#### 1. NAME OF THE MEDICINAL PRODUCT

Orphetab tablets

# 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

ORPHETAB 100 mg: Each tablet for oral administration contains 100 mg orphenadrine citrate.

For a full list of excipients, see section 6.1

#### 3. PHARMACEUTICAL FORM

ORPHETAB 500 mg: White, round-shaped tablets debossed "ORPHET" on one side and "LAIDER" on the other side.

# 4. Clinical particulars

# 4.1 Therapeutic indications

Conditions involving skeletal muscle spasm such as low back pain and torticollis and also those resulting from trauma such as whiplash injury.

# 4.2 Posology and method of administration

#### Posology

#### Adults

Two tablets per day; one in the morning and one in the evening.

#### Children

Safety and effectiveness in children have not been established. ORPHETAB is not recommended for children under 12 years.

# Special Populations

#### **Elderly**

The elderly may be more susceptible to anticholinergic side effects and should be given a reduced dosage.

#### 4.3 Contraindication

Contraindicated in patients with glaucoma, pyloric or duodenal obstruction,

stenosing peptic ulcers, prostatic hypertrophy or obstruction of the bladder neck, cardio-spasm (megaesophagus) and myasthenia gravis.

Contraindicated in patients who have demonstrated a previous hypersensitivity to the drug.

#### 4.4 Interaction with other medicinal products and other forms of interaction

Concomitant administration of Orphetab with phenothiazine, some antihistamines, antipsychotic tricyclic antidepressants, should be avoided. Avoid concomitant use of alcohol or other CNS depressants.

# 4.5 Pregnancy and Lactation

# **Pregnancy**

Its use in the first three months of pregnancy is not recommended. Animal reproduction studies have not been conducted with orphenadrine citrate. It is also not known whether orphenadrine citrate can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Orphenadrine citrate should be given to a pregnant woman only if clearly needed.

## **Breast-feeding**

It should also be avoided in breastfeeding. Orphenadrine is excreted in breast milk and is not recommended for use while breastfeeding.

## 4.6 Effects on ability to drive and use machines

Some patients may experience transient episodes of light-headedness, dizziness or syncope. Orphenadrine citrate may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

#### 4.7 Undesirable effects

Adverse reactions of orphenadrine citrate are mainly due to the mild anticholinergic action of orphenadrine citrate and are usually associated with higher dosage. Dryness of the mouth is usually the first adverse effect to appear. When

the daily dose is increased, possible adverse effects include tachycardia,

palpitation, urinary hesitancy or retention, blurred vision, dilatation of pupils,

increased ocular tension, weakness, nausea, vomiting, headache, dizziness,

constipation, drowsiness, hypersensitivity reactions, pruritus, hallucinations,

agitation, tremor, gastric irritation and rarely urticaria and other dermatoses.

Infrequently, an elderly patient may experience some degree of mental confusion.

These adverse reactions can usually be eliminated by reduction in dosage. Very

rare cases of aplastic anemia associated with the use of orphenadrine tablets have

been reported. No causal relationship has been established.

Adverse reactions are listed below according to system organ class and frequency.

Frequencies are defined according to the following convention:

Very common  $(\geq/10)$ , Common  $(\geq1/100)$  to <1/10), uncommon  $(\geq1/1,000)$  to

<1/100), Rare ( $\ge 10,000$  to <1/1,000), very rare ( $\ge 1/10,000$ ), Not known (cannot

be estimated from the available data).

Cardiac disorders

Frequency unknown: Tachycardia, palpitation.

**Eye disorders** 

Frequency unknown: Blurred vision, dilation of pupils, increased ocular tension.

**Nervous system disorders** 

Frequency unknown: Headache, dizziness, drowsiness, tremor, transient episodes

of lightheadedness, syncope.

**Psychiatric disorders** 

Frequency unknown: Hallucinations, agitation, mental confusion.

**Immune system disorders** 

Frequency unknown: Hypersensitivity reactions.

