TAMOLTRA and TAMOLTRA FORTE

SCHEDULING STATUS S5

1. NAME OF THE MEDICINE
TAMOLTRA (37,5 mg/325 mg) film coated tablets
TAMOLTRA FORTE (75 mg/650 mg) film coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
TAMOLTRA: Each film coated tablet contains tramadol hydrochloride 37,5 mg and paracetamol 325 mg.
TAMOLTRA FORTE: Each film coated tablet contains tramadol hydrochloride 75 mg and paracetamol 650 mg.
Sugar free.
Essentially 'sodium free'.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM
Film coated tablets.
TAMOLTRA: Slightly yellow-brown, oval, convex film coated tablets.
TAMOLTRA FORTE: Slightly orange, oval, biconvex film coated tablets widely scored on both sides.

4. CLINICAL PARTICULARS
4.1 Therapeutic indications
TAMOLTRA and TAMOLTRA FORTE are indicated for the management of moderate to moderately severe pain in adults.
TAMOLTRA and TAMOLTRA FORTE are not recommended for minor pain that may be treated adequately through lesser means.

4.2 Posology and method of administration
Posology
TAMOLTRA: To be used in adults and children over 16 years of age.
TAMOLTRA FORTE: To be used in adults.
DO NOT EXCEED THE RECOMMENDED DOSE.

TAMOLTRA: Adults and children over the age of 16
For the management of pain, the recommended dose of TAMOLTRA is 1 or 2 tablets every 4 - 6 hours, as needed for pain relief, up to a maximum of 8 tablets per day.
TAMOLTRA FORTE: Adults
The recommended dose of TAMOLTRA FORTE is 1 tablet every 4 - 6 hours as needed. The maximum total dose per day is 4 tablets.

As with all analgesic medicines, a titration period of several days with gradual dose increases at the initiation of TAMOLTRA and TAMOLTRA FORTE therapy may be beneficial for some patients. Clinical studies with tramadol in patients with moderate to moderately severe chronic pain indicated that the tolerability of tramadol can be improved by starting at a lower dose with gradual upward titration to reach doses that provide sufficient pain relief.

Special populations
Elderly population (65 years of age and older)
No overall differences, about safety or pharmacokinetics, were noted between subjects ≥ 65 years of age and younger subjects.

Renal insufficiency/dialysis
In patients with renal insufficiency, the elimination of tramadol is delayed. In these patients, prolongation of the dosage intervals should be carefully considered according to the patients' requirements.
For patients with creatinine clearance < 30 mL/min, the dosing interval should be increased but should not exceed 2 tablets every 12 hours.

Hepatic impairment
TAMOLTRA and TAMOLTRA FORTE should not be used in patients with moderate to severe liver impairment (see section 4.3).

Paediatric population
TAMOLTRA: Not indicated for use in children under the age of 16 years, as safety and efficacy have not been established.

TAMOLTRA FORTE: Not recommended in patients under 18 years old.

Method of administration
For oral use.
The coated tablets must be swallowed whole, with a sufficient quantity of liquid. They must not be broken or chewed.
Tablets can be administered without regard to food.

Missed dose
Medical practitioners should advise patients who forget to take TAMOLTRA or TAMOLTRA FORTE to take a dose as soon as possible and then continue with the normal dose. Patients should not take a double dose to compensate for the missed dose.

4.3 Contraindications
TAMOLTRA and TAMOLTRA FORTE is contraindicated in:
- TAMOLTRA and TAMOLTRA FORTE are contraindicated in patients with a known hypersensitivity to tramadol, paracetamol, other opioids such as codeine or any of the other ingredients mentioned in section 6.1
- TAMOLTRA and TAMOLTRA FORTE are also contraindicated in cases of moderate to severe liver function impairment and in acute intoxication with alcohol
- TAMOLTRA and TAMOLTRA FORTE are contraindicated in combination with hypnotic substances or centrally acting analgesics, opioids, or psychotropic medicines
- TAMOLTRA and TAMOLTRA FORTE should not be administered to patients receiving monoamine oxidase inhibitors (MAOIs) or within two weeks of their withdrawal
- TAMOLTRA and TAMOLTRA FORTE must not be used for the narcotic withdrawal treatment
- TAMOLTRA and TAMOLTRA FORTE should not be administered to patients with respiratory depression, especially in the presence of cyanosis and excessive bronchial secretions
- TAMOLTRA and TAMOLTRA FORTE should not be given to patients with increased intracranial pressure or central nervous system depression due to head injury or cerebral disease
- TAMOLTRA and TAMOLTRA FORTE can cause seizures (convulsions), hence it should not be used in patients with epilepsy or seizures of any cause (see section 4.4).

4.4 Special warnings and precautions for use
TAMOLTRA and TAMOLTRA FORTE contain paracetamol which may be fatal in overdose. In the event of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or poison centre must be contacted immediately.
- dosages in excess of those recommended may cause severe liver damage. Patients suffering from liver or kidney disease should only take paracetamol containing products under medical supervision
- TAMOLTRA and TAMOLTRA FORTE should not be used concurrently with any other medicines containing tramadol or paracetamol
- TAMOLTRA and TAMOLTRA FORTE are not recommended in severe renal insufficiency (creatinine clearance < 10 mL/min)
- TAMOLTRA and TAMOLTRA FORTE should not be used in patients with severe hepatic impairment (see section 4.3). 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
- TAMOLTRA and TAMOLTRA FORTE is not recommended for use in patients with severe respiratory insufficiency
- TAMOLTRA and TAMOLTRA FORTE are not suitable as a substitute for opioid dependent patients. Although it is an opioid agonist, tramadol cannot suppress morphine withdrawal symptoms
- concomitant use of opioid agonists-antagonists (nalbuphine, buprenorphine, pentazocine) is not recommended (see section 4.5)
- caution should be exercised in using TAMOLTRA and TAMOLTRA FORTE in patients with impaired renal function and patients who are in shock. In patients with cranial trauma, biliary tract disorders, events of reduced consciousness for unknown reasons, respiratory disorders and patients suffering from emotional disturbances or depression or using alcohol in excess, or with an increased intracranial pressure, TAMOLTRA and TAMOLTRA FORTE should be taken with extreme caution.

Seizures
Seizures have been reported in patients receiving tramadol at dosages within the recommended dosage range. The risk of seizures is enhanced in patients exceeding the recommended dose, or in patients taking tricyclic antidepressants or other tricyclic compounds e.g. promethazine, selective serotonin re-uptake inhibitors, MAO-inhibitors, and neuroleptics (see section 4.3). The risk of seizures may also be increased in patients with epilepsy, with a history of seizures or in patients with a recognised risk for seizures e.g. drug and alcohol withdrawal, intracranial infections, head trauma, metabolic disorders, and naloxone administration with tramadol overdose (see section 4.3). Patients known to suffer from cerebral convulsions should be carefully monitored during treatment with tramadol.

Anaphylactic reactions
Patients with a history of anaphylactic reactions to codeine and other opioids may be at increased risk and should therefore not receive TAMOLTRA or TAMOLTRA FORTE.
Serious and rarely fatal anaphylactic reactions have been reported in patients receiving therapy with tramadol.
Patients should be advised to seek immediate medical attention if they experience any symptoms of a hypersensitivity reaction.

CYP2D6 ultra-rapid metabolism of tramadol
Patients who are CYP2D6 ultra-rapid metabolisers may convert tramadol to its active metabolite (M1) more rapidly and completely than other patients. This rapid conversion may lead to higher-than-expected serum M1 levels which could lead to an increased risk of respiratory depression. Alternative medicine, dose reduction and/or increased monitoring for signs of tramadol overdose, such as respiratory depression, is recommended in patients known to be CYP2D6 ultra-rapid metabolisers.

Even at labelled dosage regimens, individuals who are ultra-rapid metabolisers may have life-threatening or fatal respiratory depression or experience signs of toxicity such as extreme sleepiness, confusion, shallow breathing, small pupils, nausea, vomiting, constipation, and lack of appetite (see section 4.9).

Population	Prevalence
African/Ethiopian	29 %
African American	3,4 % - 6,5 %
Asian	1,2 % - 2 %
Caucasian	3,6 % - 6,5 %
Greek	6,0 %
Hungarian	1,9 %
Northern European	1 % - 2 %

Drug abuse and dependence
Tramadol has a dependence potential and tolerance, psychic and physical dependence of the morphine-type (μ opioid) may develop with long-term use. The medicine has been associated with craving, drug-seeking behaviour and tolerance development. Cases of abuse and dependence on tramadol have been reported. Tramadol should not be used in opioid-dependent patients. Tramadol can reinstate physical dependence in patients that have been previously dependent or chronically using other opioids. In patients with a tendency to drug abuse, a history of drug dependence or patients who are chronically using opioids, treatment with tramadol is not recommended.
TAMOLTRA and TAMOLTRA FORTE should not be given to patients who are suicidal or prone to addiction.

Withdrawal
Withdrawal symptoms may occur if TAMOLTRA and TAMOLTRA FORTE is discontinued abruptly. Panic attacks, severe anxiety, hallucinations, paraesthesia, tinnitus, and unusual central nervous system (CNS) symptoms have also been reported with abrupt discontinuation of tramadol hydrochloride. Clinical experience suggests that withdrawal symptoms may be relieved by tapering the medicine.
Gradual tapering, using TAMOLTRA and TAMOLTRA FORTE, is preferred wherever possible, although in some cases it may be necessary to change to a different opioid because of ease of use, duration of action and ability to taper the dose. Clonidine may help to suppress some of the symptoms of abrupt opioid withdrawal, such as anxiety, insomnia, and muscle ache.

Severe cutaneous adverse reactions (SCARs)
Severe cutaneous adverse reactions (SCARs) such as toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), acute generalized exanthematous pustulosis (AGEP), drug reaction with eosinophilia and systemic symptoms (DRESS)/drug-induced hypersensitivity syndrome (DIHS) and fixed drug eruptions (FDE) have been reported in patients treated with paracetamol containing medicines. If a patient develops SCARs, treatment with TAMOLTRA and TAMOLTRA FORTE must immediately be discontinued, and appropriate treatment instituted.

Hyponatraemia
Hyponatraemia has been reported with the use of TAMOLTRA and TAMOLTRA FORTE, usually in patients with predisposing risk factors, such as elderly patients and/or patients using concomitant medicines that may cause hyponatraemia. This hyponatraemia appeared to be the result of the syndrome of inappropriate antidiuretic hormone secretion (SIADH) and resolved with discontinuation of TAMOLTRA and TAMOLTRA FORTE and appropriate treatment (e.g. fluid restriction). During treatment, monitoring for signs and symptoms of hyponatraemia is recommended for patients with predisposing risk factors.

