

PAINEXT™

(USP Specification)

Diclofenac Sodium

(USP Specification)

50mg, 75mg Enteric Coated Tablets &
100mg SR Sustained Released Tablets

COMPOSITION

PAINEXT 50mg Tablets: Each enteric coated tablet contains:

Diclofenac Sodium 50mg

(USP Specification)

PAINEXT 75mg Tablets: Each enteric coated tablet contains:

Diclofenac Sodium 75mg

(USP Specification)

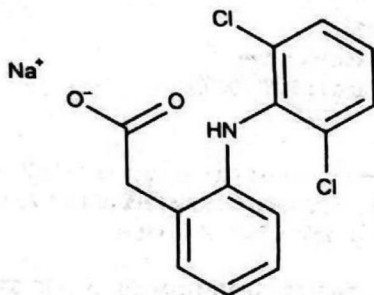
PAINEXT-SR 100mg Tablets: Each sustained released tablet contains:

Diclofenac Sodium 100mg

(USP Specification)

DESCRIPTION

PAINEXT (Diclofenac Sodium) is a benzene-acetic acid derivative. Its structural formula is;



CLINICAL PARTICULARS

Pharmacodynamics:

PAINEXT (Diclofenac Sodium) is a nonsteroidal anti-inflammatory drug (NSAID) that exhibits anti-inflammatory, analgesic, and antipyretic activities in animal models. The mechanism of action of **PAINEXT** like that of other NSAIDs, is not completely understood but may be related to prostaglandin synthetase inhibition.

Pharmacokinetics:

Absorption:

Diclofenac is 100% absorbed after oral administration compared to IV administration as measured by urine recovery. However, due to first-pass metabolism, only about 50% of the absorbed dose is systemically available. Food has no significant effect on the extent of diclofenac absorption.

Distribution:

The apparent volume of distribution (V/F) of diclofenac sodium is 1.4 L/kg. Diclofenac is more than 99% bound to human serum proteins, primarily to albumin. Serum protein binding is constant over the concentration range (0.15-105 µg/mL) achieved with recommended doses.

Metabolism:

Five diclofenac metabolites have been identified in human plasma and urine. The metabolites include 4'-hydroxy-, 5-hydroxy-, 3'-hydroxy-, 4',5'-dihydroxy- and 3' hydroxy-4'-methoxy diclofenac. In patients with renal dysfunction, peak concentrations of metabolites 4'-hydroxy- and 5-hydroxy-diclofenac were approximately 50% and 4% of the parent compound after single oral dosing compared to 27% and 1% in normal healthy subjects. However, diclofenac metabolites undergo further glucuronidation and sulfation followed by biliary excretion.

INDICATIONS

PAINEXT is indicated;

- For relief of the signs and symptoms of osteoarthritis.
- For relief of the signs and symptoms of rheumatoid arthritis.
- For acute or long-term use in the relief of signs and symptoms of ankylosing spondylitis.
- For musculoskeletal disorder

CONTRAINDICATIONS

PAINEXT (Diclofenac Sodium) is contraindicated in patients with known hypersensitivity to diclofenac. **PAINEXT** should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients. **PAINEXT** is contraindicated for the treatment of perioperative pain in the setting of coronary artery bypass graft (CABG) surgery.

WARNINGS

Cardiovascular Effects:

Cardiovascular Thrombotic Events:

Patients with known CV disease or risk factors for CV disease may be at greater risk. To minimize the potential risk for an adverse CV event in patients treated with an NSAID, the lowest effective dose should be used for the shortest duration possible. Physicians and patients should remain alert for the development of such events, even in the absence of previous CV symptoms.

Hypertension:

NSAIDs, can lead to onset of new hypertension or worsening of preexisting hypertension, either of which may contribute to the increased incidence of CV events. Patients taking thiazides or loop diuretics may have impaired response to these therapies when taking NSAIDs.

Congestive Heart Failure and Edema Renal Effects:

Fluid retention and edema have been observed in some patients taking NSAIDs. **PAINEXT** should be used with caution in patients with fluid retention or heart failure.

Gastrointestinal (GI) Effects: Risk of GI Ulceration, Bleeding, and Perforation:

NSAIDs should be prescribed with extreme caution in those with a prior history of ulcer disease or gastrointestinal bleeding.

Renal Effects:

Caution should be used when initiating treatment with **PAINEXT** in patients with considerable dehydration.

Hepatic Effects Elevations of one or more liver tests may occur during therapy with **PAINEXT**. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. To minimize the potential risk for an adverse liver related event in patients treated with **PAINEXT**, the lowest effective dose should be used for the shortest duration possible.

Drug Interactions:

Aspirin: When **PAINEXT** is administered with aspirin, its protein binding is reduced. The clinical significance of this interaction is not known; however, as with other NSAIDs, concomitant administration of diclofenac and aspirin is not generally recommended because of the potential of increased adverse effects.

Methotrexate: NSAIDs have been reported to competitively inhibit methotrexate accumulation in rabbit kidney slices. This may indicate that they could enhance the toxicity of methotrexate. Caution should be used when NSAIDs are administered concomitantly with methotrexate.

Cyclosporine: **PAINEXT**, like other NSAIDs, may effect renal prostaglandins and increase the toxicity of certain drugs. Therefore, concomitant therapy with **PAINEXT** may increase cyclosporine's nephrotoxicity. Caution should be used when **PAINEXT** is administered concomitantly with cyclosporine.

