Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Paracetamol 1000mg, Phenylephrine hydrochloride 12.2mg, Powder for oral solution, Lemon flavourParacetamol 1000mg, Phenylephrine HCl 12.2mgPowder for oral solution

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

One sachet contains:
1000mg Paracetamol
12.2mg Phenylephrine hydrochloride (equivalent to 10mg phenylephrine base)

Excipients with known effect:
Sucrose 1936mg
Aspartame 25mg
Sodium 117.5 mg

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Powder for oral solution, sachet
Yellow powder

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

For relief of symptoms of colds and influenza, including the relief of headaches, aches and pains, sore throat, nasal congestion and lowering of temperature.

Paracetamol 1000mg, Phenylephrine HCl 12.2mg, Powder for oral solution, Lemon flavour, is indicated in adults and adolescents aged 16 and over.

4.2 Posology and method of administration

Method of administration
Dissolve the contents of one sachet in a standard mug of hot, but not boiling, water (approx. 250ml). Allow to cool to a drinkable temperature.

Posology
Adults: One sachet
May be repeated every 4-6 hours as required
Adolescents aged 16 years of age and over: One sachet
May be repeated every 6 hours as required
Maximum of 4 doses (4 sachets) in 24 hours

Elderly:
No special dosage modifications are required.

Patients with renal and/or hepatic impairment:
Do not give to patients with severe hepatic or moderate to severe renal impairment (see section 4.3).

Paediatric population:
Paracetamol 1000mg, Phenylephrine HCl 12.2mg, Powder for oral solution, Lemon flavour is contraindicated in children under 16 years of age.

4.3 Contraindications

Hypersensitivity to active ingredients paracetamol, phenylephrine or any of the excipients listed in section 6.1;
Severe ischaemic heart disease;
Severe hepatic impairment;
Moderate to severe renal impairment
Hypertension;
Severe hyperthyroidism;
Narrow-angle glaucoma;
Use in patients who are currently taking or have taken monoamine oxidase inhibitors (MAOIs) within the last two weeks;
Use in patients with urinary retention;
Use in patients who are currently taking other sympathomimetic drugs.
Use in children under 16 years of age.

4.4 Special warnings and precautions for use

Paracetamol should be administered only with particular caution in patients with impaired hepatic function, including acute hepatitis, alcoholism, haemolytic anaemia or patients taking hepatotoxic medicinal products. Use of paracetamol in patients with impaired hepatic function and in patients receiving long-term therapy with high doses of paracetamol requires the regular monitoring of hepatic function.

Paracetamol should be administered with particular caution in patients with chronic malnutrition (low reserves of hepatic glutathione) or Glucose-6-phosphate dehydrogenase deficiency.

Use with caution in patients with

- Hyperthyroidism
- Prostatic hypertrophy as they may be susceptible to urinary retention
- Raynaud's Phenomenon
- Diabetes
- Pheochromocytoma

Use with caution in patients receiving digitalis, beta-adrenergic blockers, methyldopa or other anti-hypertensive agents.

Use with caution in aspirin-sensitive asthmatic patients as they may also have hypersensitivity to paracetamol.
Sympathomimetic-containing products may act as cerebral stimulants giving rise to insomnia, nervousness, hyperpyrexia, tremor and epileptiform convulsions.

Concurrent use with halogenated anaesthetic agents such as chloroform, cyclopropane, halothane, enflurane or isoflurane may provoke or worsen ventricular arrhythmias.

Contains aspartame (E951) a source of phenylalanine equivalent to 14 mg/dosage unit. May be harmful for people with phenylketonuria.

Contains sucrose. The content of sucrose on a daily basis of four doses is 7.75 g. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

Contains Sodium. This medicinal product contains 117.5 mg sodium per sachet, equivalent to 5.875% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

Do not exceed the stated dose.
Patients should be advised not to take with other paracetamol containing products. The physician or pharmacist should check that sympathomimetic containing preparations are not simultaneously administered by several routes, i.e. orally and topically (nasal, aural and eye preparations).

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.

4.5 Interaction with other medicinal products and other forms of interaction

The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and the extent of absorption is reduced by cholestyramine.

The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding; occasional doses have no significant effect.

Paracetamol increases the plasmatic levels of acetylsalicylic acid and chloramphenicol. Only short-term concomitant administration with acetylsalicylic acid is possible because of the increased risk of renal impairment similar to that caused by other non-steroid antiinflammatory drugs.

Probenecid causes an almost 2-fold reduction in clearance of Paracetamol by inhibiting its conjugation with glucuronid acid. A reduction of the Paracetamol dose should be considered for concomitant treatment with probenecid.

Concurrent use of Paracetamol and AZT (zidovudine) increases the disposition to neutropenia. Therefore, concomitant use of paracetamol with AZT requires medical advice.

Phenylephrine may adversely interact with other sympathomimetics, vasodilators, and β- blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates, monoamine oxidase inhibitors and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors.

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:
This product should be used only if the benefit outweighs the risks where other safer treatments are not available. It should be used only upon advice of a doctor or a pharmacist.

Paracetamol:
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.

Phenyleprine:
There are limited data on the use of phenylephrine in pregnant women. Vasoconstriction of uterine vessels and reduced uterine blood flow associated with the use of phenylephrine may result in foetal hypoxia.

Breast-feeding:
This product should not be used without medical advice and only if the benefits outweighs the risks.

