For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only

LOPRIN - DS

1. Generic Name

Aspirin Gastro - Resistant Tablets I.P. 150 mg

2. Qualitative and quantitative composition

Each gastro-resistant tablet contains:
Aspirin I.P……150 mg
Excipients…….q.s
Colours: Lake of Sunset Yellow FCF, Lake of Erythrosine and Titanium Dioxide I.P.

The excipients used are Colloidal Silicon Dioxide, Triacetin, Isopropyl Alcohol, Lake of Erythrosine, Lake of Sunset Yellow, Methanol, Microcrystalline Cellulose, Starch, Stearic Acid, Talcum and Titanium Dioxide.

3. Dosage form and strength

Dosage form : Gastro-resistant Tablet

Strength : 150 mg

4. Clinical particulars

4.1 Therapeutic indication

Anti-inflammatory indications:

Symptomatic relief of sprains, strains, rheumatic pain, sciatica, lumbago, muscular aches, fibrositis, joint swelling and stiffness.

Analgesic and antipyretic indications:

Mild to moderate pain including headache, migraine, neuralgia, toothache, sore throat, period pains, aches and pains, symptomatic relief of influenza and feverish colds.

4.2 Posology and method of administration

Adults & children over 16 years: 1 - 3 tablets every four hours, or as directed by a doctor.

Not more than 4 doses in 24 hours.

Do not give to children aged under 16 years, unless specifically indicated (eg for Kawasaki's disease)

Elderly: A lower dose is recommended.

The tablets to be taken orally with water.

4.3 Contraindications

Aspirin is contraindicated in patients with;

• active peptic ulceration or a history of peptic ulceration.

• Haemophilia, haemorrhagic disease or a history of bleeding disorders.

• Gout or a history of gout.

• Hypersensitivity to aspirin (e.g. asthma, rhinitis, angioedema or urticaria), other NSAIDs or other tablet excipients

• During the third trimester of pregnancy

4.4 Special warnings and precautions for use

There is a possible association between aspirin and Reye's syndrome when given to children. Reye's syndrome is a very rare disease, which affects the brain and liver and can be fatal. For this reason aspirin should not be given to children under 16 years unless specifically indicated (e.g. for Kawasaki's disease).

Patients with rare hereditary problems of galactose intolerance, the Lapp lactose deficiency or glucose- galactose malabsorption should not take aspirin.

Patients should be warned:

• not to exceed the stated dose.

• not to take aspirin if they have ever suffered from stomach ulcers.

• to keep medicines out of the reach of children.

Caution is required if administrated to patients suffering from, or with a previous history of bronchial asthma.

May produce haemolysis is some glucose-6-phoshate dehydrogenase deficient individuals

4.5 Drugs interactions

Aspirin should not be used in combination with other NSAIDS as this may increase the risk of side-effects. Aspirin should be used with caution in combination with:

• ACE Inhibitors and Angio-II Receptor Antagonists: due to risk of renal impairment and the hypotensive effect is antagonize

• Antacids: excretion of Aspirin is increased by alkaline urine due to some antacids.

• Anti-depressants, SSRI's: increased risk of bleeding

• Anticoagulants: the risk of bleeding is increased with Aspirin due to the antiplatelet effect.

• Corticosteroids: increased risk of gastrointestinal bleeding.

• Anti-epileptic drug (eg phenytoin, sodium valproate): will be enhanced by Aspirin.

• Diuretics: effect will be antagonised by aspirin.

• Gout treatments such as probenacid, sulphinpyrazone: will be antagonised by aspirin.

• Methotrexate: excretion can be reduced with increased risk of toxicity.

• Metoclopramide: may enhance the effect of aspirin.

Experimental data suggest that ibuprofen may inhibit the effect of low dose aspirin on platelet aggregation when they are dosed concomitantly. However, the limitations of these data and the uncertainties extrapolation of ex vivo data to the clinical situation imply that no firm conclusions can be made for regular ibuprofen use, and no clinically relevant effect is considered likely for occasional ibuprofen use

4.6 Use in special populations (such as pregnant women, lactating women, paediatric patients, geriatric patients etc.)

Low doses (up to 100 mg/day):

According to reported clinical studies, indicate that doses up to 100 mg/day for restricted obstetrical use, which require specialised monitoring, appear safe.

