IRISH MEDICINES BOARD ACTS 1995 AND 2006

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

(S.I. No.540 of 2007)

PA0979/059/001
Case No: 2071495

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

Reckitt Benckiser Ireland Ltd

7 Riverwalk, **Citywest Business Campus**, **Dublin 24**, **Ireland**

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

Nurofen 200mg Effervescent Tablets

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 **27/10/2009**.

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

Nurofen 200mg Effervescent Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Ibuprofen 200 mg.

Excipients: Each tablet contains 469mg sodium and 25mg aspartame (E951)

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Effervescent tablet.
A white, round effervescent tablet.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Treatment of the following conditions: Joint and ligament pain, dorsal pain, headache, toothache, menstrual pain, pain after injury, fever in cases of influenza.

4.2 Posology and method of administration

Adults and children over the age of 12 years.

1 to 2 effervescent tablets if necessary every 4 to 6 hours, dissolved in a glass of water.

Do not swallow tablets whole. Always dissolve in water.

Maximum daily dose: 6 tablets (1200mg).

4.3 Contraindications

Severe heart failure.

History of gastrointestinal bleeding or perforation related to previous NSAIDs therapy. Active, or history of recurrent peptic ulcer/haemorrhage (two or more distinct episodes of proven ulceration or bleeding) or other gastrointestinal disorders.

Patients with a history of bronchospasm, rhinitis, urticaria particularly associated with therapy with aspirin or other non-steroidal anti-inflammatory drugs.

Children under 12 years.

4.4 Special warnings and precautions for use

Undesirable effects may be reduced by using the minimum effective dose for the shortest possible duration.

Patients treated with NSAIDs long-term should undergo regular medical supervision to monitor for adverse events.

In patients with renal, cardiac or hepatic impairment, caution is required since the use of NSAIDs may result in deterioration of renal function. Assessment of renal function should occur prior to the initiation of therapy and regularly thereafter.

Elderly patients are particularly susceptible to the adverse effects of NSAIDs. Prolonged use of NSAIDs in the elderly is not recommended. Where prolonged therapy is required, patients should be reviewed regularly.

NSAIDs should be used with caution in patients with a history of peptic ulceration or inflammatory bowel disease.

As NSAIDs can interfere with platelet function, they should be used with caution in patients with intracranial haemorrhage and bleeding diathesis.

It is considered unsafe to take NSAIDs in combination with warfarin or heparin unless under direct medical supervision.

In patients with a history of asthma or bronchospasm, caution is required when using NSAIDs as bronchospasm may be precipitated in such patients.

4.5 Interaction with other medicinal products and other forms of interaction

Care should be taken in patients treated with a NSAID and any of the following drugs as interactions have been reported in some patients:

Alcohol:
Can cause intensification of the gastro-intestinal side effects and increased risk of gastrointestinal bleeding.

Anticoagulants:
NSAIDs may enhance the anticoagulant effect.

Antihypertensives:
Reduction in the antihypertensive effect.

Cardiac glycosides:
NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma levels of cardiac glycoside.

Corticosteroids:
Increased risk of gastro-intestinal bleeding.

Cyclosporin:
Increased risk of nephrotoxicity with NSAIDs.

Diuretics:
Reduced diuretic effect. Diuretics can increase the risk of nephrotoxicity of NSAIDs.

Lithium:
Decreased elimination of lithium and increased risk of lithium toxicity.

Methotrexate:
Decreased elimination of methotrexate and increased risk of methotrexate toxicity.

Mifepristone: NSAIDs should not be used for 8 – 12 days after mifepristone administration as NSAIDs can reduce the effect of mifepristone.

Other analgesics: Avoid concomitant use of two or more NSAIDs.

Quinolone antibiotics: Animal data indicate that NSAIDs can increase the risk of convulsions associated with quinolone antibiotics. Patients taking NSAIDs and quinolone antibiotics have an increased risk of developing convulsions.

Zidovudine: Altered metabolism of zidovudine and increased risk of zidovudine toxicity.

4.6 Pregnancy and lactation

First and second trimester of pregnancy: Category B.

Studies on animals have not shown any risk for the foetus, but no controlled studies on pregnant women are available. Solfen should only be used during pregnancy if considered essential by the physician.

