Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Paracetamol 500 mg Hard Capsules

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains 500 mg paracetamol.
For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

Hard capsule (Capsule).

Hard gelatin capsule with a blue cap and white base.

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 16 years and over
One to two capsules to be taken every four to six hours when necessary up to a maximum of eight capsules in 24 hours.
Children 12-15 years
One capsule to be taken every four to six hours when necessary up to a maximum of four capsules in 24 hours.
Children under 12 years
Not recommended.
Elderly
Experience has indicated that normal adult dosage is usually appropriate. However, in frail, immobile, elderly patients or in elderly patients with renal or hepatic impairment, a reduction in the amount or frequency of dosing may be appropriate.
For oral administration.

4.3 Contraindications

Hypersensitivity to paracetamol or any of the other ingredients.

4.4 Special warnings and precautions for use

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.

Paracetamol should be administered with caution under the following circumstances:
- Hepatic impairment
- 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
- Dehydration
- Chronic malnutrition

- Weight less than 50kg
- Elderly

In general, medicinal products containing paracetamol should be taken for only a few days without the advice of a physician or dentist and not at high doses.
If high fever or signs of secondary infection occur or if symptoms persist for longer than 3 days, a physician should be consulted.
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.

The hazards of overdose are greater in those with non- cirrhotic alcoholic liver disease.
Do not give more than 4 doses in 24 hours.
Do not give for more than 3 days without consulting your doctor.
Do not give to children under 12 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 overdosage, even if you feel well.
Leaflet or combined label/leaflet:
Immediate medical advice should be sought in the event of an overdosage, even if you feel well, because of the risk of irreversible liver damage.

This medicine contains less than 1 mmol sodium (23mg) per 500 mg capsule, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interactions

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 risk factors (See section 4.4).

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 Fertility, pregnancy and lactation

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 at the lowest possible frequency.

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.

Very rare cases of serious skin reactions have been reported.

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, at www.hpra.ie.

4.9 Overdose

Paracetamol overdose can result in liver damage which may be fatal.

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 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 patients 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.

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

Acute renal failure with acute tubular necrosis may also develop.

Cardiac arrhythmias and pancreatitis have also been reported.

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 the overdose of paracetamol has been ingested within the previous hour. The antidote N-acetylcysteine should be administered as soon as possible in accordance with national treatment guidelines.

Symptomatic treatment should be implemented.

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

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

Sodium laurilsulfate
Sodium starch glycolate Type A
Magnesium Stearate
Capsule shell (comprising: Gelatin, Titanium Dioxide (E171), Indigo Carmine (E132))

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 30°C.

Store in the original package in order to protect from moisture.

6.5 Nature and contents of container

Blister pack in cardboard box, comprising PVC/PVdC/Aluminium foil.

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

Not all pack sizes may be marketed.

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 requirements.

7 MARKETING AUTHORISATION HOLDER

Taw Pharma (Ireland) Ltd
104 Lower Baggot Street
Dublin 2
Dublin
D02 Y940
Ireland

8 MARKETING AUTHORISATION NUMBER

PA23081/001/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation:22 November 2002

Date of last renewal: 22 November 2007

10 DATE OF REVISION OF THE TEXT

July 2022