SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the Medicinal Product:

Product Name: PARASPAZ TABLETS (Dicyclomine Hydrochloride and Paracetamol Tablets)

2.Qualitative and quantitative composition

Each uncoated tablet contains
Dicyclomine Hydrochloride USP : 20 mg
Paracetamol BP : 500 mg

For Excipients see section 6.1

3.Pharmaceutical Form:

Tablets for Oral Use

4. Clinical Particulars

4.1 Therapeutic indications:

Relief from spasmodic pain and discomfort due to biliary colic, intestinal colic, renal colic and spasmodic dysmenorrhea

4.2 Posology and method of administration :

1 tablet three times a day. This product is not to be used in children below 12 years of age

4.3 Contraindications

Dicyclomine Hydrochloride and Paracetamol Tablets should not be administered to patients who have previously demonstrated hypersensitivity to dicyclomine, paracetamol, any other component of this product. It is contraindicated in severe hepatocellular insufficiency. Known idiosyncrasy to dicyclomine hydrochloride.

4.4 Special warning and precautions for use:

Dicyclomine hydrochloride

Products containing dicyclomine hydrochloride should be used with caution in any patient with or suspected of having glaucoma or prostatic hypertrophy. Use with care in patients with hiatus hernia associated with reflux oesophagitis because anticholinergic drugs may aggravate the condition.
Paracetamol

Hepatotoxicity may occur with paracetamol even at therapeutic doses, after short treatment duration and in patients without pre-existing liver dysfunction.

Severe cutaneous adverse reactions (SCARs):

Life-threatening cutaneous reactions Stevens-Johnson syndrome (SJS), and Toxic epidermal necrolysis (TEN) have been reported with the use of Paracetamol. Patients should be advised of the signs and symptoms and monitored closely for skin reactions. If symptoms or signs of SJS and TEN (e.g. progressive skin rash often with blisters or mucosal lesions) occur, patients should stop immediately Dicyclomine Hydrochloride and Paracetamol Tablets treatment and seek medical advice.

To avoid the risk of overdose:

Check that paracetamol is absent from the composition of other medicinal products taken concomitantly.

PRECAUTIONS

Caution is advised in patients with underlying sensitivity to aspirin and/or to non-steroidal antiinflammatory drugs (NSAIDs).

Paracetamol should be used upon medical advice in patients with:

- Mild-to-moderate hepatocellular insufficiency
- Severe renal insufficiency
- Chronic alcohol use including recent cessation of alcohol intake
- Low glutathione reserves
- Glucose-6-phosphate-dehydrogenase deficiency
- Gilbert´s syndrome

4.5 Interaction with other medicinal products and other forms of Interactions

Dicyclomine hydrochloride : None

Paracetamol:

The risk of paracetamol toxicity may be increased in patients receiving other potentially hepatotoxic drugs or drugs that induce liver microsomal enzymes, such as certain antiepileptics (such as phenobarbital, phenytoin, carbamazepine, topiramate), rifampicin and alcohol. The induced metabolism results in an elevated production of the hepatotoxic oxidative metabolite of paracetamol. Hepatotoxicity will occur if this metabolite exceeds the normal glutathione binding capacity.

Paracetamol may increase the risk of bleeding in patients taking warfarin and other antivitamin K. Patients taking paracetamol and antivitamin K should be monitored for appropriate coagulation and bleeding complications.
Co-administration of flucloxacillin with paracetamol may lead to metabolic acidosis, particularly in patients presenting risk factors of glutathione depletion, such as sepsis, malnutrition or chronic alcoholism.
Chelating resin can decrease the intestinal absorption of paracetamol and potentially decrease its efficacy if taken simultaneously. In general, there must be an interval of more than 2 hours between taking the resin and taking paracetamol, if possible.
The absorption rate of paracetamol may be increased by metoclopramide or domperidone.

4.6 Pregnancy and lactation:

Dicyclomine Hydrochloride:

Epidemiological studies in pregnant women with products containing dicyclomine hydrochloride

(at doses up to 40mg/day) have not shown that dicyclomine hydrochloride increases the risk of fetal abnormalities if administered during the first trimester of pregnancy. Reproduction studies have been performed in rats and rabbits at doses of up to 100 times the maximum recommended dose (based on 60mg per day for an adult person) and have revealed no evidence of impaired fertility or harm to the foetus due to dicyclomine hydrochloride. Dicyclomine hydrochloride should be used during pregnancy only if the benefit outweighs the risk.

