

Summary of Product Characteristics

1. Name of the Medical Product

Fevadol (Effervescent Paracetamol Tablets Bp 500 MG)

2. Qualitative & Quantitative Composition:

Each effervescent table contains;

Paracetamol BP.....500mg

Excipients of known effect

Aspartame

Sodium benzoate

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form:

Effervescent Tablet

4. Clinical Particulars

4.1 Therapeutic Indications:

Symptomatic treatment of mild to moderate pain and/or fever in adults and adolescents aged 12 years and above.

4.2 Posology and Method of administration:

Posology

Paediatric population

Dose depends on body weight and age. A single dose ranges from 10 to 15 mg/kg bodyweight. The maximum total daily dose is 60 mg/kg body weight for total daily dose.

- Children below 12 years of age: this product is not recommended in children aged less than 12 years.
- Adolescents of 12 to 15 years and weighing 41 to 50 kg: one tablet at a time, every 4-6 hours as needed, the maximum being 4 tablets per day (paracetamol 2000 mg per 24 hours).
- Adolescents of 16 to 18 years and weighing more than 50 kg: as adults.

Adults

For adults and adolescents (aged 16 years and older) weighing more than 50 kg the usual single dose is 1-2 tablets at a time, to be repeated every 6 hours as needed, the maximum being 8 tablets per day (paracetamol 4000 mg per 24 hours).

For adults and adolescents (aged 16 years and older) and weighing less than 50 kg the recommended single dose is 1 tablet. The daily effective dose of paracetamol should not exceed 60 mg/kg/day (upto maximum 2g/day).

Renal impairment

In patients with renal insufficiency, the dose should be reduced:

Glomerular filtration rate	Dose
10-50 ml/min	500 mg every 6 hours

< 10 ml/min 500 mg every 8 hours

Hepatic impairment

In patients with impaired hepatic function or Gilbert's syndrome, the dose must be reduced or the dosing interval prolonged.

Method of administration

Oral use. Place the tablets in a full tumbler of water and allow to dissolve completely before swallowing.

After dissolving the tablets, a slightly opalescent solution will be produced.

4.3 Contraindications:

Hypersensitivity to Paracetamol or any of the excipients

4.4 Special warnings & precautions for use

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 unconsciousness does not occur. However, medical assistance should be sought immediately.

Prolonged use except under medical supervision may be harmful. In adolescents treated with 60mg/kg daily of Paracetamol, the combination with another antipyretic is not justified except in the case of ineffectiveness.

Caution is advised in the administration of Paracetamol to patients with moderate and severe renal insufficiency, mild to moderate hepatic insufficiency (including Gilbert's syndrome), severe hepatic insufficiency (child-pugh>9), acute hepatitis, concomitant treatment with medicinal products affecting hepatic functions, glucose-6-phosphatedehydrogenase deficiency, hemolytic anemia, alcohol abuse dehydration and chronic malnutrition (see section 4.2).

The hazards of overdose are greater in those with non- cirrhotic alcoholic liver disease. Caution should be exercised in cases of chronic alcoholism. The daily dose should not exceed 2 grams in such case. Alcohol should not be used during the treatment with Paracetamol.

Caution is advised in asthmatic patients sensitive to aspirin, because light reaction bronchospasm with paracetamol (cross-reaction) has been reported in less than 5% of the patients tested.

This medicinal product contains sorbitol. Patients with rare hereditary problems of fructose intolerance should not take this medicine.

This medicinal product contains 503 mg of sodium per effervescent tablet, equivalent to 25.15% of the WHO recommended maximum daily intake of sodium. The maximum daily dose of this product is equivalent to 201.2% of the WHO recommended maximum daily intake for sodium. Paracetamol 500 mg Effervescent Tablet is considered high in sodium. Paracetamol 500 mg Effervescent Tablet should be taken into account for those on a low salt diet.

In the case of high fever, or signs of secondary infection or persistence of symptoms a doctor should be consulted.

Immediate medical advice should be sought in the event of overdose even if the patient feels well because of the risk of irreversible liver damage

4.5 Interactions with other medicinal products and other forms of Interactions

Hepatotoxic substances may increase the possibility of Paracetamol accumulation and overdose. The risk of hepatotoxicity of paracetamol may be increased by drugs which induce liver microsomal enzymes such as barbiturates, tricyclic antidepressants, and alcohol.

