SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of medicinal product

Diclomol Plus
(Diclofenac Sodium and Paracetamol Tablets)

2. Qualitative and Quantitative composition

Ingredients	Pharmacopoeial Standard	Quantity (mg / tablet)	Function
ACTIVE INGREDIENT			
Diclofenac Sodium	BP	50.00	Anti-inflammatory & Analgesic
Paracetamol	BP	500.00	Analgesic & Antipyretic
INACTIVE INGREDIENTS			
Colloidal Anhydrous Silica (Aerosil-200)	BP	8.59	Disintegrant
Methacrylic Acid Copolymer Type C (Eudragit L-100-55)	USP-NF	3.00	Acid resistant polymer
Gelatin	USP-NF	8.00	Binder
Magnesium Stearate	BP	9.70	Glidant & Lubricant
Microcrystalline Cellulose	BP	30.00	Diluent
Polyethylene glycol-400	USP-NF	0.20	Plasticizer
Potassium Sorbate	BP	0.60	Antioxidant
Povidone (Kollidon-30)	BP	0.75	Binder
Pregelatinised Starch (Soluble Starch)	USP-NF	12.66	Disintegrant
Sodium Hydroxide	BP	0.04	pH adjustment
Sodium Metabisulphite	BP	0.40	Antioxidant/ Preservative
Sodium Starch Glycolate	BP	7.00	Disintegrant
Sodium Lauryl Sulphate (Sipon-WD)	BP	1.06	Wetting agent
Starch	BP	5.00	Diluent & Disintegrant
Titanium Dioxide	BP	5.00	Opacifier

3. Pharmaceutical form

Oral Tablets
Description: White, round, flat, scored, plain tablets

4. Clinical particulars

4.1 Therapeutic indications

Due to its anti-inflammatory and analgesic effects, DICLOMOL PLUS is indicated form treatment of:-

- Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, cervical spondylosis, intervertebral disc syndrome and sciatica.
- Non-articular rheumatic conditions such as fibrositis, myositis, bursitis, low back pain, etc.
- Soft tissue injuries such as sprains, strains and sports injuries.
- Painful inflammatory conditions in gynaecology.
- Post-operative and post-traumatic inflammation and swelling
- Pain and inflammation following dental surgery.
- Acute attacks of gout.

4.2 Posology and method of administration

The initial daily dosage for adults is one tablet two or three times a day. The drug should be taken with or after meals. For long-term therapy, one tablet two times a day is sufficient.

4.3 Contraindications

- Hypersensitivity to diclofenac sodium or paracetamol.
- Peptic ulcer
- In asthmatic patients in whom attacks of asthma, urticaria or acute rhinitis are precipitated by acetyl salicylic acid or by other drugs with prostaglandin synthetase inhibiting activity.

4.4 Precautions

DICLOMOL PLUS contains diclofenac sodium and paracetamol. The precautions applicable to these two drugs also apply to the combination product as follows:

- Close medial surveillance is required in patients with symptoms indicative of gastro-intestinal disease, a history of dyspepsia, Crohn's disease, ulcerative colitis, those with severe cardiac, hepatic or renal disease.
- Caution should be exercised in elderly patients, who are generally more likely to experience side effects.
- In patients receiving long-term treatment, it is advisable to check blood counts at intervals and monitor hepatic and renal function.
- When given along with oral anticoagulants or oral antidiabetics, as a precaution, the dosage of these drugs should be carefully adjusted in accordance with prothrombin time and blood glucose levels respectively.

4.5 Interaction with other medicinal products and other forms of interactions:

DICLOFENAC - DRUG INTERACTIONS			
Precipitant drug	**Object drug ***		**Description**
Diclofenac	Anti-coagulants	↑	Co-administration may prolong prothrombin time (PT). Also consider the effects; diclofenac has on platelet function and gastric mucosa. Monitor PT and patients
Diclofenac	Cyclosporine	↓	Nephrotoxicity of both agents may be increased.
Diclofenac	Hydantoin	↑	Serum Phenytoin levels may be increased, resulting in an increase in pharmacologic and toxic effects of Phenytoin.
Diclofenac	Loop diuretics	↓	Effects of loop diuretics may be decreased.
Diclofenac	Methotrexate	↑	The risks of methotrexate toxicity (e.g. stomatitis, bone marrow suppression, and nephrotoxicity) may be increased.
Cimetidine	Diclofenac	↔	NSAID plasma concentrations may be increased or decreased by cimetidine; some studies report no effect.
Probenecid	Diclofenac	↑	Probenecid may increase the concentrations and possibly the toxicity of the NSAID.
Salicylates	Diclofenac	↓	Plasma concentrations of Diclofenac may be decreased by salicylates. Avoid concurrent administration as it offers no therapeutic advantage and may significantly increase the incidence of GI effects.

