SUMMARY OF PRODUCT CHARACTERISTICS

1.0 Name of the medicinal product
ETOXYPAR TABLET

2.0 Qualitative and quantitative composition
Each Film coated tablet contains:
Etoricoxib……60 mg
Paracetamol BP ……325 mg
Excipients……Q.S.
Colour: Brilliant Blue, Tartrazine Yellow & Titanium Dioxide BP

For the full list of excipients see section 6.1

3.0 Pharmaceutical form
Light Green Colour Caplet shaped Film coated tablets having one side break line and other side plain.

4.0 Clinical particulars
4.1 Therapeutic indications
Etoxypar is indicated in:
ETORICOXIB+PARACETAMOL is used to relieve pain in osteoarthritis, rheumatoid arthritis, gouty arthritis and ankylosing spondylitis, tooth pain, headache, nerve pain, muscular pain, back pain, fever, cold and flu.

4.2 Posology and method of administration
Posology
As the cardiovascular risks of Etoricoxib may increase with dose and duration of exposure, the shortest duration possible and the lowest effective daily dose should be used. The patient's need for symptomatic relief and response to therapy should be re-evaluated periodically, especially in patients with osteoarthritis.

Osteoarthritis

The recommended dose is 30 mg once daily. In some patients with insufficient relief from symptoms, an increased dose of 60 mg once daily may increase efficacy. In the absence of an increase in therapeutic benefit, other therapeutic options should be considered.

Rheumatoid arthritis

The recommended dose is 60 mg once daily. In some patients with insufficient relief from symptoms, an increased dose of 90 mg once daily may increase efficacy. Once the patient is clinically stabilised, down-titration to a 60 mg once daily dose may be appropriate. In the absence of an increase in therapeutic benefit, other therapeutic options should be considered.

Ankylosing spondylitis

The recommended dose is 60 mg once daily. In some patients with insufficient relief from symptoms, an increased dose of 90 mg once daily may increase efficacy. Once the patient is clinically stabilised, down-titration to a 60 mg once daily dose may be appropriate. In the absence of an increase in therapeutic benefit, other therapeutic options should be considered.
Acute pain conditions

For acute pain conditions, Etoricoxib should be used only for the acute symptomatic period.

Acute gouty arthritis

The recommended dose is 120 mg once daily. In clinical trials for acute gouty arthritis, Etoricoxib was given for 8 days.

Postoperative dental surgery pain

The recommended dose is 90 mg once daily, limited to a maximum of 3 days. Some patients may require other postoperative analgesia in addition to Etoricoxib during the three day treatment period.
Doses greater than those recommended for each indication have either not demonstrated additional efficacy or have not been studied. Therefore:
The dose for OA should not exceed 60 mg daily.
The dose for RA and ankylosing spondylitis should not exceed 90 mg daily.
The dose for acute gout should not exceed 120 mg daily, limited to a maximum of 8 days treatment.
The dose for postoperative acute dental surgery pain should not exceed 90 mg daily, limited to a maximum of 3 days.

Special populations

Elderly patients

No dosage adjustment is necessary for elderly patients. As with other drugs, caution should be exercised in elderly patients. *Patients with hepatic impairment*
Regardless of indication, in patients with mild hepatic dysfunction (Child-Pugh score 5-6) a dose of 60 mg once daily should not be exceeded. In patients with moderate hepatic dysfunction (Child-Pugh score 7-9), regardless of indication, the dose of 30 mg once daily should not be exceeded.
Clinical experience is limited particularly in patients with moderate hepatic dysfunction and caution is advised. There is no clinical experience in patients with severe hepatic dysfunction
(Child-Pugh score ≥10) Therefore, its use is contraindicated in these patients (see sections 4.3, 4.4 and 5.2).

Patients with renal impairment

No dosage adjustment is necessary for patients with creatinine clearance ≥30 ml/min. The use of Etoricoxib in patients with creatinine clearance <30 ml/min is contraindicated (see sections 4.3 and 4.4).
Paediatric population
Etoricoxib is contraindicated in children and adolescents under 16 years of age.