Doses of 100- 500 mg/day:

There is insufficient clinical experience regarding the use of doses above 100 mg/day up to 500 mg/day. Therefore, the recommendations below for doses of 500 mg/d and above apply also for this dose range.

Doses of 500 mg/day and above:

Inhibition of prostaglandin synthesis may adversely affect the pregnancy and/or the embryo/foetal development. Reported data from epidemiological studies suggest an increased risk of miscarriage and of cardiac malformation and gastroschisis after use of a prostaglandin synthesis inhibitor in early pregnancy. The absolute risk for cardiovascular malformation was increased from less than 1%, up to approximately 1.5 %. The risk is believed to increase with dose and duration of therapy. In animals, administration of a prostaglandin synthesis inhibitor has been shown to result in increased pre and post-implantation loss and embryo-foetal lethality. In addition, increased incidences of various malformations, including cardiovascular, have been reported in animals given a prostaglandin synthesis inhibitor during the organogenetic period. During the first and second trimester of pregnancy, acetyl salicylic acid should not be given unless clearly necessary. If acetylsalicylic acid is used by a woman attempting to conceive, or during the first and second trimester of pregnancy, the dose should be kept as low and duration of treatment as short as possible.

During the third trimester of pregnancy, all prostaglandin synthesis inhibitors may expose the foetus to:

- cardiopulmonary toxicity (with premature closure of the ductus arteriosus and pulmonary hypertension);

- renal dysfunction, which may progress to renal failure with oligohydroamniosis; the mother and the neonate, at the end of pregnancy, to:

- possible prolongation of bleeding time, an anti-aggregating effect which may occur even at very low doses.

- inhibition of uterine contractions resulting in delayed or prolonged labour. Consequently, acetylsalicylic acid at doses of 100 mg/day and higher is contraindicated during the third trimester of pregnancy.

Lactation:

Aspirin should not be taken when breast feeding as it impairs platelet function and increases the risk of haemorrhage to the baby, i.e. intracranial haemorrhage.

4.7 Effects on ability to drive and use machines

None Stated

4.8 Undesirable effects

Adverse effects of aspirin treatment which have been reported include:

Blood and lymphatic system disorders:

Anaemia may occur following chronic gastrointestinal blood loss or acute haemorrhage. Aspirin prolongs bleeding time, and bleeding disorders, such as epistaxis, purpura and intracranial haemorrhage have occasionally been reported.

Nervous system disorders:

Mental confusion.

Dizziness

Ear and labyrinth disorders:

hearing disturbances (such as tinnitus), vertigo

Respiratory, thoracic and mediastinal disorders;

Aspirin may precipitate bronchospasm and induce asthma in susceptible patients. Dyspnoea also have been reported.

Gastrointestinal disorders:

gastric irritation, dyspepsia, nausea, vomiting, gastrointestinal erosions, ulcerations, gastritis.

In some cases of intensive use may induce gastrointestinal haemorrhage, occasionally major, which may manifest as melaena or haematemesis.

General disorders and administration site conditions:

Hypersensitivity reactions include skin rashes, urticaria and angioedema

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via any point of contact of Torrent Pharma available at: http://www.torrentpharma.com/Index.php/site/info/adverse_event_reporting. By reporting side effects, you can help provide more information on the safety of this medicine.

4.9 Overdose

Salicylate poisoning is usually associated with plasma concentrations >350mg/L (2.5mmol/L). Most adult deaths occur in patients whose concentrations exceed 700mg/L (5.1 mmol/L). Single doses less than 100mg/kg are unlikely to cause serious poisoning.

Symptoms: Common features include vomiting, dehydration, tinnitus, vertigo, deafness, sweating, warm extremities with bounding pulses, increased respiratory rate and hyperventilation. Some degree of acid-base disturbance is present in most cases.

A mixed respiratory alkalosis and metabolic acidosis with normal or high arterial pH (normal or reduced hydrogen ion concentration) is usual in adults and children over the age of four years. In children aged four years or less, a dominant metabolic acidosis with low arterial pH (raised hydrogen ion concentration) is common. Acidosis may increase salicylate transfer across the blood brain barrier.

Uncommon features include haematemesis, hyperpyrexia, hypoglycaemia, hypokalaemia, thrombocytopenia, increased INR/PTR, intravascular coagulation, renal failure, and non-cardiac pulmonary oedema.

Central nervous system features including confusion, disorientation, coma and convulsions are less common in adults than in children.

