SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

Norflex Co, 35 milligram, 450 milligram, tablets.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains: Orphenadrine citrate 35 mg and paracetamol 450 mg.

Norflex Co is SUGAR FREE.

For full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Tablets.

White scored tablets with N/C on one side and no markings on the other.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

To relieve pain due to spasm of voluntary muscle and for the symptomatic treatment of mild to moderate pain and/or fever.

4.2 Posology and method of administration

Posology

Adults: Two tablets three or four times a day.

Method of administration

For oral administration.

4.3 Contraindications

Norflex Co should be used with caution in the presence of tachycardia, urinary retention and myasthenia gravis.

It is contraindicated in patients with prostatic enlargement and should be used with caution in elderly men.

It is also contraindicated in patients suffering from paralytic ileus or pyloric stenosis where its use may lead to obstruction.

It should not be given to patients with closed angle glaucoma or to patients with a narrow angle between the iris and the cornea since it may raise intra-ocular pressure. The risk is greater in patients over 40 years of age.

It should not be given to patients, especially children, when the ambient temperature is high, due to the risk of provoking hyperpyrexia.

It should be used cautiously in patients with fever. It should be used with caution in conditions characterised by tachycardia such as thyrotoxicosis, cardiac insufficiency or failure and in cardiac surgery.

Safe use in pregnancy has not been established; therefore, Norflex Co should not be used in pregnant women.

Sensitivity to any of the ingredients. Severe liver function impairment.

4.4 Special warnings and precautions for use

Do not use continuously for more than 10 days without consulting your doctor.

Orphenadrine citrate should be used with caution in patients with tachycardia, cardiac decompensation, coronary insufficiency or cardiac dysrhythmias.

Paracetamol should be used with caution in patients with hepatic or renal dysfunction.

Concomitant treatment with other medicines that contain orphenadrine or paracetamol is not recommended.

Safety of continuous long-term therapy with orphenadrine has not been established. Therefore if orphenadrine is prescribed for prolonged use, periodic monitoring of blood, urine and liver function is recommended.

Consult a doctor if no relief is obtained from the recommended dosage.

Orphenadrine has been abused for supposed euphoriant effect.

Use in the elderly

The elderly should be advised to take a reduced dosage as they may be more susceptible to anti-cholinergic side effects at regular doses.

4.5 Interactions with other medicines and other forms of interactions

The effect of anti-cholinergic agents may be enhanced by the concomitant administration of other medicines with anti-cholinergic properties such as amantadine, some antihistamines, butyrophenones, phenothiazines and tricyclic antidepressants.

Concomitant use with alcohol or other CNS depressants should be avoided.

Anticoagulant dosage may require reduction if paracetamol medication is prolonged. Paracetamol absorption is increased by medicines that increase gastric emptying, e.g. metoclopramide, and decreased by medicines that decrease gastric emptying, e.g. propantheline, antidepressants with anticholinergic properties and narcotic analgesics.

Paracetamol may increase chloramphenicol concentrations. The likelihood of paracetamol toxicity may be increased by the concomitant use of enzyme inducing medicines such as alcohol or anticonvulsant medicines.

4.6 Fertility, pregnancy and lactation

Pregnancy

Norflex Co is not recommended for use during pregnancy.

Breastfeeding

Norflex Co should not be taken during lactation as orphenadrine and paracetamol are excreted into breast milk.

Fertility

No data available.

4.7 Effects on ability to drive and use machines

Orphenadrine may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

4.8 Undesirable effects

Adverse effects are mainly due to the anti-cholinergic action of orphenadrine and are usually associated with higher doses.

MedDRA SOC List

Orphenadrine

Nervous system disorders	Persons with Down's syndrome appear to have an increased susceptibility, whereas those with albinism may be resistant. Insomnia has been reported, mental confusion, especially in the elderly.
Eye disorders	Dilation of the pupils, loss of accommodation and photophobia, increased intraocular pressure.
Cardiac disorders	Transient bradycardia followed by tachycardia, with palpitations and dysrhythmias.
Gastrointestinal disorders	Dryness of the mouth with difficulty in swallowing, desire to urinate with the inability to do so, as well as reduction in the tone and motility of the gastro-intestinal tract leading to constipation, occasional vomiting, giddiness, weakness, nausea, drowsiness and staggering may occur. Retrostemal pain may occur due to increased gastric reflux.

