1. **Name of the medicinal product**
   SUMO PREG ® 75/60
   Pregabalin (As Sustained Release) 75 mg & Etoricoxib 60 mg Bilayered Tablets
2. **Qualitative and quantitative composition**
   Each uncoated Bilayered tablet contains:
   Pregabalin USP .....75 mg
   (As sustained Release)
   Etoricoxib ... ...60 mg
   For the full list of excipients, see section 6.1.
3. **Pharmaceutical form**
   Film coated Bilayered Tablets
   Yellow color on one side and white color on other side, round shaped, slightly biconvex, plain on both sides uncoated Bilayered tablet.

4. Clinical particulars

4.1 Therapeutic indications

Etoricoxib+Pregabalin is a combination medicine used to treat neuropathic pain associated with spinal cord injury or diabetic peripheral neuropathy. Also, it is used to treat fibromyalgia (widespread muscle pain and tenderness) and post-herpetic neuralgia (lasting pain in the areas of skin where you have shingles). Neuropathic pain is a chronic progressive nerve disease that causes nerve pain due to nerve damage or malfunctioning of the nervous system. A feeling of numbness and loss of sensation is also common with neuropathic pain.

4.2 Posology and method of administration

Once daily as directed by the Physician.
Method of Administration:
Take this medicine as prescribed by your doctor. Swallow it as a whole with a glass of water. Do not crush, chew or break it.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipient.

4.4 Special warnings and precautions for use

If you are allergic to Etoricoxib, Pregabalin or any of its contents, please tell your doctor. If you are pregnant or breastfeeding, inform your doctor before taking Etoricoxib+Pregabalin. Avoid driving or operating machinery if you feel dizzy or have blurred vision after taking Etoricoxib+Pregabalin. Avoid alcohol consumption with Etoricoxib+Pregabalin as it may increase the risk of liver damage. If you have blurred vision or notice any changes in vision while taking

Etoricoxib+Pregabalin, consult your doctor immediately. If you are receiving long-term therapy, your doctor may recommend regular blood tests to monitor your liver functioning.

4.5 Interaction with other medicinal products and other forms of interaction

Drug-Drug Interactions: Inform your doctor about all the medicines you are taking or have taken recently, including prescription, and non-prescription medicines, vitamins or herbal supplements.

Drug-Food Interactions: No interactions found.

Drug-Disease Interactions: If you have congestive heart failure, serious liver diseases, increased blood pressure, kidney or inflammatory bowel diseases, gastrointestinal bleeding, and inflammatory bowel diseases, inform your doctor before taking Etoricoxib+Pregabalin.

4.6 Fertility, pregnancy and lactation

Pregnancy

Limited data available on the effect of Etoricoxib+Pregabalin in pregnancy. Hence, if you are pregnant or planning pregnancy, inform your doctor before taking Etoricoxib+Pregabalin.

Your doctor may give this medicine if the benefits outweigh the risks.

Lactation

Limited data available on the effect of Etoricoxib+Pregabalin on breastfeeding. Hence, if you are a nursing mother, inform your doctor before taking Etoricoxib+Pregabalin. Your doctor may give this medicine if the benefits outweigh the risks.

4.7 Effects on ability to drive and use machines

Etoricoxib+Pregabalin may cause blurred vision in some people. Therefore, avoid driving until your vision is clear. However, if you notice any changes in vision while taking Etoricoxib+Pregabalin, please consult a doctor immediately.

4.8 Undesirable effects

Mirabegron

The following adverse reactions are discussed in more detail in other sections of the labeling.

- Hypertension (see Warnings and Precautions).
- Urinary retention (see Warnings and Precautions).
- Angioedema (see Warnings and Precautions)

Reporting of suspected adverse reactions

Healthcare professionals are requested to report any suspected adverse

reactions via national Pharmacovigilance Electronic Reporting Systems to the respective national regulatory authorities.

4.9 Overdose

In clinical studies, administration of single doses of etoricoxib up to 500 mg and multiple doses up to 150 mg/day for 21 days did not result in significant toxicity. There have been reports of acute overdosage with etoricoxib, although adverse experiences were not reported in the majority of cases. The most frequently observed adverse experiences were consistent with the safety profile for etoricoxib (e.g. gastrointestinal events, cardiorenal events).
If you take too much pregabalin (more than the prescribed amount), call your local Poison Control Center or seek emergency medical attention right away.

5. Pharmacological properties

5.1 Pharmacodynamics' properties

Pharmacotherapeutic group: Anti-inflammatory and Antirheumatic Products, Non-Steroids)
ATC Code: N03AX16(Pregabalin), M01AH05(Etoricoxib)
Mechanism of action:
Pregabalin:
By binding presynaptically to the alpha2-delta subunit of voltage-gated calcium channels in the central nervous system, pregabalin modulates the release of several excitatory neurotransmitters including glutamate, substance-P, norepinephrine, and calcitonin gene related peptide. In addition, pregabalin prevents the alpha2-delta subunit from being trafficked from the dorsal root ganglia to the spinal dorsal horn, which may also contribute to the mechanism of action.
Although pregabalin is a structural derivative of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA), it does not bind directly to GABA or benzodiazepine receptors.

