Module 1.5.5 Package Insert and Patient Information Leaflet amendments /updates

PACKAGE INSERT
(Approved)

SCHEDULING STATUS:

S1

PROPRIETARY NAME (AND DOSAGE FORM):

ACTAMOL TABLETS (TABLETS)

COMPOSITION:

Each tablet contains:

Paracetamol 500 mg

Methylparaben 0,38% m/m. (as preservative)

Propylparaben 0,063% m/m. (as preservative).

Sugar free.

Contains TARTRAZINE.

Other ingredients: Maize starch, croscarmellose sodium, povidone, apple green (koelron green) colour consisting of brilliant blue: CI 42090 & tartrazine: CI 19140, magnesium stearate, colloidal silicon dioxide, talc.

PHARMACOLOGICAL CLASSIFICATION:

A 2.7 Anti-pyretic or anti-pyretic and anti-inflammatory analgesics.

PHARMACOLOGICAL ACTION:

Paracetamol has analgesic and antipyretic properties.

INDICATIONS:

ACTAMOL is indicated for the symptomatic relief

of: - Mild to moderate pain.

- Fever.

CONTRAINDICATIONS:

Paracetamol is contraindicated in patients with the following conditions:

- Hypersensitivity to paracetamol.

- Severe renal function impairment.

WARNINGS AND SPECIAL PRECAUTIONS:

This product contains paracetamol which may be fatal in overdose. In the event of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poison Centre must be contacted immediately.

Dosages in excess of those recommended may cause severe liver damage.

Patients suffering from liver or kidney disease should take paracetamol under medical supervision.

Consult a doctor if no relief is obtained from the recommended dosage. Do not use continuously for more than 10 days without consulting a doctor.

This product contains FD & C Yellow No. 5 (Tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible individuals. Although the overall incidence of tartrazine sensitivity in the general population is currently thought to be low, it is frequently seen in patients who also have aspirin sensitivity.

INTERACTIONS:

Interactions with **ACTAMOL TABLETS** have not been established.

PREGNANCY AND LACTATION:

The safety and efficacy of **ACTAMOL TABLETS** in pregnancy and lactation have not been established.

DOSAGE AND DIRECTIONS FOR USE:

DO NOT EXCEED THE RECOMMENDED

DOSE. Usual adult dose

One to two tablets (0,5 to 1 g) every 4-6 hours up to a maximum of 4 g daily (8 tablets).

Usual paediatric dose

6-12 Years: 250- 500 mg (half to one tablet) three to four times a day as required. Not suitable for children under 6 years of age.

SIDE EFFECTS:

Gastrointestinal system	Nausea, vomiting, stomach pain or cramps, diarrhoea, loss of appetite, hepatotoxicity, hepatic failure, hepatic encephalopathy, gastrointestinal tract bleeding, pancreatitis.
Central nervous system	Convulsions, respiratory depression, cerebral oedema, coma.
Hematological	Leucopenia, thrombocytopenia, neutropenia, pancytopenia, agranulocytosis, disseminated intravascular coagulation.
Metabolic	Hypoglycemia, metabolic acidosis.
Cardiovascular system	Cardiac arrhythmias, cardiovascular collapse.
Renal System	Renal tubular necrosis, renal failure.
Dermatological	Skin rashes and other allergic reactions. The rash is usually erythematous or urticarial but sometimes more serious and may be accompanied by fever and mucosal lesions.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Prompt treatment is essential. In the event of an overdosage, consult a doctor immediately, or take the person directly to a hospital. A delay in starting treatment may mean that antidote is given too late to be effective. Evidence of liver damage is often delayed until after the time for effective treatment has lapsed.

Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5 - 10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, AIDS, malnutrition, and with the use of medicines that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine.

Symptoms of paracetamol overdosage in the first 24 hours are pallor, nausea, vomiting, anorexia, and possible abdominal pain. Mild symptoms during the first two days of acute poisoning do not reflect the potential seriousness of the overdosage.

