Dicloneurobion Forte Injectable

Ampoule

Qualitative composition/Quantitative composition : Each amber ampoule of 2 mL contains: vitamin B1 (thiamine HCl) 100 mg, vitamin B6 (pyridoxine HCl) 100 mg, lidocaine HCl 20 mg, vehicle q.s. 2 mL ; Each amber ampoule of 1 mL contains: sodium diclofenac 75 mg, vitamin B12 (cyanocobalamin) 5.0 mg, vehicle q.s. 1 mL.

Excipients. - Ampoule of 2 mL: benzyl alcohol, sodium hydroxide, propylene glycol and water for injection. ampoule of 1 ml: benzyl alcohol, hydrochloric acid, propylene glycol and water for injection.

Pharmaceutical form: Injectable solution.

Pack of Three ampoules of 2 mL and three of 1 mL with syringe.

Pharmacotherapeutic category: nonsteroidal anti-inflammatory drug (NSAID), antineuritic.

Therapeutic indications: Anti-inflammatory with analgesic and antineuritic actions. Back pain, cervical pain, brachialgia, radiculitis, peripheral neuropathies caused by several aetiologies, facial neuralgias, trigeminal neuralgia, intercostals' neuralgia, herpetic neuralgia, alcoholic neuropathy, diabetic neuropathy, carpal tunnel syndrome, fibromyalgia, spondylitis.

Contraindications: Hypersensitivity to any of the formula ingredients. Polycythemia vera. Vitamin B12 should not be used in the early stages of Leber's disease (hereditary atrophy of the optic nerve). Gastro duodenal acid-peptic ulcer. In patients with bronchial asthma attacks, urticaria or acute rhinitis precipitated by acetylsalicylic acid or its derivatives.

Special warnings: Diclofenac may cause fluid retention, oedema and clotting disorders. Administration of diclofenac alongside other NSAIDs is not recommended. In dehydrated patients, the risk of renal toxicity increases. It should be administered cautiously in patients' renal and hepatic disorders. Before drug product administration, digestive tract, liver and kidney status should be assessed.

Drug interactions and other forms of interaction: It has been reported that thiamine may increase the effect of neuromuscular blocking agents; its clinical significance is unknown.

Pyridoxal phosphate reinforces peripheral decarboxylation of levodopa and decreases its effectiveness in the treatment of Parkinson's disease. Concomitant administration of carbidopa with levodopa prevents this effect of pyridoxine. Pyridoxine hydrochloride should not be administered at doses above 5 mg/day to patients receiving levodopa

only**.** The administration of 200 mg/day of pyridoxine hydrochloride during one month may lead to a decrease up to 50% in serum concentrations of phenobarbital and phenytoin. Cycloserine and hydralazine are vitamin B6 antagonists and pyridoxine administration decreases neuronal side effects associated to the use of these compounds. Long-term use of penicillamine may cause vitamin B6 deficiency. When pyridoxine and cyclosporine are administered concomitantly, plasma concentrations of the latter agent may decrease**.**

Vitamin B12 absorption in gastrointestinal system may be reduced by the administration of the following drugs: aminoglycosides, colchicine, agents based on extended-release potassium, aminosalicylic acid and its salts, anticonvulsive agents (phenytoin, phenobarbital, and primidone), cobalt radiation in the small intestine and by excessive intake of alcohol for more than 2 weeks. Concomitant administration of neomycin and colchicine increases vitamin B12 malabsorption**.** Ascorbic acid may destroy important amounts of vitamin B12 and of the intrinsic factor *in vitro*; thus, this possibility should be considered when administering high doses of ascorbic acid concomitantly with vitamin B12 by oral route. It has been reported that prednisone increases vitamin B12 absorption and intrinsic factor secretion in some patients with pernicious anaemia, but not in patients with partial or total gastrectomy. Clinical significance of these observations is unknown. Concomitant administration of chloramphenicol and vitaminB12 may affect the haematopoietic response to vitamin.

Simultaneous administration of diclofenac with agents based on lithium or digoxin or with potassium-sparing diuretics may increase plasma concentrations of these drugs. It is recommended to carry out appropriate pharmacovigilance. The concomitant use with other non-steroidal anti-inflammatory drugs may increase the risk of adverse side effects. Close monitoring should be exercised in patients treated with anticoagulant agents. Nonsteroidal anti-inflammatory drugs should be discontinued 24 hours before the administration of methotrexate in order to avoid increased plasma concentrations of the cytostatic agent and its toxic effects.

Precautions for use: Before prescribing this product, the condition of the digestive system, liver and kidneys should be investigated.

Pregnancy and breast feeding: The product must not be used during pregnancy and lactation.

Effect on ability to drive and use machines: There is not effect on the ability to drive and/or to use machines with the use of diclofenac and B vitamins reported to date.

Intake or use of other medications: Inform your physician or pharmacist if you are taking another drug.

Dosage: administer the mix of the ampoule 1 and ampoule 2 Injectable solution, deep intramuscular. Once daily.

Method and route of administration: Injectable

Frequency and the time at which the drug should be taken:

Duration of the treatment: Patients may be treated for long periods if this is considered necessary by their physician.

Undesirable effects: They include gastrointestinal disturbances, dizziness, headache and other central nervous system disturbances, isolated cases of skin eruptions, rare cases of hematuria, proteinuria, and rare cases of liver functions disturbances, isolated cases of thrombocytopenia, leucopoenia, anaemia, agranuclocytosis, and rare and severe hypersensitivity reactions.

Side effects: Isolated reports of side effects caused by long-term parenteral administration of thiamine and vitamin B12 have been published; probably this may be due to rare cases of hypersensitivity. The administration of high doses of pyridoxine may result in certain sensory neuropathy syndromes; however, histopathology tests have not shown that such syndromes are related to any level of neuronal degeneration. When pyridoxine is discontinued, neuronal dysfunction improves gradually, until patients are completely recovered. Rash and other known hypersensitivity reactions to any formula compounds. Polycythemia vera.

Gastrointestinal system: Abdominal pain, nausea, vomit, diarrhoea, dyspepsia, flatulence, anorexia; rarely: gastro duodenal bleeding, melena, hematemesis, ulcer perforation, bloody diarrhoea. Occasionally: ulcerative colitis or Crohn's disease, gingivo-stomatitis, oesophageal injuries, glossitis, constipation.

Central nervous system: vertigo, confusion, headache, fatigue. Rare: paresthesia, sensitivity and visual disorders, memory disorders, disorientation, tinnitus, insomnia, psychotic irritations, taste disorders.

Skin (isolated cases): vesicular rash, eczema, multiform erythema, Steven-Johnson's syndrome, Lyell's syndrome, erythroderma (exfoliate dermatitis), alopecia, photosensitivity reactions, purpura.

Kidney (rarely): hematuria, proteinuria, acute renal failure.

Liver (rarely): Aminotransferases activity increase (glutamic pyruvic and glutamic oxalacetic transaminases), hepatitis with or without jaundice.
Blood (isolated cases): thrombocytopenia, leucopoenia, haemolytic anaemia, aplastic anaemia, and agranulocytosis.

Hypersensitivity (rarely): hypotension, oedema, anaphylactic reactions.

REPORT ANY UNDESIRABLE OR DISTRESSING EFFECT WHICH HAS NOT BEEN MENTIONED IN THE PACKAGE INSERT TO YOUR PHYSICIAN OR YOUR PHARMACIST.

Storage: store below 30°C.

KEEP OUT OF THE REACH OF CHILDREN