Third trimester of pregnancy: Category D.

Solfen should not be administered because of the possible risk of premature closing of the ductus arteriosus botalli and possible reduction of labour pains.

Use during lactation:

In the few studies carried out on this subject, small amounts of ibuprofen have been found in breast milk. Nevertheless, Solfen should not be taken during lactation.

4.7 Effects on ability to drive and use machines

Patients who experience dizziness or blurred vision whilst taking NSAIDs should refrain from driving or operating machinery.

4.8 Undesirable effects

Gastrointestinal:
Gastrointestinal side effects are among the most frequently observed with NSAID use, and can include dyspepsia, nausea, vomiting, gastrointestinal bleeding, ulceration and perforation.

Renal:
Reports of adverse renal effects with ibuprofen include renal failure, interstitial nephritis, nephrotic syndrome and alterations in serum markers of renal function.

Hypersensitivity:
Hypersensitivity reactions have occurred and include anaphylaxis, bronchospasm, skin rashes and pruritis.

Central nervous system:
Effects on the CNS, including dizziness, disturbances in vision, headaches and aseptic meningitis have been reported.

Hepatic:
Liver dysfunction, including hepatitis have been reported.

Cardiovascular:
Oedema has been reported.

Haematological:
Blood dyscrasias including thrombocytopenia and aplastic anaemia have been reported.

4.9 Overdose

Empty the patient's stomach as quickly as possible carrying out a gastric lavage or provoking vomiting. If the preparation is already absorbed, correction of plasma electrolyte levels should be undertaken.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Ibuprofen is a propionic acid derivative, having analgesic, anti-inflammatory and antipyretic activity. The drug's therapeutic effects as a non-steroidal anti-inflammatory drug are thought to result from inhibitory activity on prostaglandin synthetase.

Experimental data suggest that ibuprofen may inhibit the effect of low dose aspirin on platelets aggregation when they are dosed concomitantly. In one study, when a single dose of ibuprofen 400mg was taken within 8 h before or within 30 min after immediate release aspirin (81mg), a decreased effect of ASA on the formation of thromboxane or platelet aggregation occurred. However, the limitations of these data and the uncertainties regarding extrapolation of ex vivo data to the clinical situation imply that no firm conclusions can be made for regular ibuprofen use, and no clinically relevant effect is considered to be likely for occasional ibuprofen use.

5.2 Pharmacokinetic properties

Ibuprofen is rapidly absorbed. Peak concentration of the active ingredient in the plasma are observed after 1 - 2 hours after oral administration of 200 or 400mg ibuprofen and the average is 15 and 25mg/ml respectively. If the preparation is taken after a meal, absorption, which takes place mainly in the small intestine, is considerably slower and the optimal plasma concentrations are lower.

The serum half-life is 1.5 - 2 hours. Ibuprofen is bound to plasma proteins (approximately 99%). Ibuprofen is rapidly excreted in the urine, mostly as inactive metabolites. No accumulation of ibuprofen is observed, even after repeated administration. Ibuprofen and its metabolites are virtually completely excreted 24 hours after the last dose.

5.3 Preclinical safety data

Not applicable.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium hydrogen carbonate
Sodium carbonate
Sodium docusate
Anhydrous citric acid
Sodium benzoate
Saccharin sodium
Trisodium citrate
Aspartame (E951)
Wildberry flavour

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

Shelf-life of the packaged product: 3 years.
Shelf life after tablet dissolved in water: Use immediately.

6.4 Special precautions for storage

Do not store above 25°C.
Keep the container tightly closed.

6.5 Nature and contents of container

Polypropylene tubes and polyethylene caps with silica gel containing 10 or 20 tablets. The tubes are packed into an outer cardboard carton.

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

One or two tablets depending on dose should be dissolved in a glass of water prior to ingestion.

7 MARKETING AUTHORISATION HOLDER

Reckitt Benckiser Ireland Limited
7 Riverwalk
Citywest Business Campus
Dublin 24

8 MARKETING AUTHORISATION NUMBER

PA 979/59/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 19 May 1997

Date of last renewal: 19 May 2007

10 DATE OF REVISION OF THE TEXT

October 2009