SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

ANTALGEX T 37.5 mg/325 mg capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One capsule contains 37.5 mg tramadol hydrochloride and 325 mg paracetamol.
For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Capsule

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Antalgex T is indicated for the symptomatic treatment of moderate to severe pain.
The use of Antalgex T should be restricted to patients whose moderate to severe pain is considered to require a combination of tramadol hydrochloride and paracetamol (see also section 5.1).

4.2. Posology and method of administration

Posology
The use of Antalgex T should be restricted to patients whose moderate to severe pain is considered to require a combination of tramadol hydrochloride and paracetamol.
The dose should be individually adjusted according to the intensity of the pain and to the response of the patient. Generally, the lowest dose producing analgesic effect should be selected.
A total daily dose of 8 capsules (equivalent to 300 mg of tramadol and 2600 mg of paracetamol) should not be exceeded. The dosing interval should not be less than 6 hours.

Adults and adolescents (from 12 years old and 50 kg)
An initial dose of two capsules of Antalgex T is recommended. Additional doses can be taken as needed, not exceeding 8 capsules (equivalent to 300 mg of tramadol hydrochloride and 2600 mg of paracetamol) per day.
The dosing interval should not be less than six hours.

Antalgex T should under no circumstances be administered for longer than it is strictly necessary (see also section 4.4 Special warnings and precautions for use). If repeated use or long term treatment with Antalgex T is required as a result of the nature and severity of the illness, then careful, regular monitoring should take place (with breaks in the treatment, where possible), to assess whether the continuation of the treatment is necessary.

Paediatric population
The effective and safe use of Antalgex T has not been established in children below the age of 12 years. The treatment is therefore not recommended in this population.

Geriatric population
A dosing adjustment is generally not required in patients aged 75 or less. In patients over 75 years old, the elimination may be extended. Then, if required, the dosing interval should be prolonged in terms of the patient's needs.

Renal insufficiency/dialysis
The elimination of tramadol is delayed in patients with renal insufficiency. In those patients, a prolongation of the dosing intervals should be considered carefully in terms of the patient's needs.

Hepatic insufficiency
In patients with hepatic impairment the elimination of tramadol is delayed. In these patients prolongation of the dosage intervals should be carefully considered according to patient's requirements (see section 4.4). Because of the presence of paracetamol Antalgex T should not be used in patients with severe hepatic impairment (see section 4.3).

Method of administration
Oral use
Capsules should be swallowed with a glass of drinking water.

4.3.Contraindications

- Hypersensitivity to tramadol hydrochloride, paracetamol or to any of the excipients (see section 6.1) of the medicinal product,
- Acute intoxication with alcohol, hypnotic medicinal products, centrally-acting analgesics, opioids or psychotropic medicinal products,
- Antalgex T should not be administered to patients who are receiving monoamine oxidase inhibitors or within two weeks of their withdrawal (see section 4.5),
- Severe hepatic impairment,
- Epilepsy not controlled by treatment (see section 4.4).

4.4.Special warnings and precautions for use

Warnings
- In adults and adolescents 12 years and older, the maximum dose of 8 capsules of Antalgex T should not be exceeded. In order to avoid inadvertent overdose, patients should be advised not to exceed the recommended dose and not to use any other paracetamol (including over the counter) or tramadol hydrochloride containing products concurrently without the advice of a physician.
- In severe renal insufficiency (creatinine clearance <10 ml/mm), Antalgex T is not recommended.
- In patients with severe hepatic impairment Antalgex T should not be used (see section 4.3 Contra-indications). The hazards of paracetamol overdose are greater in patients with non-cirrhotic alcoholic liver disease. In moderate cases prolongation of dosage interval should be carefully considered.
- In severe respiratory insufficiency, Antalgex T is not recommended.
- Tramadol hydrochloride is not suitable as a substitute in opioid-dependent patients. Although it is an opioid agonist, tramadol hydrochloride cannot suppress morphine withdrawal symptoms.