Probenecid causes an almost 2-fold reduction in clearance of Paracetamol by inhibiting its conjugation with glucuronic acid. A reduction of the Paracetamol dose should be considered for concomitant treatment with probenecid.

- Salicylamide may prolong the elimination $t_{1/2}$ of Paracetamol
- Metoclopramide and Domperidone: accelerate absorption of Paracetamol
- Cholestyramine: reduces absorption of Paracetamol
- Concomitant use of Paracetamol (4 g per day for at least 4 days) with oral anticoagulants may lead to slight variations of INR values. In this case, increased monitoring of INR values should be done during the duration of the combination and after its discontinuation. 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.
- Isoniazid: Reduction of paracetamol clearance, with possible potentiation of its action and/or toxicity, by inhibiting its metabolism in the liver.
- Lamotrigine: Decrease in the bioavailability of lamotrigine, with possible reduction of its effect, due to possible induction of its metabolism in the liver.

Interference with laboratory tests: Paracetamol may affect uric acid tests by wolframato phosphoric acid, and blood sugar tests by glucose-oxylase-peroxydase.

4.6 Pregnancy and Lactation

Pregnancy:

Epidemiological data on the oral administration of therapeutic doses of Paracetamol indicate no adverse effects on pregnancy or on the health of the fetus/newborn child. Prospective data on overdose during pregnancy showed no increased risk of malformations. Reproduction studies investigating oral administration did not indicate any signs of malformation or fetotoxicity (see section 5.3).

Paracetamol is considered to be safe in normal therapeutic doses for short-term use as a minor analgesic/antipyretic in pregnancy.

Lactation:

Following oral administration, Paracetamol is excreted into breast milk in small quantities. To date, no adverse reactions or undesirable effects are known in association with lactation. Therapeutic doses of Paracetamol can be administered during breast-feeding.

4.7 Effects on ability to drive and use machine*:

Paracetamol has no influence on the ability to drive and use machines.

4.8 Undesirable Effects*:

The frequency using the following convention: very common ($> 1/10$); common ($>1/100$ to $< 1/10$); uncommon ($>1/1000$ to $< 1/100$); rare ($>1/10000$ to $< 1/1000$);

very rare (< 1/10000), including isolated reports; not known: frequency cannot be estimated from the available data. Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness.

Frequency	System	Symptoms
Rare >1/10000 - < 1/1000	Blood and lymphatic system disorders	Platelet disorders, stem cell disorders.
	Immune system disorders	Allergies (excluding angioedema).
	Psychiatric disorders	Depression NOS, confusion, hallucinations.
	Nervous system disorders	Tremor NOS, headache NOS.
	Eye disorders	Abnormal vision.
	Cardiac disorders	Oedema.
	Gastrointestinal disorders	Haemorrhage NOS, abdominal pain NOS, diarrhoea NOS, nausea, vomiting.
	Hepato-biliary disorders	Hepatic function abnormal, hepatic failure, hepatic necrosis, jaundice.
	Skin and subcutaneous tissue disorders	Pruritus, rash, sweating, purpura, angioedema, urticaria
	General disorders and administration site conditions	Dizziness (excluding vertigo), malaise, pyrexia, sedation, drug interaction NOS.
	Injury, poisoning and procedural complications	Overdose and poisoning
Very Rare (< 10 000)	Hepato-biliary disorders	hepatotoxicity
	General disorders and administration site conditions	hypersensitivity reaction (requiring discontinuation of treatment)
	Blood and lymphatic system disorders	thrombocytopenia leukopenia neutropenia hemolytic anemia agranulocytosis
	Metabolism and nutrition disorders	Hypoglycaemia
	Renal and urinary disorders	Sterile pyuria (cloudy urine) and renal side effects
	Skin and subcutaneous disorders	Serious skin reactions have been reported.

Not known: Edema of the larynx, anaphylactic shock, anaemia, bronchospasm*, liver alteration and hepatitis, renal alteration (severe renal impairment, nephrite interstitial, haematuria, anuresis), gastrointestinal effects and vertigo have been reported.

* There have been cases of bronchospasm with paracetamol, but these are more likely in asthmatics sensitive to aspirin or other NSAIDs.

Reporting of suspected adverse reactions: Healthcare professionals are requested to report any suspected adverse reactions via pharmacy and poisons board, Pharmacovigilance Reporting System (PvERS) <https://pv.pharmacyboardkenya.org>.

