**PROFESSIONAL INFORMATION**

**SCHEDULING STATUS:** **S2**

## 1. NAME OF THE MEDICINE

**PYNSTOP**, 10 mg/5 mg/450 mg/45 mg tablets

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains:

Codeine phosphate 10 mg

Doxylamine succinate 5 mg

Paracetamol 450 mg

Caffeine 45 mg

Sugar free

For a full list of excipients, see section 6.1

## 3. PHARMACEUTICAL FORM

Green, circular, flat-faced and bevel edged tablet with score line on one side.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

PYNSTOP tablets for adults are indicated for the symptomatic relief of mild to moderate pain and pain associated with tension and fever.

### 4.2 Posology and method of administration

Not recommended for children under 12 years.

Adults and children over 12 years: one or two tablets repeated four hourly if necessary.

Do not exceed eight tablets per day.

Consult your doctor if no relief is obtained with the recommended dosage.

**DO NOT EXCEED THE RECOMMENDED DOSE**

### 4.3. Contraindications:

PYNSTOP tablets are contraindicated in:

- Hypersensitivity to the active ingredient, or any of the excepients listed in Section 6.1.
- Severe liver function impairment.
- Respiratory depression, especially in the presence of cyanosis and excessive

bronchial secretion.

- During an attack of bronchial asthma.
- Heart failure secondary to lung disease.
- Head injuries and conditions in which intracranial pressure is raised.
- The presence of acute alcoholism.
- After operations on the biliary tract.

**4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE**

**This product contains paracetamol which may be fatal in overdose. In the event of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poison Centre must be contacted immediately.**

**Codeine: Exceeding the prescribed dose, together with prolonged and continuous use of this medication may lead to dependence and addiction.**
Codeine should be given with extreme caution to patients taking monoamine oxidase inhibitors or within 14 days of stopping such treatment.

**Caffeine**: to be used with care by patients with a history of peptic ulceration.

**Doxylamine succinate**: Large doses may precipitate fits in epileptics. Use with care in conditions such as glaucoma and prostatic hypertrophy.
Consult a doctor if no relief is obtained from the recommended dosage.

**Paracetamol**: Do not use continuously for more than 10 days without consulting your doctor. Dosages in excess of those recommended may cause severe liver damage.
Patients suffering from liver or kidney disease should only take paracetamol under medical supervision.

PYNSTOP tablets should not be given to children under 12 years of age.

**4.5 INTERACTION WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS**
This medicine may lead to drowsiness and impaired concentration that may be aggravated by the simultaneous intake of alcohol or other central nervous system depressants.

Doxylamine succinate may enhance the sedative effect of central nervous system depressants including alcohol, barbiturates, hypnotics, narcotic analgesics, sedatives and tranquillisers.
The depressant effects of codeine are enhanced by depressants of the central nervous system such as alcohol, anaesthetics, hypnotics and sedatives.

**4.6 Fertility, pregnancy and lactation**

Safety of PYNSTOP during fertility, pregnancy and lactation has not been established.

**4.7 Effects on ability to drive and use machines**

Patients should be warned against taking charge of vehicles or machinery or performing potentially hazardous tasks where loss of concentration may lead to accidents.

**4.8 Undesirable effects**

| **Frequency** | **System organ class** | **Undesirable effects** |
|---|---|---|
| Frequent | Nervous system disorders | Insomnia, nightmares, drowsiness, confusion, sedation, deep sleep, inability to concentrate, lassitude, incoordination, dizziness, headache, dry mouth, nervousness, tremors, convulsions. |
| | Vascular disorders | Headache, facial flushing, vertigo, orthostatic hypotension, hypotension. |
| Frequency unknown | Blood and the lymphatic system disorders | Neutropenia, pancytopenia and leucopoenia, agranulocytosis, anaemia, thrombocytopenia, haemolytic anaemia. |
| | Cardiac disorders | Tachycardia, extrasystoles, bradycardia, palpitations. |
| | Ear and labyrinth disorders | Tinnitus, vertigo. |
| | Eye disorders | Scintillating scotoma |
| | Gastrointestinal disorders | Increases in gastric secretions and gastric ulceration, nausea, vomiting, constipation, dry mouth, gastrointestinal disturbances, diarrhoea, pancreatitis. |
| | General disorders and administration site conditions | Hypothermia. |
| | Hepato-biliary disorders | Hepatitis, biliary spasm. |
| | Immune system disorders | Allergy, anaphylaxis. |