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

Use with CNS depressants
The administration of TAMOLTRA and TAMOLTRA FORTE concurrently with central nervous system (CNS) depressants, such as alcohol, opioids, anaesthetic medicines, phenothiazines, tranquilisers or sedative hypnotics, is likely to intensify and prolong CNS effects including profound sedation and respiratory depression.
TAMOLTRA and TAMOLTRA FORTE should be used with caution and in reduced dosages when administered to patients receiving CNS depressants (see section 4.5).

Serotonin syndrome
Serotonin syndrome, a potentially life-threatening condition, has been reported in patients receiving tramadol, as in TAMOLTRA and TAMOLTRA FORTE, in combination with other serotonergic medicines or tramadol alone (see sections 4.5, 4.8 and 4.9).
If concomitant treatment with other serotonergic medicines is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose escalations.
Symptoms of serotonin syndrome may include mental status changes, autonomic instability, neuromuscular abnormalities and/or gastrointestinal symptoms.
If serotonin syndrome is suspected, a dose reduction or discontinuation of therapy should be considered depending on the severity of the symptoms. Withdrawal of the serotonergic medicines usually brings about a rapid improvement. Treatment depends on the type and severity of the symptoms.

Sleep-related breathing disorders
Opioids can cause sleep-related breathing disorders including central sleep apnoea (CSA) and sleep-related hypoxaemia. Opioid use increases the risk of CSA in a dose-dependent fashion. In patients who present with CSA, consider decreasing or stopping the total opioid dosage.

Precautions – general
Do not co-administer TAMOLTRA and TAMOLTRA FORTE with other tramadol or paracetamol containing products.

Use with alcohol
TAMOLTRA and TAMOLTRA FORTE should not be taken with alcohol containing beverages.

Use in renal disease
TAMOLTRA and TAMOLTRA FORTE should be used with caution in patients with impaired renal function and in patients prone to convulsive disorders or in shock.

Paediatric population
TAMOLTRA and TAMOLTRA FORTE are not indicated for use in children and adolescents under the age of 16 (see sections 4.1 and 4.2).

TAMOLTRA and TAMOLTRA FORTE contains sodium
TAMOLTRA and TAMOLTRA FORTE contains less than 1 mmol (0,023 g) sodium per film coated tablet, that is to say essentially 'sodium free'.

4.5 Interaction with other medicines and other forms of interaction
Concomitant use is contraindicated with:
Monoamine oxidase (MAO) inhibitors
- risk of serotonergic syndrome: diarrhoea, tachycardia, hyperhidrosis, trembling, confusional state, even coma and noradrenergic effects (see section 4.8).

In case of recent treatment with MAO inhibitors, a delay of two weeks should occur before treatment with tramadol.

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 reduced efficacy and shorter duration due to decreased plasma concentrations of 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 induce convulsions and increase the potential for selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, antipsychotics, and seizure threshold-lowering medicinal products (such as bupropion, mirtazapine, tetrahydrocannabinol) to cause convulsions
- concomitant therapeutic use of tramadol and serotonergic medicines such as selective serotonin re-uptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), MAO inhibitors (see section 4.2), tricyclic antidepressants and mirtazapine may cause serotonin toxicity
- serotonin syndrome is likely when one of the following is observed:
  - spontaneous clonus
  - inducible or ocular clonus with agitation or diaphoresis
  - tremor and hyperreflexia
  - hypertonia and body temperature > 38 °C and inducible or ocular clonus.

  Withdrawal of the serotonergic medicines usually brings about a rapid improvement. Treatment depends on the type and severity of the symptoms.
- other opioid derivatives (including antitussive medicines and substitutive treatments). Increased risk of respiratory depression which can be fatal in cases of overdose
- other central nervous system depressants, such as other opioid derivatives (including antitussive medicines and substitutive treatments), other anxiolytics, hypnotics, sedative antidepressants, sedative antihistamines, neuroleptics, centrally acting antihypertensive medicines, thalidomide, and baclofen
  These medicines can cause increased central depression. The effect on alertness can make driving of vehicles and the use of machines dangerous.
- sedating medicinal products such as benzodiazepines or related substances:
  - the concomitant use of opioids with sedative medicines such as benzodiazepines or related medicines increases the risk of sedation, respiratory depression, coma, and death because of additive CNS depressant effects. The dose and duration of the concomitant use should be limited (see section 4.4).
- as medically appropriate, periodic evaluation of prothrombin time should be performed when tramadol hydrochloride/paracetamol and warfarin-like compounds are administered concurrently due to reports of increased international normalised ratio (INR)
- concomitant administration with inhibitors of CYP2D6 such as fluoxetine, paroxetine, quinidine, and amitriptyline may inhibit the metabolism of tramadol.
  Changes of tramadol in serum concentration have been seen with concomitant administration with cimetidine. Therefore, patients receiving chronic therapy with cimetidine should not alter the dosage regimen of TAMOLTRA and TAMOLTRA FORTE treatment
- post-marketing surveillance of tramadol has revealed rare reports of digoxin toxicity
- concomitant administration of diflunisal and paracetamol produces a 50 % increase in paracetamol plasma levels in normal volunteers. TAMOLTRA and TAMOLTRA FORTE should be used cautiously, and patients should be monitored carefully. The absorption of paracetamol may be enhanced by metoclopramide and reduced by cholestyramine
- ondansetron increased the requirement of tramadol in patients with post-operative pain.

4.6 Fertility, pregnancy, and lactation
Safe use in pregnancy and lactation has not been established.

Pregnancy
TAMOLTRA and TAMOLTRA FORTE is not recommended for pregnant mothers because tramadol has been shown to cross the placenta.

Data regarding paracetamol:
Epidemiological studies in human pregnancy have shown no teratogenic effects due to paracetamol used in the recommended dosages.

Data regarding tramadol:
Tramadol should not be used during pregnancy as there is inadequate evidence available to assess the safety of tramadol in pregnant women. Tramadol 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.

Breastfeeding
TAMOLTRA and TAMOLTRA FORTE should not be used during breastfeeding.

Data regarding paracetamol:
Paracetamol is excreted in breast milk but not in a clinically significant amount. Available published data do not contraindicate breastfeeding by women using single ingredient medicines containing only paracetamol.

Data regarding tramadol:
Approximately 0,1 % of the maternal dose of tramadol is excreted in breast milk. In the immediate post-partum period, for maternal oral daily dosage up to 400 mg, this corresponds to a mean amount of tramadol ingested by breastfed infants of 3 % of the maternal weight-adjusted dosage. For this reason, tramadol should not be used during lactation or alternatively, breastfeeding should be discontinued during treatment with tramadol. Discontinuation of breastfeeding is generally not necessary following a single dose of tramadol.

Fertility
Post marketing surveillance does not suggest an effect of tramadol on fertility.

4.7 Effects on ability to drive and use machines
Tramadol 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.
TAMOLTRA and TAMOLTRA FORTE can impair cognitive function and can affect a patient's ability to drive safely. When prescribing this medicine, patients should be told that TAMOLTRA and TAMOLRA FORTE is likely to affect your ability to drive. Patients should be told to not drive until they know how TAMOLTRA and TAMOLTRA FORTE affects them.

4.8 Undesirable effects
a. Summary of the safety profile
The most frequently reported undesirable effects of the paracetamol/tramadol combination in clinical trials were gastrointestinal and central nervous system effects. Nausea, dizziness, and somnolence were observed in more than 10 % of patients.

b. Tabulated list of adverse reactions
Side effects for TAMOLTRA and TAMOLTRA FORTE
Tramadol and paracetamol:

System organ class	Frequency	Side effects
Blood and lymphatic system disorders	*Less frequent*	Anaemia
Immune system disorders	*Frequency unknown*	Fixed eruption*
Metabolism and nutrition disorders	*Frequency unknown*	Hypoglycaemia, hyponatraemia*/syndrome of inappropriate antidiuretic hormone*
Psychiatric disorders	*Frequent* *Less frequent*	Confusional state, mood altered, anxiety, nervousness, euphoric mood), sleep disorders, anorexia, insomnia, nervousness Depression, hallucinations, depersonalisation, nightmares, delirium, drug dependence, drug abuse, impotence, amnesia, emotional liability, unusual thought processes, suicidal tendency
Nervous system disorders	*Frequent* *Less frequent*	Dizziness, somnolence, headache, trembling Involuntary muscular contractions, paraesthesia, ataxia, convulsions, syncope, speech disorders, hypertonia, migraine, aggravated migraine, stupor, vertigo
Eye disorders	*Less frequent*	Vision blurred, miosis, mydriasis, abnormal vision
Ear and labyrinth disorders	*Less frequent*	Tinnitus
Cardiac disorders	*Less frequent*	Palpitations, tachycardia, dysrhythmia
Vascular disorders	*Less frequent*	Hypertension, aggravated hyper-tension, hot flushes, hypotension, orthostatic hypotension
Respiratory, thoracic, and mediastinal disorders	*Less frequent*	Dyspnoea
Gastrointestinal disorders	*Frequent* *Less frequent*	Nausea, vomiting, constipation, dry mouth, diarrhoea, abdominal pain, dyspepsia, flatulence Dysphagia, melaena, tongue oedema
Hepatobiliary disorders	*Less frequent*	Liver test abnormalities, hepatitis
Skin and subcutaneous tissue disorders	*Frequent* *Less frequent*	Hyperhidrosis, pruritus Dermal reactions (e.g. rash, urticaria)
Renal and urinary disorders	*Less frequent*	Albuminuria, micturition disorders (dysuria and urinary retention), oliguria, renal colic, renal failure, sterile pyuria
General disorders and administrative site conditions	*Less frequent*	Chills, chest pain, asthenia, fatigue, decreased weight, withdrawal syndrome
Investigations	*Less frequent*	Transaminases increased, hypothrombinaemia, elevated creatinine

*Post marketing

Tramadol:

