IRISH MEDICINES BOARD ACTS 1995 AND 2006

MEDICINAL PRODUCTS(CONTROL OF PLACING ON THE MARKET)REGULATIONS,2007

(S.I. No.540 of 2007)

PA0004/058/001
Case No: 2040181

The Irish Medicines Board in exercise of the powers conferred on it by the above mentioned Regulations hereby grants to

The Boots Company Plc

1 Thane Road, **Nottingham NG2 3AA**, **United Kingdom**

an authorisation, subject to the provisions of the said Regulations, in respect of the product

Paracetamol Caplets 500mg

The particulars of which are set out in Part I and Part II of the attached Schedule. The authorisation is also subject to the general conditions as may be specified in the said Regulations as listed on the reverse of this document.

This authorisation, unless previously revoked, shall continue in force from **11/10/2007** until **13/06/2008**.

Signed on behalf of the Irish Medicines Board this

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A person authorised in that behalf by the said Board.

Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Paracetamol Caplets 500 mg

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 500 mg Paracetamol.

For excipients, see 6.1.

3 PHARMACEUTICAL FORM

Tablet
A white pillow-shaped tablet with a break-bar.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

To relieve mild to moderate pain and reduce fever in many conditions including headache, earache, toothache, rheumatic, muscular and back pain, period pain, colds and influenza.

4.2 Posology and method of administration

Adults and children over 12 years
One to two caplets to be taken three or four times daily at intervals of not less than four hours, up to a maximum of eight caplets in 24 hours.

Children 6 to 12 years
Half to one caplet to be taken three or four times daily at intervals of not less than four hours, up to a maximum of four caplets in 24 hours.

Elderly
There is no need for dosage reduction in the elderly.

For oral administration.

4.3 Contraindications

Hypersensitivity to paracetamol or any of the other ingredients.

4.4 Special warnings and precautions for use

Caution in patients with severely impaired liver or kidney function.
The hazards of overdose are greater in those with alcoholic liver disease.

Do not give more than 4 doses in 24 hours.
Do not give more than 3 days without consulting your doctor.
Do not give to children under 6 years except on the advice of your doctor.

Do not give with any other paracetamol-containing products.
Do not exceed the stated dose.
If symptoms persist consult your doctor.
Contains paracetamol.
Keep all medicines out of the reach of children.

Label:
Immediate medical advice should be sought in the case of an overdose, even if you feel well.

Leaflet or combined label/leaflet:
Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage.

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 absorption reduced by cholestyramine.

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

Patients who have taken barbiturates, tricyclic antidepressants and alcohol may show diminished ability to metabolise large doses of paracetamol, the plasma half-life of which can be prolonged.

Alcohol can increase the hepatotoxicity of paracetamol overdosage and may have contributed to the acute pancreatitis reported in one patient who had taken an overdose of paracetamol.

Chronic ingestion of anticonvulsants or oral steroid contraceptives induce liver enzymes and may prevent attainment of therapeutic paracetamol levels by increasing first pass metabolism or clearance.

4.6 Pregnancy and lactation

Epidemiological studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should follow the advice of their doctor regarding its use.

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

No adverse effects known.

4.8 Undesirable effects

Adverse effects of paracetamol are rare but hypersensitivity including skin rash may occur. Very rarely there have been reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol.

4.9 Overdose

Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion as liver function tests become abnormal. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe cases liver failure may lead to encephalopathy, coma and death. Acute renal failure with acute tubular necrosis may develop with or without severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.

Liver damage is likely in adults who have taken 10 g or more of paracetamol. It is considered that excess quantities of a toxic metabolite (usually adequately detoxified by glutathione when normal doses of paracetamol are ingested), become irreversibly bound to liver tissue.

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 and any patient who has ingested around 7.5 g or more of paracetamol in the preceding 4 hours should undergo gastric lavage. Administration of oral methionine or intravenous N-acetylcysteine which may have a beneficial effect up to at least 48 hours after the overdose may be required. General supportive measures must be available.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Paracetamol is a peripherally acting analgesic with antipyretic activity.

5.2 Pharmacokinetic properties

Paracetamol is readily absorbed from the gastrointestinal tract with peak plasma concentrations occurring about 30 minutes to 2 hours after ingestion. Paracetamol is metabolised in the liver and excreted in the urine mainly as the glucuronide and sulphate conjugates, with about 10% as glutathione conjugates. Less than 5% is excreted as unchanged paracetamol. Plasma protein binding is negligible at usual therapeutic concentrations, although this is dose dependent. The plasma elimination half life varies from about one to four hours.

5.3 Preclinical safety data

There are no preclinical data of relevance to the prescriber which are additional to that already included.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Maize starch
Pregelatinised maize starch
Stearic acid

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

PVC/Aluminium Blister: 36 months.

PVC/PVdC/Aluminium Blister: 36 months.

6.4 Special precautions for storage

No special precautions for storage.

6.5 Nature and contents of container

Product will be packed into either an aluminium/PVC strip i.e. PVC blister tray with an aluminium foil lid, or an aluminium/PVC/PVdC strip i.e. PVC/PVdC blister tray with an aluminium foil lid, in a cardboard box.

Pack sizes 8, 10, 12, 16, 20, 24, 30, 32, 40, 50, 100.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special instructions.

7 MARKETING AUTHORISATION HOLDER

The Boots Company PLC
1 Thane Road West
Nottingham NG2 3AA
United Kingdom

8 MARKETING AUTHORISATION NUMBER

PA 4/58/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 13 June 2003

10 DATE OF REVISION OF THE TEXT

September 2005