Management: Give activated charcoal if an adult presents within one hour of ingestion of more than 250mg/kg. The plasma salicylate concentration should be measured, although the severity of poisoning cannot be determined from this alone and the clinical and biochemical features must be taken into account. Elimination is increased by urinary alkalinisation, which is achieved by the administration of 1.26% sodium bicarbonate. The urine pH should be monitored. Correct metabolic acidosis with intravenous 8.4% sodium bicarbonate (first check serum potassium). Forced diuresis should not be used since it does not enhance salicylate excretion and may cause pulmonary oedema.

Haemodialysis is the treatment of choice for severe poisoning and should be considered in patients with plasma salicylate concentrations >700mg/L (5.1mmol/L), or lower concentrations associated with severe clinical or metabolic features. Patients under ten years or over 70 have an increased risk of salicylate toxicity and may require dialysis at an earlier stage.

5. Pharmacological properties

5.1 Mechanism of Action

Aspirin inhibits the cyclo-oxygenase enzyme involved in conversion of phospholipids to prostaglandins and its effects on the body are believed to result primarily from prevention of prostaglandin production. These effects include peripheral analgesia, fever reduction, reduction in inflammation and inhibition of platelet aggregation**.**

5.2 Pharmacodynamic properties

Aspirin has analgesic, anti-inflammatory and antipyretic actions due to inhibition of the biosynthesis of prostaglandins

5.3 Pharmacokinetic properties

Absorption of non-ionised aspirin occurs in the stomach. Acetysalicylates and Salicylates are also readily absorbed from the intestine. Hydrolysis to salicylic acid occurs rapidly in the intestine and in the circulation.

Salicylates are extensively bound to plasma proteins; aspirin to a lesser degree. Aspirin and salicyates are rapidly distributed to all body tissues; they appear in milk and cross the placenta. The rate of excretion of aspirin varies as the pH rises, being greatest at 7.5 and above. Aspirin is also excreted as salicylic acid and as glucuronide conjugate, and as salicylic acid and gentisic acid.

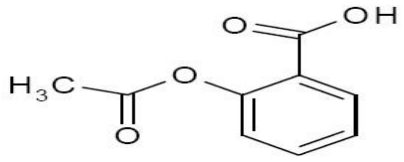
6. Nonclinical properties

No data of relevance in addition to that already stated

7. Description

Aspirin

The antiplatelet agent aspirin (acetylsalicylic acid) is chemically known as benzoic acid, 2- (acetyloxy)-, and has the following structural formula:



Aspirin IP is colourless crystals or a white, crystalline powder; odourless or almost odourless. It is freely soluble in ethanol (95 per cent) and soluble in chloroform and in ether; slightly soluble in water. The empirical formula of aspirin is $C_9H_8O_4$ and its molecular weight is 180.2.

Aspirin Gastro-resistant tablets are light orange to orange coloured round biconvex gastro-resistant tablets. The excipients used are Colloidal Silicon Dioxide, Triacetin, Isopropyl Alcohol, Lake of Erythrosine, Lake of Sunset Yellow, Methanol, Microcrystalline Cellulose, Starch, Stearic Acid, Talcum and Titanium Dioxide.

8. Pharmaceutical particulars

8.1 Incompatibilities

None known

8.2 Shelf-life

Do not use later than the date of expiry.

8.3 Packaging information

LOPRIN DS is available in Blister strip of 14 Tablets.

8.4 Storage and handing instructions

Store in a cool, dry and dark place.

9. Patient counselling information

LOPRIN - DS

Aspirin 150 mg Tablets

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

• Keep this leaflet. You may need to read it again.

• If you have any further questions, ask your doctor or pharmacist.

• **This medicine has been prescribed for you only.** Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.

• If you get any side effects talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

What is in this leaflet?

9.4.Possible side effects

9.5.How to store LOPRIN - DS

9.6.Contents of the pack and other information

9.1 What LOPRIN - DS is and what it is used for

LOPRIN - DS contain Aspirin as active ingredient, which is a type of painkiller. It is used to relieve pain, swelling and high temperature. It can be used to treat headaches, migraine, neuralgia, toothache, sore throat, period pains and for the relief of sprains, strains, rheumatic pain, sciatica, lumbago, muscle aches, fibrositis, joint swelling and stiffness.

9.2 What you need to know before you take LOPRIN - DS

Do not take these tablets if you:

• Are allergic to Aspirin, NSAIDs, which includes those when in attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin, or any other NSAID or any of the other ingredients listed.

