

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Panadol Cold and Flu Relief Orange Effervescent Tablets
Paracetamol 500 mg
Caffeine 65 mg

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains paracetamol 500 mg and caffeine 65 mg

Excipients:

Sodium content 427 mg per tablet. Each tablet also contains 26.38 mg of aspartame, 58.6 mg of sorbitol and sulphites.

For full list of excipient see Section 6.1.

3 PHARMACEUTICAL FORM

Effervescent tablet.

Round, flat, off-white to yellow tablets (25mm in diameter) with speckles. The tablets have a faultless surface and a break line mark on one side. The score line is not for dividing into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

An analgesic for the relief of mild to moderate pain. The product is recommended for the relief of symptoms associated with influenza and colds such as sore throat, headache, aches and pains, drowsiness and fever.

4.2 Posology and method of administration

For oral administration.

Panadol Cold & Flu Relief Orange Tablets should be dissolved in at least half a tumbler full of water.

Adults (including the elderly) and children aged 12 years and over:

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

Children under 12 years:

Not recommended for children under 12 years of age.

Minimum dosing interval: 4 hours.

Do not exceed the stated dose

Should not be used with other paracetamol-containing products.

Renal Impairment

Patients who have been diagnosed with liver or kidney impairment must seek medical advice before taking this medication. The restrictions related to the use of paracetamol and caffeine products in patients with renal impairment are primarily a consequence of the paracetamol content of the drug.

Hepatic Impairment

Patients who have been diagnosed with liver or kidney impairment must seek medical advice before taking this medication. The restrictions related to the use of paracetamol and caffeine products in patients with hepatic impairment are primarily a consequence of the paracetamol content of the drugs.

4.3 Contraindications

Hypersensitivity to paracetamol, caffeine or any of the other excipients.

4.4 Special warnings and precautions for use

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

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

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.

This medicinal product contains 854 mg sodium per two tablet dose. To be taken into consideration by patients on a controlled sodium diet.

Contains a source of phenylalanine. May be harmful for people with phenylketonuria

Each tablet contains sorbitol powder (E 420) at 58.6 mg per tablet. Patients with rare hereditary problems of fructose intolerance should not take this medicine

Keep out of sight and reach of children.

Contains sulphites – may rarely cause severe hypersensitivity reactions and bronchospasm.

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. The following convention has been utilised for the classification of undesirable effects: 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 |
|--|---|-----------|
| Paracetamol | | |
| Blood and lymphatic system disorders | Thrombocytopaenia | Very rare |
| Immune System disorders | Anaphylaxis Cutaneous hypersensitivity reactions including skin rashes, angiodema, and Stevens Johnson syndrome. | Very rare |
| Respiratory, thoracic and mediastinal disorders | Bronchospasm in patients sensitive to aspirin and other NSAIDs | Very rare |
| Hepatobiliary disorders | Hepatic dysfunction | Very rare |
| Caffeine | | |
| Central Nervous System | Nervousness | Not known |
| | 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; E-mail: medsafety@hpra.ie.

4.9 Overdose

Paracetamol

Paracetamol overdose may cause liver failure. Some patients may be at increased risk of liver damage from paracetamol toxicity.

Risk factors include:

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 National Poisons Information Service or a liver unit.

Caffeine

Symptoms and Signs

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.

Treatment

No specific antidote is available, but supportive measures such as beta adrenergic antagonists to reverse the cardiotoxic effects may be used.

Sodium bicarbonate

High doses of sodium bicarbonate would be expected to induce gastrointestinal symptoms including belching and nausea. In addition, high doses of sodium bicarbonate may cause hypernatraemia, electrolytes should be monitored and patients managed accordingly.

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 well absorbed from the gastrointestinal tract, peak plasma concentrations occurring 0.5 – 2 hours after ingestion. It is metabolised in the liver and excreted in the urine mainly as glucuronide and sulphate conjugates – less than 5% is excreted as unmodified paracetamol. The half-life is 1 to 4 hours. Binding to the plasma proteins is minimal at therapeutic concentrations.

Caffeine is absorbed readily after oral administration, maximal plasma concentrations are achieved after approximately 20-60 minutes and the plasma half-life is about 4 hours. Over 48 hours, 45% of a dose is excreted in the urine as 1-methyluric acid and 1-methylxanthine.

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

Sodium hydrogen carbonate
Sorbitol (E420)
Ascorbic acid
Sodium laurilsulfate
Citric acid (anhydrous)
Sodium carbonate (anhydrous)
Povidone
Dimethicone
Acesulfame Potassium (E 950)
Orange Flavour (contains sodium and sulphites)
Aspartame (E 951)
Carmine (E120)

Riboflavin sodium phosphate (E101a)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

36 months.

6.4 Special precautions for storage

Store below 30°C. Store in the original package in order to protect from moisture

6.5 Nature and contents of container

Aluminium foil/paper laminated strips packed in to an outer cardboard carton. Packs of 12, 16 and 24 tablets. There are either 2 or 4 tablets per blister strip.
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

PA0678/105/002

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

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10 DATE OF REVISION OF THE TEXT

July 2015