SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

IBEX® capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains:

Paracetamol	325.00 mg
Ibuprofen	200.00 mg
Caffeine	30.00 mg

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Capsule.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Given its anti-inflammatory and analgesic actions, Ibex® indicated for **short-term** treatment of the following symptoms:

- Rheumatoid arthritis, arthrosis, ankylosing spondylitis, cervical spondylitis, intervertebral disc syndrome and sciatica.
- Non-articular rheumatic symptoms such as fibrositis, myositis, bursitis and lower back pain, etc.
- Soft tissue lesions such as sprains, strains and sports injuries.
- Painful inflammatory conditions in gynaecology.
- Treatment of the painful symptoms and inflammation following a surgical operation.
- Acute gout attacks.
- Severe headaches.

4.2 Posology and method of administration

Posology

The initial daily dose for adults is 1 to 2 capsules three times a day according to needs. The maximum daily dose is 6 capsules. Children of more than 6 years of age may take a maximum of 3 capsules per day and each individual capsule must not be taken more often than every 8 hours. The capsule may be taken during or after meals. Ibex® is not recommended for long-term treatment and if its use is continued for more than 7 days, relay treatment must be considered beforehand in conjunction with a physician. Administration of Ibex® is not recommended in children of less than six years of age.

Consult the treating physician if the symptoms persist for more than 3 days.

Method of administration
Oral route.

4.3 Contraindications

- Hypersensitivity to ibuprofen, caffeine or paracetamol.
- Peptic ulceration or history of peptic ulcer.
- Asthmatic patients in whom the asthma attacks, urticaria or acute rhinitis are precipitated by salicylic acid or by other medicines with prostaglandin synthesis inhibiting activity.

4.4 Special warnings and precautions for use

Not applicable.

4.5. Interactions with other medicinal products and other forms of interaction

The anticoagulant action of warfarin and other coumarins may be increased by prolonged, regular daily administration of paracetamol with a greater risk of haemorrhage; occasional doses do not have any significant effect. As with other non-steroidal anti-inflammatories (NSAID's), caution is required in patients receiving oral anticoagulants, heparin via the parenteral route and ticlopidine, thiazide diuretics, moclobemide, lithium, hypoglycaemic sulphonamides, methotrexate, pentoxifylline, zidovudine and baclofen. The interactions of the drug with antihypertensives (beta blockers, converting enzyme inhibitors and diuretics), digoxin and thrombolytics should be taken into account.

Ibex® contains ibuprofen, caffeine and paracetamol. The precautions to be taken with these drugs considered in isolation also apply to this combination, particularly:

- Close medical monitoring is necessary in patients presenting with symptoms indicating a digestive tract disorder, history of dyspepsia, Crohn's disease and ulcerative colitis, etc. and in patients suffering from clotting disorders in addition to those suffering from severe heart, liver or kidney disease.

- Precautions need to be taken in elderly patients who are generally more liable to present undesirable effects.

- It is advisable to check the corpuscle count at regular intervals in patients receiving long-term treatment and monitor liver and kidney function.

- When Ibex® is administered concomitantly with oral anticoagulant treatment or oral antidiabetics, the dosage of these drugs must, as a precaution, be adjusted according to the prothrombin time and the blood glucose levels respectively.

4.6. Pregnancy and Lactation

Paracetamol crosses the placental barrier and is excreted in breast milk. Very low quantities of ibuprofen pass into breast milk: it is not recommended to administer Ibex® to breast-feeding women. Even though the studies performed in humans and in animals have not identified any risk during pregnancy or for embryofoetal development, administration of Ibex® should be avoided if possible during pregnancy. The studies undertaken in humans have not identified any risk in case of breast-feeding or for the breast-fed infant.

4.7 Effects on the ability to drive and use machines

No significant effect.

4.8 Undesirable effects

Ibex® is generally well tolerated at the recommended doses. At the outset of treatment however, patients may sometimes complain of epigastric pains, nausea, diarrhoea, dizziness or headaches. These undesirable effects are generally benign in nature. Peripheral oedema and skin reactions such as cases of toxidermia, urticaria and eczema have likewise been reported.
The following undesirable effects have been reported in rare cases with Ibex®**,** although some may have been observed:

- Side effects affecting the central nervous system, such as fatigue, insomnia and irritability.
- Gastrointestinal effects such as ulceration or haemorrhage and hypersensitivity reactions characterized by bronchospasm, elevated transaminase levels, hepatitis, kidney failure and nephrotic syndrome; isolated cases of leukopenia and thrombocytopenia have also been observed.