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|---|---|---|
| | Musculoskeletal, connective tissue and bone disorders | Muscle tremor, muscular weakness, tightness of the chest, tingling, heaviness and weakness of the hands and muscle twitching and convulsions. |
| | Psychiatric disorders | Irritability, anxiety, neurosis, restlessness, excitement, mood changes, raised intracranial pressure and anorexia. |
| | Renal and urinary disorders | Renal colic, renal failure, sterile pyuria, difficulty in micturition, ureteric spasm. |
| | Skin and subcutaneous tissue disorders | Urticaria, pruritus and sweating. 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. |
| | Vascular disorders | Orthostatic hypotension, facial flushing |

**Reporting of suspected adverse reactions**

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care 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.

One may also report to Adcock Ingram Limited using the following email: Adcock.AEReports@adcock.com

**4.9 Overdose**

**Prompt treatment is essential.** In the event of an overdosage, consult a doctor immediately, or take the person directly to a hospital. A delay in starting treatment may mean that antidote is given too late to be effective. Evidence of liver damage is often delayed until after the time for effective treatment has lapsed.

Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5 -10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, AIDS, malnutrition, and with the use of drugs that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine. Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, anorexia and possibly abdominal pain. Mild symptoms during the first two days of acute poisoning, do not reflect the potential seriousness of the overdosage.

Liver damage may become apparent 12 to 48 hours, or later after ingestion, initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of the prothrombin time. Liver damage may lead to encephalopathy, coma and death.

Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Abnormalities of glucose metabolism and metabolic acidosis may occur. Cardiac arrhythmias have been reported.

**Treatment for paracetamol overdosage:**
Although evidence is limited it is recommended that any adult person who has ingested 5 - 10 grams or more of paracetamol (or a child who has had more than 140 mg/kg) within the preceding four hours, should have the stomach emptied by lavage (emesis may be adequate for children) and a single dose of 50 g activated charcoal given via the lavage tube. Ingestion of amounts of paracetamol smaller than this may require treatment in patients susceptible to paracetamol poisoning (see above). In patients who are stuperose or comatose endotracheal intubation should precede gastric lavage in order to avoid aspiration.

**N-acetylcysteine** should be administered to all cases of suspected overdose as soon as possible preferably within eight hours of overdosage, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken. An initial dose of 150 mg/kg N-acetylcysteine in 200 ml dextrose injection given **intravenously** over 15 minutes, followed by an infusion of 50 mg/kg in 500 ml dextrose injection over the next four hours, and then 100 mg/kg in 1 000 ml dextrose injection over the next sixteen hours. **The volume of intravenous fluid should be modified for children.**

Although the oral formulation is not the treatment of choice, 140 mg/kg dissolved in water may be administered initially, followed by 70 mg/kg every four hours for seventeen doses.
A plasma paracetamol level should be determined four hours after ingestion in all cases of suspected overdosage. Levels done before four hours may be misleading. Patients at risk of liver damage, and hence requiring continued treatment with N-acetylcysteine, can be identified according to their 4-hour plasma paracetamol level. The plasma paracetamol level can be plotted against time since ingestion in the nomogram below. The nomogram should be used only in relation to a single acute ingestion.

Those whose plasma paracetamol levels are above the “normal treatment line”, should continue N-acetylcysteine treatment with 100 mg/kg IV over sixteen hours repeatedly until

recovery. Patients with increased susceptibility to liver damage as identified above, should continue treatment if concentrations are above the “high risk treatment line”. Prothrombin index correlates best with survival.
Monitor all patients with significant ingestions for at least ninety-six hours.