Respiratory, thoracic and mediastinal disorders	Reduced bronchial secretion may be associated with the formation of mucous plugs.
Skin and subcutaneous tissue disorders	Flushing and dryness of skin.

The effect of anticholinergic medicines may be enhanced by the concomitant administration of other medicines with anticholinergic properties such as amantadine, some antihistamines, butyrophenones and phenothiazines and tricyclic antidepressants.

Paracetamol

Blood and lymphatic system disorders	Neutropenia, pancytopenia and leucopenia.
Gastrointestinal disorders	Dyspepsia, nausea, allergic reactions.
Skin and subcutaneous tissue disorders	Skin rashes and other allergic reactions may occur. The rash is usually erythematous or urticarial, but sometimes more serious and may be accompanied by fever and mucosal lesions.

Reporting suspected adverse effects

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reactions Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

4.9 Overdosage

Symptoms and signs

Orphenadrine overdosage:

Known symptoms of overdose with orphenadrine include tachycardia, excitement, confusion and delirium leading to coma. Convulsions, dilated pupils and urinary retention may occur.

Paracetamol overdosage:

Toxic symptoms following an overdose with paracetamol include vomiting, abdominal pain, hypotension, sweating, central stimulation with exhilaration and convulsions in children, drowsiness, respiratory depression, cyanosis and coma.

In adults, hepatotoxicity may occur after ingestion of a single dose of paracetamol 10 to 15 g; a dose of 25 g or more is potentially fatal. Symptoms during the first two days of acute poisoning by paracetamol do not reflect the potential seriousness of the intoxication. Major manifestations of liver failure such as jaundice, hypoglycaemia and metabolic acidosis may take at least three days to develop.

Treatment

Prompt treatment is essential even when there are no obvious symptoms.

In cases of overdosage, methods of reducing absorption of ingested medicine are important. Prompt administration of activated charcoal 50 g in 150 mL of water and 150 mL sorbitol 50 % solution by mouth may reduce absorption. It is recommended that intravenous fluids such as normal saline be given concurrently. Gastric lavage is indicated if the patient is unwilling or unable to drink an activated charcoal/sorbitol mixture.

If the history suggests that paracetamol 150 mg/kg body weight or 15 g total or more has been ingested, administer the following antidote:

Intravenous acetylcysteine 20 %: Administer acetylcysteine immediately without waiting for positive urine test or plasma level results if 8 hours or less since overdose ingestion. Initial dose 150 mg/kg over 15 minutes, followed by continuous infusion of 50 mg/kg in glucose 5 % 500 mL over four hours and 100 mg/kg in glucose 5 % 1 L over 16 hours. If more than eight hours have elapsed since the overdose was taken, the antidote may be less effective.

Convulsions and delirium respond to relatively large doses of diazepam, preferably by mouth. Adequate hydration of the patient is important.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category: A.2.9 (Other analgesics)

Orphenadrine is an anticholinergic with skeletal muscle relaxant properties.

Paracetamol is an analgesic and antipyretic.

5.2 Pharmacokinetic properties

No data available

5.3 Preclinical safety data

Genotoxicity: No data available

Carcinogenicity: No data available

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

- Colloidal silicon dioxide
- Magnesium stearate
- Microcrystalline cellulose
- Pregelatinized maize starch.

6.2 Incompatibilities

Incompatibilities were either not assessed or not identified as part of the registration of this medicine.

6.3 Shelf life

Blister packs: 36 months.

HDPE plastic bottles: 48 months.

6.4 Special precautions for storage

Store at or below 30 °C.

6.5 Nature and contents of the container

Blister packs of 24 and 48 tablets.

White HDPE plastic bottles of 120 tablets.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

iNova Pharmaceuticals (Pty) Ltd

15E Riley Road

Bedfordview

South Africa

2007

8. REGISTRATION NUMBER

B1098 (Act 101 1965)

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

July 1992

10. DATE OF REVISION OF THE TEXT

24 June 2021