Summary of Product Characteristics

1. Name of the medicinal product:

PHARMADOL 500 mg

2. Qualitative and quantitative composition

Each caplet contains:

Paracetamol BP……500mg

For a list of excipients, see Section 6.1.

3. Pharmaceutical form

Tablet

4. Clinical particulars

4.1 Therapeutic indications

Paracetamol has analgesic and antipyretic actions similar to those of aspirin and hence is a suitable alternative for patients sensitive to aspirin. For the relief of mild to moderate pain and febrile conditions, eg headache, toothache, colds, influenza, rheumatic pain and dysmenorrheal.

4.2 Posology and method of administration

Usual Adult Paracetamol Dose for Fever:
General Dosing Guidelines: 325 to 650 mg every 4 to 6 hours or 1000 mg every 6 to 8 hours orally or rectally.
Paracetamol 500 mg tablets: Two 500 mg tablets orally every 4 to 6 hours

Usual Adult Paracetamol Dose for Pain:
General Dosing Guidelines: 325 to 650 mg every 4 to 6 hours or 1000 mg every 6 to 8 hours orally or rectally.
Paracetamol 500mg tablets: Two 500 mg tablets orally every 4 to 6 hours

Usual Pediatric Dose for Fever:
Oral or Rectal: <=1 month: 10 to 15 mg/kg/dose every 6 to 8 hours as needed.

>1 month to 12 years: 10 to 15 mg/kg/dose every 4 to 6 hours as needed (Maximum: 5 doses in 24 hours)

Fever: 4 months to 9 years: Initial Dose: 30 mg/kg (Reported by one study (n=121) to be more effective in reducing fever than a 15 mg/kg maintenance dose with no difference regarding clinical tolerance.) >=12 years: 325 to 650 mg every 4 to 6 hours or 1000 mg every 6 to 8 hours.

Usual Pediatric Dose for Pain:
Oral or Rectal: <=1 month: 10 to 15 mg/kg/dose every 6 to 8 hours as needed.
>1 month to 12 years: 10 to 15 mg/kg/dose every 4 to 6 hours as needed (Maximum: 5 doses in 24 hours)
Fever: 4 months to 9 years: Initial Dose: 30 mg/kg (Reported by one study (n=121) to be more effective in reducing fever than a 15 mg/kg maintenance

dose with no difference regarding clinical tolerance.) >=12 years: 325 to 650 mg every 4 to 6 hours or 1000 mg every 6 to 8 hours.
Dosage in patients with renal insufficiency
Severe renal insufficiency: it is recommended, when giving paracetamol to patients with severe renal impairment (creatinine clearance ≤30 mL/min), to increase the minimum interval between each administration to 6 hours. Dosage in patients with hepatic impairment Care is advised in the administration of paracetamol to patients with severe renal or severe hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease.

Method of administration
Oral.

4.3 Contraindications

Contraindicated in Hypersensitivity to the active substance or to any of the excipients listed in Section 6.1.

4.4 Special warnings and precautions for use

Pediatric population
Not recommended for children under 10 years of age.

Care is advised in the administration of paracetamol to patients with severe renal or severe hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease.

Do not exceed the recommended dose.

Do not take Paracetamol for more than 3 days without consulting a doctor.

Do not take with any other Paracetamol-containing products.

If symptoms persist, consult your doctor.

Keep out of the reach of children.

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 daily use of paracetamol with increased risk of bleeding; occasional doses have no significant effect.

4.6 Pregnancy and Lactation

Pregnancy 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. A large amount of data on pregnant women indicates neither malformative nor feto/neonatal toxicity. Paracetamol can be used during pregnancy if clinically needed however, it should be used at the lowest effective dose for the shortest possible time and at the lowest possible frequency. Breastfeeding Paracetamol is excreted in breast milk but not in a clinically significant amount. Available published data do not contraindicate breastfeeding.

4.7 Effects on ability to drive and use machines

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

4.8 Undesirable effects

The information below lists reported adverse reactions, ranked using the following frequency classification: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data).

Immune system disorders:
Hypersensitivity including skin rash may occur.
Not known: anaphylactic shock, angioedema. 2
Blood and lymphatic system disorders
Not known: blood dyscrasias including thrombocytopenia and agranulocytosis.
Skin and subcutaneous disorders.
Very rare cases of serious skin reactions such as Toxic Epidermal Necrolysis (TEN), Stevens-Johnson syndrome (SJS), acute generalized exanthematous pustulosis, fixed drug eruption 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 the national pharmacovigilance reporting system.

