

# Summary of Product Characteristics

## 1 NAME OF THE MEDICINAL PRODUCT

Panadol Extra Film-coated tablets  
Paracetamol 500mg  
Caffeine 65mg

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains Paracetamol 500 mg and Caffeine 65 mg.

Excipients: Each tablet contains: Parahydroxybenzoates 1.35mg [(Sodium methyl parahydroxybenzoate (E219), Sodium ethyl parahydroxybenzoate (E215) and Sodium propyl parahydroxybenzoate (E217)].

For a full list of excipients, see section 6.1.

## 3 PHARMACEUTICAL FORM

Film-coated tablet. (tablet)  
White to off white oval shaped coated tablets debossed “xPx” with P inside a circle on one side.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic Indications

The tablets are recommended for use as an analgesic in the relief of mild to moderate pain such as is associated with rheumatism, neuralgia, musculoskeletal disorders, headache and of discomfort associated with influenza, feverishness and feverish colds, toothache and dysmenorrhoea.

### 4.2 Posology and method of administration

For oral administration.

#### Adults (including the elderly)

2 tablets up to four times daily. Do not exceed 8 tablets in 24 hours.

#### Children

Not recommended for children under 12 years of age.

Minimum dosing interval: 4 hours.  
The lowest dose necessary to achieve efficacy should be used.

Should not be used with other paracetamol-containing products.

### 4.3 Contraindications

Known hypersensitivity to paracetamol, caffeine or any of the other ingredients.

## 4.4 Special warnings and precautions for use

Contains paracetamol. Do not use with any other paracetamol-containing products. The concomitant use with other products containing paracetamol may lead to an overdose. Paracetamol overdose may cause liver failure which can lead to liver transplant or death.

Underlying liver disease increases the risk of paracetamol related liver damage. Patients who have been diagnosed with liver or kidney impairment must seek medical advice before taking this medication.

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 or are chronic heavy users of alcohol.

Caution in patients with glutathione depleted states such as sepsis; the use of paracetamol may increase the risk of metabolic acidosis.

Excessive intake of caffeine (e.g. coffee and some canned drinks) should be avoided while taking this product.

Contains Sodium methyl parahydroxybenzoate (E219), Sodium ethyl parahydroxybenzoate (E215) and Sodium propyl parahydroxybenzoate (E217) which may cause allergic reactions (possibly delayed).

Prolonged use except under medical supervision may be harmful.

Do not exceed the stated dose.

Take only when necessary.

If symptoms persist, consult your doctor.

Keep out of the sight and reach of children.

## 4.5 Interaction with other medicinal products and other forms of interaction

Paracetamol may increase the elimination half-life of Chloramphenicol. The absorption of paracetamol may be increased by metoclopramide and decreased by cholestyramine. Oral contraceptives may increase the rate of clearance of paracetamol.

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.

## 4.6 Fertility, pregnancy and lactation

### **Pregnancy**

#### ***Paracetamol***

Human and animal studies have not identified any risk of paracetamol in pregnancy or embryo-foetal development.

#### ***Caffeine***

Paracetamol-caffeine is not recommended for use during pregnancy due to the possible increased risk of spontaneous abortion associated with caffeine consumption.

### **Lactation**

Paracetamol and caffeine are excreted in breast milk.

#### ***Paracetamol***

Human studies with paracetamol at the recommended doses have not identified any risk to lactation or the breast-fed offspring.

**Caffeine**

Caffeine in breast milk may potentially have a stimulating effect on breast fed infants but significant toxicity has not been observed.

**4.7 Effects on ability to drive and use machines**

None.

**4.8 Undesirable effects**

Events reported from extensive post-marketing experience at therapeutic/labelled dose and considered attributable are tabulated below by System Organ Class and frequency.

Frequencies are defined as: very common ( $\geq 1/10$ ), common ( $\geq 1/100$ ,  $< 1/10$ ), uncommon ( $\geq 1/1,000$ ,  $< 1/100$ ), rare ( $\geq 1/10,000$ ,  $< 1/1000$ ), very rare ( $< 1/10,000$ ), not known (cannot be estimated from available data).

Adverse event frequencies have been estimated from spontaneous reports received through post marketing data.

| Body System                                     | Undesirable Effect  | Frequency |
|---|---|-----------|
| <b>Paracetamol</b>                              |   |           |
| Blood and lymphatic system disorders            | Thrombocytopaenia   | Very rare |
| Immune System disorders                         | Anaphylaxis<br>Cutaneous hypersensitivity reactions, including skin reactions, angioedema and Stevens Johnson syndrome.<br>Very rare cases of serious skin reactions have been reported | Very rare |
| Respiratory, thoracic and mediastinal disorders | Bronchospasm in patients sensitive to aspirin and other NSAIDs  | Very rare |
| Hepatobiliary disorders                         | Hepatic dysfunction   | Very rare |
| <b>Caffeine</b>                                 |   |           |
| Central Nervous System                          | Nervousness, Dizziness  | Not known |

When the recommended paracetamol-caffeine dosing regimen is combined with dietary caffeine intake, the resulting higher dose of caffeine may increase the potential for caffeine-related adverse effects such as insomnia, restlessness, anxiety, irritability, headaches, gastrointestinal disturbances and palpitations.

