Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Paracodin 10 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 10 mg Dihydrocodeine Hydrogen Tartrate.

Excipients with known effect: Each tablet also includes Lactose monohydrate.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Tablet.
Round, off white biplane tablets, with a score line on one side and a star with three rays on the other side.
The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Paracodin is indicated in the management of non-productive cough.

4.2 Posology and method of administration

For oral administration.

Adults and children over the age of 12 years: The usual dose is 10 to 30 mg up to three times daily.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Opiate addiction, mental clouding, disturbances of the breathing centre and respiratory function,head injuries and conditions in which intracerebral pressure is elevated (at high doses), hypotension, hypovolaemia.

Do not give Paracodin to children below the age of 12 years.

4.4 Special warnings and precautions for use

As dihydrocodeine may bring about histamine release, Paracodin Tablets should not be given during an attack of asthma and should be administered with due care to persons liable to such attacks.

Dosage should be reduced in the elderly and in patients with hypothyroidism, chronic hepatic disease or renal insufficiency.

Prolonged regular use of high dosage, except under medical supervision, may lead to physical and psychological dependence (addiction) and result in withdrawal symptoms such as restlessness and irritability, once the drug is stopped.

Patients with pre-existing seizure disorders should be observed with caution when prescribed this product.

Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

CYP2D6 Metabolism

Dihydrocodeine is a semi-synthetic analogue of codeine. There are similarities between the metabolism of codeine and dihydrocodeine in the formation of (0-demethylated) metabolites catalysed by CYP2D6. There are genetic differences in the expression of the CYP2D6 enzyme. For codeine, this results in a risk of lack of efficacy in poor metabolisers and a risk of opioid toxicity in patients who are ultra rapid metabolisers. The clinical implications of CYP2D6 genetic polymorphisms have not been sufficiently elucidated for dihydrocodeine (see section 5.2).

4.5 Interaction with other medicinal products and other forms of interactions

As with all other drugs acting on the central nervous system, the consumption of alcohol should be avoided under Paracodin therapy.

Paracodin should not be administered to patients who are receiving monoamine oxidase inhibitors or who have received these within the previous 14 days.

As occurs for other opoids, the effects of DHC on the central nervous system may be enhanced by other drugs acting on the central nervous system such as:
• Anxiolytics or hypnotics may increase CNS depression, particularly respiratory depression
• Triciclic antidepressants (e.g. imipramine, amitriptyline) may enhance CNS depressive effects when taken with dihydrocodeine
• Antipsychotic may enhance hypotensive and sedative effects.

The efficacy of analgesics is enhanced.

Cimetidine and other drugs (e.g. quinidine, fluoxetine) may inhibit hepatic metabolism of dihydrocodeine but no change of the clinical effects of dihydrocodeine have been noted.

4.6 Fertility, pregnancy and lactation

All narcotic analgesics can cross the placenta and are also excreted in breast milk. They should not be used during pregnancy or lactation unless considered essential by the physician.

4.7 Effects on ability to drive and use machines

Paracodin Tablets may induce drowsiness. Patients receiving Paracodin Tablets should not drive or operate machinery unless it has been shown not to affect physical or mental ability.

4.8 Undesirable effects

At the usual recommended doses the most frequent side effects are nausea and constipation and less frequently headache and dizziness.

Psychiatric disorders.
Confusion, euphoria.

Nervous system disorders
Dizziness, headache, vertigo or drowsiness.
Eye disorders
Miosis, visual disturbances.

Respiratory, thoracic and mediastinal disorders
Dyspnea, respiratory depression may occur at larger doses. Laringeal edema has been reported very rarely.

Gastrointestinal disorders
Nausea, vomiting, gastrointestinal complaints and constipation.

Cardiovascular disorders
Bradycardia, hypotension, palpitations, facial flushing.

Skin and subcutaneous tissue disorders

Rash, urticaria, pruritus.
Angioedema (Quinke's edema).

Renal and urinary disorders
Urinary retention.

General disorders and administration site conditions
Fatigue.

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 HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie.

4.9 Overdose

In the case of overdosage conservative management is recommended. Severe respiratory depression can be treated with naloxone hydrochloride 0.4 to 2 mg subcutaneously, repeated as required at 2 or 3 minute intervals.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Paracodin is a centrally-acting anti-tussive. Dihydrocodeine works on the cough centre to lessen the incidence and intensity of coughing fits. Dihydrocodeine inhibits troublesome, unproductive cough but does not impair the expectoration of bronchial mucus. The analgesic action of DHC may be helpful in patients with painful cough. Dihydrocodeine also exerts dose-dependent sedative effects.

Opiates may cause depression of the respiratory centre and thereby reduce its sensitivity to normal respiratory stimuli (CO_2 partial pressure in the blood).
It depresses the respiratory centre in a dose-dependent fashion.

Opiates increase for instance the tone of gastrointestinal smooth muscle. Thus, the transit time of food through the gastrointestinal tract is prolonged and intestinal peristalsis reduced. Constipation occurs as a result of inhibited peristalsis and defaecation as well as an increase in the tone of the sphincter ani.

The metabolism of dihydrocodeine shows important similarities with metabolism of codeine. Dihydrocodeine is also a substrate of the polymorphic enzyme CYP2D6. This enzyme catalyses the conversion of dihydrocodeineto dihydromorphineby the O-demethylation pathway (see section 4.4).

5.2 Pharmacokinetic properties

Dihydrocodeine is readily absorbed after oral administration, has a duration of action of 4 to 6 hours, is extensively metabolised in the liver and is excreted mainly via the kidney.

The biological availability of dihydrocodeine is three times higher than that of codeine. In comparative studies in healthy volunteers, 35% of the orally-applied dose of dihydrocodeine was eliminated in the urine in the course of 24 hours. After oral administration of dihydrocodeine, the highest concentration was found in the plasma after 1.7 hours. The elimination half-life was 4 hours.

5.3 Preclinical safety data

Not applicable.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose Monohydrate
Microcrystalline Cellulose (E460)
Sodium Starch Glycolate
Magnesium Stearate (E572)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years.

6.4 Special precautions for storage

Keep blister in the outer carton.

6.5 Nature and contents of container

Aluminium/PVC foil blister strips containing 20 tablets.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Teofarma S.R.L.
Valle Salimbene (PV)
Via F. LLI Cervi
8 CAP 27010
Italy

8 MARKETING AUTHORISATION NUMBER

PA1235/004/003

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

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August 2020