



**Summary of Product Characteristics (SmPC)**  
**(COCO VITAMIN C + GLUCOSE TABLET 50/150MG)**

**1. NAME OF THE MEDICINAL PRODUCT**

Coco Vitamin C + Glucose Tablet 50/150mg

**2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each tablet contains:

Ascorbic Acid BP ..... 50mg

Glucose BP.....150mg

For a full list of excipients, see section 6.1.

**3. PHARMACEUTICAL FORM**

Each tablet is uncoated, yellowish orange color, square shape, flat faced and plain.

**4. Clinical Particulars**

**4.1 Therapeutic indications**

- Prevention and Treatment of Vitamin deficiency, low blood glucose (hypoglycaemia), scurvy and other conditions.
- Enhancing immune response in infectious disease.
- Treatment of fatigue during influenza or convalescence.
- Used as antioxidant agent.
- Contribution to the risk reduction of cardiovascular diseases and cataract.

**4.2 Posology and method of administration**

- **Posology**
  - ✓ Adults: 10-20 chewable tablets daily.
  - ✓ Children: 4-10 chewable tablets daily.

**Method of administration**

For oral administration. Dissolve slowly in the mouth.Or as directed by the physician.

**4.3 Contraindications**

- Ascorbic acid should not be given to patients with Hyperoxaluria.
- Products containing dextrose may be contraindicated in patients with known allergy to corn or cornproducts.



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- Hypersensitivity to the active substances or to any of the excipients listed in section 6.1.

### 4.4 Special warnings and precaution for use

Increased intake of ascorbic acid over a prolonged period may result in increased renal clearance of ascorbic acid, and deficiency may result if the intake is reduced or withdrawn rapidly. (See section 4.8)

#### Interference with serological testing

Ascorbic acid may interfere with tests and assays for urinary glucose, giving false-negative results with methods utilising glucose oxidase with indicator (e.g. Labstix, Testape) and false-positive results with neocuproin methods.

Estimation of uric acid by phosphotungstate or uricase with copper reduction and measurement of creatinine in non-deproteinised serum may also be affected.

High doses of ascorbic acid may give false-negative readings in faecal occult blood tests.

### 4.5 Interactions with other medicinal products and other forms of interaction

Ascorbic acid increases the renal excretion of amphetamine. The plasma concentration of ascorbate is decreased by smoking and oral contraceptives.

Ascorbic acid increases the absorption of iron.

Concomitant administration of aspirin and ascorbic acid may interfere with absorption of ascorbic acid. Renal excretion of salicylate is not affected and does not lead to reduced anti-inflammatory effects of aspirin.

Concomitant administration of aluminium-containing antacids may increase urinary aluminium elimination. Concurrent administration of antacids and ascorbic acid is not recommended, especially in patients with renal insufficiency.

Co-administration with amygdalin (a complementary medicine) can cause cyanide toxicity.

Concurrent administration of ascorbic acid with desferrioxamine enhances urinary iron excretion. Cases of cardiomyopathy and congestive heart failure have been reported in patients with idiopathic haemochromatosis and thalassaemias receiving desferrioxamine who were subsequently given ascorbic acid. Ascorbic acid should be used with caution in these patients and cardiac function monitored.

Ascorbic acid may interfere with biochemical determinations of creatinine, uric acid and glucose in samples of blood and urine.

Do not administer concurrently with corticosteroids.

### 4.6 Pregnancy and Lactation

#### Pregnancy

For ascorbic acid and glucose, no clinical data on exposed pregnancies are available. Animal studies do not indicate direct or harmful effects with respect to pregnancy, embryonal/foetal



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development, parturition or postnatal development. Pregnant women should exercise caution.

### Breast-feeding

Ascorbic acid is excreted in breast milk. Though again caution should be exercised, no evidence exists suggesting such excretion is hazardous to the infant. No effect of glucose on lactation.

### **4.7 Effects on ability to drive and use machines**

On the basis of the product's pharmacodynamic profile and reported adverse events, ascorbic and glucose has no known effect on an individual's ability to drive or operate machinery.

### **4.8 Undesirable effects**

- Nervous system disorders: Headache.
- Vascular disorders: Flushing
- Gastrointestinal disturbances: Nausea, vomiting and stomach cramps.
- Large doses of ascorbic acid may cause diarrhoea.
- Skin and subcutaneous tissue disorders: redness of skin.
- Renal and urinary disorders: Patients known to be at risk of hyperoxaluria should not ingest ascorbic acid doses exceeding 1g daily as there may be increased urinary oxalate excretion.