Method of administration

Etoricoxib is administered orally and may be taken with or without food. The onset of the effect of the medicinal product may be faster when Etoricoxib is administered without food. This should be considered when rapid symptomatic relief is needed.

Paracetamol

Posology

Adults including the elderly and children over 16 years: One to two tablets every 4-6 hours as required, to a maximum of 8 tablets daily in divided doses.

Children 10-15 years: One tablet every 4-6 hours as necessary to a maximum of 4 doses in 24 hours.
Children under 10 years: Not recommended for children under 10 years of age. Alternative presentations of Paracetamol are recommended for paediatric usage in order to obtain suitable doses of less than 500mg. Method of Administration For oral administration.

4.3 Contraindications

Hypersensitivity to paracetamol & Etoricoxib or any of the other constituents.

4.4 Special warnings and precautions for use

Gastrointestinal effects

Upper gastrointestinal complications [perforations, ulcers or bleedings (PUBs)], some of them resulting in fatal outcome, have occurred in patients treated with Etoricoxib.
Caution is advised with treatment of patients most at risk of developing a gastrointestinal complication with NSAIDs; the elderly, patients using any other NSAID or acetylsalicylic acid concomitantly or patients with a prior history of gastrointestinal disease, such as ulceration and GI bleeding.
There is a further increase in the risk of gastrointestinal adverse effects (gastrointestinal ulceration or other gastrointestinal complications) when Etoricoxib is taken concomitantly with acetylsalicylic acid (even at low doses). A significant difference in GI safety between selective COX-2 inhibitors + acetylsalicylic acid vs. NSAIDs + acetylsalicylic acid has not been demonstrated in long-term clinical trials (see section 5.1).

Cardiovascular effects

Clinical trials suggest that the selective COX-2 inhibitor class of drugs may be associated with a risk of thrombotic events (especially myocardial infarction (MI) and stroke), relative to placebo and some NSAIDs. As the cardiovascular risks of etoricoxib may increase with dose and duration of exposure, the shortest duration possible and the lowest effective daily dose should be used. The patient's need for symptomatic relief and response to therapy should be re-evaluated periodically, especially in patients with osteoarthritis (see sections 4.2, 4.3, 4.8 and 5.1).
Patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus and smoking) should only be treated with etoricoxib after careful consideration (see section 5.1).
COX-2 selective inhibitors are not a substitute for acetylsalicylic acid for prophylaxis of cardiovascular thrombo-embolic diseases because of their lack of antiplatelet effect. Therefore antiplatelet therapies should not be discontinued (see sections above, 4.5 and 5.1.).

Renal effects

Renal prostaglandins may play a compensatory role in the maintenance of renal perfusion. Therefore, under conditions of compromised renal perfusion, administration of etoricoxib may cause a reduction in prostaglandin formation and, secondarily, in renal blood flow, and thereby impair renal function. Patients at greatest risk of this response are those with preexisting significantly impaired renal function, uncompensated heart failure, or cirrhosis. Monitoring of renal function in such patients should be considered.

Fluid retention, oedema and hypertension

As with other medicinal products known to inhibit prostaglandin synthesis, fluid retention, oedema and hypertension have been observed in patients taking Etoricoxib. All Nonsteroidal Anti-inflammatory Drugs (NSAIDs), including Etoricoxib, can be associated with new onset or recurrent congestive heart failure. For information regarding a dose related response for Etoricoxib see section 5.1. Caution should be exercised in patients with a history of cardiac failure, left ventricular dysfunction, or hypertension and in patients with pre-existing oedema from any other reason. If there is clinical evidence of deterioration in the condition of these patients, appropriate measures including discontinuation of Etoricoxib should be taken.
Etoricoxib may be associated with more frequent and severe hypertension than some other NSAIDs and selective COX-2 inhibitors, particularly at high doses. Therefore, hypertension should be controlled before treatment with Etoricoxib (see section 4.3) and special attention should be paid to blood pressure monitoring during treatment with etoricoxib. Blood pressure should be monitored within two weeks after initiation of treatment and periodically thereafter. If blood pressure rises significantly, alternative treatment should be considered.