Etoricoxib:
Etoricoxib is a member of a new class of agents called Coxibs. Etoricoxib is a potent, orally active cyclooxygenase-2 (COX-2) specific inhibitor within, and significantly above, the clinical dose range. Two isoforms of cyclooxygenase have been identified: cyclooxygenase-1 (COX-1) and cyclooxygenase-2 (COX-2). COX-1 is responsible for prostaglandin-mediated normal physiologic functions such as gastric cytoprotection and platelet aggregation. Inhibition of COX-1 by nonselective NSAIDs has been associated with gastric damage and inhibition of platelet aggregation. COX-2 has been shown to be primarily responsible for the synthesis of prostanoid mediators of pain, inflammation, and fever. Selective inhibition of COX-2 by etoricoxib (within the clinical dose range) decreases these clinical signs and symptoms with decreased potential for GI toxicity and effects on platelet aggregation

Pharmacokinetic properties: -
Pregabalin:

Absorption: After oral dosing administered in the fasted state, pregabalin absorption is rapid, and extensive. Pregabalin oral bioavailability is reported to be ≥90% regardless of the dose. Cmax is attained within 1.5 hours after single or multiple doses, and steady state is attained within 24-48 hours with repeated administration. Both Cmax and AUC appear to be dose proportional. Food decreases the rate of pregabalin absorption and as a result, lowers the Cmax by an estimated 25-30% and increases the Tmax to approximately 3 hours. However, the effect of food does not appear to impact the total absorption of pregabalin in a way that is clinically relevant. As a result, pregabalin can be administered with or without food.

Distribution: After oral administration of pregabalin, the reported apparent volume of distribution is roughly 0.5 L/kg. Although pregabalin is not very lipophilic, it is able to cross the blood brain barrier (BBB). System L transporters facilitate the transport of large amino acids across the BBB and it has been confirmed that pregabalin is a substrate. This information suggests that system L transporters are responsible for pregabalin uptake into the BBB. In rat models, pregabalin has been shown to cross the placenta.

Biotransformation: Less than 2% of pregabalin is metabolized and it is excreted virtually unchanged in the urine.

Elimination: In young healthy subjects the mean renal clearance is estimated to be 67.0 to 80.9 mL mL/min. Given pregabalin's lack of plasma protein binding, this clearance rate suggests that renal tubular reabsorption is involved.

Etoricoxib:

Absorption: Approximately 100%. Following 120 mg once-daily dosing to steady state, the peak plasma concentration (geometric mean Cmax= 3.6mcg/mL) was observed at approximately 1hour (Tmax) after administration to fasted adults. The geometric mean AUC0-24hr was 37.8 mcg•hr/mL. The pharmacokinetics of etoricoxib are linear across the clinical dose range. A standard meal had no clinically meaningful effect on the extent or rate of absorption of a dose of etoricoxib 120 mg. In clinical trials, etoricoxib was administered without regard to food. The pharmacokinetics of etoricoxib in 12 healthy subjects were similar (comparable AUC, Cmax within approximately 20%) when administered alone, with a magnesium/aluminium hydroxide antacid, or a calcium carbonate antacid (approximately 50 mEq acid-neutralising capacity).

Distribution: Etoricoxib is approximately 92% bound to human plasma protein over the range of concentrations of 0.05 to 5 mcg/mL. The volume of distribution at steady state (Vdss) is approximately 120 L in humans. Etoricoxib crosses the placenta in rats and rabbits, and the blood-brain barrier in rats.

Metabolism: Etoricoxib is extensively metabolised with <1% of a dose recovered in urine as the parent drug. Five metabolites have been identified in humans. Metabolism *in vitro* involves conversion primarily to the 6'-hydroxymethyl derivative, mainly (*ca.* 60%) by CYP3A4, with less contribution by CYPs 1A2, 2C9, 2C19 and 2D6 (*ca.* 40% collectively). The 6'-hydroxymethyl derivative is further metabolised by oxidation to the principal metabolite, the 6'-carboxylic acid derivative of etoricoxib. These principal metabolites either demonstrate no measurable activity or are only weakly active as COX-2 inhibitors.

Excretion : Following administration of a single 25 mg radiolabelled intravenous dose of etoricoxib to healthy subjects, 70% of radioactivity was recovered in urine and 20% in faeces, mostly as metabolites. Less than 2% was recovered as unchanged drug.

Elimination of etoricoxib occurs almost exclusively through metabolism followed by renal excretion.

Steady state concentrations of etoricoxib are reached within seven days of once-daily administration of 120 mg, with an accumulation ratio of approximately 2, corresponding to an accumulation half-life of approximately 22 hours. The plasma clearance is estimated to be approximately 50 mL/min.

5.3 Preclinical safety data:

There are no preclinical studies observed form studies

6.0 Pharmaceutical particulars

6.1 List of Excipients

Layer-1

Hydrocel CW-4000 HIS

Corn Starch USP

Dibasic Calcium Phosphate Dihydrate USP

Lactose Monohydrate USP

Povidone (K-30) USP

Titanium dioxide USP

Isopropyl Alcohol $ USP

Magnesium Stearate USP

Corn Starch USP

Microcrystalline Cellulose Powder USP

Layer- 2

Sodium Starch Glycolate USP

Povidone (K-30) USP

Ferric Oxide Yellow USPNF

Isopropyl Alcohol $ USP

Magnesium Stearate USP

Talc USP

Colloidal Silicon Dioxide USP
Croscarmellose Sodium USP

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 Months (2years)

6.4 Storage condition

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

6.5 Nature and contents of container

10x1x10 Alu-Alu blister packed in a carton with product leaflet.

6.6 Special precautions for disposal and other handling

Not Applicable

7. Marketing authorisation holder

Javia International Limited

Manufacturing site

Village Maissa Tibba, Tehsil Nalagarh,
District Solan, Himachal Pradesh (INDIA)-174101

8. Marketing authorisation number(s)

H2025/CTD11857/25166

9. Date of first authorisation/renewal of the authorisation

2025 May 01

10. Date of revision of the text

2025 May 01