

### 1.3.1 Summary of Product Characteristics (SPC)

#### 1. Name of the medicinal product: NO-ACH TABLETS

(Aceclofenac, Paracetamol & Chlorzoxazone Tablets)

#### 2. Qualitative and quantitative composition

Each film coated tablet contains:

Aceclofenac BP 100mg

Paracetamol BP 500mg

Chlorzoxazone USP 250mg

S. No	Ingredients	Function	Qty./ Tabs in (mg)
1	Aceclofenac BP	Active	100.00
2	Paracetamol BP	Active	500.00
3	Chlorzoxazone USP	Active	250.00
4	Dicalcium Phosphate USP	Diluent	50.33
5	Starch USP	Diluent	66.666
6	Microcrystalline Cellulose USP	Diluent	66.666
7	Gelatin USP	Binder	10.00
8	Starch (for Paste) USP	Binder	46.666
9	PVPK-30 USP	Binder	16.333
10	Purified water USP	Solvent	--
11	Sodium Starch Glycolate USP	Disintegrant	20.00
12	Colloidal Silicon Dioxide USP	Glidant	6.666
13	Magnesium Stearate USP	Lubricant	10.00
14	Talcum USP	Glidant	6.666
15	Titanium Dioxide BP	Opacifier	3.00
16	Ready mix coat IH	Coating agent	30.00

#### 3. Pharmaceutical form

Solid oral dosage form, film coated Tablets

A white coloured, biconvex, capsule shaped, film coated tablets having break line on one side.

#### **4. Clinical particulars**

##### **4.1 Therapeutic indications**

Aceclofenac, Paracetamol & Chlorzoxazone Tablets is used in the treatment, control, prevention, & improvement of the following diseases, conditions and symptoms:

1. Muscles pain
2. Joint pain
3. Osteoarthritis
4. Rheumatoid arthritis
5. Ankylosing spondylitis
6. Headache
7. Toothache
8. Ear pain
9. Periods pain
10. Fever
11. Bones and joints pain
12. Migraine
13. Muscle spasm
14. Fibromyalgia
15. Pain
16. Muscle tension
17. Osteoarthritis
18. Stiffness/spasticity

##### **4.2 Posology and method of administration**

*Adult:* One tablet of Aceclofenac, Paracetamol & Chlorzoxazone should be taken 1 - 3 times in a day orally. It is advised not to take empty stomach.

Method of administration:

For oral administration only

##### **4.3 Contraindications**

Contraindication of Aceclofenac, Paracetamol & Chlorzoxazone Tablets:

- Hypersensitivity to the drug
- Bleeding from the stomach or intestines
- Moderate to severely decreased Kidney function
- Hypersensitivity to other
- Active peptic Ulcer

#### 4.4 Special warnings and precautions for use

Precautions for Aceclofenac, Paracetamol & Chlorzoxazone Tablets:

- Hepatic porphyria
- Bleeding tendencies
- Blood disorders
- Crhon's disease
- Decreased heart function
- History of peptic ulcer
- Inflammation of the bowel and back passage
- Mildly decreased kidney function
- Recent major surgery
- Stomach disorders
- Decreased liver function
- Intestinal disorders

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

**Aceclofenac:**

**Other analgesic including cyclooxygenase-2 selective inhibitors:** Avoid concomitant use of two or more NSAIDs (including aspirin) as this may increase the risk of adverse effects.

**Anti-hypertensive:** Reduced anti-hypertensive effect.

**Diuretics:** Reduced diuretic effect. Diuretics can increase the risk of nephrotoxicity of NSAIDs. Although it was not shown to affect blood pressure control when co-administered with bendrofluazide, interaction with other diuretics cannot be ruled out. When concomitant administration with potassium-sparing diuretics is employed, serum potassium should be mentioned.

**Cardiac glycosides:** NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma glycoside levels.

**Cyclosporine:** Increased risk of nephrotoxicity.

**Corticosteroids:** Increased risk of gastrointestinal ulceration or bleeding.

**Anti-coagulants:** NSAIDs may enhance the effects of anti-coagulants, such as Warfarin. Close monitoring of patients on combined anti-coagulants and Aceclofenac Tablets therapy should be undertaken.

**Paracetamol:**

**Colestyramine:** The speed of absorption of Paracetamol is reduced by colestyramine. Therefore, the colestyramine should not be taken within one hour if maximal analgesic is required.

**Metoclopramide and Domperidone:** The speed of absorption of Paracetamol may be increased by metoclopramide and domperidone. However, concurrent use need not be avoided.

**Warfarin:** The anticoagulant effect of Warfarin and other coumarins may be enhanced by prolonged regular daily use of Paracetamol with increased risk of bleeding: occasional doses have no significant effect.

**Chloramphenicol:** Increased plasma concentration of chloramphenicol.

**Chlorzoxazone:**

Alcohol and other CNS depressants.

Additive CNS depressant effects may occur.

**4.6 Pregnancy and lactation**

**Pregnancy:** Aceclofenac and Chlorzoxazone are contraindicated during pregnancy the combination generic cannot be used.

