

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Nurofen for Children Strawberry Baby

Nurofen for Children 3 months to 9 years Strawberry

Nurofen for Children Cold, Pain and Fever Strawberry Flavour 100 mg/5 mL Oral Suspension

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Ibuprofen 100 mg/5 ml (equivalent to 2.0% w/v).

Excipients with known effect:

Maltitol Liquid: 2226 mg (2.26 g) per 5 ml.

Propylene glycol (E 1520)*: 11.75 mg per 5 ml.

*present within strawberry flavouring.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Oral suspension. An off-white, strawberry-flavoured, syrupy suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

For the fast and effective reduction of fever, including post-immunisation pyrexia, and the fast and effective relief of the symptoms of colds and influenza and mild to moderate pain, such as sore throat, teething pain, toothache, headache, minor aches and sprains.

4.2 Posology and Method of Administration

Posology: The lowest effective dose should be used for the shortest duration necessary to relieve symptoms (see section 4.4). For short-term use only.

The recommended daily dose is 20–30 mg per kg of body weight, divided into equal doses, with dosing intervals of 6 to 8 hours. Leave at least 4 hours between doses and do not take more than the recommended dose in 24 hours. The recommended dose should not be exceeded. Using the spoon or syringe dosing device provided, this can be achieved as follows:

Age	Body weight (kg)	Recommended Dosage	Maximum frequency in 24 hours
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Infants 3–6 months weighing more than 5 kg	5–7.6	One 2.5 ml dose	3 times in 24 hours
Infants 6–12 months	7.7–9	One 2.5 ml dose	3 to 4 times in 24 hours
Children 1–3 years	10–16	One 5 ml dose	3 times in 24 hours
Children 4–6 years	17–20	7.5 ml (5 ml + 2.5 ml)	3 times in 24 hours
Children 7–9 years	21–30	Two 5 ml doses (10 ml)	3 times in 24 hours

Note: Not suitable for children under 3 months of age. Do not use this product in children weighing less than 5 kg.

For infants aged 3–6 months, medical advice should be sought if symptoms worsen, or not later than 24 hours if symptoms persist.

If in children aged from 6 months this medicinal product is required for more than 3 days, or if symptoms worsen, a doctor should be consulted.

Special Patient Groups

- **Children with Juvenile Rheumatoid Arthritis:** The usual daily dose of up to 30 to 40 mg per kg of body weight, in three to four divided doses, may be taken.
- **Post-immunisation pyrexia:** One 2.5 ml dose followed by one further 2.5 ml dose 6 hours later if necessary. Do not exceed two 2.5 ml doses in 24 hours. If the fever is not reduced, consult a doctor.

Method of Administration: For oral administration. For patients with sensitive stomachs the product can be taken with or after food.

4.3 Contraindications

- Hypersensitivity to ibuprofen or to any of the excipients listed in section 6.1.
- Patients who have previously shown hypersensitivity reactions (e.g. asthma, rhinitis, angioedema or urticaria) in response to ibuprofen, acetylsalicylic acid (aspirin) or other non-steroidal anti-inflammatory drugs (NSAIDs).
- Active or a history of recurrent peptic ulcer/haemorrhage (two or more distinct episodes of proven ulceration or bleeding).
- History of gastrointestinal bleeding or perforation related to previous NSAIDs therapy.
- Severe hepatic failure, renal failure or heart failure (see section 4.4).
- Last trimester of pregnancy (see section 4.6).

4.4 Special Warnings and Precautions for Use

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see GI and cardiovascular risks below).

The elderly have an increased frequency of adverse reactions to NSAIDs, especially gastrointestinal bleeding and perforation which may be fatal.

Respiratory: Bronchospasm may be precipitated in patients suffering from or with a previous history of bronchial asthma or allergic disease.

Other NSAIDs: The use of ibuprofen with concomitant NSAIDs including cyclooxygenase-2 selective inhibitors should be avoided (see section 4.5).

SLE and Mixed Connective Tissue Disease: Systemic lupus erythematosus and mixed connective tissue disease: due to increased risk of aseptic meningitis (see section 4.8).

Cardiovascular and Cerebrovascular Effects: Cases of Kounis syndrome have been reported in patients treated with ibuprofen formulations. Kounis syndrome has been defined as cardiovascular symptoms secondary to an allergic or hypersensitive reaction associated with constriction of coronary arteries and potentially leading to myocardial infarction.

