Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Paracetamol 500 mg Film Coated Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains: Paracetamol 500 mg.

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Film-coated Tablet.
White capsule shaped film coated tablets embossed on one face with "P-500" and with a break bar on the reverse.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Paracetamol is a mild analgesic and anti-pyretic.The tablets are recommended for use in the short-term management of headaches including migraine and tension headaches, backache, rheumatic, muscle pain, period pains, nerve pains, toothache and for relieving fever, aches and pains of colds and flu.

4.2 Posology and method of administration

Posology
Adults:
1-2 tablets 3-4 times daily.
A maximum of 8 tablets should not be exceeded in any 24-hour period.

Paediatric Population
Alternative liquid paracetamol formulations are available which may be more appropriate, especially for younger children.

Children under 6 years:
This medicine is not appropriate for children under 6 years of age.

For children 6 to 9 years of age:
Give ½ a tablet with a drink of water, every 4 to 6 hours as required.

For children 10 to 11 years of age:
Give 1 tablet with a drink of water, every 4 to 6 hours as required.

For adolescents 12 to 15 years of age:
Give 1 to 1 ½ a tablet with a drink of water, every 4 to 6 hours as required.

A maximum of 4 doses should not be exceeded in any 24 hour period.

Method of Administration: Oral

4.3 Contraindications

Hypersensitivity to Paracetamol or any of the constituents.

4.4 Special warnings and precautions for use

Paracetamol should be administered with caution under the following circumstances (see section 4.2 where relevant):

- Hepatic impairment
- Chronic alcoholism. The hazards of overdose are greater in those with non-cirrhotic alcoholic liver disease.
- Renal impairment (GFR≤50ml/min)
- Gilbert's Syndrome (familial non-haemolytic jaundice)
- Concomitant treatment with medicinal products affecting hepatic function
- Glucose-6-phosphate dehydrogenase deficiency
- Haemolytic anaemia
- Glutathione deficiency
- Dehydration
- Chronic malnutrition
- Weight less than 50kg
- Elderly
- Do not take other Paracetamol containing products
- If high fever or signs of secondary infection occur or if symptoms persist for more than 3 days, consult your doctor
- This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially "sodium free".

Patients should be advised that Paracetamol may cause severe skin reactions. If a skin reaction such as skin reddening, blisters, or rash occurs, they should stop use and seek medical assistance right away.
In general, medicinal products containing paracetamol should be taken for only a few days without the advice of a physician or dentist and at the lowest possible dose that reduces your pain and/or your fever.

Caution is advised if paracetamol is administered concomitantly with flucloxacillin due to increased risk of high anion gap metabolic acidosis (HAGMA), particularly in patients with severe renal impairment, sepsis, malnutrition and other sources of glutathione deficiency (e.g. chronic alcoholism), as well as those using maximum daily doses of paracetamol. Close monitoring, including measurement of urinary 5-oxoproline, is recommended.

Prolonged or frequent use is discouraged. Patients should be advised not to take other paracetamol containing products concurrently. Taking multiple daily doses in one administration can severely damage the liver; in such case medical assistance should be sought immediately.

4.5 Interaction with other medicinal products and other forms of interaction

Care should be taken in patients treated with any of the following drugs as interactions have been reported:

Cholestyramine: The absorption of Paracetamol is reduced by Cholestyramine. Therefore, the Cholestyramine should not be taken within 1 hour if maximal analgesia is required

Metoclopramide: The absorption of Paracetamol is increased by Metoclopramide. However, concurrent use need not be avoided

Domperidone: The absorption of Paracetamol is increased by Domperidone. However, concurrent use need not be avoided

Warfarin: Potentiation of Warfarin with continued high doses of Paracetamol

Chloramphenicol: Increased plasma concentration of Chloramphenicol

Flucloxacillin: Caution should be taken when paracetamol is used concomitantly with flucloxacillin as concurrent intake has been associated with high anion gap metabolic acidosis, especially in patients with risks factors (see section 4.4)

4.6 Fertility, pregnancy and lactation

Pregnancy
A large amount of data on pregnant women indicate neither malformative, nor feto/neonatal toxicity. Epidemiological studies on neurodevelopment in children exposed to paracetamol in utero show inconclusive results. If clinically needed, paracetamol can be used during pregnancy however it should be used at the lowest effective dose for the shortest possible time and at the lowest possible frequency.

Lactation
Paracetamol is excreted in breast milk but not in a clinically significant amount
Available published data do not contraindicate breast feeding

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Side effects are rare but hypersensitivity, including skin rash may occur.

Very rare cases of serious skin reactions (including severe cutaneous reactions such as Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis, and Acute Generalised Exanthematous Pustulosis) have been reported.

