יולי 2025

רופא /ה, רוקח/ת נכבד/ה

חברת טבע מודיעה על העדכונים הבאים בעלון לצרכן ובעלון לרופא של התכשיר

Muscol Tablets מוסקול טבליות

שם וכמות החומר הפעיל: **Contains:** **Paracetamol 500 mg**
Orphenadrine citrate 30 mg

עדכונים בעלון לצרכן / בעלון לרופא

התוויה כפי שאושרה בתעודת הרישום:

Relief of mild to moderate pain of acute musculoskeletal disorders.

ברצוננו להודיע שהעלון לצרכן והעלון לרופא עודכנו, בפירוט שלהלן כלולים העדכונים העיקריים בלבד (תוספות מסומנות באדום והסרות מידע כטקסט מחוק):

עדכונים בעלון לצרכן

2. לפני השימוש בתרופה

[...]

לפני הטיפול במוסקול, ספר לרופא אם:

- אתה רגיש (אלרגי) לתרופה כלשהי או למזון כלשהו.
- אתה סובל מבעיות לב.
- אתה סובל מבעיות בכבד או בכליות.
- יש לך תסמונת גילברט (Gilbert's syndrome)
- יש לך חוסר באנזים G6PD (גלוקוז 6 פוספאט דהידרוגנאז)
- אתה סובל מהתמכרות לאלכוהול.
- אתה רגיש לאספירין או לתרופות נוגדות דלקת אחרות או אם אתה רגיש למשככי כאבים
- אתה סובל מתזונה לקויה
- יש לך אסטמה

[...]

תגובות בין-תרופתיות

[...]

- זידובודין לטיפול בנגיף הכשל החיסוני האנושי (HIV)/איידס

[...]

4. תופעות לוואי

[...]

תופעות לוואי חמורות:

יש להפסיק את הטיפול ולפנות מייד לרופא:

[...]

- כאבי עורי, פריחות אדומות, שלפוחיות ופצעים על העור, קילוף של העור, שיעול וחום
- אם מופיעות בעיות נשימה. יותר סביר שיקרו אם חווית בעבר בעיות נשימה בעת נטילת משככי כאבים אחרים כגון איבופרופן ואספירין.
- אם מופיעים בחילה~~ות~~, ירידה פתאומית במשקל, אובדן תיאבון והצהבה של העיניים והעור.
- כאבי בטן, כאבי שרירים או מפרקים, הצהבה של העור, שתן כהה או צואה בצבע חום בהיר.
- כאב בחזה
- דופק מהיר, נשימה שטחית מהירה, בלבול, אובדן תיאבון, תחושת עייפות רבה, ישנוניות.

תופעות לוואי נוספות:
פנה לרופא אם מופיעה אחת מתופעות הלוואי הבאות:

[...]

- ירידה בלחץ הדם
- הזעה

[...]

עדכונים בעלון לרופא

4.4. Special warnings and precautions for use

[…]

Orphenadrine citrate

[…]

Orphenadrine citrate should be used with caution in patients with tachycardia, cardiac decompensation, coronary insufficiency or cardiac arrhythmias, Gilbert's syndrome and Glucose – 6 – phosphate – dehydrogenase deficiency.

Paracetamol

[…]

Muscol may be dangerous when used in large amounts or for long~~Potentially fatal hepatotoxicity can result from paracetamol overdosage. However, in rare cases, h~~Hepatotoxicity may~~has~~ occur~~red in patients receiving high or excessive doses within~~ with paracetamol even at therapeutic doses, after short treatment duration and in patients without pre-existing liver dysfunction. ~~Certain patients may be more susceptible to paracetamol hepatotoxicity, e.g., chronic alcoholics, patients with liver disease, or those who are malnourished or taking other drugs that induce hepatic enzymes.~~ Hepatotoxicity may develop following as little as 10 to 15 g of paracetamol and hepatic failure is known to occur occasionally with long term use of paracetamol.
~~Because of the risk of hepatotoxicity, patients should be cautioned against the inadvertent administration of excessive doses of paracetamol by using multiple paracetamol-containing products at once, such as cough and cold remedies, analgesics or arthritic formulations, antipyretics or products for relief of menstrual symptoms or muscle spasm. Administration of paracetamol to children may be~~

~~especially prone to error due to the many concentrations and strengths of products available. To avoid dosing errors, all product labels should be checked carefully to ensure calculation of the amount of paracetamol to be given.~~
~~Paracetamol should be used with caution in patients with hepatic or renal dysfunction.~~

Caution is advised in patients with underlying sensitivity to aspirin and/or to non-steroidal anti-inflammatory drugs (NSAIDs).

Caution is advised in patients with known analgesic intolerance or known bronchial asthma as hypersensitivity reactions including bronchospasm are possible.

Severe cutaneous adverse reactions (SCARs): Paracetamol has been associated with a risk of rare but serious skin reactions. These skin reactions, known as Stevens-Johnson Syndrome (SJS), toxic epidermal necrolysis (TEN), and acute generalized exanthematous pustulosis (AGEP), can be fatal.