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Skin and subcutaneous tissue disorders

Frequency unknown: Pruritus, urticarial and other dermatoses

Renal and urinary disorders

Frequency unknown: urinary hesitancy or retention.

**Gastrointestinal disorders** 

Frequency unknown: Nausea, vomiting, constipation, gastric irritation, dryness of

mouth.

4.8 Overdose

Orphenadrine citrate is toxic when overdosed and typically induces anticholinergic effects. In a review of orphenadrine toxicity, the minimum lethal dose was found to be 2 to 3 grams for adults; however, the range of toxicity is variable and unpredictable. Treatment for orphenadrine citrate overdose is evacuation of stomach contents (when necessary), charcoal at repeated doses, intensive

monitoring and appropriate supportive treatment of any emergent anticholinergic

effects. Supportive therapy should be given as required.

5. PHARMACOLOGICAL PROPERTIES

**5.1** Pharmacodynamic properties

Pharmacotherapeutic group: Ethers, chemically close to antihistamines. ATC code:

M03BC01.

ORPHETAB is an analgesic and a muscle relaxant. Orphenadrine citrate is a centrally acting compound which in animals selectively blocks faciliatory functions of the

reticular formation. Orphenadrine does not produce myoneural block, nor does it

affect crossed extensor reflexes. Orphenadrine prevents nicotine induced

convulsions but not those produced by strychnine.

The mode of action of orphenadrine has not been clearly identified but may be related to its analgesic properties. Orphenadrine citrate also possesses anticholinergic activity.

# **Clinical efficacy**

There have been numerous clinical trials of Orphenadrine. Unfortunately, study design deficiencies have made interpretation of results and comparisons between studies difficult. These deficiencies include ill-defined patient selection criteria, noncomparable musculoskeletal disorders studied, variability of disease severity and duration, and subjective assessment of the patient's response to therapy.5,18-24 Despite these difficulties, certain conclusions are possible. In almost all studies, Orphenadrine were more effective than placebo in the treatment of acute painful musculoskeletal disorders and muscle spasm. Efficacy was less consistent in the treatment of chronic disorders. When used alone, Orphenadrine were not consistently superior to simple analgesics (for example, aspirin, acetaminophen, and nonsteroidal antiinflammatory medications) in pain relief. However, when Orphenadrine were used in combination with an analgesic, pain relief was superior to that of either drug used alone. Comparative studies of SMR efficacy have failed to document superiority of one drug over another.

# **Paediatric population**

Safety and effectiveness in pediatric patients have not been established.

## **5.2 Pharmacokinetic properties**

The Orphenadrine are generally well absorbed after oral ingestion. They have a rapid onset of action, generally within 1 hour. Some Orphenadrine may be administered parenterally, and this route yields a more rapid onset of action. The drugs undergo biotransformation in the liver and are excreted primarily in the urine as metabolites. There is significant variability between individual drugs, plasma half-life, and duration of action.

Orphenadrine is readily absorbed from the gastrointestinal tract and is almost completely metabolised to at least eight metabolites. Orphenadrine and its metabolites are excreted from the body in the urine, with a half-life of 14 hours.

## **Paediatric population**

Safety and effectiveness in pediatric patients have not been established.

# 5.3 Preclinical safety data

No additional data available.

#### 6. PHARMACEUTICAL PARTICULARS

# **6.1** List of excipients

#### **Tablet**

Lactose

Ethyl Cellulose

Aerosil 200

Magnesium Stearate

# 6.2 Shelf life

3 years

## **6.3 Special precautions for storage**

This medicinal product does not require any special storage conditions

# 6.4 Nature and contents of container < and special equipment for use, administration or implantation>

Blister packs of 2 X 10 Tables and Blister packs of 10 X 10 Tables

# 6.5 Special precautions for disposal < and other handling>

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

# 7. <APPLICANT/MANUFACTURER>

Manufacturing by: Ecomed Pharma Ltd

Lynson Chemical Avenue, Otta, Ogun State

Marketed by: Laider International (W.A) Ltd

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