Isolated report of thrombocytopenia purpura, methaemogolobinaemia, agranulocytosis and hepato-biliary disorders have been reported for Paracetamol containing products.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: http://www.hpra.ie/; E-mail: medsafety@hpra.ie.

4.9 Overdose

Immediate medical advice should be sought in the event of overdosage because of the risk of irreversible liver damage which may be fatal.

Symptoms:

Symptoms of Paracetamol overdosage in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain, or patients may be asymptomatic. Overdose of paracetamol can cause liver cell necrosis likely to induce complete and irreversible necrosis, resulting in hepatocellular insufficiency, metabolic acidosis and encephalopathy which may lead to coma and death. Simultaneously, increased levels of hepatic transaminases (AST, ALT), lactate dehydrogenase and bilirubin are observed together with increased prothrombin levels that may appear 12 to 48 hours after administration. Abnormalities of glucose metabolism may occur. Acute renal failure with acute tubular necrosis, strongly suggested by loin pain, haematuria and proteinuria, may develop even in the absence of severe liver damage.
Cardiac arrhythmias and pancreatitis have been reported.

Liver damage is likely in adults who have taken more than the recommended amounts of Paracetamol. It is considered that excess quantities of toxic metabolite become irreversibly bound to liver tissue. Acute or chronic ingestion of Paracetamol above the recommended dose may lead to liver damage particularly if the patient has risk factors.

Some patients may be at increased risk of liver damage from paracetamol toxicity:

Risk Factors include:

- Patients with liver disease
- Elderly patients
- Young children

- Patients receiving long term treatment with Carbamazepine, Phenobarbitone, Phenytoin, Primidone, Rifampicin, St John's Wort or other drugs that induce liver enzymes.
- Patients who regularly consume ethanol in excess of recommended amounts.
- Patients with glutathione depletion e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia. Management Immediate transfer to hospital.Blood sampling to determine initial paracetamol plasma concentration. In the case of a single acute overdose, paracetamol plasma concentration should be measured 4 hours post ingestion. Administration of activated charcoal should be considered if the overdose of paracetamol has been ingested within the previous hour. The antidote N-acetylcysteine (NAC), should be administered as soon as possible in accordance with national treatment guidelines.Symptomatic treatment should be implemented. If no vomiting is observed, oral methionine may be a suitable alternative for remote areas, outside hospital. General supportive measures must be administered. Management of patients who present with serious hepatic dysfunction beyond 24 hours from ingestion should be discussed with the NPIS or a liver unit.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC code: N02BE01
Pharmacotherapeutic group: Other analgesics and antipyretics

Analgesic- the mechanism of analgesic actionhasnotbeen fully determined. Paracetamolmayactpredominately byinhibitingprostaglandinsynthesis
intheCentral Nervous System(CNS)andtoalesserextent,throughaperipheralactionbyblocking pain-impulse generation.

Antipyretic-Paracetamolprobablyproducesantipyresisbyactingcentrally onthe hypothalamic heat/regulation centreto produceperipheralvasodilation resulting in increased blood flow though the skin, sweating and heat loss. The central action probably involves inhibition of prostaglandin synthesis in the hypothalamus.

5.2 Pharmacokinetic properties

Absorption
Paracetamol is readilyabsorbed from the gastro-intestinal tract with peak plasma concentrations occurring about 30 minutes to 2 hours after ingestion.

Metabolism
Paracetamol is metabolised in the liver.

Excretion
Paracetamol is excreted in the urine, mainlyas glucuronide and sulfate conjugates. Less than 5% is excreted as unchanged Paracetamol.

The elimination half-life varies from about 1 to 4 hours. Plasma-protein binding is negligible at usual therapeutic concentrations but increases with increasing concentrations.

A majorhydroxylated metabolite which is usuallyproduced in verysmall amounts by mixed-function oxidases in the liver and which is usuallydetoxified byconjugation with liver glutathione mayaccumulate following Paracetamol overdosage and cause liver damage.

5.3 Preclinical safety data

Conventional studies using the currently accepted standards for the evaluation of toxicity to reproduction and development are not available.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Croscarmellose Sodium
Povidone
Pregelatinised Maize Starch
Stearic Acid
Hypromellose 3cps
Hypromellose 5cps
Macrogol 3350

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years (from the date of manufacture of Paracetamol DC90 mix).

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

uPVC hard tempered aluminium foil blister packs, 6, 8, 12, 16, 24 and 32 tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Haleon Ireland Limited
12 Riverwalk
Citywest Business Campus
Dublin 24
Ireland

8 MARKETING AUTHORISATION NUMBER

PA0678/150/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 02 March 1989

Date of last renewal: 02 March 2009

10 DATE OF REVISION OF THE TEXT

May 2023