***Key:**

↑ = Object drug increased
↓ = Object drug decreased
↔ = Undetermined effect

ACETAMINOPHEN DRUG INTERACTION			
Precipitant Drug	**Object Drug***		**Description**
Alcohol, ethyl	APAP	↑	Hepatotoxicity has occurred in chronic alcoholics following various dose levels (moderate to excessive) of acetaminophen.
Anticholinergics	APAP	↓	The onset of acetaminophen effect may be delayed or decreased slightly, but the ultimate pharmacological effect is not significantly affected by anticholinergics.
Beta blockers, propranolol	APAP	↑	Propranolol appears to inhibit the enzyme systems responsible for the glucuronidation and oxidation of acetaminophen. Therefore, the pharmacological effects of acetaminophen may be increased.
Charcoal, activated	APAP	↓	Reduces acetaminophen absorption when administered as soon as possible after overdose.
Contraceptives	APAP	↓	Increase in glucuronidation resulting in increased plasma clearance and a decreased half-life of acetaminophen.
Probenecid	APAP	↑	Probenecid may increase the therapeutic effectiveness of acetaminophen slightly.
APAP	Lamotrigine	↓	Serum lamotrigine concentrations may be reduced producing a decrease in therapeutic effects.
APAP	Loop diuretics	↓	The effects of the loop diuretics may be decreased because APAP may decrease renal prostaglandin excretion and decrease plasma renin activity.
APAP	Zidovudine	↓	The pharmacologic effects of Zidovudine may be decreased because of enhanced non-hepatic or renal clearance of Zidovudine.

* ↑ = Object drug increased. ↓ = Object drug decreased.

Drug/Lab test interactions: Acetaminophen may interfere with home blood glucose measurement systems; decreases of >20% in mean glucose values may be noted. This effect appears to be drug, concentration and system dependent.

4.6 Pregnancy and lactation

The use of DICLOMOL PLUS during pregnancy should, if possible, be avoided. Diclofenac sodium in oral doses of 150 mg daily passes into the breast milk, but in quantities so small that no undesirable effects on the infant are to be expected.

4.7 Effects on ability to drive and use machines

It is advisable not to drive or operate machinery if visual disturbances, headaches, dizziness, or drowsiness occur whilst taking Diclomol Plus.

4.8 Undesirable effects

At recommended doses DICLOMOL PLUS is generally well tolerated. At the start of treatment, however, patients may sometimes complain of epigastric pain, nausea, diarrhea, dizziness or headache. These unwanted effects are usually of a mild nature. Peripheral oedema and skin reactions such as drug rash, urticaria and eczema, have also been observed.

The following side effects have seldom been reported with DICLOMOL PLUS although they have been observed rarely: central nervous system side effects, such as tiredness, insomnia and irritability have occurred in rare instances. There have been a few reports of gastro-intestinal ulceration or haemorrhage, hypersensitivity reactions (e.g., bronchospasm, anaphylactoid reactions), elevated transaminase levels, hepatitis, renal failure, and nephritic syndrome: isolated cases of leucopenia and thrombocytopenia have also been observed.

4.9 Overdose & Its Treatment

Diclofenac Sodium

Symptoms may include Drowsiness; dizziness; mental confusion; disorientation; lethargy; paraesthesia; numbness; vomiting; gastric irritation; nausea; abdominal pain; intense headache; tinnitus; sweating; convulsions; blurred vision; elevations in serum creatinine; and BUN; acute renal failure.

Patients should be managed by symptomatic and supportive care following a NSAID overdose. There are no specific antidotes. Emesis and/or activated charcoal (60 to 100 g in adults, 1 to 2 g/kg in children) and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose (5 to 10 times the usual dose). Forced diuresis, alkalinization of urine, hemodialysis, or hemoperfusion may not be useful due to high protein binding.