ACE-inhibitors: Reports suggest that NSAIDs may diminish the antihypertensive effect of ACE inhibitors. This interaction should be given consideration in patients taking NSAIDs concomitantly with ACE inhibitors.

Diuretics: Clinical studies, as well as post-marketing observations, have shown that **PAINEXT** can reduce the natriuretic effect of furosemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthesis. During concomitant therapy with NSAIDs, the patient should be observed closely for signs of renal failure.

Lithium: NSAIDs have produced an elevation of plasma lithium levels and a reduction in renal lithium clearance. The mean minimum lithium concentration increased 15% and the renal clearance was decreased by approximately 20%. These effects have been attributed to inhibition of renal prostaglandin synthesis by the NSAID. Thus, when NSAIDs and lithium are administered concurrently, subjects should be observed carefully for signs of lithium toxicity.

Warfarin: The effects of warfarin and NSAIDs on GI bleeding are synergistic, such that users of both drugs together have a risk of serious GI bleeding higher than users of either drug alone.

PRECAUTIONS

General:

PAINEXT (Diclofenac Sodium), cannot be expected to be to substitute for corticosteroids or to treat corticosteroid insufficiency.

Hepatic Effects Borderline elevations of one or more liver tests may occur in up to 15% of patients taking NSAIDs including **PAINEXT**. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continuing therapy. Notable elevations of ALT or AST (approximately three or more times the upper limit of normal) have been reported in approximately 2%-4% of patients, including marked elevations (eight or more times the upper limit of normal) in about 1% of patients in clinical trials with diclofenac. In addition, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, liver necrosis and hepatic failure, some of them with fatal outcomes have been reported. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of a more severe hepatic reaction while on therapy with **PAINEXT**.

Hematological Effects Anemia is sometimes seen in patients receiving NSAIDs, including **PAINEXT**. This may be due to fluid retention, occult or gross GI loss, or an incompletely described effect upon erythropoiesis. Patients on long-term treatment with NSAIDs, including **PAINEXT**, should have their hemoglobin or hematocrit checked if they exhibit any signs or symptoms of anemia. NSAIDs inhibit platelet aggregation and have been shown to prolong bleeding time in some patients. Unlike aspirin, their effect on platelet function is quantitatively less, of shorter duration, and reversible. Patients receiving **PAINEXT** who may be adversely affected by alterations in platelet function, such as those with coagulation disorders or patients receiving anticoagulants, should be carefully monitored.

Preexisting Asthma Patients with asthma may have aspirin-sensitive asthma. The use of aspirin in patients with aspirin-sensitive asthma has been associated with severe bronchospasm which can be fatal. Since cross-reactivity, including bronchospasm, between aspirin and other nonsteroidal anti-inflammatory drugs has been reported in such aspirin-sensitive patients, **PAINEXT** should not be administered to patients with this form of aspirin sensitivity and should be used with caution in patients with preexisting asthma.

DOSAGE AND ADMINISTRATION

Carefully consider the potential benefits and risks of **PAINEXT** and other treatment options before deciding to use **PAINEXT**. Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals. After observing the response to initial therapy with **PAINEXT** (Diclofenac Sodium), the dose and frequency should be adjusted to suit an individual patient's needs. For the relief of osteoarthritis, the recommended dosage is 100-150 mg/day in divided doses (50 mg b.i.d. or t.i.d., or 75 mg b.i.d.). For the relief of rheumatoid arthritis, the recommended dosage is 150-200 mg/day in divided doses (50 mg b.i.d. or q.i.d., or 75 mg b.i.d.). For the relief of ankylosing spondylitis, the recommended dosage is 100-125 mg/day, administered as (25 mg q.i.d., with an extra 25-mg dose at bedtime if necessary).

OVERDOSE

Symptoms following acute NSAID overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose. Patients should be managed by symptomatic and supportive care following a NSAID overdose.

STORAGE

Store at 20°C - 25°C.

Protect from light and moisture.

(excursions permitted to 15°C - 30°C).

HOW SUPPLIED

PAINEXT 50mg Enteric Coated Tablets: Pack of 20 tablets.

PAINEXT 75mg Enteric Coated Tablets: Pack of 10 & 20 tablets.

PAINEXT-SR 100mg Tablets: Pack of 10 tablets.

TO BE SOLD ON THE PRESCRIPTION OF A REGISTERED MEDICAL PRACTITIONER ONLY.

KEEP ALL MEDICINES OUT OF THE REACH OF CHILDREN.

Contains Lactose But Gluten Free

پین نیکسٹ

(ڈیکلوفینک سوڈیم)

50 ملی گرام اور 75 ملی گرام انٹیرک کوئڈ گولیاں

100 ملی گرام سسٹینڈ ریلیز ڈگولیاں

خوراک و ہدایات

ڈاکٹر کی ہدایات کے مطابق استعمال کریں۔

صرف مستند ڈاکٹر کے نسخہ کے مطابق ہی دوا فروخت کی جائے۔

تمام ادویات بچوں کی پہنچ سے دور رکھیں۔

دوا کو 20°C-25°C درجہ حرارت پر نمی اور روشنی سے محفوظ رکھیں۔

(درجہ حرارت کی حد 15°C سے 30°C ہے)

INEXT
PHARMACEUTICAL

Manufactured by:
NEXT Pharmaceutical Products (Pvt.) Ltd.
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