- Convulsions have been reported in tramadol hydrochloride-treated patients susceptible to seizures or taking other medications that lower the seizure threshold, especially selective serotonin re-uptake inhibitors, tricyclic antidepressants, antipsychotics, centrally acting analgesics or local anaesthesia. Epileptic patients controlled by a treatment or patients susceptible to seizures should be treated with Antalgex T only if there are compelling circumstances. Convulsions have been reported in patients receiving tramadol hydrochloride at the recommended dose levels. The risk may be increased when doses of tramadol hydrochloride exceed the recommended upper dose limit.
- Concomitant administration of opioids agonists-antagonists (nalbuphine, buprenorphine, pentazocine) is not recommended (see section 4.5 Interactions with other medicinal products and other forms of interactions).

Precautions for use
Tolerance and physical and/or psychological dependence might develop, even at therapeutically doses. The clinical requirement for an analgesic treatment should be regularly reassessed (see section 4.5 Posology and method of administration). In patients with opioid addiction and with history of drug abuse or addiction, the treatment should be administered for a short duration and under medical supervision. ANTALGEX T should be used with caution in patients with head trauma, in patients with predispositions to convulsions, in patients with biliary tract dysfunctions, shock, consciousness alteration from unknown origin, respiratory centres or respiratory function disorders or increased intracranial pressure.

Paracetamol in overdose may cause hepatic toxicity in some patients.

Withdrawal symptoms similar to those occurring during opiate withdrawal might occur even at therapeutically doses or for short duration (see section 4.8 Undesirable effects). The withdrawal symptoms can be avoided by reducing incrementally the posology at the time of stopping the treatment, particularly after long periods of treatment. Rare cases of addiction and abuse have been reported (see section 4.8 Undesirable effects).

In one study, use if tramadol during general anaesthesia with enflurane and nitrous oxide was reported to enhance intra-operative recall. Until further information is available, use of tramadol during light planes of anaesthesia should be avoided.

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

Concomitant use is contraindicated with
• Non-selective MAO Inhibitors
Risk of serotoninergic syndrome: diarrhoea, tachycardia, hyperhidrosis, trembling, confusion, even coma.
• Selective-A MAO Inhibitors
Extrapolation from non-selective MAO inhibitors
Risk of serotoninergic syndrome: diarrhoea, tachycardia, hyperhidrosis, trembling, confusion, even coma.
• Selective-B MAO Inhibitors
Central excitation symptoms evocative of a serotoninergic syndrome: diarrhoea, tachycardia, hyperhidrosis, trembling, confusion, even coma**.**
In case of recent treatment with MAO inhibitors, a delay of two weeks should occur before treatment with tramadol hydrochloride

Concomitant use is not recommended with

• Alcohol

Alcohol increases the sedative effect of opioid analgesics.
The effect on alertness can make driving of vehicles and the use of machines dangerous.
Avoid intake of alcoholic drinks and of medicinal products containing alcohol.

• Carbamazepine and other enzyme inducers

Risk of decreased efficiency and action duration because of the decreased plasma concentration in tramadol.

• Opioid agonists-antagonists (buprenorphine, nalbuphine, pentazocine)

Decrease of the analgesic effect by competitive blocking effect at the receptors, with the risk of occurrence of withdrawal syndrome.

Concomitant use which needs to be taken into consideration

- Tramadol can cause convulsion and increase the convulsing potential of selective serotonin reuptake inhibitors (SSRIs), serotonin-adrenaline reuptake inhibitors (SNRIs), tricyclic antidepressants and other medicines that lower the seizure threshold (as bupropion, mirtazapine, tetrahydrocannabinol).

- The concomitant therapeutic use of tramadol and serotoninergic medicines as serotonin reuptake inhibitors (SSRIs), serotonin-adrenaline reuptake inhibitors (SNRIs), MAO inhibitors (see section 4.3 Contraindications), tricyclic antidepressants and mirtazapine, might cause a serotoninergic toxicity. A serotoninergic syndrome is likely when the following symptoms are observed:

- Spontaneous clonus
- Inducible or ocular clonus with agitation or diaphoresis
- Shaking or hyperreflexia
- Hypertonia and body temperature > 38 °C and inducible or ocular clonus.

Withdrawal of the serotonergic drugs usually brings about a rapid. Treatment depends on the type and severity of the symptoms.

- Other opioids derivatives (including antitussives and substitution treatment), barbiturates, benzodiazepines
  Increased risk of respiratory depression which can be fatal in cases of overdose.

