PRODUCT INFORMATION PLEASE READ CAREFULLY!

PONSTAN® Forte (mefenamic acid)

PHARMACEUTICAL FORM AND ACTIVE INGREDIENT QUANTITY PER UNIT

1 film-coated tablet contains 500 mg of mefenamic acid.

Excipients:

Hypromellose, Macrogol 6000, Magnesium Stearate, Methyl-Cellulose, Sodium Dodecylsulfate, Talc, Dyes E171, E172.

INDICATIONS/RANGE OF USES

Acute and chronic pain, particularly pain associated with rheumatic disease, muscle pain, pain in the region of the spinal column (intervertebral disc conditions, shoulder/neck syndrome etc.), post-operative pain and pain following injury, as well as headache, toothache and earache (in particular, pain following dental extraction).

Primary dysmenorrhoea.

Functional menorrhagia and intrauterine device (IUD)-induced menorrhagia. Ponstan may also be used for simultaneous pain relief and lowering the temperature in 'flu-like illnesses. In addition, it is suitable for symptomatic treatment of other infectious diseases associated with fever, especially those localized in the upper respiratorytract.

DOSAGE/ADMINISTRATION

Standard dosage

Ponstan film-coated tablets: In general, adults and children over the age of 14 years take 1 tablet of Ponstan three times daily with meals. This dose may be reduced or increased as required. The daily dose should not exceed 2.0 g (= 4 tablets).

WARNINGS AND PRECAUTIONS FOR USE

The use of mefenamic acid with concomitant NSAIDs including COX-2 inhibitors should be avoided.

Gastrointestinal inflammations, ulcerations, bleeding or perforations may develop at anytime during treatment with non-steroidal anti-inflammatory drugs (NSAIDs), be it COX-2-selective or not, even without warning symptoms or a history of such problems. In order to reduce this risk, the lowest effective dose should be taken for the shortest treatment period possible.

Patients most at risk of developing these types of GI complications with NSAIDs are the elderly, patients with cardiovascular disease, patients using concomitant aspirin, or patients with a prior history of, or active, gastrointestinal disease, such as ulceration, GI bleeding or inflammatory conditions. Therefore, mefenamic acid should be used with caution in these patients. When GI bleeding or ulceration occurs in patients receiving mefenamic acid, the treatment should be withdrawn.

In rare cases, NSAIDs, including mefenamic acid, may cause interstitial nephritis, glomerulitis, papillary necrosis and the nephrotic syndrome.

Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis, have been reported very rarely in association with the use of NSAIDs, including mefenamic acid. Mefenamic acid should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

In patients with impaired liver function or epilepsy Ponstan should also be administered with caution.

Ponstan, like other nonsteroidal anti-inflammatory drugs, decreases platelet aggregation and prolongs bleeding time. This effect should be kept in mind when bleeding times are determined. Patients suffering from clotting impairment should be carefully monitored.

During long-term treatment with Ponstan, regular blood counts and renal function tests should be carried out. This applies particularly to patients with pre-existing impairment of renal function and to elderly patients.

INTERACTIONS

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 and angiotensin II antagonists (AIIA)

NSAIDs can reduce the efficacy of diuretics and other antihypertensive drugs.

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 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.

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, cyclooxygenase inhibitors such as diclofenac can 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.

Tacrolimus:

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

Pregnancy/lactation

1st and 2nd trimesters: Animal studies showed no evidence of teratogenic effects, but there are no controlled studies in pregnant women (see "Preclinical data"). As it is unknown, in which amount mefenamic acid crosses the placenta, Ponstan should not be used during the 1st and 2nd trimester of pregnancy unless it is clearly necessary.

3rd trimester: Like other inhibitors of prostaglandin synthesis Ponstan is contraindicated in the 3rd trimester of pregnancy because of possible premature closure of the ductus arteriosus, potential prolongation of gestation and possible inhibition of contractions.

Lactation

Because mefenamic acid passes into breast milk with associated possible adverse effects on the child, nursing mothers should not use Ponstan.

Effects on Ability to Drive and Use Machines

The effect of mefenamic acid on the ability to drive or use machinery has not been systematically evaluated. Due to potential adverse side-effects like dizziness and fatigue caution is generally advised.