Caution (discussion with doctor or pharmacist) is required prior to starting treatment in patients with a history of hypertension and/or heart failure as fluid retention, hypertension and oedema have been reported in association with NSAID therapy.

Clinical trial and epidemiological data suggest that use of ibuprofen, particularly at high doses (2400 mg daily) and in long-term treatment, may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke). Overall, epidemiological studies do not suggest that low-dose ibuprofen (e.g. ≤ 1200 mg daily) is associated with an increased risk of myocardial infarction.

Renal: Renal impairment may worsen as renal function may further deteriorate (see section 4.3 and section 4.8). There is a risk of renal impairment in dehydrated children (see sections 4.3 and 4.8). Renal tubular acidosis and hypokalaemia may occur following acute overdose and in patients taking ibuprofen products over long periods at high doses (typically greater than 4 weeks), including doses exceeding the recommended daily dose.

Hepatic: Hepatic dysfunction (see sections 4.3 and 4.8).

Impaired Female Fertility: There is limited evidence that drugs which inhibit cyclo-oxygenase/prostaglandin synthesis may cause impairment of female fertility by an effect on ovulation. This is reversible upon withdrawal of treatment.

Gastrointestinal Effects: NSAIDs should be given with care to patients with a history of gastrointestinal disease (ulcerative colitis, Crohn's disease) as their conditions may be exacerbated (see section 4.8).

Gastrointestinal bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history of serious GI events.

The risk of GI bleeding, ulceration or perforation is higher with increasing NSAID doses, in patients with a history of ulcer, particularly if complicated with haemorrhage or perforation (see section 4.3), and in the elderly. These patients should commence treatment on the lowest dose available. Patients with a history of GI toxicity, particularly when elderly, should report any unusual abdominal symptoms (especially GI bleeding) particularly in the initial stages of treatment.

Caution should be advised in patients receiving concomitant medications which could increase the risk of ulceration or bleeding, such as oral corticosteroids, anticoagulants such as warfarin, selective serotonin-reuptake inhibitors or anti-platelet agents such as acetylsalicylic acid (aspirin) (see section 4.5). When GI bleeding or ulceration occurs in patients receiving ibuprofen, the treatment should be withdrawn.

Severe Cutaneous Adverse Reactions (SCARs): Severe cutaneous adverse reactions (SCARs) including exfoliative dermatitis, erythema multiforme, Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS syndrome), and acute generalised exanthematous pustulosis (AGEP), which can be life-threatening or fatal, have been reported in association with the use of ibuprofen (see section 4.8). Most of these reactions occurred within the first month. If signs and symptoms suggestive of these reactions appear, ibuprofen should be withdrawn immediately and an alternative treatment considered.

Masking of Symptoms of Underlying Infections: This medicine can mask symptoms of infection, which may lead to delayed initiation of appropriate treatment and thereby worsening the outcome of the infection. This has been observed in bacterial community-acquired pneumonia and bacterial complications to varicella. When this medicine is administered for fever or pain relief in relation to infection, monitoring of infection is advised. In non-hospital settings, the patient should consult a doctor if symptoms persist or worsen. Varicella can, in exceptional cases, be at the origin of serious cutaneous and soft-tissue infectious complications. It is therefore advisable to avoid use of this product in case of varicella.

This product contains Maltitol and Propylene glycol. Patients with rare hereditary problems of fructose intolerance should not take this medicine.

4.5 Interaction with Other Medicinal Products and Other Forms of Interaction

Ibuprofen should be avoided in combination with:

- **Acetylsalicylic acid (aspirin):** Unless low-dose acetylsalicylic acid (not above 75 mg daily) has been advised by a doctor, as this may increase the risk of adverse reactions (see section 4.4). Experimental data suggest that ibuprofen may inhibit the effect of low-dose acetylsalicylic acid on platelet aggregation when dosed concomitantly.
- **Other NSAIDs including cyclooxygenase-2 selective inhibitors:** Avoid concomitant use of two or more NSAIDs as this may increase the risk of adverse effects (see section 4.4).