System organ class	Frequency	Side effects
Blood and lymphatic system disorders	*Frequency unknown*	Elevated creatinine and rare alterations of warfarin effect, including elevation of prothrombin times*, hyponatraemia*
Immune system disorders	*Less frequent*	Allergic reactions with respiratory symptoms (e.g. dyspnoea, bron-chospasm, wheezing, angioneurotic oedema) and anaphylaxis
Metabolism and nutrition disorders	*Less frequent* *Frequency unknown*	Changes in appetite, motor weakness, weight loss Hypoglycaemia*
Psychiatric disorders	*Less frequent*	Changes in mood, (usually euphoric mood occasionally dysphoria), changes in activity (usually suppression occasionally increase) and changes in cognitive and sensorial capacity (e.g. decision behaviour perception disorders)
Nervous system disorders	*Frequency unknown*	Cognitive dysfunction, serotonin syndrome
Cardiac disorders	*Less frequent*	Bradycardia
Vascular disorders	*Less frequent*	Postural hypotension, collapse
Respiratory, thoracic and mediastinal disorders	*Less frequent* *Frequency unknown*	Respiratory depression Worsening of asthma has been reported though a causal relationship has not been established, hiccups
Gastrointestinal disorders	*Less frequent*	Increased risk of abdominal pain, including pancreatitis*
Hepatobiliary disorders	*Less frequent*	Hepatitis
Skin and subcutaneous tissue disorders	*Frequency unknown*	Stevens-Johnson syndrome*/toxic epidermal necrolysis (TEN)*
General disorders and administrative site conditions	*Frequency unknown*	Drug withdrawal syndrome (with symptoms including agitation, anxiety, nervousness, insomnia, hyperkinesia, tremor, gastrointestinal symptoms, panic attacks, severe anxiety, hallucinations, paraesthesia, tinnitus, and unusual CNS symptoms)

*Post marketing

Paracetamol
- hypersensitivity, including skin rash, may occur. There have been reports of blood dyscrasias including thrombocytopaenia and agranulocytosis
- there have been several reports that suggest that paracetamol may produce hypo-prothrombinaemia when administered with warfarin-like compounds. In other studies, prothrombin time did not change
- cases of serious skin reactions have been reported.
  Severe cutaneous adverse reactions (SCARs) such as toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), acute generalized exanthematous pustulosis (AGEP), drug reaction with eosinophilia and systemic symptoms (DRESS)/drug-induced hypersensitivity syndrome (DIHS)* and fixed drug eruptions (FDE)* have been reported in patients treated with paracetamol containing medicines.

*Post marketing

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (MedsafetY X SAHPRA) and eReporting platform (who-umc.org) found on the SAHPRA website. An email can be sent directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

4.9 Overdose
Signs and symptoms:
The clinical presentation of overdosage may include the signs and symptoms of tramadol toxicity, paracetamol toxicity or both.

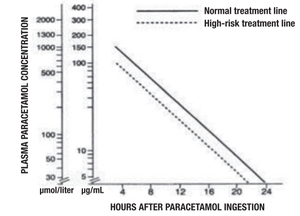
Tramadol
The initial symptoms of tramadol overdosage may include respiratory depression and/or seizures.

Paracetamol
Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, anorexia, and possibly abdominal pain. Mild symptoms during the first two days of acute poisoning do not reflect the potential seriousness of the overdosage.
Liver damage may become apparent 12 - 48 hours or later after ingestion, initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of prothrombin time. Liver damage may lead to encephalopathy, coma, and death. Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage.
Abnormalities of glucose metabolism and metabolic acidosis may occur. Cardiac dysrhythmias have been reported.

Management of overdose:
Tramadol
Primary attention should be given to maintaining adequate ventilation along with general supportive treatment. While naloxone will reverse some, but not all symptoms caused by overdosage, the risk of seizures is also increased with naloxone administration. Treatment of restlessness and/or convulsions is symptomatic and supportive (benzodiazepines/barbiturates). Tramadol is minimally eliminated from the serum by haemodialysis or haemofiltration.
Treatment of acute intoxication with TAMOLTRA and TAMOLTRA FORTE with haemodialysis or haemofiltration alone is therefore not suitable for detoxification.

Paracetamol
Prompt treatment is essential. In the event of an overdosage, consult a medical practitioner immediately, or take the person to a hospital directly. A delay in starting treatment may mean that antidote is given too late to be effective. Evidence of liver damage is often delayed until after the time for effective treatment has lapsed. Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5 - 10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, acquired immunodeficiency syndrome (AIDS), malnutrition, and with the use of drugs that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine.

Treatment for paracetamol overdosage
Although evidence is limited it is recommended that any adult person who have ingested 5 - 10 g or more of paracetamol (or child who has had more than 140 mg/kg) within the preceding 4 hours should have the stomach emptied by gastric lavage (emesis may be adequate for children) and a single dose of 50 g activated charcoal given via the lavage tube. Ingestion of amounts of paracetamol smaller than this requires treatment in patients susceptible to paracetamol poisoning. In patients who are stuporous or comatose, endotracheal tubing should precede gastric lavage in order to avoid aspiration.
N-acetylcysteine should be administered to all cases of suspected overdose as soon as possible, preferably within eight hours of overdosage, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken.
An initial dose of 150 mg/kg N-acetylcysteine in 200 mL dextrose injection given intravenously over 15 minutes, followed by an infusion of 50 mg/kg in 500 mL dextrose injection over the next four hours, and then 100 mg/kg in 1000 mL dextrose injection over the next sixteen hours. The volume of intravenous (IV) fluid should be modified for children.
Although the oral formulation is not the treatment of choice, 140 mg/kg dissolved in water may be administered initially, followed by 70 mg/kg every four hours for seventeen doses.
A plasma paracetamol level should be determined four hours after ingestion in all cases of suspected overdosage. Levels done before four hours, unless high may be misleading. Patients at risk of liver damage, and hence requiring continued treatment with N-acetylcysteine, can be identified according to their plasma paracetamol overdose nomogram.
Those whose plasma paracetamol levels are above the "normal treatment line", should continue N-acetylcysteine treatment with 100 mg/kg IV over sixteen hours repeatedly until recovery. Patients with increased susceptibility to liver damage as identified above, should continue treatment if concentrations are above the "high risk treatment line". Prothrombin index correlates best with survival.
Monitor all patients with significant ingestions for at least ninety-six hours. Further treatment is symptomatic and supportive.



5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Opioids in combination with non-opioid analgesics; tramadol and paracetamol
ATC code: N02AJ13
Pharmacological classification: A 2.9 Other analgesics

Mechanism of action
Tramadol is a centrally acting synthetic analgesic compound whose analgesic profile can be attributed to the binding of parent and O-demethylated (M1) metabolite to μ-opioid receptors, as well as the weak inhibition of neuronal re-uptake of noradrenaline and serotonin. Paracetamol also has centrally acting analgesic effects.
The tramadol hydrochloride/paracetamol combination is positioned as a step II analgesic in the world health organization (WHO) pain ladder and should be utilised accordingly by the healthcare provider or doctor.

5.2 Pharmacokinetic properties
Absorption:
After oral administration tramadol is well absorbed, and peak activity is reached within 2 - 3 hours. Bioavailability can increase to up to 90 % with multiple dosing. Peak plasma concentration of paracetamol after oral administration is within 1 hour. The absorption of paracetamol is not affected by the co-administration of tramadol.

The oral administration of tramadol/paracetamol with food has no significant effect on the peak plasma concentration or extent of absorption of either tramadol or paracetamol, so that tramadol/paracetamol can be taken independently of mealtimes.

Distribution:
Tramadol has a high tissue affinity (Vd, β = 203 ± 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 relatively small portion (~20 %) of paracetamol is bound to plasma proteins.

Biotransformation:
Tramadol and paracetamol are both extensively metabolised in the liver.
Tramadol undergoes extensive hepatic metabolism by a number of pathways including CYP2D6 and CYP3A4, as well as conjugation (see section 4.5).

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.
Plasma elimination half-lives of tramadol and the O-demethylated metabolite are about 6 and 7 hours respectively. The metabolite M1 has analgesic properties and is more potent than the parent medicine. The plasma concentrations of M1 are several-fold lower than those of tramadol and the contribution to the clinical effect is unlikely to change on multiple dosing.

Paracetamol is principally metabolised by 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 P450 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:
Approximately 30 % of tramadol is excreted unchanged in the urine. Tramadol and its metabolites are eliminated primarily by the kidneys. The plasma elimination half-lives of tramadol and its M1 metabolite are approximately 6 and 7 hours respectively. Paracetamol is eliminated from the body primarily by formation of glucuronide and sulphate conjugates in a dose-dependent manner. The half-life of paracetamol is about 2 - 3 hours in adults. Less than 9 % of paracetamol is excreted unchanged in the urine.
In renal insufficiency, the half-life of both compounds is prolonged.

5.3 Preclinical safety data
Not applicable.

6. PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Tablet core
Magnesium stearate
Microcrystalline cellulose
Pregelatinised starch
Sodium starch glycolate (Type A)

TAMOLTRA film coating
Opadry Yellow 15B82958 composition:
Hypromellose
Polyethylene glycol
Polysorbate
Titanium dioxide
Yellow iron oxide

TAMOLTRA FORTE film coating
Opadry Yellow 15B82958 composition:
Hypromellose
Macrogol (polyethylene glycol)
Polysorbate
Red iron oxide
Titanium dioxide
Yellow iron oxide

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
3 years.

6.4 Special precautions for storage
TAMOLTRA: Store at or below 30 °C in a cool, dry place.
TAMOLTRA FORTE: Store at or below 25 °C in a cool, dry place.
Keep the blisters in the carton until required for use.

6.5 Nature and contents of container
TAMOLTRA is available in blister packs consisting of PVC/PVDC, white film and aluminium foil, with 20, 30 or 60 tablets packed in an outer carton.
TAMOLTRA FORTE is available in blister packs consisting of PVC/PVDC, white film and aluminium foil, with 10, 20, 30, 40, 50, 60, 70, 80, 90 or 100 tablets packed in an outer carton.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal
No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION
Pharma Dynamics (Pty) Ltd
1st Floor Grapevine House, Steenberg Office Park
Silverwood Close
Westlake, 7945
Cape Town, South Africa
Tel: +27 21 707 7000
or 0860-PHARMA (742 762)

8. REGISTRATION NUMBERS
TAMOLTRA: A46/2.9/0976
TAMOLTRA FORTE: A47/2.9/0926

9. DATE OF FIRST AUTHORISATION
TAMOLTRA: 27 July 2017
TAMOLTRA FORTE: 03 May 2022

10. DATE OF REVISION OF THE TEXT
TAMOLTRA: 27 February 2025
TAMOLTRA FORTE: 27 February 2025

MOZAMBIQUE:
TAMOLTRA: N5791

NAMIBIA:
TAMOLTRA: NS5 19/2.9/0074

ZIMBABWE:
TAMOLTRA: 2022/2.2/6236

ZAMBIA:
TAMOLTRA: POM ZAMRA-HM-25-285

C5627

pharma dynamics

PATIENT INFORMATION LEAFLET

SCHEDULING STATUS S5

TAMOLTRA film coated tablets
Tramadol hydrochloride 37,5 and paracetamol 325 mg
TAMOLTRA FORTE film coated tablets
Tramadol hydrochloride 75 mg and paracetamol 650 mg
Sugar free
Essentially 'sodium free'.