**Lactation:** Aceclofenac is contraindicated during breast feeding the combination generic cannot be used.

**4.7 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.

**4.8 Undesirable effects**

- Dyspepsia
- Vertigo
- Pruritis
- Rash
- Nausea

- Diarrhea
- Gastrointestinal disturbance/Abdominal pain (or stomach pain)/Heartburn or
- Constipation
- Liver damage
- Swelling of your lips, tongue or face
- Dizziness

#### **4.9 Overdose**

Effect of Overdose Aceclofenac:

Give symptomatic and supportive treatment. Induce gastric lavage and administer charcoal in repeated doses. Treated with antacid if necessary.

Effect of Overdose Paracetamol:

Give supportive measures and symptomatic treatment. Drug can be removed from the body by gastric lavage or by inducing emesis. Absorption of the drug can be reduced by administration of activated charcoal. N- acetylcysteine is the specific antidote for Paracetamol poisoning. Dose: 150 mg/kg body weight as IV infusion over 15 minutes followed by same dose over 20 hours.

Maintenance dose: 75 mg/kg orally every 4- 6 hours for 2 – 3 days. Haemodialysis can be done in emergency conditions.

Effect of Overdose Chlorzoxazone:

Give symptomatic and supportive treatment. Induce emesis or gastric lavage. Administer activated charcoal to avoid further absorption of drug.

### **5. Pharmacological properties**

#### **5.1 Pharmacodynamic properties**

##### **ACECLOFENAC:**

Pharmacotherapeutic group: Non-steroidal anti-inflammatory drug (NSAID) and Analgesic Properties.

ATC code: M01A B16

The mode of action of Aceclofenac is largely based on the inhibition to prostaglandin synthesis. Aceclofenac is a potent inhibitor of the enzyme cyclooxygenase, which is

involved in the production of prostaglandins.

### **PARACETAMOL:**

Pharmacotherapeutic group: Analgesics and antipyretics, Anilides

ATC Code: N02 BE01

Paracetamol may act predominantly by inhibiting prostaglandin synthesis in the central nervous system and to a lesser extent, through a peripheral action by blocking pain-impulse generation. The peripheral action may also be due to inhibition of prostaglandin synthesis or to the synthesis or actions of other substances that sensitise pain receptors to mechanical to chemical stimulation. Antipyretics- Paracetamol probably produces antipyretic by acting centrally on the hypothalamic heat-regulation centre to produce peripheral vasodilation resulting in increased blood flow through the skin, swelling and heat loss. The central action probably involves inhibition of prostaglandin synthesis in the hypothalamus.

### **CHLORZOXAZONE:**

Pharmacotherapeutic group: Muscle relaxants, centrally acting agents.

ATC Code: M03BB03

Data available from animal experiments as well as human study indicate that Chlorzoxazone acts primarily at the level of the spinal cord and subcortical areas of the brain where it inhibits multisynaptic reflex arcs involved in producing and maintaining skeletal muscle spasm of varied etiology. The clinical result is a reduction of the skeletal muscle spasm with relief of pain and increased mobility of the involved muscles.

## **5.2 Pharmacokinetic properties**

### **ACECLOFENAC:**

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 approximate 25 L.

The mean plasma elimination half-life is around 4 hours. Aceclofenac is highly protein-bound (>99%). Aceclofenac circulates mainly as unchanged drug. 4- hydroxyaceclofenac is the main metabolites detected in plasma. Approximately two- thirds of the administered dose is excreted via the urine, mainly as hydroxyl metabolites.

No changes in the pharmacokinetics of Aceclofenac have been detected in the elderly.

### **PARACETAMOL:**

Paracetamol is rapidly absorbed from the gastrointestinal tract. The concentration in plasma reaches a peak in 30 to 2 hours after ingestion.

It is metabolised in the liver and excreted in the urine, mainly as the glucuronide and sulphate conjugates. Less than 5% is excreted as unchanged Paracetamol. The elimination half-life varies from about 1 to 4 hours. Plasma protein binding is negligible at usual therapeutic concentrations but increases with increasing concentrations.

A minor hydroxylated metabolite which is usually produced in very small amounts by mixed-function oxidases in the liver and which is usually detoxified by conjugation with liver glutathione may accumulate following paracetamol overdose and cause tissue damage.

### **CHLORZOXAZONE:**

Blood levels of Chlorzoxazone can be detected in people during the first 30 minutes and peak levels may be reached, In the majority of the subjects, in about 1 to 2 hours after oral administration of Chlorzoxazone. Chlorzoxazone is rapidly metabolized and is excreted in the urine, primary in a conjugated form as the glucuronide. Less than one percent of a dose of Chlorzoxazone is excreted unchanged in the urine in 24 hours.

## **5.3 Preclinical safety data**

No data available.

## **6. Pharmaceutical particulars**

### **6.1 List of excipients**

Dicalcium Phosphate, Starch, Microcrystalline cellulose, Gelatin, PVP K-30, Sodium starch Glycolate, Colloidal silicon dioxide, Magnesium Stearate, Talcum, Ready mix coat material & Titanium Dioxide.

### **6.2 Incompatibilities**

Not applicable

### **6.3 Shelf life**

36 Months

**6.4 Special precautions for storage**

Store in a cool & dry place. Protect from light.

**6.5 Nature and contents of container**

2 x10 Tablets packs in a unit carton.

**6.6 Special precautions for disposal and other handling**

No special requirements.

**7. Marketing authorisation holder****PHARMA ETHICS LIMITED**

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**Manufacturer:****INNOVA CAPTAB LIMITED**

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