Hepatic effects

Elevations of alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST) (approximately three or more times the upper limit of normal) have been reported in approximately 1% of patients in clinical trials treated for up to one year with Etoricoxib 30, 60 and 90 mg daily.
Any patients with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver function test has occurred, should be monitored. If signs of hepatic insufficiency occur, or if persistently abnormal liver function tests (three times the upper limit of normal) are detected, Etoricoxib should be discontinued.

General

If during treatment, patients deteriorate in any of the organ system functions described above, appropriate measures should be taken and discontinuation of etoricoxib therapy should be considered. Medically appropriate supervision should be maintained when using etoricoxib in the elderly and in patients with renal, hepatic, or cardiac dysfunction.
Caution should be used when initiating treatment with Etoricoxib in patients with dehydration. It is advisable to rehydrate patients prior to starting therapy with Etoricoxib.
Serious skin reactions, some of them fatal, including exfoliate dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis, have been reported very rarely in association with the use of NSAIDs and some selective COX-2 inhibitors during post marketing surveillance (see section 4.8). Patients appear to be at highest risk for these reactions early in the course of therapy with the onset of the reaction occurring in the majority of cases within the first month of treatment. Serious hypersensitivity reactions (such as anaphylaxis and angioedema) have been reported in patients receiving Etoricoxib (see section 4.8). Some selective COX-2 inhibitors have been associated with an increased risk of skin reactions in patients with a history of any drug allergy. Etoricoxib should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity. Etoricoxib may mask fever and other signs of inflammation.

Caution should be exercised when co-administering Etoricoxib with warfarin or other oral anticoagulants (see section 4.5).
The use of Etoricoxib, as with any medicinal product known to inhibit cyclooxygenase / prostaglandin synthesis, is not recommended in women attempting to conceive (see sections 4.6, 5.1, and 5.3).

4.5 Interaction with other medicinal products and other forms of interaction

The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. 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.

4.6 Pregnancy and lactation

Etoricoxib + Paracetamol Tablet may be unsafe to use during pregnancy. Although there are limited studies in humans, animal studies have shown harmful effects on the developing baby.

4.7 Effects on ability to drive and use machines

Etoricoxib + Paracetamol Tablet may decrease alertness, affect your vision or make you feel sleepy and dizzy. Do not drive if these symptoms occur.

4.8 Undesirable effects

Side effects of Etoricoxib and Paracetamol are most likely to be minor like:
- Constipation
- Swelling of your face, lips, tongue
- Nausea

Reporting of suspected adverse reactions:
Reporting suspected adverse reactions after authorisation of the medicinal product is important as it allows continued monitoring of the benefit–risk balance of the medicinal product. Healthcare professionals are requested to report any suspected adverse reactions to the marketing authorisation holder or, where applicable, via the national reporting system.

4.9 Overdose
Give symptomatic and supportive treatment. Induce gastric emesis and administer activated charcoal to reduce further adsorption of drugs.
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.

5. Shelf life
36 Months

6. Pharmaceutical particulars
6.1 List of excipients
Microcrystalline Cellulose

Starch
Povidone K 30
Magnesium Stearate
Purified Talc
Croscarmellose Sodium
Easy Coat FC Light Green
Isopropyl Alcohol
Methylene Di Chloride

6.2 Incompatibilities

None known

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store below 30°C. Protect from light and moisture.

6.5 Nature and contents of container

60 ml bottle affixed with coded label which has batch number, manufacturing date and expiry dates packed in unit box with an insert and 10 ml measuring cap.

6.6 Special precautions for disposal and other handling

Not applicable

7. MANUFACTURING AUTHORIZATION HOLDER AND MANUFACTURING SITE ADDRESS

Marketing Authorisation Holder:
Simba Pharmaceuticals Ltd

Manufacturer:
Aksharam Pharma Pvt Ltd

8. MARKETING AUTHORIZATION NUMBER

2022/CTD10405/22111

9. DATE OF FIRST AUTHORIZATION /RENEWAL OF THE AUTHORIZATION

04/08/2023

10. DATE OF REVISION OF TEXT

04/08/2023