Read all of this leaflet carefully before you start taking TAMOLTRA or TAMOLTRA FORTE

- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor, pharmacist, nurse or other healthcare provider.
- TAMOLTRA or TAMOLTRA FORTE has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

What is in this leaflet

1. What TAMOLTRA or TAMOLTRA FORTE is and what it is used for
2. What you need to know before you take TAMOLTRA or TAMOLTRA FORTE
3. How to take TAMOLTRA or TAMOLTRA FORTE
4. Possible side effects
5. How to store TAMOLTRA or TAMOLTRA FORTE
6. Contents of the pack and other information

1. What TAMOLTRA or TAMOLTRA FORTE is and what it is used for

TAMOLTRA and TAMOLTRA FORTE contain tramadol hydrochloride and paracetamol.
Tramadol hydrochloride is a painkiller belonging to the class of the opioids that acts on the central nervous system. It is used for the management of moderate to moderately servere pain.
Paracetamol, the other active substance, has centrally acting analgesic effects.

TAMOLTRA and TAMOLTRA FORTE are used for the treatment of moderate to moderately severe pain in adults.

TAMOLTRA and TAMOLTRA FORTE are not recommended for minor pain that may be treated adequately through lesser means. Your doctor will decide whether you qualify for treatment with TAMOLTRA or TAMOLTRA FORTE.

2. What you need to know before you take TAMOLTRA or TAMOLTRA FORTE

Do not take TAMOLTRA or TAMOLTRA FORTE:

- if you are hypersensitive (allergic) to tramadol, paracetamol or other opioids such as codeine or to any of the ingredients of TAMOLTRA or TAMOLTRA FORTE (listed in section 6)
- if you have a severe liver disorder
- if you have been drinking alcohol
- if you are taking sleeping pills, pain relievers or medicines that affect mood and emotions
- if you are also taking medicines such as tranylcypromine and moclobemide or have taken them in the last 14 days before treatment with TAMOLTRA or TAMOLTRA FORTE. These medicines are used to treat depression and belong to a group called monoamine oxidase inhibitors (MAOIs)
- TAMOLTRA or TAMOLTRA FORTE must not be used for narcotic (an addictive substance) withdrawal treatment
- you should not take TAMOLTRA or TAMOLTRA FORTE if you suffer from severe breathing problems
- you should not take TAMOLTRA or TAMOLTRA FORTE if you are suffering from increased intracranial pressure or central nervous system depression (due to head injury), which are characterised by decreased rate of breathing, decreased heart rate, and loss of consciousness
- if you have epilepsy, which is not adequately controlled by your current medicine.

Warnings and precautions

Take special care with TAMOLTRA or TAMOLTRA FORTE:

TAMOLTRA and TAMOLTRA FORTE contain paracetamol which may be fatal in overdose. In the event of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic; the nearest doctor, hospital or poison centre must be contacted immediately.

- dosages in excess of those recommended may cause severe liver damage
- if you take other medicine containing paracetamol or tramadol, anaesthetic substances, phenothiazines (used for mental disorders), tranquilizers and sedative hypnotics
- if you are taking any other medicines for depression
- if you have severe kidney problems
- if you have liver problems or disease, as your eyes and skin may turn yellow, which may suggest jaundice
- if you have severe difficulty in breathing, for example asthma or severe lung problems
- if you have a history of addiction or dependence, especially to medicines of the same class as tramadol (opioids). The possibility of addiction or dependence increases if you have a personal or family history of substance abuse or if you have been diagnosed with a mental health disorder
- if you take other medicines to treat pain that contain buprenorphine, nalbuphine or pentazocine
- in the event of reduced consciousness for unknown reasons, respiratory disorders and patients suffering from emotional disturbances, shock, breathing problems or alcohol abuse, TAMOLTRA and TAMOLTRA FORTE should be taken with extreme caution
- if you have epilepsy or have experienced fits or seizures
- if you develop any skin reactions whilst taking TAMOLTRA or TAMOLTRA FORTE (flu-like symptoms appearing first, followed by a painful rash that spreads and blisters), stop taking TAMOLTRA or TAMOLTRA FORTE and immediately report to your doctor
- tramadol exerts its effect by converting (metabolising) into its active component. If you convert (metabolise) tramadol to this active component more rapidly and completely than other patients, you are known as an ultra-rapid metaboliser. This means you are more likely to have serious side effects, such as breathing difficulties, with slow or shallow breathing. If you experience these types of side effects, stop taking TAMOLTRA and TAMOLTRA FORTE and consult with your doctor immediately
- while taking TAMOLTRA and TAMOLTRA FORTE you may experience low levels of sodium in your blood (hyponatraemia). Symptoms may include nausea and vomiting, headaches, feeling confused, feeling very tired, feeling restless, feeling irritable, muscle weakness, spasms or cramps and seizures. Elderly patients and patients taking other medicines that lower sodium in the blood are most at risk for this side effect. If you experience any of these symptoms while taking TAMOLTRA and TAMOLTRA FORTE, consult your doctor immediately
- if you are going to have an anaesthetic (tell your doctor or dentist that you are taking this medicine)
- TAMOLTRA and TAMOLTRA FORTE should not be taken with alcohol containing beverages.

Addiction:

If you take TAMOLTRA or TAMLOTRA FORTE for extended periods, you may become dependent on (addicted to) the tramadol it contains. You may crave TAMOLTRA or TAMOLTRA FORTE even in the absence of pain and you may have to use higher doses to get the same effect. If you have been diagnosed with addiction to opioid medicines or drugs (e.g. heroin, morphine, codeine), you should not take TAMOLTRA or TAMOLTRA FORTE. Please inform your doctor.

Withdrawal symptoms:

If you abruptly stop treatment with TAMOLTRA or TAMOLTRA FORTE, especially if you have been taking it for an extended period, you may experience withdrawal effects. You may suffer from panic attacks, severe anxiety (feeling nervous or worried), hallucinations (hearing or seeing things that are not there), paraesthesia (burning or prickling sensation that is usually felt in the hands, arms, legs, or feet) and tinnitus (ringing or buzzing in the ears).
Your doctor will gradually decrease your dose of TAMOLTRA or TAMOLTRA FORTE to prevent these side effects from occurring.

Serotonin syndrome:

If you take TAMOLTRA or TAMOLTRA FORTE with other medicines that influence serotonin levels in the body, you may develop serotonin syndrome (see Taking other medicines with TAMOLTRA or TAMOLTRA FORTE for a list of medicines that you should not combine with TAMOLTRA or TAMOLTRA FORTE). If you develop loose stools, fever, agitation, sweating, confusion, shivering, a rapid heart rate, excitation, or alteration in consciousness, stop taking TAMOLTRA or TAMOLTRA FORTE and immediately report to your doctor.

Sleep-related breathing disorders:

TAMOLTRA and TAMOLTRA FORTE contain an active substance that belongs to the group of opioids. Opioids can cause sleep-related breathing disorders, for example central sleep apnoea (shallow/pause of breathing during sleep) and sleep-related hypoxemia (low level of oxygen in the blood).
The risk of experiencing central sleep apnoea is dependent on the dose of opioids. Your doctor may consider decreasing your total opioid dosage if you experience central sleep apnoea.

Children

TAMOLTRA and TAMOLTRA FORTE are only for use in children 16 years of age and older.

Other medicines and TAMOLTRA or TAMOLTRA FORTE

Always tell your healthcare provider if you are taking any other medicine. (This includes complementary or traditional medicines.)

TAMOLTRA and TAMOLTRA FORTE should not be administered with the following:

- a group of antidepressants called monoamine oxidase (MAO) inhibitors, such as moclobemide and tranylcypromine, or for 14 days after stopping treatment (see Do not take TAMOLTRA or TAMOLTRA FORTE). When taken together with TAMOLTRA and TAMOLTRA FORTE it can cause diarrhoea, tachycardia (irregular heartbeat), hyperhidrosis (excessive sweating), trembling, confusional state and even coma.

TAMOLTRA and TAMOLTRA FORTE is not recommended to be taken with the following:

- alcohol
- carbamazepine (used to treat seizures). When taken together with TAMOLTRA and TAMOLTRA FORTE it can cause reduced efficacy and shorter duration due to decreased concentration of tramadol
- buprenorphine, nalbuphine or pentazocine (opioid-type pain relievers). The effects of these medicines may be decreased.

Caution is advised when the following medicines are given with TAMOLTRA or TAMOLTRA FORTE:

- tramadol can induce convulsions and increase the potential for certain antidepressants (such as citalopram, escitalopram, paroxetine, duloxetine, venlafaxine and amitriptyline), antipsychotics and seizure threshold-lowering medicinal products (such as bupropion, mirtazapine, tetrahydrocannabinol) to cause convulsions
- concomitant therapeutic use of tramadol and citalopram, escitalopram, paroxetine, duloxetine, venlafaxine, amitriptyline, moclobemide, tranylcypromine and mirtazapine may cause serotonin toxicity. Symptoms include involuntary, rhythmic contractions of muscles, including the muscles that control movement of the eye, agitation, excessive sweating, tremor, exaggeration of reflexes, increased muscle tension and body temperature above 38 °C
- if you are taking other pain relievers, such as morphine and codeine (also as cough medicine), baclofen (a muscle relaxant), medicines used to lower blood pressure, or medicines to treat allergies, as well as sedative medicines such as benzodiazepines (alprazolam, diazepam, lorazepam) or related medicines with TAMOLTRA and TAMOLTRA FORTE, as there is an increased risk of drowsiness, difficulties in breathing (respiratory depression) and coma which may be life-threatening
- if you are taking warfarin (for blood thinning). The effectiveness of this medicine may be altered, and bleeding may occur
- cimetidine (used to treat stomach ulcers or heartburn)
- if you are taking digoxin used to treat heart problems
- if you are taking diflunisal used for pain
- metoclopramide, ondansetron (used for nausea)
- if you are taking ondansetron used to treat vomiting.