Paracetamol is excreted in breast milk but not in a clinically significant amount. Available published data do not contraindicate breast feeding.
There is no data available on whether phenylephrine is excreted into breast milk and no reports on the effects of phenylephrine on the nursing infant. Until more data are available, use of phenylephrine should be avoided in lactating women, unless considered essential by the physician.

4.7 Effects on ability to drive and use machines

Paracetamol 1000mg, Phenylephrine hydrochloride 12.2mg, Powder for oral solution, Lemon flavour has no influence on the ability to drive and use machines.

4.8 Undesirable effects

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

The corresponding frequency category for each undesirable effect is based on the following convention: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), very rare (<1/10,000).

Skin and subcutaneous tissue disorders: hypersensitivity including skin rash and urticaria (rare), serious skin reactions (very rare).

Blood and the lymphatic system disorders: blood dyscrasias e.g. thrombocytopenia, agranulocytosis, haemolytic anaemia, neutropenia, leucopenia, pancytopenia (very rare).

Immune system disorders: allergic or hypersensitivity reactions, including anaphylaxis and bronchospasm, urticaria and skin rashes (rare).

Nervous system disorders: insomnia, nervousness, tremor, anxiety, restlessness, confusion, irritability and headache (rare).

Cardiac disorders: tachycardia (rare).

Vascular disorders: high blood pressure with palpitations, headache and vomiting (rare).

Gastrointestinal disorders: anorexia, nausea and vomiting (common).

Hepatobiliary disorders: Liver function test abnormal (elevation of hepatic aminotranspherase levels) (very rare).

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, Website: www.hpra.ie.

4.9 Overdose

PARACETAMOL
Liver damage is possible in adults who have taken 10g or more of paracetamol. Ingestion of 5g or more of paracetamol may lead to liver damage if the patient has risk factors (see below).
Risk factors
If the patient;
a) Is on long term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes
Or
b) Regularly consumes ethanol in excess of recommended amounts.
Or
c) is likely to be glutathione deplete e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia.
Symptoms
Symptoms of paracetamol overdose in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema, and death. 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.
Management
Immediate treatment is essential in the management of paracetamol overdose. Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention. Symptoms may be limited to nausea or

vomiting and may not reflect the severity of overdose or the risk of organ damage. Management should be in accordance with established treatment guidelines.
Treatment with activated charcoal should be considered if the overdose has been taken within 1 hour. Plasma paracetamol concentration should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable). Treatment with N-acetylcysteine may be used up to 24 hours after ingestion of paracetamol, however, the maximum protective effect is obtained up to 8 hours post-ingestion. The effectiveness of the antidote declines sharply after this time. If required the patient should be given intravenous N-acetylcysteine, in line with the established dosage schedule. If vomiting is not a problem, oral methionine may be a suitable alternative for remote areas, outside hospital. Management of patients who present with serious hepatic dysfunction beyond 24h from ingestion should be discussed with the local Poison Control Centre or a liver unit.
PHENYLEPHRINE HYDROCHLORIDE:
Features of severe overdose of phenylephrine include haemodynamic changes and cardiovascular collapse with respiratory depression. Treatment includes early gastric lavage and symptomatic and supportive measures. Hypertensive effects may be treated with an IV α-receptor blocking agent.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Paracetamol combinations excluding psycholeptics
ATC code: N02BE51

Paracetamol: Paracetamol has both analgesic and antipyretic activity which is believed to be mediated principally through its inhibition of prostaglandin synthesis in the central nervous system.

Phenylephrine hydrochloride: Phenylephrine is a post-synaptic α-receptor agonist with low cardioselective β-receptor affinity and minimal central stimulant activity. It is a recognised decongestant and acts by vasoconstriction to reduce oedema and nasal swelling.

5.2 Pharmacokinetic properties

Paracetamol is absorbed rapidly and completely mainly from the small intestine, producing peak plasma levels after 15- 20 minutes following oral dosing. The systemic availability is subject to first-pass metabolism and varies with dose between 70% and 90%. The drug is rapidly and widely distributed throughout the body and is eliminated from plasma with a half-life of approximately 2 hours. The major metabolites are glucuronide and sulphate conjugates (> 80%) which are excreted in the urine.

Phenylephrine hydrochloride is rapidly absorbed from the gastro-intestinal tract. Presystemic metabolism is high at about 60%, resulting in systemic bioavailability of about 40%. Peak plasma levels occur between 1 and 2 hours and the plasma half-life ranges from 2 – 3 hours. When taken by mouth as a nasal decongestant phenylephrine is usually given at intervals of 4 – 6 hours.

5.3 Preclinical safety data

No preclinical findings of relevance have been reported. Conventional studies using the currently accepted standards for the evaluation of toxicity of paracetamol to reproduction and development are not available.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sucrose
Sodium citrate
Citric acid
Ascorbic acid
Acesulfame Potassium
Aspartame
Quinoline yellow

Lemon flavours

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

This product is packed in laminate sachets comprising paper/polyethylene/aluminium foil/ polyethylene.
Five or ten sachets are contained in a boxboard carton.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

WICK Pharma - Zweigniederlassung der Procter & Gamble GmbH
Sulzbacher Str. 40
65823 Schwalbach am Taunus
Germany

8 MARKETING AUTHORISATION NUMBER

PA2294/001/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 16th December 2011
Date of last renewal: 1st June 2015

10 DATE OF REVISION OF THE TEXT

September 2022