4.9 Overdose

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:

- is on long term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St. John's Wort or other drugs that induce liver enzymes, or
- Regularly consumes ethanol in excess of recommended amounts, or
- is likely to be glutathione deplete e.g. eating disorders, cystic fibrosis,

HIV infection, starvation, cachexia.

Symptoms
Symptoms of paracetamol overdosage 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, gastrointestinal bleeding 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.

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. Management of patients who present with serious hepatic dysfunction beyond 24 h from ingestion should be discussed with the NPIS or a liver unit.

5. Pharmacological properties

Pharmacotherapeutic group: Analgesics and Antipyretics
ATC code: N02BE01

5.1 Pharmacodynamic properties

Mechanism of action

Paracetamol is an effective analgesic and antipyretic agent, but has only weak anti-inflammatory properties. Its mechanism of action is not fully understood. It has been suggested that it may act predominantly by inhibiting prostaglandin synthesis in the CNS and to a lesser extent through a peripheral action by blocking pain-impulse generation. The peripheral action may also be due to inhibition of prostaglandin synthesis or to inhibition of the synthesis or actions of other substances that sensitise pain receptors to mechanical or chemical stimulation. Paracetamol probably produces an antipyretic action by a central effect on the hypothalamic heat-regulating centre to produce peripheral vasodilatation resulting in increased blood flow through the skin, sweating and heat loss. The central action probably involves

inhibition of prostaglandin synthesis in the hypothalamus. The drug has no effect on the cardiovascular and respiratory systems, and unlike salicylates it does not cause gastric irritation or bleeding.

5.2 Pharmacokinetic properties

Absorption and Distribution:

Paracetamol is readily absorbed from the gastrointestinal tract with peak plasma concentrations occurring about 30 minutes to 2 hours after ingestion.

Metabolism:

Metabolized in the liver (90-95%)

Excretion:

Excreted in the urine mainly as the glucuronide and sulphate conjugates. Less than 5% is excreted as unchanged paracetamol. The elimination half-life varies from about 1 to 4 hours. Plasma protein binding is negligible at usual therapeutic concentrations but increases with increasing concentrations.

A minor hydroxylated metabolite (N-acetyl-p-benzoquinoneimine) which is usually produced in very small amounts by mixed-function oxidases in the liver and which is usually detoxified by conjugation with liver glutathione may accumulate following paracetamol over dosage and cause liver damage. The time to peak plasma concentration of paracetamol is 0.5 to 2 hours, the time to peak effect 1 to 3 hours and the duration of action 3 to 4 hours.

5.3 Preclinical safety data

There are no preclinical data of relevance to the prescribe which are additional to that already included in other sections

6. Pharmaceutical Particulars

6.1 List of Excipients

Sodium Starch Glycolate, Maize starch, Gelatin, Methyl Paraben, Propyl Paraben, Purified Water, Purified Talc, Colloidal Silicon dioxide, Sodium Starch Glycolate, and Magnesium Stearate.

6.2 Incompatibilities

Not Applicable

6.3 Shelf-Life

36 Months

6.4 Special Precautions for storage

Store in a cool, dry place below 30°C.

Keep medicines out of reach of children

6.5 Nature and Content of container

2 X 10 Caplets are packed in carton along with product insert.

6.6 Special precautions for disposal and other handling

Not applicable.

7. Marketing Authorization Holder

Pharma Lifescience Ltd.,
2nd Floor, Doctor's Park, 3 Parks Land, Nairobi, Kenya P.O. BOX NO. 38148-00623,
Email ID: Pharmalifescience@outlook.com
Telephone No: +254 722 839859

Manufactuerer
Skybiotech Life Sciences Pvt. Ltd.
Gut No. 5, Gevrai Tanda, Paithan Road, Aurangabad (M.S) India.
Telephone: (91) (240) 2694545 Telefax : (91) (240) 2694488
Email: aher.sr@yahoo.com

8. Marketing Authorization Number

H2021/CTD8342/16527

9. Date of first authorization/renewal of the authorization

01/09/2021

10. Date of revision of the text

01/09/2021