofenac overdose.

Symptoms **-** Symptoms include headache, nausea, vomiting, epigastric pain, gastrointestinal bleeding, rarely diarrhoea, disorientation, excitation, coma, drowsiness, dizziness, tinnitus, fainting, occasionally convulsions. In cases of significant poisoning acute renal failure and liver damage are possible.

Treatment **-** Patients should be treated symptomatically as required. Within one hour of ingestion of a potentially toxic amount activated charcoal should be considered. Alternatively, in adults, gastric lavage should be considered within one hour of ingestion of a potentially life-threatening overdose. Specific therapies such as forced diuresis, dialysis or haemoperfusion are probably of no help in eliminating NSAIDs due to their high rate of protein binding and extensive metabolism.

6.0 PHARMACOLOGICAL PROPERTIES :

PHARMACODYNAMIC PROPERTIES :-

Aceclofenac is a non-steroidal agent with marked anti-inflammatory and analgesic properties. The mode of action of aceclofenac is largely based on the inhibition of prostaglandin synthesis. Aceclofenac is a potent inhibitor of the enzyme cyclo-oxygenase, which is involved in the production of prostaglandins.

6.1 PHARMACOKINETIC PROPERTIES :-

After oral administration, aceclofenac is rapidly and completely absorbed as unchanged drug. Peak plasma concentrations are reached approximately 1.25 to 3.00 hours following ingestion. Aceclofenac penetrates into the synovial fluid, where the concentrations reach approximately 57% of those in plasma. The volume of distribution is approximately 25 L. The mean (geometrical) plasma elimination half-life is 2.30 hours. Aceclofenac is highly protein-bound (>99%). Aceclofenac circulates mainly as unchanged drug. 4'-Hydroxyaceclofenac is the main metabolite detected in plasma. Approximately two-thirds of the administered dose is excreted via the urine, mainly as hydroxymetabolites.

6.2 PRECLINICAL SAFETY DATA :-

The results from preclinical studies conducted with aceclofenac are consistent with those expected for NSAIDs. The principal target organ was the gastro-intestinal tract. No unexpected findings were recorded. Aceclofenac was not considered to have any mutagenic activity in three *in vitro* studies and an *in vivo* study in the mouse. Aceclofenac was not found to be carcinogenic in either the mouse or rat.

7.0 PHARMACEUTICAL PARTICULARS :

7.1 LIST OF EXCIPIENTS :-

***Core* -** Microcrystalline Cellulose, Lactose Monohydrate, Colloidal Anhydrous Silica, Croscarmellose Sodium, Magnesium Stearate.

***Film coat* -** Polymer, Plastisizer, Titanium Dioxide, Lake Ponceau 4R Color, Additives.

7.2 INCOMPATIBILITIES :- Not Incompatibilities.

7.3 SHELF LIFE :- 2 years when stored under recommended conditions.

7.4 SPECIAL PRECAUTIONS FOR STORAGE :-

Store in a dry place below 30˚C. Protect from light.

7.5 NATURE AND CONTENTS OF CONTAINER :-

Blister pack of 10 Tablets. Each blister pack in an inner box along with a leaflet. 10 such inner boxes in an outer box

7.6 INSTRUCTIONS FOR USE AND HANDLING :- No special requirements.

8.0 MARKETING AUTHORISATION HOLDER :

Shelys Pharmaceuticals Limited,
New Bagamoyo Road, Mwenge,
P.O. Box 32781 , Dar Es Salaam, Tanzania

9.0 DATE OF REVISION OF THE TEXT : 21thApril, 2020