Ibuprofen should be used with caution in combination with:

- **Anticoagulants:** NSAIDs may enhance the effects of anticoagulants such as warfarin (see section 4.4).
- **Antihypertensives (ACE inhibitors and Angiotensin II Antagonists) and diuretics:** NSAIDs may diminish the effect of these drugs. Diuretics can increase the risk of nephrotoxicity of NSAIDs.
- **Corticosteroids:** Increased risk of gastrointestinal ulceration or bleeding (see section 4.4).
- **Anti-platelet agents and selective serotonin reuptake inhibitors (SSRIs):** Increased risk of gastrointestinal bleeding (see section 4.4).
- **Cardiac glycosides:** NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma glycoside levels.
- **Lithium:** There is evidence for potential increases in plasma levels of lithium.
- **Methotrexate:** There is a potential for an increase in plasma levels of methotrexate.
- **Ciclosporin:** Increased risk of nephrotoxicity.
- **Mifepristone:** NSAIDs should not be used for 8–12 days after mifepristone administration as NSAIDs can reduce the effect of mifepristone.
- **Tacrolimus:** Possible increased risk of nephrotoxicity when NSAIDs are given with tacrolimus.
- **Zidovudine:** Increased risk of haematological toxicity when NSAIDs are given with zidovudine. There is evidence of an increased risk of haemarthroses and haematoma in HIV-positive haemophiliacs receiving concurrent treatment with zidovudine and ibuprofen.
- **Quinolone antibiotics:** Animal data indicate that NSAIDs can increase the risk of convulsions associated with quinolone antibiotics. Patients taking NSAIDs and quinolones may have an increased risk of developing convulsions.

4.6 Fertility, Pregnancy and Lactation

Pregnancy: Inhibition of prostaglandin synthesis may adversely affect the pregnancy and/or the embryo/foetal development. Data from epidemiological studies suggest an increased risk of miscarriage and of cardiac malformation and gastroschisis after use of a prostaglandin synthesis inhibitor in early pregnancy. The absolute risk for cardiovascular malformation was increased from less than 1% to approximately 1.5%. The risk is believed to increase with dose and duration of therapy. In animals, administration of a prostaglandin synthesis inhibitor has been shown to result in increased pre- and post-implantation loss and embryo-foetal lethality.

From the 20th week of pregnancy onwards, use of this product may cause oligohydramnios resulting from foetal renal dysfunction. This may occur shortly after treatment initiation and is usually reversible upon discontinuation. There have also been reports of ductus arteriosus constriction following treatment in the second trimester, most of which resolved after treatment cessation. Therefore, during the first and second trimester of pregnancy, this product should not be given unless clearly necessary. If used by a woman attempting to conceive, or during the first and second trimester of pregnancy, the dose should be kept as low and duration of treatment as short as possible. Antenatal monitoring for oligohydramnios and ductus arteriosus constriction should be considered after exposure for several days from gestational week 20 onward. This product should be discontinued if oligohydramnios or ductus arteriosus constriction are found.

During the third trimester of pregnancy, all prostaglandin synthesis inhibitors may expose the foetus to:

- Cardiopulmonary toxicity (premature constriction/closure of the ductus arteriosus and pulmonary hypertension).
- Renal dysfunction (see above), which may progress to renal failure with oligohydramnios.

And the mother and neonate, at the end of pregnancy, to:

- Possible prolongation of bleeding time, an anti-aggregating effect which may occur even at very low doses.
- Inhibition of uterine contractions resulting in delayed or prolonged labour.

Consequently, this product is contraindicated during the third trimester of pregnancy.

Breast-feeding: In limited studies, ibuprofen appears in the breast milk in very low concentration and is unlikely to affect the breast-fed infant adversely.

Fertility: See section 4.4 regarding female fertility.

4.7 Effects on Ability to Drive and Use Machines

None expected at recommended doses and duration of therapy.

4.8 Undesirable Effects

The following list of adverse effects relates to those experienced with ibuprofen at OTC doses (maximum 1200 mg ibuprofen per day), in short-term use. In the treatment of chronic conditions, under long-term treatment, additional adverse events may occur.

Adverse events which have been associated with ibuprofen are given in the table below, tabulated by system organ class and frequency. Frequencies are defined as: very common ($\geq 1/10$), common ($\geq 1/100$ and $< 1/10$), uncommon ($\geq 1/1000$ and $< 1/100$), rare ($\geq 1/10,000$ and $< 1/1000$), very rare ($< 1/10,000$) and not known (cannot be estimated from the available data). The most commonly observed adverse events are gastrointestinal in nature.