- Other central nervous system depressants as other opioid analgesics (including antitussives and substitution treatment), barbiturates, benzodiazepines, hypnotics, sedative antidepressants, sedative antihistamines, neuroleptics, centrally-acting antihypertensive drugs, thalidomide and baclofen.
  These medicines can cause increased central depression. The effect on alertness can driving of vehicles or the use of machines dangerous.

- In terms of clinical needs, an assessment of prothrombin time should be carried out in case of co-administration of Antalgex T with warfarin derivatives, INR extensions having been reported.

- In a limited number of studies, the pre- or postoperative application of the antiemetic 5-HT3 antagonist ondansetron increased the requirement of tramadol hydrochloride in patients with postoperative pain.

4.6. Pregnancy and lactation

Pregnancy
Since Antalgex T is a fixed combination of active substances including tramadol hydrochloride, it should not be used during pregnancy.
• *Data regarding paracetamol:*
Epidemiological studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosages.
• *Data regarding tramadol hydrochloride:*
Tramadol hydrochloride should not be used during pregnancy as there is inadequate evidence available to assess the safety of tramadol hydrochloride in pregnant women.
Tramadol hydrochloride administered before or during birth does not affect uterine contractility. In neonates it may induce changes in the respiratory rate which are usually not clinically relevant. Long-term treatment during pregnancy may lead to withdrawal symptoms in the newborn after birth, as a consequence of habituation.

Lactation
Since Antalgex T is a fixed combination of active ingredients including tramadol hydrochloride, it should not be ingested during breast feeding.
• *Data regarding paracetamol:*
Paracetamol is excreted in breast milk but not in a clinically significant amount.
Available published data do not contraindicate breast feeding by women using single ingredient medicinal products containing only paracetamol.
• *Data regarding tramadol hydrochloride:*
About 0.1 % of the dose of tramadol administered to the mother is secreted in breast milk. Then, in the immediate post-partum, for a daily oral dose up to 400 mg administered to the mother, the nursed child received 3 % of the mother, weight-adjusted. Therefore, tramadol should not be used during breast-feeding, or breast-feeding should be interrupted in case of tramadol treatment. Treatment discontinuation is generally not required in case of a single administration of tramadol.

Fertility
Post marketing surveillance does not suggest an effect of tramadol on fertility.
Animal studies did not show an effect of tramadol on fertility. No study on fertility was accomplished with the combination of tramadol and paracetamol.

4.7. Effects on ability to drive and use machines

Tramadol hydrochloride may cause drowsiness or dizziness, which may be enhanced by alcohol or other CNS depressants. If affected, the patient should not drive or operate machinery.

4.8. Undesirable effects

The most commonly reported undesirable effects during the clinical trials performed with the paracetamol/tramadol hydrochloride combination were nausea, dizziness and somnolence, observed in more than 10 % of the patients.

The frequencies are defined as follows:

Very common	(≥1/10)
Common	(≥1/100, < 1/10)
Uncommon	(≥ 1/1,000, < 1/100)
Rare	(≥/10,000, <1/1,000)
Very rare	(<1/10,000)
Undetermined frequency	(cannot be estimated based on the available data).

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

Cardiovascular disorders:
• Uncommon: palpitations, tachycardia, arrhythmia.
Eye disorders:
• Rare: blurred vision, miosis, mydriasis.
Ear and labyrinth disorders:
• Uncommon: tinnitus.
Gastrointestinal disorders:
• Very common: nausea.
• Common: vomiting, constipation, dry mouth, diarrhoea, abdominal pain, dyspepsia, flatulence.
• Uncommon: dysphagia, melena.
General disorders and administration site conditions:
• Rare: chills, chest pain.
Investigations:
• Uncommon: transaminases increased
Metabolism and nutrition disorders:
• Undetermined frequency: hypoglycaemia.
Nervous system disorders:
• Very common: somnolence, dizziness.
• Common: headache, trembling.
• Uncommon: involuntary muscular contractions, paraesthesia, amnesia.
• Rare: ataxia, convulsions, syncope, speech disorders.
Psychiatric disorders:
• Common: confusion state, mood altered (anxiety, nervousness, euphoria), sleep disorders.
• Uncommon: depression, hallucination, nightmares.
• Rare: delirium, drug dependence.
Post-marketing surveillance:
• Very rare: abuse.
Renal and urinary disorders:
• Uncommon: albuminuria, micturition disorders (dysuria and urinary retention).
Respiratory, thoracic and mediastinal disorders:
• Uncommon: dyspnoea.
Skin and subcutaneous tissue disorders:
• Common: hyperhidrosis, pruritus.
• Uncommon: dermal reactions (i.e. rash, urticaria).
Vascular disorders:
• Uncommon: hypertension, hot flush.