TAMOLTRA or TAMOLTRA FORTE with food, drink and alcohol

Do not drink alcohol during treatment with TAMOLTRA and TAMOLTRA FORTE as the effects of TAMOLTRA and TAMOLTRA FORTE and alcohol may intensify each other (see section 3).

Pregnancy, breastfeeding and fertility

If you are pregnant or breastfeeding, think you may be pregnant or are planning to have a baby, please consult your doctor, pharmacist or other healthcare provider for advice before using this medicine.

TAMOLTRA and TAMOLTRA FORTE must not be taken during pregnancy.

TAMOLTRA and TAMOLTRA FORTE must not be taken during breastfeeding, as small amounts of tramadol may pass into the breast milk.

Driving and using machines

Your ability to drive or operate machinery may be affected by TAMOLTRA or TAMOLTRA FORTE, as it may cause drowsiness or dizziness. This may be worsened by other medicines affecting your nervous system or alcohol. Do not drive or operate machines because TAMOLTRA or TAMOLTRA FORTE could interfere with your ability to do so safely.

It is not always possible to predict to what extent TAMOLTRA or TAMOLTRA FORTE may interfere with the daily activities of a patient. Patients should ensure that they do not engage in the above activities until they are aware of the measure to which TAMOLTRA or TAMOLTRA FORTE affects them.

TAMOLTRA and TAMOLTRA FORTE contains sodium

TAMOLTRA and TAMOLTRA FORTE contains less than 1 mmol (0,023 g) sodium per film coated tablet, that is to say essentially 'sodium free'.

3. How to take TAMOLTRA or TAMOLTRA FORTE

Do not share medicines prescribed for you with any other person. Always use TAMOLTRA or TAMOLTRA FORTE exactly as your doctor has told you. You should check with your doctor or pharmacist if you are unsure.

DO NOT EXCEED THE RECOMMENDED DOSE.

- swallow the tablets whole with sufficient liquid
- do not break or chew the tablets
- you may take TAMOLTRA or TAMOLTRA FORTE at any time of the day with or without food.

Adults:

TAMOLTRA: The usual dose is 1 or 2 tablets every 4 - 6 hours, unless otherwise prescribed by your doctor. If required, further doses may be taken, as instructed by your doctor.
Do not take more than 8 tablets per day.
TAMOLTRA FORTE: The usual dose is 1 tablet every 4 - 6 hours, unless otherwise prescribed by your doctor. If required, further doses may be taken, as instructed by your doctor.
Do not take more than 4 tablets per day.

Patients with kidney or liver disease

Do not take TAMOLTRA or TAMOLTRA FORTE if you have severe liver problems. Tell your doctor if you have a kidney disorder (a creatinine clearance < 30 mL/min). Do not take more than 2 tablets every 12 hours.

Children:

TAMOLTRA tablets are not indicated for use in children under the age of 16 years as safety and efficacy have not been established.
TAMOLTRA FORTE tablets are not indicated for use in children under the age of 18 years as safety and efficacy have not been established.

Your doctor will tell you how long your treatment with TAMOLTRA or TAMOLTRA FORTE will last. If you have the impression that the effect of TAMOLTRA or TAMOLTRA FORTE is too strong or too weak, tell your doctor or pharmacist.

If you take more TAMOLTRA or TAMOLTRA FORTE than you should

In the event of overdosage, consult your doctor or pharmacist. If neither is available, contact the nearest hospital or poison centre.

Immediate medical advice should be sought in the event of an overdose even if you feel well, because of the risk of delayed, serious liver damage from too much paracetamol. Your kidneys can also become damaged in the absence of liver damage.
A delay in starting treatment may mean that the antidote is given too late to be effective. Please refer to the information on paracetamol overdosage under "Take special care with TAMOLTRA or TAMOLTRA FORTE".

Symptoms of overdose may include:

- tramadol overdose: breathing difficulties, seizures
- paracetamol overdose: an unhealthy pale appearance, nausea, vomiting, severe weight loss (anorexia), stomach pain, liver damage, kidney failure, metabolic acidosis (too much acid in the body fluids), irregular heartbeat.

If you forget to take TAMOLTRA or TAMOLTRA FORTE

If you forgot to take a dose, take it as soon as you remember unless it is nearly time for your next dose. Do not take a double dose to make up for forgotten individual doses.

If you stop taking TAMOLTRA or TAMOLTRA FORTE

Withdrawal symptoms may occur if TAMOLTRA or TAMOLTRA FORTE is discontinued abruptly. You may experience anxiety, nervous excitement, difficulty sleeping, excessive abnormal movements, tremor and gastrointestinal symptoms. Other symptoms that have very rarely been seen if tramadol hydrochloride is discontinued abruptly include panic attacks, severe anxiety, hallucinations, tingling or prickling sensation and ringing in the ears.

4. Possible side effects

TAMOLTRA or TAMOLTRA FORTE can have side effects.
Not all side effects reported for TAMOLTRA or TAMOLTRA FORTE are included in this leaflet. Should your general health worsen, or if you experience any untoward effects while using TAMOLTRA or TAMOLTRA FORTE, please consult your healthcare provider for advice.

If any of the following happens, stop using TAMOLTRA or TAMOLTRA FORTE and tell your doctor immediately or go to the casualty department at your nearest hospital:

- swelling of the hands, feet, ankles, face, lips, mouth or throat, which may cause difficulty in swallowing or breathing
- rash or itching
- fainting.

These are all very serious side effects. If you have them, you may have had a serious allergic reaction to TAMOLTRA or TAMOLTRA FORTE. You may need urgent medical attention or hospitalisation.

Tell your doctor immediately or go to the casualty department at your nearest hospital if you notice any of the following:

- increased bleeding time – unexpected or prolonged bleeding when using TAMOLTRA or TAMOLTRA FORTE with medicines used to thin the blood (e.g. warfarin)
- irregular heartbeat that is much more rapid and more pronounced than usual, increase in blood pressure, rapid, strong, or irregular heartbeat, very fast heartbeat, dysrhythmia
- elevated liver enzymes, resulting in abdominal pain, dark urine, pale stools, weakness, fatigue
- chills, chest pain, hot flushes
- if your liver is inflamed – symptoms may include stomach pain or yellowing of the skin and whites of the eyes (hepatitis)
- difficulty breathing, slower or weaker breathing
- feeling faint when getting up from a lying or sitting position, slow heart rate
- worsening of existing asthma
- hallucinations (seeing or hearing things that are not there), depression, memory lapses, suicidal thoughts, amnesia, delirium, addiction (becoming dependent on TAMOLTRA or TAMOLTRA FORTE), unusual thoughts
- inability to completely empty the bladder, kidney failure
- serious skin disorders including Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN) with flu-like symptoms, followed by a painful red or purplish rash that spreads and blisters, skin sores and peeling of the skin, which could be fatal.

These are all serious side effects. You may need urgent medical attention.

Tell your doctor if you notice any of the following:
Frequent side effects:

- confusional state, sleep disorders, mood changes (anxiety, nervousness, feeling of high spirits), anorexia
- dizziness, excessive sleepiness, headache, trembling
- nausea, vomiting, constipation, dry mouth, diarrhoea, stomach pain, indigestion, stomach gas
- skin rash, sweating.

Less frequent side effects:

- low number of red blood cells (anaemia)
- impotence, nightmares
- the loss of full control of bodily movements, fits, uncoordinated movements (stumbling), muscle weakness, muscle tension, migraine, aggravated migraine, tingling, numbness or feeling of pins and needles in the limbs, involuntary muscle twitching, speech disorders, slurred speech, spinning sensation and loss of balance, inability to act or think normally
- vision blurred, constriction of the pupil (miosis), excessive dilation of the pupils (mydriasis), abnormal vision
- ringing in the ear
- shortness of breath
- difficulty swallowing, coughing or choking when eating or drinking, bringing food back up, sometimes through the nose, inability to chew properly, blood in the stools, tongue swelling
- if your pancreas is inflamed – symptoms may include upper abdominal pain, abdominal pain that radiates to your back, tenderness when touching the abdomen, fever, rapid pulse, nausea and vomiting (acute pancreatitis)
- skin reactions (for example rashes, hives)
- problems with urination, difficulty or pain when urinating, abnormal urine test results, kidney stones
- nose bleeds or bleeding gums, which may result from low platelet count, bruising, prolonged bleeding with injury
- changes in appetite, weakness, weight loss.

The following side effects have been reported but the frequency for them to occur is not known:

- low blood sugar, low sodium levels in the blood (with symptoms that include nausea, headache, confusion and fatigue), water retention
- Serotonin syndrome (symptoms include high body temperature, sweating, shivering, clumsiness, tremors, and confusion and other mental changes, diarrhoea, vomiting, overactive reflexes and muscle spasms)
- hiccups
- drug withdrawal syndrome (symptoms include agitation, anxiety, nervousness, insomnia, facial movements, slow uncontrolled movements, jerking movements, abnormal gait, tremor, stomach problems, panic attacks, severe anxiety, hallucinations, pins and needles, ringing in the ears).

If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

Reporting of side effects

If you get side effects, talk to your doctor, pharmacist or nurse. You can also report side effects to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on the SAHPRA website. By reporting side effects, you can help provide more information on the safety of TAMOLTRA and TAMOLTRA FORTE. You can also send an email directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

5. How to store TAMOLTRA or TAMOLTRA FORTE

Store all medicines out of reach of children.
TAMOLTRA: Store at or below 30 °C in a cool, dry place.
TAMOLTRA FORTE: Store at or below 25 °C in a cool, dry place.
Keep the blisters in the carton until required for use.
Do not store in a bathroom.
Do not use after the expiry date stated on the carton.
Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

6. Contents of the pack and other information

What TAMOLTRA or TAMOLTRA FORTE contains:

The active ingredients are tramadol and paracetamol.
TAMOLTRA: Each film coated tablet contains tramadol hydrochloride 37,5 mg and paracetamol 325 mg.
TAMOLTRA FORTE: Each film coated tablet contains tramadol hydrochloride 75 mg and paracetamol 650 mg.
Sugar free.

The other ingredients are:
Tablet cores:
Magnesium stearate, microcrystalline cellulose, pregelatinised starch, sodium starch glycolate (Type A).

TAMOLTRA film coating: Opadry Yellow 15B82958 composition:
Hypromellose, polyethylene glycol, polysorbate, titanium dioxide and yellow iron oxide.

TAMOLTRA FORTE film coating: Opadry Yellow 15B82958 composition:
Hypromellose, macrogol (polyethylene glycol), polysorbate, iron oxide red, titanium dioxide and yellow iron oxide.