Paracetamol:

A large amount of data on pregnant women indicates neither malformative, nor feto/neonatal toxicity. Paracetamol can be used during pregnancy if clinically needed however it should be used at the lowest effective dose for the shortest possible time and at the lowest possible frequency.

LACTATION

Paracetamol is excreted in breast milk but not in a clinically significant amount. It is not known whether Dicyclomine hydrochloride is excreted in human milk. Caution should be exercised when Dicyclomine Hydrochloride and Paracetamol Tablets is administered during breastfeeding.

4.7 Effects on ability to drive and use Machines:

Paracetamol has no influence on the ability to drive and use machines.

4.8 Undesirable effects:

Dicyclomine:

- *Metabolism and nutrition disorders:*

Not known: thirst

- *Nervous system disorders:*

Not known: dizziness, headache, sedation

- *Eye disorders:*

Not known: blurred vision

- *Gastrointestinal disorders:*

Not known: constipation, dry mouth, nausea, vomiting

- *Skin and subcutaneous tissue disorders:*

Not known: rash

- *Renal and urinary disorders:*

Not known: dysuria

- *General disorders and administration site conditions:* Not known: fatigue, anorexia

Paracetamol:

- *Blood and lymphatic system disorders:*

Very rare**:** thrombocytopenia, neutropenia, leucopenia

Not known: agranulocytosis, hemolytic anemia in particular in patients with underlying glucose

6-phosphate-deshydrogenase deficiency

- *Immune system disorders:*

Not known: Hypersensitivity such as anaphylactic shock, angioedema

- *Respiratory, thoracic and mediastinal disorders:*

Not known: bronchospasm

- *Skin and subcutaneous disorders:*

Very rare: erythema, urticaria, rash

Not known: Toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), acute generalized exanthematous pustulosis, fixed drug eruption.

- *Hepatobiliary disorders:*

Not known: cytolytic hepatitis, which may lead to acute hepatic failure

Reporting of suspected adverse reactions:

Reporting suspected adverse reactions after authorization of the medicinal product is important. 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 Pharmacy and Poisons Board (PPB) through the Pharmacovigilance Electronic Reporting System (PvERS) at https://pv.pharmacyboardkenya.org/ or by using the approved PPB ADR reporting forms.

4.9 OVERDOSAGE

Paracetamol:

Elderly persons, small children, patients with liver disorders, chronic alcohol consumption or chronic malnutrition, as well as patients concomitantly treated with enzyme-inducing drugs are at an increased risk of intoxication, including fatal outcome.

Signs and Symptoms

Dicyclomine
Symptoms of Dicyclomine hydrochloride overdosage are headache, dizziness, nausea, dry mouth, difficulty in swallowing, dilated pupils and hot dry skin.

Paracetamol
Nausea, vomiting, anorexia, pallor, abdominal pain, generally appear during the first 24 hours of overdosage with paracetamol. Overdosage with paracetamol may cause hepatic cytolysis which can lead to hepatocellular insufficiency, gastrointestinal bleeding, metabolic acidosis, encephalopathy, disseminated intravascular coagulation, coma and death. Increased levels of hepatic transaminases, lactate dehydrogenase and bilirubin with a reduction in prothrombin level can appear 12 to 48 hours after acute overdosage. It can also lead to pancreatitis, acute renal failure and pancytopenia.

MANAGEMENT

Dicyclomine Hydrochloride:

Treatment may include emetics, gastric lavage and symptomatic therapy if indicated.

Paracetamol:

Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention.
Treatment involves gastric aspiration and lavage, preferably within 4 hours of ingestion.

Determinations of the plasma concentration of paracetamol are recommended.

Plasma concentration of paracetamol should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable).
Where paracetamol intoxication is suspected, intravenous administration of SH group donators such as N-acetylcysteine within the first 10 hours after ingestion is indicated. Although N-acetylcysteine is most effective if initiated within this period, it can still offer some degree of protection if given as late as 48 hours after ingestion; in this case, it is taken for longer.
Further measures will depend on the severity, nature and course of clinical symptoms of paracetamol intoxication and should follow standard intensive care protocols.