However, such risk has not been demonstrated in normal, non-hyper oxaluric individuals.

Increased intake of ascorbic acid over a prolonged period may result in increased renal clearance of ascorbic acid, and deficiency may result if the intake is reduced or withdrawn rapidly. Doses of more than 600mg daily have a diuretic effect.

Ascorbic acid has been implicated in precipitating haemolytic anaemia in certain individuals deficient of glucose-6-phosphate dehydrogenase.

### **4.9 Overdose**

#### Symptoms

At doses of over 3gm per day unabsorbed ascorbic acid is mainly excreted unmetabolized in the faeces. Absorbed ascorbic acid additional to the body's needs is rapidly eliminated. Large doses of ascorbic acid may cause diarrhoea and the formation of renal oxalate calculi. Symptomatic treatment may be required.

Ascorbic acid may cause acidosis or haemolytic anemia in certain individuals with a deficiency of glucose 6-phosphate dehydrogenase. Renal failure can occur with massive ascorbic acid overdosage.

Prolonged administration of Glucose may cause hyperosmolarity and hyponatraemia, dehydration, hyperglycaemia, hyperglycosuria, osmotic diuresis (due to the hyperglycaemia) and water intoxication and oedema. Severe hyperglycaemia and hyponatraemia may be fatal.

#### Management

Gastric lavage may be given if ingestion is recent otherwise general supportive measures should be employed as required.



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### 5. Pharmacological properties:

#### 5.1 Pharmacodynamic properties

ATC Code of Ascorbic Acid: A11GA01

Ascorbic acid, coupled with dehydroascorbic acid to which it is reversibly oxidised, has a variety of functions in cellular oxidation processes. Ascorbic acid is required in several important hydroxylations, including the conversion of proline to hydroxyproline (and thus in collagen formation e.g. for intercellular substances and during wound healing); the formation of the neurotransmitters 5-hydroxytryptamine from tryptophan and noradrenaline from dopamine, and the biosynthesis of carnitine from lysine and methionine. Ascorbic acid appears to have an important role in metal ion metabolism, including the gastrointestinal absorption of iron and its transport between plasma and storage organs. There is evidence that ascorbic acid is required for normal leucocyte functions and that it participates in the detoxification of numerous foreign substances by the hepatic microsomal system. Deficiency of ascorbic acid leads to scurvy, which may be manifested by weakness, fatigue, dyspnoea, aching bones, perifollicular hyperkeratoses, petechia and ecchymosis, swelling and bleeding of the gums, hypochromic anaemia and other haematopoietic disorders, together with reduced resistance to infections and impaired wound healing.

#### 5.2 Pharmacokinetic properties

Ascorbic acid is well absorbed from the gastro-intestinal tract, and is widely distributed to all tissues. Body stores of ascorbic acid normally are about 1.5g. The concentration is higher in leucocytes and platelets than in erythrocytes and plasma. Ascorbic acid additional to the body's needs, generally amounts above 200mg daily, is rapidly eliminated; unmetabolised ascorbic acid and its inactive metabolic products are chiefly excreted in the urine. The amount of ascorbic acid excreted unchanged in the urine is dose-dependent and may be accompanied by mild diuresis.

Glucose is metabolized via pyruvic or lactic acid to carbon dioxide and water with the release of energy.

#### 5.3 Preclinical safety data

There is no pre-clinical data of relevance to a prescriber which is additional to that already included in other sections of the SmPC.

### 6. Pharmaceutical particulars

#### 6.1 List of excipients

- Povidone
- Sugar
- Sodium Propyl Paraben
- Sunset yellow
- Isopropyl alcohol



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- Talc
- Magnesium stearate
- Orange flavour

### **6.2 Incompatibilities**

- None relevant known.

### **6.3 Shelf life**

- 36 Months

### **6.4 Special precautions for storage**

- Do not store above 30°C.
- Store in a cool dry place protected from light and out of reach of children.

### **6.5 Nature and contents of container**

- Two blister packs of 12 orange cuboid tablets (Lozenges) in a monocarton and 20 such monocartons in a box(12×2×20 Tablets).

### **6.6 Special precautions for disposal<and other handling>**

- None.

## **7 Applicant/Manufacturer**

KCH CONSUMER HEALTHCARE LTD  
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