What TAMOLTRA or TAMOLTRA FORTE looks like and contents of the pack

TAMOLTRA: Slightly yellow-brown, oval, convex film coated tablets.
TAMOLTRA FORTE: Slightly orange, oval, biconvex film coated tablets widely scored on both sides.

TAMOLTRA is available in blister packs consisting of PVC/PVDC, white film and aluminium foil, with 20, 30 or 60 tablets packed in an outer carton.
TAMOLTRA FORTE is available in blister packs consisting of PVC/PVDC, white film and aluminium foil, with 10, 20, 30, 40, 50, 60, 70, 80, 90 or 100 tablets packed in an outer carton.
Not all pack sizes may be marketed.

Holder of Certificate of Registration

Pharma Dynamics (Pty) Ltd
1st Floor Grapevine House, Steenberg Office Park
Silverwood Close
Westlake, 7945
Cape Town, South Africa
Tel: + 27 21 707 7000
or 0860-PHARMA (742 762)

This leaflet was last revised in
27 February 2025

Registration numbers
TAMOLTRA: A46/2.9/0976
TAMOLTRA FORTE: A47/2.9/0926

MOZAMBIQUE:
TAMOLTRA: N5791

NAMIBIA:
TAMOLTRA: NS3 19/2.9/0074

ZIMBABWE:
TAMOLTRA: 2022/2.2/6236

ZAMBIA:
TAMOLTRA: POM ZAMRA-HM-25-285

C5627

PASIËNTINLIGTINGSBLAD

SKEDULERINGSTATUS S5

TAMOLTRA filmbedekte tablette
Tramadolhidrochloried 37,5 mg en parasetamol 325 mg
TAMOLTRA FORTE filmbedekte tablette
Tramadolhidrochloried 75 mg en parasetamol 650 mg
Suikervry
Wesenlik 'natriumvry'.

Lees hierdie hele inligtingsblad noukeurig deur, voordat u begin om TAMOLTRA of TAMOLTRA FORTE te gebruik

- Hou hierdie inligtingsblad. Dit mag nodig wees vir u om dit weer te lees.
- Indien u verdere vrae het, vra asseblief u dokter, apteker, verpleegkundige, of ander gesondheidsorgverskaffer.
- TAMOLTRA of TAMOLTRA FORTE is vir u persoonlik voorgeskryf en u moet nie u medisyne met ander mense deel nie. Dit mag skadelik wees vir hulle, selfs al is hulle simptome dieselfde as u eie.

Inhoud van hierdie inligtingsblad

1. Wat TAMOLTRA en TAMOLTRA FORTE is en waarvoor dit gebruik word
2. Wat u nodig het om te weet, voordat u TAMOLTRA of TAMOLTRA FORTE neem
3. Hoe om TAMOLTRA of TAMOLTRA FORTE te neem
4. Moontlike newe-effekte
5. Hoe om TAMOLTRA en TAMOLTRA FORTE te bewaar
6. Verpakkingsinhoud en ander inligting

1. Wat TAMOLTRA en TAMOLTRA FORTE is en waarvoor dit gebruik word

TAMOLTRA en TAMOLTRA FORTE bevat tramadolhidrochloried en parasetamol.
Tramadolhidrochloried is 'n pynstiller wat aan 'n klas medisyne wat opioïede genoem word behoort en op die sentrale senuweestelsel werk. Dit word gebruik vir die beheer van matig tot matig erge pyn.
Parasetamol (die ander aktiewe bestanddeel), het 'n sentraal pynstillende werking.

TAMOLTRA en TAMOLTRA FORTE word gebruik vir die behandeling van matig tot matig erge pyn by volwassenes.

TAMOLTRA en TAMOLTRA FORTE word nie aanbeveel vir ligte pyn, wat doeltreffend deur ander minder kragtige middels behandel kan word nie. U dokter sal besluit of u kwalifiseer vir behandeling met TAMOLTRA of TAMOLTRA FORTE.

2. Wat u nodig het om te weet, voordat u TAMOLTRA of TAMOLTRA FORTE neem

Moet nie TAMOLTRA of TAMOLTRA FORTE neem:

- indien u hipersensitief (allergies) is vir tramadol, parasetamol, of ander opioïede soos kodeïen, of enige van die ander bestanddele van TAMOLTRA en TAMOLTRA FORTE nie (gelys in afdeling 6)
- indien u aan 'n erge lewerversteuring ly nie
- indien u alkohol gebruik het nie
- indien u enige medisyne vir slaapversteurings, pynverligting, of medisyne wat u gemoed en emosies aantas, neem nie
- indien u ook, medisyne soos tranielsipromien en moklobemied neem, of tydens die vorige 14 dae geneem het, voordat behandeling met TRAMOLTA of TRAMOLTA FORTE begin word nie. Hierdie medisyne word gebruik om depressie te behandel en behoort aan 'n groep medisyne wat monoamienoksidase-inhibitors (MAOIs) genoem word
- TAMOLTRA of TAMOLTRA FORTE moet nie gebruik word vir narkotiese ('n verslawende middel) onttrekkingsbehandeling nie
- u moet nie TAMOLTRA of TAMOLTRA FORTE neem, indien u aan erge asemhalingsprobleme ly nie
- u moet nie TAMOLTRA of TAMOLTRA FORTE neem indien u aan verhoogde intrakraniale druk, of sentrale senuweestelsel onderdrukking (weens 'n hoofbesering), ly nie. Dit word gekenmerk deur 'n afname in asemhalingstempo, harttempo en bewussynsverlies
- indien u aan epilepsie ly, wat nie voldoende deur u huidige medisyne, beheer word nie.

Waarskuwings en voorsorgmaatreëls

Neem spesiale sorg met TAMOLTRA en TAMOLTRA FORTE:

TAMOLTRA en TAMOLTRA FORTE bevat parasetamol, wat noodlottig mag wees tydens 'n oordosering. In die geval van vermoedelike oordosering en nieteenstaande die feit dat die persoon asimptomaties mag voorkom, kontak die naaste dokter, hospitaal, of gifbeheersentrum onmiddellik.

- doserings hoër as die aanbevole dosis, mag erge lewerskade veroorsaak
- enige ander medikasie wat parasetamol of tramadol, verdowingsmiddels, fenotiasiene (gebruik vir geestesversteurings), kalmeermiddels en sedatiewe hipnotika bevat, neem
- indien u enige ander medisyne vir depressie gebruik
- indien u erge nierprobleme het
- indien u lewerprobleme of -siekte het, aangesien u vel geel mag verkleur, en geelsug mag aandui
- indien u ernstige asemhalingsprobleme ervaar, byvoorbeeld asma, of erge longprobleme
- indien u 'n geskiedenis van verslawing of afhanklikheid het, veral vir medisyne in dieselfde klas as tramadol (opioïede)
- indien u ander medisyne, wat buprenorfien, nalbufien, of pentasosien bevat, om pyn te behandel, neem
- in die geval van 'n afname in bewussynsvlak vir onbekende redes, asemhalingsversteurings en by pasiënte wie ly aan emosionele versteurings, moet TAMOLTRA of TAMOLTRA FORTE uiters versigtig gebruik word
- indien u epilepsie het, of stuipe of aanvalle ervaar het
- indien u enige velreaksies ontwikkel, terwyl u TAMOLTRA of TAMOLTRA FORTE neem (griep-soortige simptome verskyn eerste, gevolg deur 'n pynlike uitslag wat versprei en blase vorm), staak die gebruik van TAMOLTRA en TAMOLTRA FORTE en meld dit dadelik by u dokter aan
- tramadol werk deur die omskakeling (metabolisering) na sy aktiewe komponent. Indien u tramadol vinniger omskakel (metaboliseer) na sy aktiewe komponent as ander pasiënte, staan u bekend as 'n ultra-vinnige metaboliseerder. Dit beteken dat u meer geneig is tot ernstige newe-effekte, soos asemhalingsprobleme, met stadige of vlak asemhaling. Indien u hierdie tipe newe-effekte ervaar, staak die gebruik van TAMOLTRA en TAMOLTRA FORTE en raadpleeg u dokter onmiddellik
- u mag lae natriumvlakke (hiponatremie) in u bloed ervaar, terwyl u TAMOLTRA en TAMOLTRA FORTE neem. Simptome mag die volgende insluit: naarheid en braking, hoofpyne, voel verward, voel baie moeg, voel rusteloos, voel prikkelbaar, spierswakheid, spasma of krampe en aanvalle. Bejaarde pasiënte en pasiënte wie ander medisyne neem wat die natriumvlakke in die bloed verlaag, toon die hoogste risiko vir hierdie newe-effekte. Indien u enige van hierdie simptome ervaar, terwyl u TAMOLTRA en TAMOLTRA FORTE neem, raadpleeg u dokter onmiddellik
- indien u narkose moet ondergaan (vertel u dokter of tandarts dat u hierdie medisyne neem)
- TAMOLTRA en TAMOLTRA FORTE moet nie saam met alkohol-bevattende drankies geneem word nie.

Verslawing:

Indien u TAMOLTRA of TAMOLTRA FORTE oor lang tydperke gebruik, mag u afhanklik (verslaaf) raak aan die tramadol wat dit bevat. U mag 'n drang ontwikkel vir TAMOLTRA of TAMOLTRA FORTE, selfs in die afwesigheid van pyn en mag 'n hoër dosis benodig om dieselfde effek te verkry. Indien u gediagnoseer is met 'n verslawing aan opioïedmedisyne, of dwelmmiddels (bv. heroïen, morfien, kodeïen), moet u nie TAMOLTRA of TAMOLTRA FORTE gebruik nie. Lig asseblief u dokter in.

Onttrekkingsimptome:

Indien u skielik die behandeling met TAMOLTRA of TAMOLTRA FORTE staak, veral indien u dit oor 'n langdurige tydperk geneem het, mag u onttrekkingsimptome ervaar. U mag paniekaanvalle, erge angstigheid (voel senuweeagtig of bekommerd), hallusinasies (hoor of sien dinge wat nie daar is nie), parestesie (brandende of prikkelende sensasie wat gewoonlik in die hande, arms, bene of voete gevoel word) en tinnitus (gelui of gegons in die ore), ervaar.
U dokter sal u TAMOLTRA of TAMOLTRA FORTE dosis geleidelik verminder, om die voorkoms van hierdie newe-effekte te verhoed.