• Have a stomach ulcer, or have had problems with ulcers in the past

• Suffer from haemophilia or any other bleeding condition

• Suffer from gout or had it in the past

• Are in the last 3 months of pregnancy or are breastfeeding.

Important warning:

Do not give this medicine to children under the age of 16 unless your doctor tells you. This is because there is a possible association between LOPRIN - DS and Reye's

syndrome when given to children. Reye's syndrome is a very rare disease, which can be fatal.

Take special care and tell your doctor if you:

• Are intolerant to some sugars as these tablets contain lactose

• Have asthma or have ever had it in the past

• Have dehydration

• Have been told you are deficient in glucose-6-phosphate dehydrogenase

Tell your doctor or pharmacist if you are already taking any of the following medicines, as LOPRIN - DS may influence their effectiveness if they are taken at the same time.

• Metoclopramide (for sickness and digestive disorders)

• Blood thinning medicines such as Heparin, Warfarin or nicoumalone

• Corticosteroids e.g. hydrocortisone (which can be used for arthritis, asthma, and inflammatory conditions)

• Anti-inflammatory medicines or steroids for pain and inflammation e.g. ibuprofen

• High blood pressure medicines e.g diuretic/water tablets, Angio-II receptor antagonists or ACE inhibitors

• Epilepsy medicines e.g. Phenytoin, sodium valproate

• Methotrexate (for psoriasis, arthritis or tumours)

• Antacids for indigestion

• Probenecid or sulphinpyrazone for gout

• Anti depressants e.g. citalopram Before using aspirin inform your doctor about the medicines you are taking. If you are using aspirin regularly seek advice of your doctor before taking any other medicine (including other medicines that you have bought).

Pregnancy and breast-feeding

Ask your doctor or pharmacist for advice before taking this medicine. Aspirin should not be taken in the last three months of pregnancy. Do not take this medicine if you are breastfeeding.

9.3 How to take LOPRIN - DS

When taking this medicine, it is important to remember the following:

• Do not give to children aged under 16 years unless told by your doctor

• Do not exceed stated dose

• Seek medical attention IMMEDIATELY if you accidentally take too many tablets

• If you miss a dose, do not take a double dose to make up for the missed dose

• If symptoms persist for more than 3 days consult your doctor

9.4 Possible side effects

Most people will not have problems, but some may get some.

If you get any of these serious side effects, stop taking the tablets. See a doctor at once:

• You are sick and it contains blood or dark particles that look like coffee grounds

• Pass blood in your stools or pass black tarry stools

• Stomach problems including pain, indigestion or heartburn

• Allergic reactions such as skin rash, swelling of the face, neck or throat, worsening of asthma, difficulty in breathing

• Bleeding on the brain, which may cause a severe headache or stroke, These other effects are less serious. If they bother you talk to a pharmacist:

• Feeling sick, being sick, changes to the stomach lining (swelling or ulcers)

• Increased bleeding time when you cut yourself, bleeding under the skin which may look like bruising

• Nose bleeds (if a nose bleed is severe or lasts for a long time, talk to a doctor straight away)

• Hearing problems (e.g. ringing in the ears), feeling dizzy (vertigo), feeling confused

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via any point of contact of Torrent Pharma available at: http://www.torrentpharma.com/Index.php/site/info/adverse_event_reporting. By reporting side effects, you can help provide more information on the safety of this medicine.

9.5 How to store LOPRIN - DS

Do not use this medicine after the expiry date printed on the packaging.

Store in a cool, dry and dark place.

9.6 Contents of the pack and other information

The active ingredient in these tablets is aspirin 150mg

The excipients used are Colloidal Silicon Dioxide, Triacetin, Isopropyl Alcohol, Lake of Erythrosine, Lake of Sunset Yellow, Methanol, Microcrystalline Cellulose, Starch, Stearic Acid, Talcum and Titanium Dioxide.

10. Details of manufacturer

Manufactured in India by:

Sidmak Laboratories (India) Pvt Ltd.

Post Box No. 121, National Highway No.8,

Abrama, Valsad – 396001, Gujarat India.

11. Details of permission or licence number with date

Mfg Lic. No. G/660 issued on 13.11.2016.

12. Date of revision

Not applicable

MARKETED BY

TORRENT PHARMACEUTICALS LTD.

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