Although not observed during clinical trials, the occurrence of the following undesirable effects known to be related to the administration of tramadol or paracetamol cannot be excluded:

Tramadol hydrochloride

• Postural hypotension, bradycardia, collapse.
• Post-marketing surveillance of tramadol hydrochloride has revealed rare alterations of warfarin effect, including elevation of prothrombin times.
• Rare cases (≥ 1/10000 to < 1/1000): allergic reactions with respiratory symptoms (e.g. dyspnoea, bronchospasm, wheezing, angioneurotic oedema) and anaphylaxis
• Rare cases (≥ 1/10000 to < 1/1000): changes in appetite, motor weakness, and respiratory depression
• Psychic side-effects may occur following administration of tramadol hydrochloride which vary individually in intensity and nature (depending on personality and duration of medication). These include changes in mood, (usually elation occasionally dysphoria), changes in activity (usually suppression occasionally increase) and changes in cognitive and sensorial capacity (e.g. decision behaviour perception disorders).
• Worsening of asthma has been reported though a causal relationship has not been established.
• Symptoms of drug withdrawal syndrome, similar to those occurring during opioids withdrawal may occur as follows: agitation, anxiety, nervousness, insomnia, hyperkinesia, tremor and gastrointestinal symptoms.
• Other symptoms that have very rarely been seen if tramadol hydrochloride is discontinued abruptly include: panic attacks, severe anxiety, hallucinations, paraesthesia, tinnitus and unusual CNS symptoms.

Paracetamol

• Despite the fact that the undesirable effects are rare, hypersensitivity including skin rash may occur. Cases of blood dyscrasias have been reported, including thrombocytopenia and agranulocytosis, but the causality relation with paracetamol has not been established in all cases.
• Several reports suggest that paracetamol could induce a hypoprothrombinaemia in case of concomitant administration with warfarin-type compounds. In other studies, the prothrombin time has not been modified.
• Severe skin reactions have been reported in very rare cases.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.

4.9. Overdose

Antalgex T is a fixed combination of active substances. In case of overdose, the symptoms may include the signs and symptoms of toxicity of tramadol hydrochloride or paracetamol or of both these active ingredients.

Symptoms of overdose from tramadol hydrochloride:
In principle, on intoxication with tramadol hydrochloride, symptoms similar to those of other centrally acting analgesics (opioids) are to be expected. These include in particular, miosis, vomiting, cardiovascular collapse, consciousness disorders that can lead to coma, convulsions and respiratory depression up to respiratory arrest.

Symptoms of overdose from paracetamol:
An overdose is of particular concern in young children.

Symptoms of paracetamol overdose in the first 24 hours are the following: pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 24 to 48 hours after ingestion. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, coma and death. Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.
Liver damage is possible in adults who have taken 7.5-10 g or more of paracetamol. It is considered that excess quantities of a toxic metabolite (usually adequately detoxified by glutathione when normal doses of paracetamol are ingested), become irreversibly bound to liver tissue.

Emergency treatment:
- Transfer immediately to a specialised unit.
- Maintain respiratory and circulatory functions
- Prior to starting treatment, a blood sample should be taken as soon as possible after overdose in order to measure the plasma concentration of paracetamol and tramadol and in order to perform hepatic tests.
- Perform hepatic function tests as soon as possible and repeat every 24 hours. An increase in hepatic enzymes (ASAT, ALAT) is usually observed, which normalizes after one or two weeks.
- Empty the stomach by causing the patient to vomit (when the patient is conscious) or gastric lavage.
- Supportive measures such as maintaining the patency of the airway and maintaining cardiovascular function should be instituted; naloxone should be used to reverse respiratory depression; fits can be controlled with diazepam.
- Tramadol hydrochloride is minimally eliminated from the serum by haemodialysis or haemofiltration. Therefore treatment of acute intoxication with Antalgex T with haemodialysis or haemofiltration alone is not suitable for detoxification.