Serotonien-sindroom

Indien u TAMOLTRA of TAMOLTRA FORTE saam met ander medisyne neem wat die serotonienvlakke in die liggaam aantas, mag u serotonien-sindroom ontwikkel (sien Ander medisyne en TAMOLTRA of TAMOLTRA FORTE, vir 'n lys van medisyne wat u nie met TAMOLTRA of TAMOLTRA FORTE moet kombineer nie). Indien u los stoelgang, koors, agitasie, sweet, verwarring, bewing, 'n vinnige hartklop, eksitasie, of verandering in bewussynsvlak ontwikkel, staak die gebruik van TAMOLTRA of TAMOLTRA FORTE en rapporteer onmiddellik aan u dokter.

Slaap-verwante asemhalingsprobleme

TAMOLTRA en TAMOLTRA FORTE bevat 'n aktiewe bestanddeel wat aan die groep opioïede behoort. Opioïede kan slaap-verwante asemhalingsversteurings veroorsaak, byvoorbeeld sentrale slaap-apnee (vlak/onderbroke asemhaling tydens slaap) en slaap-verwante hipoksemie (lae suurstofvlak in die bloed).
Die risiko vir sentrale slaap-apnee hou direk verband met dosis opioïede. U dokter mag oorweeg om u algehele opioïed-dosering te verlaag, indien u sentrale slaap-apnee ervaar.

Kinders

TAMOLTRA en TAMOLTRA FORTE is slegs vir gebruik deur kinders 16 jaar oud en ouer.

Ander medisyne en TAMOLTRA of TAMOLTRA FORTE

Vertel altyd u gesondheidsorgverskaffer indien u enige ander medisyne gebruik (Dit sluit alle aanvullende, of tradisionele medisyne in).
TAMOLTRA of TAMOLTRA FORTE moet nie saam met die volgende toegedien word nie:

- 'n groep antidepressante wat monoamienoksidase-inhibitors (MAOIs) genoem word, soos moklobemied en tranielsipromien, of vir 14 dae nadat behandeling gestaak is nie (sien Moet nie TAMOLTRA of TAMOLTRA FORTE neem). Indien dit saam met TAMOLTRA en TAMOLTRA FORTE geneem word, kan dit diarree, tagikardie (onreëlmatige hartklop), hiperhidrose (uitermatige gesweet), bewing, verwarringstoestand en selfs koma tot gevolg hê.

TAMOLTRA en TAMOLTRA FORTE word nie saam met die volgende aanbeveel nie:

- alkohol
- karbamasepien (gebruik vir die behandeling van aanvalle). Sou dit saam met TAMOLTRA en TAMOLTRA FORTE geneem word, kan dit 'n afname in doeltreffendheid en 'n korter werkingsduur veroorsaak, weens 'n laer tramadolkonsentrasie
- buprenorfien, nalbufien, of pentasosien (opioïed-tipe pynverligters). Die werking van hierdie medisyne mag verswak word.

Omsigtigheid word aanbeveel, indien die volgende medisyne saam met TAMOLTRA of TAMOLTRA FORTE, toegedien word:

- tramadol kan konvulsies veroorsaak en die moontlikheid vir sekere antidepressante (soos sitalopram, essitalopram, paroksetien, duloksetien, venlafaksien en amitriptilien), antipsigotika en aanval drempelvlak-verlagende medikasie (soos bupropion, mirtasepien, tetrahidrokannabinol), om konvulsies te veroorsaak
- gelyktydige terapeutiese gebruik van tramadol en sitalopram, essitalopram, paroksetien, duloksetien, venlafaksien, amitriptilien, moklobemied, tranielsipromien en mirtasapien, mag serotonientoksisiteit veroorsaak. Simptome sluit die volgende in: onwillekeurige, ritmiese spiersametrekkings, insluitend die spiere wat oogbeweging beheer, agitasie, uitermatige gesweet, tremor, oordrewe reflekse, verhoogde spierspanning en liggaamstemperatuur hoër as 38 °C
- indien u ander pynverligters soos morfien en kodeïen (ook hoesmedisyne), baklofen ('n spierverslapper), medisyne wat gebruik word om bloeddruk te verlaag, of medisyne om allergieë te behandel, asook kalmeermiddels soos bensodiasepiene (alprasolam, diasepam, lorasepam), of verwante medisyne saam met TAMOLTRA en TAMOLTRA FORTE neem, aangesien daar 'n verhoogde risiko is vir lomerigheid, problematiese asemhaling (respiratoriese onderdrukking), en koma, wat lewensgevaarlik mag wees
- indien u warfarien (vir bloedverdunning) neem. Die doeltreffendheid van hierdie medisyne mag verander, en bloeding mag voorkom
- simetidien (gebruik om maagsere of sooibrand te behandel)
- indien u digoksien neem, om hartprobleme te behandel
- indien u diflunisal neem vir pyn
- metoklopramied, ondansetron (gebruik vir naarheid)
- indien u ondansetron neem om braking te behandel.

TAMOLTRA en TAMOLTRA FORTE saam met kos, drinkgoed en alkohol

Moet nie alkohol gebruik, tydens die behandeling met TAMOLTRA en TAMOLTRA FORTE nie, aangesien die effekte van TAMOLTRA en TAMOLTRA FORTE en alkohol mekaar mag versterk (sien afdeling 3).

Swangerskap, borsvoeding en fertiliteit

Indien u swanger is of u baba borsvoed, vermoed dat u swanger is, of 'n baba beplan, raadpleeg asseblief u dokter, apteker, of ander gesondheidsorgverskaffer vir advies, voordat u hierdie medisyne gebruik.

TAMOLTRA en TAMOLTRA FORTE moet nie tydens swangerskap geneem word nie.

Moet nie TAMOLTRA of TAMOLTRA FORTE gebruik, terwyl u borsvoed nie, aangesien klein hoeveelhede tramadol in borsmelk uitgeskei mag word.

Bestuur en hantering van masjiene

TAMOLTRA en TAMOLTRA FORTE mag u vermoë om te bestuur, of masjiene te hanteer aantas, aangesien dit lomerigheid of duiseligheid mag veroorsaak. Dit mag vererger word deur ander medisyne wat u senuweestelsel aantas, of alkohol. Moet nie bestuur, of masjiene hanteer nie, aangesien TAMOLTRA of TAMOLTRA FORTE met u vermoë om hierdie take veilig uit te voer, mag inmeng.

Dit is nie altyd moontlik om te voorspel tot watter mate TAMOLTRA of TAMOLTRA FORTE met die daaglikse aktiwiteite van 'n pasiënt sal inmeng nie. Pasiënte moet verseker dat hulle nie by bogenoemde aktiwiteite betrokke raak, totdat hulle weet tot watter mate TAMOLTRA of TAMOLTRA FORTE, hulle aantas nie.

TAMOLTRA en TAMOLTRA FORTE bevat natrium

TAMOLTRA en TAMOLTRA FORTE bevat minder as 1 mmol (0,023 g) natrium per filmbedekte tablet, dit wil sê wesenlik 'natriumvry'.

3. Hoe om TAMOLTRA en TAMOLTRA FORTE te neem

Moet nie medisyne wat vir u voorgeskryf is met enige ander persoon deel nie. Neem TAMOLTRA of TAMOLTRA FORTE altyd presies soos deur u dokter, of apteker aanbeveel is. U moet u dokter, of apteker raadpleeg, indien u onseker is.

MOET NIE DIE AANBEVOLE DOSIS OORSKRY NIE.

- sluk die tablette heel in, met genoegsame vloeistof
- moet nie die tablette breek of kou nie
- u mag TAMOLTRA of TAMOLTRA FORTE op enige tyd van die dag neem, met of sonder kos.

Volwassenes:

TAMOLTRA: Die gewone dosis is 1 of 2 tablette elke 4 - 6 uur, tensy u dokter dit anders voorgeskryf het. Indien nodig, mag verdere doserings geneem word, soos deur u dokter aanbeveel word.
Moet nie meer as 8 tablette per dag neem nie.
TAMOLTRA FORTE: Die gewone dosis is 1 tablet elke 4 - 6 uur, tensy u dokter dit anders voorgeskryf het. Indien nodig, mag verdere doserings geneem word, soos deur u dokter aanbeveel word.
Moet nie meer as 4 tablette per dag neem nie.

Pasiënte met nier- of lewersiekte

Moet nie TAMOLTRA of TAMOLTRA FORTE neem, indien u erge lewerprobleme het nie. Lig u dokter in, indien u 'n nierversteuring het ('n kreatinien-opruiming < 30 mL/min). Moet nie meer as 2 tablette elke 12 uur neem nie.

Kinders:

TAMOLTRA tablette word nie aangedui vir gebruik deur kinders jonger as 16 jaar oud nie, aangesien die veiligheid en doeltreffendheid nie vasgestel is nie.
TAMOLTRA FORTE tablette word nie aangedui vir gebruik deur kinders jonger as 18 jaar oud nie, aangesien die veiligheid en doeltreffendheid nie vasgestel is nie.

U dokter sal vir u aandui, hoe lank u behandeling met TAMOLTRA of TAMOLTRA FORTE sal duur.
Indien u onder die indruk is dat die werking van TAMOLTRA of TAMOLTRA FORTE té sterk, of té swak is, praat met u dokter, of apteker.

Indien u meer TAMOLTRA of TAMOLTRA FORTE neem as wat u behoort

In die geval van oordosering, raadpleeg u dokter, of apteker. Indien beide nie beskikbaar is nie, kontak die naaste hospitaal, of gifbeheersentrum.

Onmiddellike mediese advies moet ingewin word in die geval van 'n oordosis, weens die risiko vir vertraagde, ernstige lewerskade as gevolg van te veel parasetamol, selfs al voel u goed.
U niere mag ook beskadig word in die afwesigheid van lewerskade.
Indien die begin van behandeling vertraag word, mag dit beteken dat die teenmiddel te laat toegedien word om doeltreffend te werk. Verwys asseblief na die inligting aangaande parasetamol oordosering onder "Neem spesiale sorg met TAMOLTRA of TAMOLTRA FORTE".

Simptome van oordosering mag die volgende insluit:

- tramadol oordosering: asemhalingsprobleme, aanvalle
- parasetamol oordosering: 'n ongesonde bleek voorkoms, naarheid, braking, erge gewigsverlies (anoreksie), maagpyn, lewerskade, nierversaking, metaboliese asidose (te veel suur in liggaamsvloeistowwe), onreëlmatige hartklop.

Indien u vergeet om TAMOLTRA of TAMOLTRA FORTE te neem

Indien u vergeet om 'n dosis te neem, neem dit so gou as wat u onthou, tensy dit amper tyd is vir u volgende dosis. Moet nie 'n dubbeldosis neem, om op te maak vir die vergete individuele dosisse nie.