4.9 Overdose:

There is a risk of poisoning, particularly in elderly subjects, in young adolescents, in patients with liver disease, in cases of chronic alcoholism, in patients with chronic malnutrition. Overdosing may be fatal.

Liver damage is possible in adults who have taken 10g or more of paracetamol.

Ingestion of 5g or more of paracetamol may lead to liver damage if the patient has risk factors (see below).

Risk factors

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. 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.

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.

High doses of sodium bicarbonate may 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:

Pharmacotherapeutic group: other analgesics and antipyretics; anilides
ATC code: N02BE01

5.2 Pharmacokinetics Properties*:

Absorption

The absorption of paracetamol by the oral route is rapid and complete. Maximum plasma concentrations are reached 30 to 60 minutes following ingestion.

Distribution

Paracetamol is distributed rapidly throughout all tissues. Concentrations are comparable in blood, saliva and plasma. Protein binding is low.

Metabolism

Paracetamol is metabolized mainly in the liver following two major metabolic pathways: glucuronic acid and sulphuric acid conjugates. The latter route is rapidly saturated at doses higher than the therapeutic dose. A minor route, catalyzed by the cytochrome P450, results in the formation of an intermediate reagent (N-acetyl-p-benzoquinoneimine) which under normal conditions of use is rapidly detoxified by glutathione and eliminated in the urine, after conjugation with cysteine and mercaptopuric acid. Conversely, when massive intoxication occurs, the quantity of this toxic metabolite is increased.

Elimination

Elimination is essentially through the urine. 90% of the ingested dose is eliminated via the kidneys within 24 hours, principally as glucuronide (60 to 80%) and sulphate conjugates (20 to 30%). Less than 5% is eliminated in unchanged form.

Elimination half-life is about 2 hours.

Physiopathological Variations

Renal Insufficiency: In cases of severe renal insufficiency (creatinine clearance lower than 10 ml/min) the elimination of paracetamol and its metabolites is delayed.

Elderly Subjects. The capacity for conjugation is not modified.

5.3 Preclinical safety data

In animal studies investigating the acute, sub chronic and chronic toxicity of paracetamol in the rat and mouse, gastrointestinal lesions, blood count changes, degeneration of the hepatic and renal parenchyma and necrosis were observed. These changes are, on the one hand, attributed to the mechanism of action and, on the other, to the metabolism of paracetamol. The metabolites that is probably responsible for the toxic effects and the corresponding organic changes have also been found in humans. Moreover, during long term use (i.e. 1 year) very rare cases of reversible chronic aggressive hepatitis have been described in the range of maximum therapeutic doses. At sub toxic doses, symptoms of intoxication can occur following a 3-week intake period. Paracetamol should therefore not be administered over a long period of time or at high doses.

Extensive investigations showed no evidence of any relevant genotoxic risk of paracetamol in the therapeutic, i.e. non-toxic, dose range.

Long-term studies in rats and mice yielded no evidence on relevant carcinogenic effects at non-hepatotoxic dosages of paracetamol.

Paracetamol crosses the placental barrier. Animal studies and clinical experience to date have not indicated any teratogenic potential.

6. Pharmaceutical particulars:

6.1 List of Excipients:

Citric acid (anhydrous), sodium bicarbonate (anhydrous), sodium saccharin, sodium carbonate, aspartame, sodium benzoate, purified water, IPA, tween 80, PVP-K30, flavour orange

6.2 Incompatibilities:

Not applicable

6.3 Shelf life:

3 years

6.4 Special Precautions for storage:

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

6.5 Nature and contents of container:

4 TABLETS in a alu strip pack such 4 strips in one carton

6.6 Special precautions for disposal:

After dissolving the tablets, a slightly opalescent solution will be produced.

There are no special requirements for handling of product.

Any unused product or waste material should be disposed of in accordance with local Requirement.

7. Marketing Authorization Holder:

H2025/CTD11412/15553

Manufacturing Site Address:

Vovantis Laboratory Pvt Ltd.

Survey No.546/1/1, Oppranoli Railway Station, Nea Gacl Plant, Ranoli Vadodara
391350 Gujarat India

8. Marketing Authorization Numbers:

Krishna Chemists Limited

3rd Floor Metrix Hardware, Lusaka Road, Industrial Area.

9. Date of first registration /renewal of the registration:

2025 July 30

10. Date of revision of text:

2025 July 30