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: [www.hpra.ie](http://www.hpra.ie); E-mail: [medsafety@hpra.ie](mailto:medsafety@hpra.ie).

**4.9 Overdose**

**Paracetamol**

Paracetamol overdose may cause liver failure which can lead to liver transplant or death. There is a risk of poisoning with paracetamol particularly in elderly subjects, young children, patients with liver disease, cases of chronic alcoholism and in patients with chronic malnutrition. Overdosing may be fatal in these cases.

Symptoms generally appear within the first 24 hours and may comprise: nausea, vomiting, anorexia, pallor, and abdominal pain, or patients may be asymptomatic.

Overdose of paracetamol in a single administration in adults or in children 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.

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 (usually adequately detoxified by glutathione when normal doses of paracetamol are ingested), become irreversibly bound to liver tissue.

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

Risk Factors include: If the patient;

- Is on long-term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.
- Regularly consumes ethanol in excess of recommended amounts
- Is likely to be glutathione depleted e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia

#### Emergency Procedure:

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 >150mg/kg paracetamol has been taken within 1 hour. The antidote N-acetylcysteine, should be administered as soon as possible in accordance with National treatment guidelines

Symptomatic treatment should be implemented.

#### **Caffeine**

Overdose of caffeine may result in epigastric pain, vomiting, diuresis, tachycardia or cardiac arrhythmia, CNS stimulation (insomnia, restlessness, excitement, agitation, jitteriness, tremors and convulsions).

It must be noted that for clinically significant symptoms of caffeine overdose to occur with this product, the amount ingested would be associated with serious paracetamol-related liver toxicity. No specific antidote is available, but supportive measures such as beta adrenergic antagonists to reverse the cardiotoxic effects may be used.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

The combination of paracetamol and caffeine is a well established analgesic combination.

### **5.2 Pharmacokinetic properties**

Paracetamol is rapidly and almost completely absorbed from the gastro-intestinal tract. Caffeine is absorbed readily after oral administration

New Panadol Extra Tablets contain a disintegrant system that accelerates tablet dissolution compared to a standard paracetamol-caffeine combination tablet.

Human pharmacokinetic data demonstrate that with new Panadol Extra, the time to reach minimum therapeutic paracetamol concentration in the plasma (4µg/ml) is 10 minutes in the fasted state, and 22 minutes in the fed state.

The time to reach maximum plasma concentration ( $T_{max}$ ) of paracetamol is 15 minutes faster for new Panadol Extra compared to a standard paracetamol-caffeine combination tablet.

Human pharmacokinetic data demonstrate that with new Panadol Extra, the time to reach minimum therapeutic paracetamol concentration in the plasma (4µg/ml) is approximately 50% faster compared to a standard paracetamol-caffeine combination tablet.

Human pharmacokinetic data demonstrate that with new Panadol Extra, the paracetamol exposure in the first 30 minutes ( $AUC_{0-30}$ ) is increased 3-fold compared to a standard paracetamol-caffeine combination tablet; however, total exposure to both paracetamol and caffeine are no different from the standard paracetamol-caffeine combination tablet.

The total extent of absorption of both paracetamol and caffeine with new Panadol Extra is equivalent to that from a standard paracetamol-caffeine combination tablet.

Paracetamol is relatively uniformly distributed throughout most body fluids. It is metabolised in the liver and excreted in the urine mainly as glucuronide and sulphate conjugates. The half-life is 1 to 4 hours. Binding to the plasma proteins is minimal at therapeutic concentrations.

The plasma half life of caffeine is about 4-5 hours. Metabolized in liver and excreted in urine as various xanthine derivatives.

### 5.3 Preclinical safety data

Preclinical safety data on paracetamol in the literature have not revealed any pertinent and conclusive findings which are of relevance to the recommended dosage and use of the product and which have not been mentioned elsewhere in this Summary.

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Starch Pregelatinized  
Povidone  
Calcium carbonate  
Crospovidone  
Sodium methyl parahydroxybenzoate (E219)  
Sodium ethyl parahydroxybenzoate (E215)  
Sodium propyl parahydroxybenzoate (E217)  
Alginic Acid  
Magnesium Stearate  
Carnauba Wax  
Purified Water  
Opadry white (YS-1-7003) containing:  
Titanium dioxide (E171), Hypromellose, Macrogol, Polysorbate 80

### 6.2 Incompatibilities

Not applicable.

### 6.3 Shelf life

2 years.

### 6.4 Special precautions for storage

Store below 25°C. Store in the original package.

## **6.5 Nature and contents of container**

Opaque PVC/Aluminium foil blister strips packed into cardboard cartons containing 4, 6, 12, 24, 30, 48, 60 or 96 tablets or into cardboard wallets containing 12 tablets.

Not all pack sizes may be marketed.

## **6.6 Special precautions for disposal**

No special requirements.

## **7 MARKETING AUTHORISATION HOLDER**

GlaxoSmithKline Consumer Healthcare (Ireland) Limited  
12 Riverwalk  
Citywest Business Campus  
Dublin 24  
Ireland

## **8 MARKETING AUTHORISATION NUMBER**

PA0678/027/001

## **9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 14 June 1994

Date of last renewal: 14 June 2009

## **10 DATE OF REVISION OF THE TEXT**

July 2017