Indien u die gebruik van TAMOLTRA of TAMOLTRA FORTE staak

Onttrekkingsimptome mag voorkom, indien TAMOLTRA of TAMOLTRA FORTE skielik gestaak word. U mag angstigheid, senuweeagtige opgewondenheid, slaapprobleme, uitermatige abnormale bewegings, tremor en gastro-intestinale simptome ervaar.
Ander simptome wat baie skaars opgemerk word indien tramadolhidrochloried skielik onttrek word, sluit paniekaanvalle, erge angstigheid, hallusinasies, tintelende of prikkelende sensasie en gelui in die ore, in.

4. Moontlike newe-effekte

TAMOLTRA en TAMOLTRA FORTE kan newe-effekte hê.
Nie alle newe-effekte wat vir TAMOLTRA en TAMOLTRA FORTE aangemeld is, word in hierdie inligtingsblad ingesluit nie. Sou u algemene gesondheid versleg, of indien u enige ongunstige effekte ervaar, terwyl u TAMOLTRA of TAMOLTRA FORTE neem, raadpleeg asseblief u gesondheidsorgverskaffer vir advies.

Indien enige van die volgende gebeur, staak die gebruik van TAMOLTRA of TAMOLTRA FORTE en vertel u dokter onmiddellik, of gaan na die ongevalle-afdeling, by u naaste hospitaal:

- swelling van die hande, voete, enkels, gesig, lippe, tong, mond of keel, wat sluk of asemhaling mag bemoeilik
- uitslag of gejeuk
- floute.

Hierdie is alles baie ernstige newe-effekte. Indien u dit het, kon u 'n ernstige allergiese reaksie teenoor TAMOLTRA en TAMOLTRA FORTE ondervind het. U mag dringende mediese aandag, of hospitalisasie benodig.

Vertel u dokter onmiddellik, of gaan na die ongevalle-afdeling, by u naaste hospitaal, indien u enige van die volgende opmerk:

- toename in bloedingstyd – onverwagte of voortdurende bloeding, wanneer TAMOLTRA of TAMOLTRA FORTE saam met bloedverdunningsmedisyne gebruik word (bv. warfarien)
- onreëlmatige hartklop, wat baie vinniger en meer prominent as gewoonlik voorkom, verhoging in bloeddruk, vinnige, sterk, of onreëlmatige hartklop, baie vinnige hartklop, disritmie
- verhoogde lewerensieme, wat lei tot buikpyn, donker urine, bleek stoelgang, swakheid en uitputting
- koue rillings, borspyn, warm gloede
- indien u lewerinflammasie het – simptome mag maagpyn, of vergeling van die vel en wit gedeeltes van die oë insluit (hepatitis)
- problematiese asemhaling, stadiger of swakker asemhaling
- voel duiselig wanneer daar opgestaan word vanuit 'n lêende, of sittende posisie, stadige hartklop
- verergering van bestaande asma
- hallusinasies (sien of hoor dinge wat nie daar is nie) depressie, geheueverlies, selfmoordgedagtes, amnesie, delirium, verslawing (word afhanklik van TAMOLTRA of TAMOLTRA FORTE), ongewone denke
- onvermoë om die blaas volkome te ledig, nierversaking
- ernstige velversteurings insluitend Stevens-Johnson-sindroom (SJS)/toksiese epidermale nekrolise (TEN), met griep-soortige simptome, gevolg deur 'n pynlike rooi, of perserige uitslag wat versprei en blase vorm, velsere en afskilfering van die vel, wat noodlottig mag wees

Hierdie is alles ernstige newe-effekte. U mag dringende mediese aandag benodig.

Vertel u dokter indien u enige van die volgende opmerk:
Algemene newe-effekte:

- toestand van verwarring, slaapsteurings, gemoedsveranderinge (angstigheid, senuweeagtigheid, gevoel van opwinding), anoreksie
- duiseligheid, uitermatige lomerigheid, hoofpyn, bewing
- naarheid, braking, hardlywigheid, droë mond, diarree, maagpyn, slegte spysvertering, winderigheid
- veluitslag, sweet.

Minder algemene newe-effekte:

- lae hoeveelheid rooibloedselle (anemie)
- impotensie, nagmerries
- verlies van volle beheer van liggaamsbewegings, stuipe, ongekoördineerde bewegings (struikeling), spierswakheid, spierspanning, migraine, erge migraine, tinteling, gevoelloosheid, of gevoel van spelde en naalde in die ledemate, onwillekeurige spiertrekkings, spraaksteurnisse, slepende spraak, draaigevoel en balansverlies, onvermoë om normaal te dink of op te tree
- versteurde visie, pupilkonstriksie (miose), uitermatige verwyding van die pupille (midriase) abnormale sig
- gelui in die ore
- asemnood
- moeisame sluk, hoes of verwurg wanneer daar geëet of gedrink word, bring voedsel op, somtyds deur die neus, onvermoë om behoorlik te kou, bloed in die stoelgang, tongswelling
- indien u pankreasinflammasie het – simptome mag boonste buikpyn, buikpyn wat uitstraal na u rug, gevoeligheid wanneer die buik aangeraak word, koors, vinnige pols, naarheid en braking (akute pankreatitis), insluit
- velreaksies (byvoorbeeld uitslae en urtikarie)
- probleme met urinering, moeilike of pynlike urinering, abnormale urientoetsresultate, nierstene
- neusbloeding, of bloeiende tandvleis, wat mag voorkom weens 'n lae plaatjietelling, kneusing, langdurige bloeding tydens 'n besering
- aptytveranderinge, swakheid, gewigsverlies.

Die volgende newe-effekte is aangemeld, maar die frekwensie van voorkoms is onbekend:

- lae bloedsuiker, lae natriumvlakke in die bloed (met simptome wat naarheid, hoofpyn, verwarring en uitputting insluit), waterretensie
- Serotonien-sindroom (simptome sluit hoë liggaamstemperatuur, sweet, bewing, lompheid, tremors en verwarring en ander geestesveranderinge, diarree, braking, ooraktiewe reflekse en spierspasma, in)
- hik
- geneesmiddelonttrekkingssindroom (simptome sluit agitasie, angstigheid, senuweeagtigheid, insomnie, gesigbewegings, stadige onbeheerde bewegings, rukkerige bewegings, abnormale stap, tremor, maagprobleme, paniekaanvalle, erge angstigheid, hallusinasies, spelde en naalde, gelui in die ore, in).

Indien u enige newe-effekte opmerk, wat nie in hierdie inligtingsblad genoem word nie, raadpleeg asseblief u dokter, of apteker.

Aanmelding van newe-effekte

Indien u newe-effekte ervaar, praat met u dokter, apteker of verpleegkundige.
U kan ook newe-effekte aanmeld by SAHPRA via die Med Safety toepassing (Medsafety X SAHPRA) en eReporting platform (who-umc.org), wat op SAHPRA se webtuiste gevind kan word. Deur die aanmelding van newe-effekte, kan u help om meer inligting aangaande die veiligheid van TAMOLTRA en TAMOLTRA FORTE in te win. U kan ook 'n epos direk aan die maatskappy stuur, pharmacovigilance@pharmadynamics.co.za, om die veiligheid van die produk te verseker.

5. Hoe om TAMOLTRA en TAMOLTRA FORTE te bewaar

Bewaar alle medisyne buite die bereik van kinders.
TAMOLTRA: Bewaar teen of benede 30 °C in 'n koel, droë plek.
TAMOLTRA FORTE: Bewaar teen of benede 25 °C in 'n koel, droë plek.
Hou die stulpstroke in die kartonhouer, totdat dit benodig word vir gebruik.
Moet nie gebruik na die vervaldatum wat op die kartonhouer aangedui word nie.
Neem alle ongebruikte medisyne na u apteker terug.
Moet nie ongebruikte medisyne in afvoerpype, of rioolstelsels (bv. toilette), weggooi nie.

6. Verpakkingsinhoud en ander inligting

Wat TAMOLTRA en TAMOLTRA FORTE bevat:

Die aktiewe bestanddele is tramadol en parasetamol.
TAMOLTRA: Elke filmbedekte tablet bevat tramadolhidrochloried 37,5 mg en parasetamol 325 mg.
TAMOLTRA FORTE: Elke filmbedekte tablet bevat tramadolhidrochloried 75 mg en parasetamol 650 mg.
Suikervry.

Die ander bestanddele is:
Tabletkerne:
Magnesiumstearaat, mikrokristallyne sellulose, natriumstyselglikolaat (Tipe A), vooraf-gegelatineerde stysel.

TAMOLTRA filmbedekking: Opadry Geel 15B82958 samestelling:
Geel ysteroksied, hipromellose, poliëtileenglikol, polisorbaat en titaandioksied.

TAMOLTRA FORTE filmbedekking: Opadry Geel 15B82958 samestelling: Geel ysteroksied, hipromellose, makrogol (poliëtileenglikol), polisorbaat, rooi ysteroksied en titaandioksied.

Hoe TAMOLTRA en TAMOLTRA FORTE lyk en die verpakkingsinhoud

TAMOLTRA: Effens geel-bruin, ovaal, konvekse filmbedekte tablette.
TAMOLTRA FORTE: Effens oranje-kleurige, ovaal, bikonvekse filmbedekte tablette, wyd gegroef aan beide kante.

TAMOLTRA is beskikbaar in stulpstroke wat uit PVC/PVDC, wit film en aluminiumfoelie bestaan, met 10, 20, 30, 40, 50, 60, 70, 80, 90 of 100 tablette wat verpak word in 'n buitenste kartonhouer.
Nie alle verpakkingshoeveelhede word noodwendig bemark nie.

Eienaar van die Registrasiesertifikaat

Pharma Dynamics (Edms.) Bpk.
1ste Vloer Grapevine House, Steenberg Office Park
Silverwood Close
Westlake,7945
Kaapstad, Suid-Afrika
Tel: + 27 21 707 7000
of 0860-PHARMA (742 762)

Hierdie inligtingsblad was voorheen hersien
27 Februarie 2025

Registrasienommers
TAMOLTRA: A46/2.9/0976
TAMOLTRA FORTE: A47/2.9/0926

MOZAMBIEK:
TAMOLTRA: N5791

NAMIBIË:
TAMOLTRA: NS3 19/2.9/0074

ZIMBABWE:
TAMOLTRA: 2022/2.2/6236

ZAMBIË:
TAMOLTRA: POM ZAMRA-HM-25-285

C5627