5. Pharmacological Properties :

5.1Pharmacodynamic Properties :

Dicyclomine (or Dicycloverine) is an anticholinergic drug that reduces muscle spasms in the gastrointestinal tract through a process of nonselective smooth muscle relaxation. An anticholinergic agent is basically a substance which blocks the neurotransmitter acetylcholine in both central and peripheral nervous systems. It inhibits the parasympathetic nerve impulses by selectively blocking the binding of the neurotransmitter acetylcholine to its receptor in nerve cells.

Paracetamol (or Acetaminophen) primarily acts as an analgesic and an antipyretic agent. It also possesses anti-inflammatory properties. It produces its analgesic effects by increasing the pain threshold and antipyresis by acting on the hypothalamic heat-regulating center.

5.2 Pharmacokinetic Properties

Dicyclomine (or Dicycloverine) :

Absorption and Distribution:

In man, dicyclomine is rapidly absorbed after oral administration, reaching peak values within 60-90 minutes. Mean volume of

distribution for a 20 mg oral dose is approximately 3.65 L/kg suggesting extensive distribution in tissues.

Elimination

The metabolism of dicyclomine was not studied. The principal route of excretion is via the urine (79.5% of the dose). Excretion also occurs in the feces, but to a lesser extent (8.4%). Mean half-life of plasma elimination in one study was determined to be approximately 1.8 hours when plasma concentrations were measured for 9 hours after a single dose. In subsequent studies, plasma concentrations were followed for up to 24 hours after a single dose, showing a secondary phase of elimination with a somewhat longer half-life.

Paracetamol:

Absorption :

Paracetamol is readily absorbed from the gastrointestinal tract.

Distribution :
Peak plasma concentrations occur about 10 to 60 minutes after oral doses. Paracetamol is distributed into most body tissues. It crosses the placenta and is present in breast milk. Plasma-protein binding is negligible at usual therapeutic concentrations but increases with increasing concentrations.
Biotransformation :
It is metabolised in the liver. 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 tissue damage.
Elimination :

It is excreted in the urine, mainly as the glucuronide and sulfate conjugates. The elimination half-life varies from about 1 to 4 hours.

5.3 Preclinical safety Data:

Dicyclomine (or Dicycloverine) :

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies have not been conducted to evaluate the carcinogenic potential of dicyclomine. In studies in rats at doses of up to 100 mg/kg/day, dicyclomine produced no deleterious effects on breeding, conception, or parturition.

Paracetamol :

Conventional studies using the currently accepted standards for the evaluation of toxicity to reproduction and development are not available.

6. Pharmaceutical Particulars :

6.1 List of excipients:

Microcrystalline Cellulose BP

Hydrophobic Colloidal Anhydrous Silica BP

Sodium Methyl Hydroxybenzoate BP

Sodium Propyl Hydroxybenzoate BP

Povidone K-30 BP

Maize Starch BP

Purified water BP

Magnesium Stearate BP

Sodium Starch Glycolate BP

Purified Talc BP

Sodium Lauryl Sulfate BP

6.2 Incompatibilities:

Not known

6.3 Shelf life:

36 Months

6.4 Special precautions for storage:

Store below 30^{o}C in dry place. Protect from light.

Keep medicine out of reach of children.

6.5 Nature and contents of container:

10 tablets are packed in Alu-Alu Blister. Such 3 Blisters to be packed in a carton along with pack insert.

6.6 Special Precaution for Disposal and other handling :

None

7. Marketing Authorization Holder:

#3B, Patanwala Compound, Opp. Shreyas Cinema, L.B.S. Marg, Ghatkopar (West),

Mumbai – 400 086, INDIA

Manufacturing site address

CORAL LABORATORIES LIMITED

Plot No.27/28, Pharmacity, Selaqui, Dehradun,
Uttarakhand, INDIA Email: exports@corallab.com

8. Marketing Authorization Numbers-

H2025/CTD9680/20659

9. Date of first authorization/renewal of the authorization

2025 May 01

10. Date of revision of the text-

2025 May 01