PANACID SUSPENSION 125 MG/5ML

DESCRIPTION:

Orange coloured suspension with fruity flavour.

COMPOSITION:

Each 5 ml contains
Mefenamic Acid 125 mg

PHARMACODYNAMICS:

Mefenamic acid is a non-steroidal analgesic, anti-inflammatory and antipyretic agent. It inhibits the activity of the enzyme cyclo-oxygenase, resulting in decreased formation of precursors of prostaglandins and thromboxanes from arachidonic acid. It also inhibits completely the actions of prostaglandins.

The resultant decrease in prostaglandin synthesis and activity in various tissues is responsible for many of the therapeutic and adverse effects of mefenamic acid. Its antidysmenorrheal action is due to the inhibition in the synthesis and activity of intrauterine prostaglandins. It decreases uterine contractility & uterine pressure, increases uterine perfusion, and relieves ischemic as well as spasmodic pain.

PHARMACOKINETICS:

Mefenamic acid is absorbed from the gastrointestinal tract after oral administration. Following a single 1-gram oral dose, mean peak plasma levels ranging from 10 – 20 µg/mL occurred in 2 to 4 hours. Following multiple doses, plasma levels are proportional to dose with no evidence of drug accumulation.

Mefenamic acid is extensively bound to plasma proteins. Biotransformation is hepatic. The half-life is reported to be 2 to 4 hours.

Approximately fifty-two percent of the total dose is excreted in the urine primarily as glucuronides of mefenamic acid (6%), 3-hydroxymefenamic acid (25%) and 3-carboxymefenamic acid (21%). The fecal route of elimination accounts for up to 20% of the dose, mainly in the form of unconjugated 3-carboxymefenamic acid.

INDICATIONS:

As an anti-inflammatory analgesic for the symptomatic relief of rheumatoid arthritis, osteoarthritis and pain including muscular, traumatic and dental pain, headaches of most aetiology, post-operative and post-partum pain. Symptomatic relief of primary dysmenorrhoea.

CONTRAINDICATIONS:

Should not be used in patients who have previously exhibited hypersensitivity to it. Also contraindicated in patients with active ulceration or chronic inflammation of either the upper or lower gastrointestinal tract.

Should not be given to patients with pre-existing renal or hepatic impairment.

Should not be given to patients with pre-existing hypoprothrombinemia, when prothrombin activity is 10 to 20% of normal (increased risk of bleeding, since mefenamic acid may further increased the prothrombin time).

Should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients

DRUG INTERACTIONS:

Acetylsalicylic Acid:

Mefenamic acid interferes with the anti-platelet effect of lowdose aspirin, and thus may interfere with aspirin's prophylactic treatment of cardiovascular disease.

Anticoagulants:

Mefenamic acid has been shown to displace warfarin from protein binding sites, and may enhance the response to oral anticoagulants. Therefore, concurrent administration of mefenamic acid with oral anticoagulant drugs requires frequent prothrombin time monitoring.

Anti-hypertensives including diuretics, angiotensin-converting enzyme (ACE) inhibitors, angiotensin II antagonists (AIIA) and beta-blockers:

NSAIDs can reduce the efficacy of diuretics and other antihypertensive drugs, including ACE inhibitors, AIIA and beta-blockers.

In patients with impaired renal function (e.g., dehydrated patients or elderly patients with compromised renal function), the co-administration of an ACE inhibitor or an AIIA and/or diuretics with a cyclo-oxygenase inhibitor can increase the deterioration of the renal function, including the possibility of acute renal failure, which is usually reversible. The occurrence of these interactions should be considered in patients taking mefenamic acid with an ACE inhibitor or an AIIA and/or diuretics.

Therefore, the concomitant administration of these drugs should be done with caution, especially in elderly patients. Patients should be adequately hydrated and the need to monitor the renal function should be assessed in the beginning of the concomitant treatment and periodically thereafter.

Corticosteroids:

Increased risk of gastrointestinal ulceration or bleeding.

Cyclosporine:

Because of their effect on renal prostaglandins, NSAIDs such as mefenamic acid may increase the risk of nephrotoxicity with cyclosporine.

Hypoglycemic agents:

There have been reports of changes in the effects of oral hypoglycemic agents in the presence of NSAIDs. Therefore, mefenamic acid should be administered with caution in patients receiving insulin or oral hypoglycemic agents.

Lithium:

Mefenamic acid has produced an elevation of plasma lithium levels and a reduction in renal lithium clearance. Thus, when mefenamic acid and lithium are administered concurrently, patients should be observed carefully for signs of lithium toxicity.

Methotrexate:

Caution is advised when methotrexate is administered concurrently with NSAIDs, including mefenamic acid, because NSAID administration may result in increased plasma levels of methotrexate, especially in patients receiving high doses of methotrexate.

Tacrolimus:

Possible increased risk of nephrotoxicity when NSAIDs are given with tacrolimus.

SIDE EFFECTS / ADVERSE REACTIONS:

The most frequently reported adverse reactions associated with the use of mefenamic acid are gastrointestinal disturbances including diarrhoea, nausea with or without vomiting and abdominal pain.

Peptic ulceration and gastrointestinal bleeding have also been reported.

There may be hypersensitivity reactions including skin rashes and urticaria. Asthma may be precipitated.

Rare incidence of drowsiness, dizziness, nervousness, headache, blurred vision, insomnia, eye irritation, ear pain, papillary necrosis, hematuria, dysuria, leukopenia, eosinophillia, thrombocytopenic purpura, agranulocytosis, pancytopenia and bone marrow hypoplasia have also been reported.