4.9 Overdose

Paracetamol overdose may cause liver failure. Immediate medical treatment is required in case of overdose, even if no symptoms of overdose are present.
Administration of N-acetylecysteine or methionine may prove necessary.
Ibuprofen may cause nausea, vomiting and tinnitus, but more serious toxicity is rare. Gastric lavage is indicated if more than 100 mg/kg has been ingested during the previous 4 hours, followed by symptomatic measures and correction of serum electrolytes if necessary. No specific antidote to ibuprofen exists.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

N: central nervous system

Ibex® is a combination of 3 active substances:

Paracetamol: analgesic and antipyretic
Ibuprofen: this is a non-steroidal anti-inflammatory drug (NSAID) which exerts a marked

anti-inflammatory, analgesic and antipyretic action.
Caffeine: psychostimulant

5.2 Pharmacokinetic properties

Ibuprofen:
Absorption:
The maximum serum concentration is reached approximately 90 minutes after oral administration.
The maximum serum concentrations are proportional to the dose following a single administration (Cmax: 17 µg/ml ± 3.5 for a dose of 200 mg and 30.3 µg/ml ± 4.7 for a dose of 400 mg).
Food intake delays ibuprofen absorption.

Distribution:
Administration of ibuprofen does not result in any accumulation phenomena. It is 99% bound to plasma proteins.
Ibuprofen is found in synovial fluid at stable concentrations between the 2nd and 8th hour after administration, with synovial Cmax generally being equal to a third of plasma Cmax.
Following administration of 400 mg of ibuprofen every 6 hours in breast-feeding women, the quantity of ibuprofen recovered from their breast milk is less than 1 mg per 24 hours.

Metabolism:
Ibuprofen does not have any enzyme-inducing effect. It is 90% metabolized in the form of inactive metabolites.

Excretion:
Elimination is essentially in urine. It is total within 24 hours at a rate of 10% in the unchanged form and 90% in the form of inactive, essentially glucuroconjugated metabolites.
The elimination half-life is approx. 2 hours.
There is little change in the kinetic parameters of ibuprofen in patients with kidney failure and liver failure. The disturbances observed do not justify any modification in posology.

Paracetamol:
Absorption:
Absorption of paracetamol via the oral route is complete and rapid. The maximum plasma concentrations are achieved 30 to 60 minutes after administration.

Distribution:
Paracetamol is rapidly distributed in all tissues. The concentrations are similar in blood, saliva and plasma. There is little binding to plasma proteins.

Metabolism:
Paracetamol is essentially metabolized in the liver. The two major metabolic pathways are glucuroconjugation and sulfoconjugation. The latter route is rapidly saturable at doses greater than the therapeutic doses. A minor route, catalysed by the cytochrome P450, is formation of a reactive intermediate, N-acetyl benzoquinone imine, which under normal administration conditions, is rapidly detoxified by reduced glutathione and is eliminated in urine following cysteine and mercaptopuric acid conjugation. On the other hand, the quantity of this toxic metabolite is increased during massive intoxications.
Elimination:
Elimination is essentially in urine. 90 % of the dose administered is eliminated by the kidneys

within 24 hours, mainly in the glucuroconjugated form (60 to 80%) and sulfoconjugated form (20 to 30%). Less than 5% is eliminated unchanged. The elimination half-life is approx. 2 hours.
Pathophysiological variations:
Patients with renal failure: in case of severe renal failure (creatinine clearance less than 10 ml/min.), elimination of paracetamol and its metabolites is delayed.
Elderly subjects: conjugation ability is unmodified.

Caffeine:
Caffeine is rapidly and completely absorbed. Its maximum plasma concentrations are generally achieved between a few minutes and 60 minutes after administration.
It is metabolised by the liver. Its elimination is in urine.

5.3 Preclinical safety data

Not applicable.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Magnesium stearate, gelatin, brilliant blue, erythrosine, titanium dioxide.

6.2 Incompatibilities

Not applicable

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Store in a dry place below 30°C and protected from light.

6.5 Nature and contents of countainer

Box of 12 capsules packed in PVC/Aluminium blister.

6.6 Specal precautions for disposal and handling

Not applicable.

7. MARKETING AUTHORISATION HOLDER

8. MANUFACTURER'S NAME AND ADDRESS

MEDREICH LIMITED
49, (B & C) Bommasandra industrial area,
Anekal Taluk
Bangalore - 560099 - India

9. CONDITION FOR PRESCRIPTION AND RELEASE

On medical prescription ☒ On medical Prescription ☐

10. DATE OF REVISION OF THE TEXT

Octobre 2017