Patients should be advised of the signs and symptoms and monitored closely for skin reactions. If symptoms or signs of SJS and TEN (e.g. progressive ~~Reddening of the~~ skin~~,~~ rash~~,~~ often with blisters~~,~~ ~~and detachment of the upper surface of the skin~~ or mucosal lesions) ~~can~~ occur ~~with the use of drug products that contain paracetamol.~~, patients should stop treatment immediately and seek medical advice. ~~These reactions can occur with first-time use of paracetamol or at any time while it is being taken.~~

~~Anyone who develops a skin rash or reaction while using paracetamol should **stop the drug** and seek medical attention right away.~~ Anyone who has experienced a serious skin reaction with paracetamol should not take the drug again and should contact their health care professional to discuss alternative pain relievers/fever reducers.

~~Health care professionals should be aware of this rare risk and consider paracetamol along with other drugs already known to have such an association, when assessing patients with potentially drug induced skin reactions.~~

[…]

Use in hepatic impairment
Use with caution in patients with impaired liver function: Underlying liver disease increases the risk of paracetamol-related liver damage.

Cases of hepatic dysfunction/failure have been reported in patients with depleted glutathione levels, such as those who are severely malnourished, anorexic, have a low body mass index, are chronic heavy users of alcohol or have sepsis.

In patients with glutathione depleted states the use of paracetamol may increase the risk of metabolic acidosis.

Use in renal impairment
Use with caution in patients with impaired kidney function. Administration of paracetamol to patients with moderate to severe renal impairment may result in accumulation of paracetamol conjugates.

[…]

Effects on laboratory tests
Uric acid and blood glucose: Intake of paracetamol may affect the laboratory determination of uric acid by phosphotungstic acid and of blood glucose by glucose oxidase-peroxidase.

[…]

4.5. Interactions with other medicines and other forms of interactions

[…]

- **Anticoagulants:** Paracetamol may increase the risk of bleeding in patients taking warfarin and other antivitamin K medicines. Anticoagulant dosage may require reduction, and patients should be monitored for appropriate coagulation and bleeding complications~~if paracetamol medication is prolonged~~.
- **Chloramphenicol:** Paracetamol may increase chloramphenicol concentrations by slowing down excretion, entailing the risk of increased toxicity.
- **Cholestyramine:** reduces the absorption of paracetamol if given within 1 hour of paracetamol. Chelating resins can decrease the intestinal absorption of paracetamol and potentially decrease its efficacy if taken simultaneously. In general, there must be an interval of more than 2 hours between taking the resin and taking paracetamol, if possible.
- **Drugs which affect motility:**
  - Paracetamol absorption is increased by medicines that increase gastric emptying, e.g. metoclopramide ~~or by~~and domperidone~~, and~~
  - Paracetamol absorption is decreased by medicines that decrease gastric emptying, e.g. propantheline, antidepressants with anticholinergic properties and narcotic analgesics ~~or by cholestyramine. Oral doses of cholestyramine and paracetamol should be given at least 1 hour apart.~~
- Flucloxacillin: ~~Caution should be taken when~~Co-administration of flucloxacillin with paracetamol may lead to~~is used concomitantly with flucloxacillin as concurrent intake has been associated with~~ high anion gap metabolic acidosis due to pyroglutamic acidosis, particularly~~especially~~ in patients presenting~~with~~ risks factors of glutathione depletion, such as sepsis, malnutrition or chronic alcoholism (see section 4.4).
- **Probenecid:** Paracetamol excretion may be affected and plasma concentrations altered when given probenecid.
- **Hepatotoxic Drugs and Liver Microsomal Enzyme Inducers:** The risk~~likelihood~~ of paracetamol toxicity may be increased in patients receiving other potentially hepatotoxic drugs or drugs that induce liver microsomal~~by the concomitant use of~~ enzymes, ~~inducing agents~~ such as antiepileptics (such as phenobarbital, phenytoin, carbamazepine, topiramate), alcohol~~or anticonvulsant medicines, hepatic enzyme inducing Agents (e.g.~~, barbiturates~~,~~ and rifampicin. ~~carbamazepine, phenytoin) and hepatotoxic medications.~~ The induced metabolism results in an elevated production of the hepatotoxic oxidative metabolite of paracetamol. Hepatotoxicity will occur if this metabolite exceeds the normal glutathione binding capacity.~~Concurrent administration of enzyme inducers and paracetamol may decrease the therapeutic effect of paracetamol, probably because of increased metabolism resulting from induction of hepatic microsomal enzyme activity.~~

4.8. Adverse effects (Undesirable effects)

[…]

Paracetamol

[…]

The~~Although~~ the following reactions have been reported~~, a causal relationship to the administration of paracetamol has been neither confirmed nor refuted~~:

- Dyspepsia
- Sweating
- Erythema

- Urticaria
- Anaphylactic shock
- Angioneurotic oedema
- Difficulty breathing
- Drop in blood pressure
- Nausea
- Allergic reactions such as skin rashes
- Hepatotoxicity (see Section 4.4 – "Special warnings and precautions for use")
- ~~Nephropathy, including papillary renal failure has been reported following consumption of large amounts of paracetamol. Renal tubular necrosis has been associated occasionally with hepatic injury produced by paracetamol overdose.~~
- Hypersensitivity reactions ~~including skin eruptions, laryngeal edema, bronchospasm, and/or anaphylaxis have occurred rarely. Dose-dependent cross-sensitivity to paracetamol may occur in aspirin-sensitive asthmatics. Low initial doses of paracetamol (less than 1000 mg) are recommended in these patients, with monitoring for about 3 hours following initial doses.~~
- Haematological reactions including ~~(neutropenia and~~ thrombocytopenia ~~purpura have been reported~~, leukopenia, neutropenia, ~~and rarely~~ agranulocytosis~~)~~ and pancytopenia
- Paracetamol has been associated with a risk of rare but serious skin reactions. These skin reactions, known as Stevens-Johnson Syndrome (SJS), toxic epidermal necrolysis (TEN)~~,~~ and acute generalized exanthematous pustulosis (AGEP), can be fatal (See section **4.4 - "**Special warnings and precautions for use"). Fixed drug eruption and cytolytic hepatitis, which may lead to acute hepatic failure, have also been reported
- Bronchospasm may be triggered in patients having a tendency of analgesic asthma

[…]

- Haemolytic anaemia, particularly in patients with underlying glucose 6-phosphate-dehydrogenase deficiency has been reported. Kounis syndrome has been reported,
- Not known: (frequency cannot be estimated from the available data): Metabolism and nutrition disorders - High anion gap metabolic acidosis (HAGMA) [Cases of high anion gap metabolic acidosis due to pyroglutamic acidosis have been observed in patients with risk factors using paracetamol (see section 4.4). Pyroglutamic acidosis may occur as a consequence of low glutathione levels in these patients].

[…]

No specific information is available on overdosage with Muscol.

Elderly persons, small children, patients with liver disorders, chronic alcohol consumption or chronic malnutrition, as well as patients concomitantly treated with enzymes-inducing drugs are at an increased risk of intoxication, including fatal outcome. Overdosege with~~of~~ paracetamol if left untreated can result in severe, sometimes fatal liver damage and rarely,~~sometimes~~ acute renal tubular necrosis.

Symptoms and Signs

[…]

Paracetamol overdosage:

[…]

Toxic symptoms ~~following an overdose with paracetamol~~ include vomiting, abdominal pain, hypotension~~,~~ and sweating~~,~~. ~~central stimulation with exhilaration and convulsions in children, drowsiness, respiratory depression, cyanosis and coma.~~ Nausea, vomiting, anorexia, pallor and

abdominal pain generally appear during the first 24 hours of overdosage with paracetamol. Overdosage with paracetamol may cause hepatic cytolysis which can lead to hepatocellular insufficiency, gastrointestinal bleeding, metabolic acidosis, encephalopathy, disseminated intravascular coagulation, coma and death. Increased levels of hepatic transaminases, lactate dehydrogenase and bilirubin with a reduction in prothrombin level can appear 12 to 48 hours after acute overdosage. Overdosage can also lead to pancreatitis acute renal failure and pancytopenia.

Treatment

~~Prompt treatment is essential even when there are no obvious symptoms.~~ Despite lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention.

~~In cases of overdosage, methods of reducing absorption of ingested medicine are important. Prompt administration of a~~Activated charcoal ~~50 g in 150 mL of water and 150 mL sorbitol 50% solution by mouth~~ may reduce absorption of paracetamol if given within one hour after oral ingestion. In patients who are not fully conscious or have impaired gag reflex, consideration should be given to administering activated charcoal via a nasogastric tube, once the airway is protected. ~~It is recommended that intravenous fluids such as normal saline be given concurrently. Gastric lavage is indicated if the patient is unwilling or unable to drink an activated charcoal/sorbitol mixture.~~

~~If the history suggests that paracetamol 150 mg/kg body weight or 15 g total or more has been ingested, administer the following antidote:~~

Where paracetamol intoxication is suspected, intravenous administration of SH group donators such as ~~Intravenous~~ acetylcysteine may be indicated. ~~20%: Administer~~Although acetylcysteine is most effective if initiated within this period, it can still offer some degree of protection if given as late as 48 hours after ingestion; in this case it is taken for longer~~immediately without waiting for positive urine test or plasma level results if 8 hours or less since overdose ingestion~~. ~~Initial dose 150 mg/kg over 15 minutes, followed by continuous infusion of 50 mg/kg in glucose 5% 500 mL over four hours and 100 mg/kg in glucose 5% 1 L over 16 hours. If more than eight hours have elapsed since the overdose was taken, the antidote may be less effective.~~

Further measures will depend on the severity, nature and course of clinical symptoms of intoxication and should follow standard intensive care protocols.

Convulsions and delirium respond to relatively large doses of diazepam, preferably by mouth. Adequate hydration of the patient is important.

[…]