1. Name of the Medicinal product
Nidol® Gel 2%, nimesulide 2g /100 mg

2. Qualitative and quantitative composition
Nidol Gel 2% contains 2% w/w nimesulide (1 g of gel contains 20 mg of nimesulide).

For excipients, see section 6.1

3. Pharmaceutical form
Gel.

4. Clinical particulars
4.1. Therapeutic indications
Symptomatic relief of pain associated with sprains and acute traumatic tendinitis.

4.2. Posology and administration:

Adults
Nimesulide 2% gel (usually 3 g, corresponding to a line 6-7 cm long) should be applied in a thin layer to the affected area 2-3 times daily and massaged until it is completely absorbed.
Duration of treatment: 7-15 days.

Children under 12 years
Nimesulide 2% gel has not been studied in children. Therefore, safety and efficacy have not been established and the product should not be used in children (see section 4.3).

4.3. Contraindications:

Known hypersensitivity to nimesulide or to any of the excipients in the gel.
Complete or incomplete combination of bronchial asthma, angioedema or urticaria, recurrent nasal polyposis and paranasal sinuses and intolerance to acetylsalicylic acid or other NSAIDs, including anamnesis.
Dermatoses, damage to the epidermis and skin infections in the area of application.
Erosive and ulcerative lesions of the gastrointestinal tract in the acute stage, bleeding from the gastrointestinal tract.
Severe renal and hepatic impairment (creatinine clearance < 30 ml/min).
Pregnancy and breastfeeding period.
Children's age up to 12 years.
Simultaneous use with other topical creams.

4.4. Precautions and warnings:
Nimesulide 2% gel should not be applied to skin wounds or open injuries.
Nimesulide 2% gel should not be allowed to come into contact with the eyes or mucous membranes; in case of accidental contact, wash immediately with water.
The product should never be taken by mouth. Hands should be washed after applying the product.
Nimesulide 2% gel should not be used with occlusive dressings.
Nimesulide 2% gel is not recommended for use in children under 12 years (see section 4.3).
Undesirable effects may be reduced by using the minimum effective dose for the shortest possible duration.

Since nimesulide 2% gel has not been studied in hypertensive subjects, particular caution should be used when treating patients with known hypersensitivity to other NSAIDs. The possibility of developing hypersensitivity in the course of therapy cannot be excluded.
Since with other topical NSAIDs burning sensation and exceptionally photodermatitis can occur, care should be taken during treatment with nimesulide 2% gel.
To reduce the risk of photosensitivity, patients should be warned against exposure to direct and solarium sunlight.

The excipients methylparaben and propylparaben may cause allergic reactions.
The excipient propylene glycol may irritate the skin.

If symptoms persist or the condition is aggravated medical advice should be sought.

4.5. Drug interactions and other interactions

It is possible that nimesulide may interact pharmacokinetically with drugs that compete for binding to plasma proteins.
Caution should be exercised when using nimesulide simultaneously with digoxin, phenytoin, lithium preparations, diuretics, cyclosporine, methotrexate, other NSAIDs, antihypertensive and hypoglycemic products.
Before using the gel, you should consult your doctor if you are already using these products or are under medical supervision.

4.6. Pregnancy and lactation

The use of the Nimesulide Gel during pregnancy and breastfeeding is contraindicated.

4.7. Effects on the ability to drive and use machines.

No studies on the effect of nimesulide 2% gel on the ability to drive or use machines have been performed.

4.8. Undesirable effects

When used externally, the drug is usually well tolerated.

The adverse events presented below are listed depending on the anatomical and physiological classification and frequency of occurrence. Frequency of occurrence side effects are determined by WHO and have the following gradation: very often (≥1/10), often (≥1/100 and <1/10), infrequently (≥1/1000 and <1/100), rarely (≥1/100) 10000 and <1/1000), very rarely (<1/10000, including isolated cases), not established.

Disorders of the skin and subcutaneous tissues: infrequently - itching, very rarely - urticaria, peeling; transient change in skin color (not requiring discontinuation of the product).
When applying the product to large areas of skin or with long-term use, the development of systemic adverse reactions characteristic of nimesulide is possible: heartburn, nausea, vomiting, diarrhea, gastralgia, ulceration of the gastrointestinal mucosa, increased activity of “liver” transaminases; headache, dizziness; fluid retention, haematuria; allergic reactions (anaphylactic shock, skin rash); thrombocytopenia, leukopenia, anaemia, agranulocytosis, prolongation of bleeding time.

4.9. Overdosage

Intoxication with nimesulide as a result of topical application of nimesulide 2% gel is not to be expected since the highest plasma levels of nimesulide following application of nimesulide 2% gel are far below those found following systemic administration.

5. Pharmacological characteristics

5.1. Pharmacodynamic properties

Pharmacotherapeutic group:
ATC code: M02AA26

Non-steroidal anti-inflammatory drug (NSAID) for topical use.
Nimesulide is an inhibitor of prostaglandin synthesis enzyme cyclo-oxygenase.

Cyclo-oxygenase produces prostaglandins, some of them being implicated in the development and maintenance of inflammation.

5.2. Pharmacokinetic properties

When nimesulide 2% gel is applied topically, plasma concentrations of nimesulide are very low in comparison with those achieved following oral intake. After a single application of 200 mg nimesulide, in the gel form, the highest plasma level of 9.77 ng/ml was noted after 24 hours. No trace of the main metabolite 4-hydroxy-nimesulide, was detected. At steady state (day 8) peak plasma concentrations were higher (37.25 ± 13.25 ng/ml), but almost 100 times lower than those measured following repeated oral administration.

5.3. Preclinical safety data

The local tolerance and the irritation and sensitisation potential of nimesulide 2% have been tested in several recognized animal models. The results of these studies indicate that nimesulide 2% is well tolerated.

Preclinical data for systemically administered nimesulide reveal no special hazards for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity and carcinogenic potential. In repeated dose toxicity studies, nimesulide showed gastrointestinal, renal and hepatic toxicity. In reproductive toxicity studies, embryotoxic and teratogenic effects (skeletal malformations, dilatation of cerebral ventricles) were observed in rabbits, but not in rats, at maternally non-toxic dose levels. In rats, increased mortality of offspring was observed in the early postnatal period and nimesulide showed adverse effects on fertility.

6. Pharmaceutical particulars

6.1. List of excipients:

Propylene glycol, triethanolamine, carbomer, polyethylene glycol, methylparaben, propylparaben, edetate disodium , purified water.

6.2. Incompatibilities

6.3. Shelf life

3 years

6.4. Special precautions for storage

Store below 25^{o}C.

6.5. Nature and contents of container

Tube of 30 gram.

6.6. Instruction for use/handling

No special instructions for use.

7. Manufacturer

Polipharm Co., Ltd.
109 Bangna-Trad Road, Bang Phli District,
Sumut Prakan 10540, Thailand

8. Marketing Authorisation Holder

PharmaTech CJSC
111 Raffi str, Yerevan,
Republic of Armenia

9. Date of revision of the text

March 2024