System Organ Class	Frequency	Adverse Events
Blood and Lymphatic System Disorders	Very rare	Haematopoietic disorders, anaemia, leucopenia, thrombocytopenia, pancytopenia and agranulocytosis ¹
Immune System Disorders	Uncommon Very rare	Hypersensitivity with urticaria and pruritus ² Severe hypersensitivity reactions, including facial, tongue and throat swelling, dyspnoea, tachycardia, and hypotension (anaphylaxis, angioedema or severe shock) ²
Nervous System Disorders	Uncommon Very rare	Headache Aseptic meningitis ³
Cardiac Disorders	Not known Not known	Cardiac failure and oedema ⁴ Kounis syndrome
Vascular Disorders	Not known	Hypertension ⁴
Respiratory, Thoracic and Mediastinal Disorders	Not known	Respiratory tract reactivity comprising asthma, bronchospasm or dyspnoea ²
Gastrointestinal Disorders	Uncommon Rare Very rare	Abdominal pain, nausea and dyspepsia ⁵ Diarrhoea, flatulence, constipation and vomiting Peptic ulcer, gastrointestinal perforation or haemorrhage, melaena, and haematemesis ⁶ ; mouth ulceration and gastritis; exacerbation of colitis and Crohn's disease ⁷
Hepatobiliary Disorders	Very rare	Liver disorder
Skin and Subcutaneous Tissue Disorders	Uncommon Very rare Not known Not known Not known	Skin rash ² Severe cutaneous adverse reactions (SCARs) including Stevens-Johnson Syndrome, erythema multiforme, exfoliative dermatitis and toxic epidermal necrolysis ² Drug reaction with eosinophilia and systemic symptoms (DRESS syndrome) Acute generalised exanthematous pustulosis (AGEP) Photosensitivity reactions
Metabolism and Nutrition Disorders	Not known Not known	Decreased appetite Hypokalaemia*

Renal and Urinary Disorders	Very rare Not known Not known	Acute renal failure, papillary necrosis, especially in long-term use, associated with increased serum urea and oedema ⁸ Ureteric colic, dysuria Renal tubular acidosis*
Investigations	Very rare	Haemoglobin decreased
Infections and Infestations	Not known	Exacerbation of infections related inflammation; in exceptional cases, severe skin infections and soft-tissue complications may occur during a varicella infection

Description of Selected Adverse Reactions:

¹ First signs are fever, sore throat, superficial mouth ulcers, flu-like symptoms, severe exhaustion, unexplained bleeding and bruising.

² Hypersensitivity reactions: These may consist of (a) non-specific allergic reactions and anaphylaxis, (b) respiratory tract reactivity, including asthma, aggravated asthma, bronchospasm and dyspnoea, or (c) various skin reactions, including pruritus, urticaria, purpura, angioedema and, more rarely, exfoliative and bullous dermatoses, including toxic epidermal necrolysis, Stevens-Johnson Syndrome and erythema multiforme.

³ The pathogenic mechanism of drug-induced aseptic meningitis is not fully understood. However, available data on NSAID-related aseptic meningitis points to a hypersensitivity reaction. Single cases of symptoms of aseptic meningitis have been observed during treatment with ibuprofen in patients with existing auto-immune disorders such as systemic lupus erythematosus and mixed connective tissue disease.

⁴ Clinical trial and epidemiological data suggest that use of ibuprofen, particularly at high doses (2400 mg daily) and in long-term treatment, may be associated with a small increased risk of arterial thrombotic events (e.g. myocardial infarction or stroke) (see section 4.4).

⁵ The adverse events observed most often are gastrointestinal in nature.

⁶ Sometimes fatal.

⁷ See section 4.4.

⁸ Especially in long-term use, associated with increased serum urea and oedema. Also includes papillary necrosis.

*Renal tubular acidosis and hypokalaemia have been reported in the post-marketing setting, typically following prolonged use of ibuprofen at higher than recommended doses.

Health care professionals are asked to report any suspected adverse reactions via the <https://pv.pharmacyboardkenya.org>

4.9 Overdose

In children, ingestion of more than 400 mg/kg may cause symptoms. In adults the dose-response effect is less clear-cut. The half-life in overdose is 1.5–3 hours.