Liver damage may become apparent 12 to 48 hours, or later after ingestion, initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of prothrombin time. Liver damage may lead to encephalopathy, coma, and death.

Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Abnormalities of glucose metabolism and metabolic acidosis may occur. Cardiac arrhythmias have been reported.

Treatment for paracetamol overdosage:

Although evidence is limited it is recommended that any adult person who has ingested 5 - 10 grams or more of paracetamol (or a child who has had more than 140 mg/kg) within the preceding four hours should have the stomach emptied by lavage (emesis may be adequate for children) and a single dose

of 50 g activated charcoal given via the lavage tube. Ingestion of amounts of paracetamol smaller than this may require treatment in patients susceptible to paracetamol poisoning (see above}. In patients who are superpose or comatose, endotracheal intubation should precede gastric lavage in order to avoid aspiration.

N-acetylcysteine should be administered to all cases of suspected overdosage as soon as possible preferably within 8 hours of overdosage, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken. An initial dose of 150 mg/kg N-acetylcysteine in 200 ml dextrose injection, given **intravenously** over 15 minutes, followed by an infusion of 50 mg/kg in 500 ml of dextrose injection over the next 4 hours and then 100 mg/kg in 1000 ml dextrose injection over the next 16 hours. **The volume of intravenous fluids should be modified for children.**

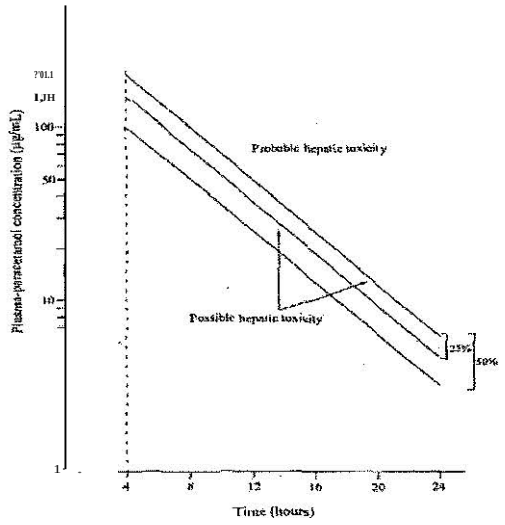
Although the oral formulation is not the treatment of choice 140 mg/kg dissolved in water may be administered initially, followed by 70 mg/kg solution every 4 hours for 17 doses.

A plasma paracetamol level should be determined 4 hours after ingestion in all cases of suspected overdosage. Levels done before 4 hours may be misleading. Patients at risk of liver damage, and hence requiring continued treatment with N-acetylcysteine, can be identified according to their 4-hour plasma paracetamol level. The plasma paracetamol level can be plotted against time since ingestion in the nomogram below. The nomogram should be used only in relation to a single acute ingestion.

Those whose plasma paracetamol levels are above the "normal treatment line", should continue N- acetylcysteine treatment with 100 mg/kg IV over 16 hours repeatedly until recovery. Patients with increased susceptibility to liver damage as identified above, should continue treatment if concentrations are above the "high risk treatment line". Prothrombin index correlates best with survival.

Monitor all patients with significant ingestion for at least 96 hours.

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IDENTIFICATION:

Green coloured, round flat tablets with bevelled edges scored on one side and plain on the other side.

PRESENTATION:

Carton containing 10 tablets in blister strips.

Carton containing 20 tablets in blister strips.

Carton containing 10 x 10 tablets in blister strips.

HDPE bottle containing 100 tablets.

HDPE bottle containing 500 tablets.

HDPE bottle containing 1000 tablets.

STORAGE INSTRUCTIONS:

Store at or below 25 °C, protected from light.

Keep the blister in the carton until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:

31/2.7/0193

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

Dezzo Trading 392 (Pty) Ltd.

Loch House Unit 003

3A Eton Road, Parktown

Johannesburg, 2193

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15 August 2016