Paracetamol

Immediate treatment is essential in the management of paracetamol overdose. Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention and any patient who had ingested around 7.5 g or more of paracetamol in the preceding 4 hours should undergo gastric lavage.

Administration of oral methionine or intravenous N-acetylcysteine which may have beneficial effect up to at least 48 hours after overdose may be required. General supportive measures must be available

5.0 Pharmacological properties

5.1 Pharmacodynamic properties

Diclofenac Sodium: It is a non-steroidal compound which has been demonstrated to inhibit prostaglandin biosynthesis, thus exerting a pronounced anti-inflammatory, analgesic and antipyretic action.

Paracetamol: The analgesic and antipyretic actions of paracetamol are similar to those of the salicylates. Analgesia is mediated peripherally and also centrally whereas antipyresis is produced by a central action on the hypothalamic regulatory centre.

5.2 Pharmacokinetic properties

Diclofenac Sodium: Diclofenac sodium is well absorbed after oral administration, and peak concentrations are usually attained after 1-4 hours. Absorption occurs more rapidly when ingested on an empty stomach than when administered after a meal. Plasma concentrations show a linear relationship to the size of the dose administered; however, concentrations are maintained at higher levels in the synovial fluid than in plasma.

A large proportion of diclofenac sodium is metabolized in the liver and about 30% of the ingested dose undergoes first pass metabolism. Approximately 60% of the dose is excreted through the kidney and the remainder in the faeces, in the form of metabolites. Less than 1% is excreted via the kidneys in an unchanged form.

The plasma half-life to the terminal elimination phase is about 1-2 hours. More than 99% is protein bound.

Paracetamol: Paracetamol is rapidly and almost completely absorbed from the gastro-intestinal tract. The complete ingested dose is extensively metabolized in the liver and excreted in the urine as inactive metabolites.

Both paracetamol and diclofenac sodium in DICLOMOL PLUS tablet are well absorbed from the G.I. tract. However, paracetamol achieves peak plasma concentration much faster than diclofenac sodium, as the latter enteric coated. This ensures rapid action and at the same time minimizes the chances of gastric irritation.

5.3 Preclinical Safety Data

Diclofenac sodium

The active ingredient of this product is a well-known constituent of medicinal products, and its safety profile is well documented.

Paracetamol

The active ingredient of this product is a well-known constituent of medicinal products, and its safety profile is well documented.

6.0 Pharmaceutical particulars

6.1 List of Excipients

S. No.	Name of the Excipients
1.	Colloidal Anhydrous Silica (Aerosil-200)
2.	Methacrylic Acid Copolymer Type C (Eudragit L-100-55)
3.	Gelatin
4.	Magnesium Stearate
5.	Microcrystalline Cellulose
6.	Polyethylene Glycol-400
7.	Potassium Sorbate
8.	Povidone (Kollidon-30)
9.	Pregelatinised Starch (Soluble Starch)
10.	Sodium Hydroxide
11.	Sodium Metabisulphite
12.	Sodium Starch Glycolate
13.	Sodium Lauryl Sulphate (Sipon-WD)
14.	Starch
15.	Titanium Dioxide

6.2 Incompatibilities
Not Applicable

6.3 Shelf life
3 years (36 months**)**

6.4 Special precautions for storage
Store protected from light and moisture at a temperature not exceeding 30 ^{0} C.

6.5 Nature and content of container
Primary Packaging
Diclomol plus Tablets are packed in blisters of printed Aluminium foil (thickness 0.025 mm) backed with clear PVC rigid film (thickness 0.30 mm).

Pack Size
Box of 100 Tablets (10x10’s blister strips)

6.6 Instructions for use/handling
Keep out of reach of children,
The tablets should be swallowed whole and not chewed.

7. Name and address of marketing authorization holder
Win-Medicare Private Limited
1311, Modi Tower, 98,
Nehru Place,
New Delhi – 110019,
India.

8. Marketing authorization number
Fresh Registration

9. Date of first authorization/renewal of the authorization
Fresh Registration

10. Date of (partial) revision of the text
April 2022