1. Name of the Medicinal Product

1.1 Product Name:

ACECOR MR TABLETS (Paracetamol, Chlorzoxazone and Aceclofenac Tablets)

2. Quality and Quantitative Composition

Each film coated tablet contains,

Paracetamol BP: 325 mg

Chlorzoxazone USP: 250 mg

Aceclofenac BP: 100 mg

Excipients: q.s

Colour: Quinoline Yellow and Titanium Dioxide

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form

Tablet for oral use

4. Clinical Particulars

4.1 Therapeutic indications

ACECOR MR TABLETS is used in the management of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. NSAIDs are used for the relief of mild to moderate pain, minor febrile conditions and for acute and chronic inflammatory disorders such as osteoarthritis, rheumatoid arthritis, juvenile chronic arthritis and ankylosing spondylitis.

4.2 Posology and method of administration

2-3 tablets daily or as directed by the Physician

Recommended route of administration: Oral

4.3 Contraindications

ACECOR MR TABLETS is contraindicated in patients with known hypersensitivity to any of the ingredients of this drug. Aceclofenac is contraindicated in active, or history of recurrent peptic ulcer/haemorrhage (two or more distinct episodes of proven ulceration or bleeding). 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 nonsteroidal anti-inflammatory drugs.

ACECOR MR TABLETS is contraindicated in severe heart failure, hepatic failure and renal failure. History of gastrointestinal bleeding or perforation, related to previous NSAIDs therapy.

4.4 Special warnings and precautions for use

ACECOR MR TABLETS should be administered with caution and under close medical surveillance to patients suffering from gastrointestinal disease and to those with a history of peptic ulceration, cerebrovascular bleeding, ulcerative colitis, Cohn's disease, systematic lupus erythromatosus (SLE), porphyria, hematopoietic or coagulation disorders, concomitant use of alcohol, when engaging in tasks that require alertness.

4.5 Interaction with other medicinal products and other forms of interaction

ACECLOFENAC

No pharmacokinetic interaction studies have been performed except with warfarin.

CHLORZOXAZONE

The CNS effects may be enhanced by alcohol and other CNS depressants.

PARACETAMOL

Paracetamol is metabolized (eliminated by conversion to other chemicals) by the liver. Therefore drugs that increase the action of liver enzymes that metabolize Paracetamol (e.g. carbamazepine, isoniazide, rifampin) may decrease the action of Paracetamol. The potential for Paracetamol to harm the liver is increased when it is combined with alcohol or drug that also harm the liver.

The following combinations should be avoided:

NSAIDs inhibit the tubular secretion of methotrexate and a slight metabolic interaction may also occur, resulting in decreased clearance of methotrexate. Therefore, during treatment with high dose methotrexate prescription of NSAID drugs should always be avoided. Several NSAID drugs that inhibit the renal clearance of lithium, resulting in increased serum concentration of lithium. The combination should be avoided unless frequent monitoring of lithium levels can be performed. NSAID drugs inhibit the platelet aggregation and damage the mucous membrane in the gastrointestinal bleeding in patient, using anticoagulant drugs. The combination of Aceclofenac with oral anti coagulants of the coumarin group, ticlopidine, and heparin should be avoided unless careful monitoring is exercised.

4.6 Pregnancy and lactation

Aceclofenac should not be given during lactation unless considered essential by the physician. The safe use of Chlorzoxazone has not been established with respect to the possible adverse effects upon fetal development. Therefore it should be used in women of childbearing potential only when, in the judgment of the physician, the potential benefits outweigh the possible risks.
Paracetamol is used in all stages of pregnancy; Paracetamol is excreted in

breast milk in small quantities. However, Paracetamol used by the nursing mother appears to be safe.

The use of Acecor MR Tablets should therefore be avoided in pregnancy and lactation unless the potential benefits to the other outweigh the possible risks to the fetus.

4.7 Effects on ability to drive and use machines

None known

4.8 Undesirable effects

The majority of side effects are dyspepsia, abdominal pain, nausea, diarrhoea and dizziness.

Reporting of suspected adverse reactions

> Healthcare professionals are requested to report any suspected adverse reactions via the Pharmacy and Poisons Reporting System (PvERS) https://pv.pharmacyboardkenya.org"

4.9 Overdose

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

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.

5. Pharmacological Properties

5.1 Pharmacodynamic properties

ACECLOFENAC

Aceclofenac, a phenylacetic acid derivative, has anti inflammatory and analgesic properties. It is a potent inhibitor of cyclo-oxygenase which is involved in the production of prostaglandins.

CHLORZOXAZONE

Chlorzoxazone acts at the level of the spinal cord and subcortical areas of the brain where it inhibits multisynaptic areas involved in producing and

maintaining skeletal muscle spasm of varied etiology, thus relieving painful musculoskeletal conditions. It also has sedative property.

PARACETAMOL

Paracetamol is an organic compound that inhibits synthesis of prostagladins in the central nervous system, thus raising the body's pain threshold, and further impacts the temperature-regulating center of the brain, thus reducing fever.

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 approximately 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 metabolite detected in plasma. Approximately two-thirds of the administered dose is excreted via the urine, mainly as hydroxymetabolites. No changes in the pharmacokinetics of aceclofenac have been detected in the elderly.

CHLORZOXAZONE

Well absorbed following oral administration, with peak plasma concentrations usually attained within 1-2 hours. Onset is usually within 1 hour. Rapidly metabolized in the liver to 6-hydroxychlorzoxazone, an inactive metabolite. Excreted principally in urine as a conjugated glucuronide; <1% excreted as unchanged drug.

PARACETAMOL

Paracetamol is readily absorbed from the gastro-intestinal tract with peak plasma concentrations occurring about 30 minutes 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 overdosage and cause liver damage.

5.3 Preclinical safety data

Not applicable.

6. Pharmaceutical Particulars

6.1 List of excipients

Sr No.	Name of excipients	Specification
1	Sodium Starch Glycolate	BP
2	Colloidal Anhydrous Silica	BP
3	Sodium Methyl Paraben	BP
4	Sodium Propyl Paraben	BP
5	Maize Starch	BP
6	Purified Water	BP
7	Magnesium Stearate	BP
8	Hydroxy Propyl Methyl cellulose (15 CPS)	BP
9	Titanium Dioxide	BP
10	Purified Talc	BP
11	Sodium Lauryl Sulphate	BP
12	Quinoline Yellow	IH
13	Isopropyl Alcohol	BP
14	Dichloromethane	BP

6.2 Incompatibilities

None known

6.3 Shelf life

36 Months from date of manufacturing

6.4 Special precautions for storage

Store below 30°C in a dry place.

Keep medicines out of reach of children.

6.5 Nature and contents of container

10 tablets are packed in Alu-Alu blister. Such 3 blisters are packed in a carton along with pack insert.

6.6 Special precautions for disposal

None

7. Marketing Authorization Holder

Company name: Signature Healthcare Limited

Address: Cape Business Park, Along Thika Super Highway, P.O.Box 66172-00800, Nairobi.

Country: Kenya

Telephone: 00-254-020-2556185 / 2556225

Telefax: 00-254-020-2555811

E-Mail: info@signaturehealthcareltd.com

8. Marketing Authorization Numbers

H2022/CTD9679/20524

9. Date of first authorization/renewal of the authorization

2023

10. Date of revision of the text

2023