Symptoms: Most patients who have ingested clinically important amounts of NSAIDs will develop no more than nausea, vomiting, epigastric pain, or more rarely diarrhoea. Tinnitus, headache and gastrointestinal bleeding are also possible. In more serious poisoning, toxicity is seen in the central nervous system, manifesting as drowsiness, occasionally excitation and disorientation or coma. Occasionally patients develop convulsions. In serious poisoning, metabolic acidosis may occur and the prothrombin time/INR may be prolonged, probably due to interference with the actions of circulating clotting factors. Acute renal failure and liver damage may occur. Exacerbation of asthma is possible in asthmatics.

Prolonged use at higher than recommended doses may result in severe hypokalaemia and renal tubular acidosis. Symptoms may include reduced level of consciousness and generalised weakness (see sections 4.4 and 4.8).

Management: Management should be symptomatic and supportive and include the maintenance of a clear airway and monitoring of cardiac and vital signs until stable. Consider oral administration of activated charcoal if the patient presents within 1 hour of ingestion of a potentially toxic amount. If frequent or prolonged, convulsions should be treated with intravenous diazepam or lorazepam. Give bronchodilators for asthma.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Pharmacotherapeutic group: Anti-inflammatory and anti-rheumatic products, non-steroids, propionic acid derivative.

ATC Code: M01AE01

Ibuprofen is a propionic acid derivative NSAID that has demonstrated its efficacy by inhibition of prostaglandin synthesis. In humans, ibuprofen reduces inflammatory pain, swellings and fever. Furthermore, ibuprofen reversibly inhibits platelet aggregation.

Experimental data suggest that ibuprofen may inhibit the effect of low-dose aspirin on platelet aggregation when they are dosed concomitantly. In one study, when a single dose of ibuprofen 400 mg was taken within 8 hours before or within 30 minutes after immediate-release aspirin dosing (81 mg), 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 use.

Clinical evidence demonstrates that:

- 5 mg/kg of ibuprofen can provide up to 6 hours fever-relieving effect.
- 6 mg/kg of ibuprofen and above can provide up to 8 hours fever-relieving effect.

- 5 mg/kg of ibuprofen and above can provide up to 8 hours pain-relieving effect.

5.2 Pharmacokinetic Properties

Ibuprofen is rapidly absorbed following administration and is rapidly distributed throughout the whole body. The excretion is rapid and complete via the kidneys.

Maximum plasma concentrations are reached 45 minutes after ingestion if taken on an empty stomach. When taken with food, peak levels are observed after 1 to 2 hours. These times may vary with different dosage forms.

The half-life of ibuprofen is about 2 hours.

In limited studies, ibuprofen appears in the breast milk in very low concentrations.

5.3 Preclinical Safety Data

There are no preclinical safety data of relevance to the consumer.

6. PHARMACEUTICAL PARTICULARS

6.1 List of Excipients

Citric acid, sodium citrate, sodium chloride, sodium saccharin, domiphen bromide, purified water, polysorbate 80, maltitol liquid, xanthan gum, strawberry flavour (contains natural and nature-identical flavourings, propylene glycol (E 1520), ascorbic acid E300), glycerol.

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

100 ml – 3 years.

50 ml – 2 years.

6.4 Special Precautions for Storage

Do not store above 25°C.

6.5 Nature and Contents of Container

Amber-coloured polyethylene terephthalate (PET) bottle with a child-resistant closure fitted with a low-density polyethylene liner. The bottle contains 100 ml of product. A double-ended spoon with measures of 2.5 ml and 5 ml is provided.

Alternatively: An amber-coloured PET bottle with a child-resistant closure fitted with a low-density polyethylene liner. The bottle contains 50 ml or 100 ml of product. A syringe composed of a polypropylene barrel and a PE piston with measures of 2.5 ml and 5 ml is provided.

Not all pack sizes will be marketed.

6.6 Special Precautions for Disposal and Other Handling

Not applicable.

7. MARKETING AUTHORISATION HOLDER

Reckitt Benckiser Healthcare (UK) Ltd,
Slough, SL1 4AQ, United Kingdom.

8. MARKETING AUTHORISATION NUMBER(S)

Kenya PPB Registration Number: H2014/CTD1671/434

9. DATE OF FIRST AUTHORISATION / RENEWAL OF THE AUTHORISATION

2026 September 02

10. DATE OF REVISION OF THE TEXT

2026 September 02