Skin and subcutaneous tissue disorders:

Generalised bullous fixed drug eruption (GBFDE)

WARNING AND PRECAUTIONS:

RISK OF GI ULCERATION, BLEEDING AND PERFORATION WITH NSAID

Serious GI toxicity such as bleeding, ulceration and perforation can occur at any time, with or without warning symptoms, in patients treated with NSAID therapy. Although minor upper GI problems (e.g. dyspepsia) are common, usually developing early in therapy, prescribers should remain alert for ulceration and bleeding in patients treated with NSAIDs even in the absence of previous GI tract symptoms.

Studies to date have not identified any subset of the patients not at risk of developing peptic ulceration and bleeding. Patients with prior history of serious adverse events and other risk factors associated with peptic ulcer disease (e.g. alcoholism, smoking, and corticosteroid therapy) are at increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less than other individuals and account for most spontaneous reports for fatal GI events.

It is recommended that mefenamic acid therapy be discontinued promptly if diarrhoea or skin rash develops. Patients who develop diarrhoea during therapy are usually unable to tolerate the drug thereafter.

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Cardiovascular Thrombotic Events

Observational studies have indicated that non-selective NSAIDs may be associated with an increased risk of serious cardiovascular events, principally myocardial infarction, which may increase with dose or duration of use. Patients with cardiovascular disease or cardiovascular risk of an adverse cardiovascular event in patient taking NSAID, especially in those with cardiovascular risk factors, the lowest effective dose should be used for the shortest possible duration. There is no consistent evidence that the concurrent use of aspirin mitigates the possible increased risk of serious cardiovascular thrombotic events associated with NSAID use.

Hypertension

NSAIDs may lead to the onset of new hypertension or worsening the pre-existing hypertension and patients taking antihypertensive with NSAIDs may have an impaired anti-hypertensive response. Caution is advised when prescribing NSAIDs to patients with hypertension. Blood pressure should be monitored closely during initiation of NSAID treatment and at regular intervals thereafter.

Heart Failure

Fluid retention and oedema have been observed in some patients taking NSAIDs, therefore caution is advised in patients with fluid retention or heart failure.

Gastrointestinal Events

All NSAIDs can cause gastrointestinal discomfort and rarely serious, potentially fatal gastrointestinal effects such as ulcers, bleeding and perforation which may increase with dose or duration of use, but can occur at any time without warning. Caution is advised in patients with risk factors for gastrointestinal events e.g. the elderly, those with a history of serious gastrointestinal events, smoking and alcoholism. When gastrointestinal bleeding or ulcerations occur in patients receiving NSAIDs, the drug should be withdrawn immediately. Doctors should warn patients about signs and symptoms of serious gastrointestinal toxicity. The concurrent use of aspirin and NSAIDs also increases the risk of serious gastrointestinal adverse events.

Severe Skin Reactions

NSAIDs may very rarely cause serious cutaneous adverse events such as exfoliative dermatitis, toxic epidermal necrolysis (TEN) and Stevens-Johnson Syndrome (SJS), which can be fatal and occur without warning. These serious adverse events are idiosyncratic and are independent of dose or duration of use.

Serious skin reactions such as Generalised bullous fixed drug eruption (GBFDE) have been reported very rarely in association with the use of mefenamic acid.
Mefenamic acid should be discontinued at the first appearance of the skin rash, mucosal lesions or any other sign of hypersensitivity.

Geriatric Use

Elderly patients are more likely to have age-related renal function impairment which may increase the risk of NSAID – induced hepatic or renal toxicity and may also require dosage reduction to prevent accumulation of the drug. Also NSAID – induced gastrointestinal ulceration and / or bleeding may be more likely to cause serious consequences, including fatalities, in geriatric patients than in younger adults.

PREGNANCY AND LACTATION:

Use of mefenamic acid in pregnancy is not recommended. It has been demonstrated that mefenamic acid metabolites readily cross the placenta.

Nursing Mothers

Trace amounts of mefenamic acid may be present in breast milk and transmitted to the nursing infant. Because of potential for serious adverse reactions in nursing infants from the drug, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

DOSAGE AND ADMINISTRATION:

Adults and children ≥ 14 years of age: 500 mg (20 ml) as an initial dose followed by 250mg (10 ml) every 6 hours as needed, usually not to exceed one week.
In dysmenorrhoea, administration should start with the onset of bleeding and associated symptoms and should not be necessary for more than 2 to 3 days.

Children > 6 months: 25 mg/kg/ bodyweight daily in divided doses up to 3 times daily. After assessing the risk/benefit ratio in each individual patient, the lowest effective dose for the shortest possible duration should be used.

ROUTE OF ADMINISTRATION:

Oral

EFFECTS ON ABILITY TO DRIVE AND USE MACHINE:

Mefenamic Acid may cause drowsiness, dizziness, fatigue or affect your vision. If any of these occur do not drive, use machinery or perform any tasks that may require you to be alert.

SYMPTOMS AND TREATMENT FOR OVERDOSAGE:

Symptoms: Lethargy, drowsiness, nausea, vomiting, epigastric pain, GI bleeding, hypertension, acute renal failure, respiratory depression, coma, anaphylactoid reactions, convulsion, hypoprothrombinemia etc.
Treatment: Patients should be managed by symptomatic and supportive care. 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.

PRESENTATION:

Bottles of 60ml and 120 ml

STORAGE CONDITIONS:
Store in a dry place below 30^{O}C Protect from light.
Keep container tightly closed.
Keep out of reach of children
Jauhkan dari kanak-kanak.

MANUFACTURED BY:
Noripharma Sdn. Bhd. 200701034604 (792633-A)
Lot 5030, Jalan Teratai,
5 1/2 Mile off Jalan Meru,
41050 Klang,
Selangor Darul Ehsan., Malaysia.

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September 2024