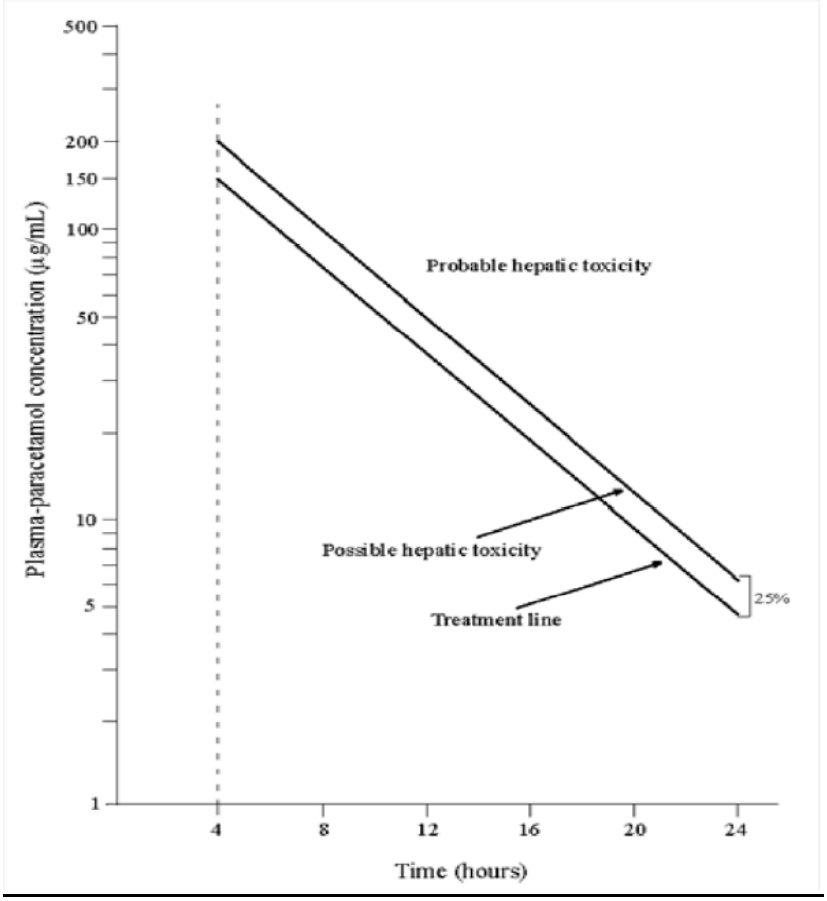


Figure 1. A semi-logarithmic plot of plasma-paracetamol concentration against hours after ingestion.

**Doxylamine succinate, codeine phosphate and caffeine:**
Refer to “**section 4.8”**. Treatment is symptomatic and supportive.

## 5. PHARMACEUTICAL PROPERTIES

### 5.1 Pharmacodynamic properties

A 2.8 Analgesic combinations

**Mechanism of action**

PYNSTOP tablets have analgesic, antipyretic and antihistaminic properties.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Colour Lake blend PB-21082 green, Gelatine, Maize starch, Magnesium stearate, Purified talc, Sodium starch glycolate.

### 6.2 Incompatibilities

Not applicable

### 6.3 Shelf life

24 months

### 6.4 Special precautions for storage

Store at or below 25 ºC.

Protect from light and moisture.

Do not remove the blister pack from the outer carton until required for use.

### 6.5 Nature and contents of container

18, 20 and 40 tablets in PVC/Aluminium foil blister packs.

All pack sizes may not be marketed simultaneously.

## 7. HOLDER OF CERTIFICATE OF REGISTRATION

Adcock Ingram Limited

1 New Road

Erand Gardens

Midrand,1685

Customer Care: 0860 /ADCOCK232625

## 8. REGISTRATION NUMBER:

C/2.8/233

## 9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

14/06/1972

**Date of approval**: 18/05/2023

**10. DATE OF REVISION OF THE TEXT:**

18/05/2023

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| Namibia: NS1 90/2.8/00166 |
| Botswana: B9309275 S3 |

**Date of approval**: 18/05/2023