Immediate treatment is essential in the management of paracetamol overdose. Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention and any adult or adolescent who had ingested around 7.5 g or more of paracetamol in the preceding 4 hours or any child who has ingested ≥150 mg/kg of paracetamol in the preceding 4 hours should undergo gastric lavage.
Paracetamol concentrations in blood should be measured later than 4 hours after overdose in order to be able to assess the risk of developing liver damage (via the paracetamol overdose nomogram). Administration of oral methionine or intravenous N-acetylcysteine (NAC) which may have a beneficial effect up to at least 48 hours after the overdose may be required. Administration of intravenous NAC is most beneficial when initiated within 8 hours of overdose ingestion. However, NAC should still be given if the time to presentation is greater than 8 hours after overdose and continued for a full course of therapy. NAC treatment should

be started immediately when massive overdose is suspected. General supportive measures must be available.

Irrespective of the reported quantity of paracetamol ingested, the antidote for paracetamol, NAC, should be administered orally or intravenously, as quickly as possible, if possible, within 8 hours following the overdose.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Other opioids; Tramadol, combinations
ATC code: N02A X 52 ANALGESICS

Tramadol is an opioid analgesic that acts on the central nervous system. Tramadol is pure non selective agonists of the μ, δ, and κ opioid receptors with a higher affinity for the μ receptors. Other mechanisms which contribute to its analgesic effect are inhibition of neuronal reuptake of noradrenaline and enhancement of serotonin release. Tramadol has an antitussive effect. Unlike morphine, a broad range of analgesic doses of tramadol has no respiratory depressant effect. Similarly, the gastro-intestinal motility is not influenced. The cardiovascular effects are generally slight. The potency of tramadol is considered to be one-tenth to one-sixth that of morphine.
The precise mechanism of the analgesic properties of paracetamol is unknown and may involve central and peripheral effects.
ANTALGEX T is positioned as a step II analgesic in the WHO pain ladder and should be used accordingly by the physician.

5.2. Pharmacokinetic properties

Tramadol hydrochloride is administered in racemic form and the [-] and [+] forms of tramadol and its metabolite M1, are detected in the blood. Although tramadol is rapidly absorbed after administration, its absorption is slower (and its half-life longer) than that of paracetamol. After a single oral administration of a tramadol hydrochloride/paracetamol (37.5 mg/325 mg), mean peak plasma concentrations of 64.3/55.5 ng/ml [(+)-tramadol/(-)-tramadol] and 4.2 μg/ml for paracetamol are reached after 1.8 h [(+)-tramadol/(-)-tramadol] and 0.9 h (paracetamol), respectively. The mean elimination half-lives (t1/2) are 5.1/4.7 h for racemic tramadol and 2.5 h for paracetamol.
During pharmacokinetic studies in healthy volunteers after single and repeated oral administration of tramadol-paracetamol, no clinical significant change was observed in the kinetic parameters of each active ingredient compared to the parameters of the active ingredients used alone.

Absorption:
Racemic tramadol is rapidly and almost completely absorbed after oral administration.
The mean absolute bioavailability of a single 100 mg dose is approximately 75%. After repeated administration, the bioavailability is increased and reaches approximately 90%.
After administration of tramadol-paracetamol association, the oral absorption of paracetamol is rapid and nearly complete and takes place mainly in the small intestine. Peak plasma concentrations of paracetamol are reached in one hour and are not modified by concomitant administration of tramadol hydrochloride.

The oral administration of tramadol-paracetamol association with food has no significant effect on the peak plasma concentration or extent of absorption of either tramadol or paracetamol so that Antalgex T can be taken independently of meal times.

Distribution:
Tramadol has a high tissue affinity ($Vd,\beta=203 \pm 40$ l). It has a plasma protein binding of about 20%.
Paracetamol appears to be widely distributed throughout most body tissues except fat. Its apparent volume of distribution is about 0.9 l/kg. A relative small portion (~20%) of paracetamol is bound to plasma proteins.