UNDESIRABLE EFFECTS

Unwanted effects are classified according to organ class and incidence, and are defined als follows: very frequent: >10% ; frequent (>1/100, <1/10) ; occasional (>1/1000, <1/100) ; rare (>1/10'000, <1/1000) ; very rare (<1/10'000).

Blood and lymphatic system

Very rare: Changes in blood counts (leucopenia, autoimmune haemolytic anaemia, agranulocytosis, purpura, eosinophilia, thrombocytopenia, pancytopenia, bone marrow aplasia).

Immune system

Rare: Allergic manifestations such as allergic oedema, bronchospasm and anaphylactic reactions, see also section "Skin".

Nervous system

Rare: Headaches, drowsiness, dizziness, fatigue, nervousness, insomnia and convulsions, blurred vision, aseptic meningitis.

Eyes

Rare: Visual disturbances, eye irritations.

Ears

Rare: Ear pains.

Heart/Vessels

Rare: Palpitations, hypotension.

Respiratory

Rare: Dyspnea, asthma.

Gastrointestinal system

Frequent: Gastric pain, nausea, vomiting.

Less frequent: Anorexia, pyrosis, flatulence, constipation, enterocolitis, gastrointestinal ulceration (with or without bleeding and perforation in isolated cases).

Rare: Pancreatitis, statorrhoea.

With long-term use of high doses (2.0 g and more per day) diarrhea sometimes occurs. Some individuals may also have diarrhoea on the recommended dose. Ponstan should be discontinued if the diarrhea persists.

Liver and bile

Rare: Disorders of liver function.

Skin

Occasional: Perspiration, urticaria, pruritus, rash.

Rare: Angioedema.

Very rare: Stevens-Johnson syndrome, Lyell's syndrome (toxic epidermal necrolysis), erythema multiforme.

Kidney and urinary tract

Very rare: Disturbances of renal function, acute interstitial nephritis with hematuria and/or proteinuria, dysuria, nephrotic syndrome, renal failure including papillary necrosis.

OVERDOSAGE

Generalised convulsions or muscle twitching may occur with an overdose. These respond to diazepam given intravenously.

Acute renal failure and coma have also been reported. Treatment: emptying the stomach by gastric lavage or induced vomiting and subsequent administration of activated charcoal, with close observation of the patient's vital signs.

Haemodialysis is of little use, because of the high protein binding of mefenamic acid and its metabolites.

PROPERTIES/ACTIONS

Ponstan contains the active ingredient mefenamic acid, which has marked anti-inflammatory and antipyretic effects in addition to its analgesic properties. Ponstan acts mainly through the inhibition of prostaglandin synthesis.

PHARMACOKINETICS

Absorption

Mefenamic acid is rapidly absorbed following an oral dose. Absorption is more than 70%. Peak plasma concentrations are measured 1-3 hours after administration. The course of the plasma concentration shows linearity with the dose.

Distribution

Mefenamic acid is more than 90% bound to plasma proteins and is able to cross the placental barrier. Less than 1% of the serum concentration is found in breast milk.

Metabolism

The substance undergoes intensive biotransformation. The main metabolites are the 3-hydroxymethyl and the 3-carboxyl derivatives. Both these metabolites are partially conjugated to glucuronides and show only weak analgesic and anti-inflammatory effects.

Elimination

The plasma half-life is about 2 hours. Excretion of the mefenamic acid metabolites is primarily in the urine. The proportion of free mefenamic acid in the urine is less than 5%.

Preclinical data

Tumorigenic and Mutagenic Potential

Long term studies in animals of a tumorigenic potential are not available.

Mefenamic acid was not extensively investigated with regard to mutagenicity. Hitherto studies were negative.

FURTHER INFORMATION

Effects on diagnostic tests

Determination of bilirubin in the urine using the azo method may give false positive results after a dose of mefenamic acid.

Shelf life

The medicine should only be used up to the expiry date marked "Exp." on the pack.

SPECIAL STORAGE CONDITIONS

Store below 30°C in a dry place.

PACK SIZES

Film-coated tablets containing 500 mg in blisters.

This is a medicament.

- *Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.*
- *Follow strictly the doctor's prescription, the method of use, and the instructions of the pharmacist who sold you the medicament.*
- *The doctor and the pharmacist are experts in medicine, its benefits and its risks.*
- *Do not, by yourself, interrupt the period of treatment prescribed.*
- *Do not repeat the same prescription without consulting your doctor.*

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