Metabolism:
Tramadol is extensively metabolized after oral administration. About 30% of the dose is excreted in urine as unchanged drug, whereas 60% of the dose is excreted as metabolites. Tramadol is metabolised through *O*-demethylation (catalysed by the enzyme CYP2D6) to the metabolite M1 and through *N*-demethylation (catalysed by CYP3A) to the metabolite M2. M1 is further metabolised through N-demethylation and by conjugation with glucuronic acid. The plasma elimination half-life of M1 is 7 hours. The metabolite M1 has analgesic properties and is more potent than the parent drug. The plasma concentrations of M1 are several-fold lower than those of tramadol and the contribution to the clinical effect are unlikely to change on multiple dosing.
Paracetamol is principally metabolized in the liver through two major hepatic routes: glucuronidation and sulphation. The latter route can be rapidly saturated at doses above the therapeutic doses. A small fraction (less than 4%) is metabolized by cytochrome P 450 to an active intermediate (the N-acetyl benzoquinoneimine) which, under normal conditions of use, is rapidly detoxified by reduced glutathione and excreted in urine after conjugation to cysteine and mercapturic acid. However, during massive overdose, the quantity of this metabolite is increased.

Elimination:
Tramadol and its metabolites are eliminated mainly by the kidneys. The half-life of paracetamol is approximately 2 to 3 hours in adults. It is shorter in children and slightly longer in the newborn and in cirrhotic patients. Paracetamol is mainly eliminated by dose-dependent formation of glucuro- and sulpho-conjugate derivatives. Less than 9% of paracetamol is excreted unchanged in urine. In renal insufficiency, the half-life of both compounds is prolonged.

5.3. Preclinical safety data

No preclinical study has been performed with the fixed combination (tramadol hydrochloride and paracetamol) to evaluate its carcinogenic or mutagenic effects or its effects on fertility.
No teratogenic effect that can be attributed to the medicine has been observed in the progeny of rats treated orally with the combination tramadol hydrochloride/paracetamol.
The combination tramadol hydrochloride/paracetamol has proven to be embryotoxic and foetotoxic in the rat at materno-toxic dose (50/434 mg/kg tramadol hydrochloride/paracetamol), i.e., 8.3 times the maximum therapeutic dose in man.
No teratogenic effect has been observed at this dose. The toxicity to the embryo and the foetus results in a decreased foetal weight and an increase in supernumerary ribs. Lower doses, causing less severe materno-toxic effect (10/87 and 25/217 mg/kg tramadol hydrochloride/paracetamol) did not result in toxic effects in the embryo or the foetus.

Results of standard mutagenicity tests did not reveal a potential genotoxic risk for tramadol hydrochloride in man. Results of carcinogenicity tests do not suggest a potential risk of tramadol hydrochloride for man.
Animal studies with tramadol hydrochloride revealed, at very high doses, effects on organ development, ossification and neonatal mortality, associated with maternotoxicity.
Fertility reproductive performance and development of offspring were unaffected.
Tramadol crosses the placenta. Male and female fertility was not affected.
Extensive investigations showed no evidence of a relevant genotoxic risk of paracetamol at therapeutic (i.e. non-toxic) doses.
Long-term studies in rats and mice yielded no evidence of relevant tumorigenic effects at non-hepatotoxic dosages of paracetamol.
Animal studies and extensive human experience to date yield no evidence of reproductive toxicity.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients
Dibasic calcium phosphate, magnesium stearate.
Capsule shell: gelatine, titanium dioxide (E171).

6.2. Incompatibilities
Not applicable.

6.3. Shelf-life
3 years.

6.4.Special precautions for storage
Store in the original package, protect from heat, light and moisture
Store below 30°C

6.5. Nature and contents of container
The capsules are packed in PVC/Aluminium blisters.
Antalgex T is available in boxes of 20 capsules.

6.6. Special precautions for disposal and other handlings
No special requirements.

7. CATEGORY OF DISTRIBUTION

☐ Over-the counter medicine ☒ Prescription only medicines
List I

8. MARKETING AUTHORISATION HOLDER

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9. MANUFACTURER

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10. UPDATE DATE

November 2019