PROFESSIONAL INFORMATION

SCHEDULING STATUS S1

1 NAME OF THE MEDICINE

NUROFEN EXPRESS LIQUID CAPSULES 200 mg capsule

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains 200 mg Ibuprofen

Sugar free

For a full list of excipients see section 6.1

3 PHARMACEUTICAL FORM

Capsule

Red, oval-shaped transparent soft gelatin capsule with a Nurofen logo printed in white ink.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

NUROFEN EXPRESS LIQUID CAPSULES 200 is indicated for the short-term relief of mild to moderate pain, such as headache, backache of musculo-skeletal origin, fever, muscular aches and pain, menstrual pain, dental pain and pain associated with migraine.

4.2 Posology and method of administration

Posology

Adults and children over 12 years:

Initial dose, take one or two capsules with water. Then, if necessary, one or two capsules every four hours. Do not exceed six capsules in any 24-hour period. Do not chew.

The lowest effective dose should be used for the shortest duration necessary to relieve symptoms (see section 4.4).

If symptoms persist for more than 7 days or worsen, consult your doctor.

Not to be given to children under 12 years.

Elderly: No special dosage modifications are required.

Use the lowest effective dose for the shortest possible duration of treatment.

Method of administration

For oral administration

4.3 Contraindications

NUROFEN EXPRESS LIQUID CAPSULES 200 is contra-indicated in the following:

Hypersensitivity to ibuprofen or to any of the ingredients of NUROFEN EXPRESS LIQUID CAPSULES 200.

Patients with a history of bronchospasm asthma, rhinitis, or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs).

Patients with a history of, or existing or recurrent gastrointestinal ulceration/perforation or bleeding (PUBs), including that associated with NSAIDs.

Patients with severe hepatic failure, severe renal failure or heart failure.

Pregnancy (see section 4.6).

4.4 Special warnings and precautions for use

Caution is required in patients with a history of hypertension and/or heart failure as fluid retention and oedema have been reported in association with NUROFEN EXPRESS LIQUID CAPSULES 200 therapy.

Elderly: The elderly have an increased frequency of adverse reactions to NSAIDs, especially gastrointestinal bleeding and perforation (PUBs) may be fatal.

The risk of gastrointestinal bleeding or perforation (PUBs) is higher with increasing doses of NUROFEN EXPRESS LIQUID CAPSULES 200, in patients with a history of ulcers, and the elderly.

When gastrointestinal bleeding or ulceration occurs in patients receiving NUROFEN EXPRESS LIQUID CAPSULES 200, treatment with NUROFEN EXPRESS LIQUID CAPSULES 200 should be stopped.

NUROFEN EXPRESS LIQUID CAPSULES 200 should be given with caution to patients with a history of gastrointestinal disease (e.g. ulcerative colitis, Crohn's disease, hiatus hernia, gastro-oesophageal reflux disease, angiodysplasia) as the condition may be exacerbated.

Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported.

NUROFEN EXPRESS LIQUID CAPSULES 200 should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

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).

Severe skin reactions: Acute generalised exanthematous pustulosis (AGEP) has been reported in relation to ibuprofen-containing products.

Masking of symptoms of underlying infections: NUROFEN EXPRESS LIQUID CAPSULES 200 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 NUROFEN EXPRESS LIQUID CAPSULES 200 is administered for fever or pain relief in relation to infection, monitoring of infection is advised. In non-hospital setting, the patient should consult a doctor if symptoms persist or worsen.

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 on withdrawal of treatment.

DRESS: Drug Reaction with Eosinophillia and Systemic Symptoms (DRESS) has been reported in patients taking NSAIDs such as NUROFEN EXPRESS LIQUID CAPSULES 200. Some of these events have been fatal or life-threatening. DRESS typically, although not exclusively, presents with fever, rash, lymphadenopathy, and/or facial swelling. Other clinical manifestations may include hepatitis, nephritis, haematological abnormalities, myocarditis, or myositis. Sometimes symptoms of DRESS may resemble an acute viral infection. Eosinophillia is often present. Because this disorder is variable in its presentation, other organ systems not noted here may be involved. It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not evident. If such signs or symptoms are present, discontinue NUROFEN EXPRESS LIQUID CAPSULES 200 and evaluate the patient immediately.

NUROFEN EXPRESS LIQUID CAPSULES 200 should be used with caution in the following:

- if at all, patients with a history of peptic ulceration.
- in patients with infections, since symptoms such as fever and inflammation may be masked.
- in patients with asthma or allergic disorders.
- in the elderly and may need to be given in reduced doses.
- In patients with autoimmune disorders including systemic lupus erythematosus and mixed connective tissue disease, due to increased risk of aseptic meningitis.

General precautions to be observed include use in patients with haemorrhagic disorders, hypertension, and impaired renal, hepatic or cardiac function.

Patients on NUROFEN EXPRESS LIQUID CAPSULES 200 should be monitored for the development of blood, kidney, liver, or eye disorders.

4.5 Interaction with other medicines and other forms of interaction

NUROFEN EXPRESS LIQUID CAPSULES 200 (Ibuprofen) should not be used in combination with:

- Aspirin, as NUROFEN EXPRESS LIQUID CAPSULES 200 may reduce the cardio-protective effect of aspirin.
- Other NSAIDs, as these may increase the risk of adverse effects.

NUROFEN EXPRESS LIQUID CAPSULES 200 should be used with caution in combination with:

- Corticosteroids, alcohol and bisphosphonates, as these may increase the risk of adverse reactions, especially gastrointestinal ulceration or bleeding.
- Anti-hypertensive agents and diuretics since NSAIDs may diminish the effects of these medicines.
- Anti-platelet agents and selective serotonin re-uptake inhibitors (SSRIs) may increase the risk of gastrointestinal bleeding.
- Anticoagulants, as there is limited evidence of enhancement of effects or oral anticoagulants such as warfarin.
- Lithium, as there is evidence for potential increase in plasma levels of lithium.
- Cardiac glycosides, as there is evidence for potential increase in plasma levels of cardiac glycosides, such as digoxin.
- Methotrexate, as there is evidence for the potential increase in plasma levels of methotrexate.

- Zidovudine, as there is evidence of an increased risk of hemarthrosis and haematoma in HIV (+) haemophiliacs receiving concurrent treatment of zidovudine and ibuprofen.
- Phenytoin and sulfonylurea anti-diabetic, as NUROFEN EXPRESS LIQUID CAPSULES 200 may enhance the effects of products containing these ingredients.
- ACE-inhibitors, as the risk of nephrotoxicity may be increased if given with ACE-inhibitors such as ciclosporin, tacrolimus, or diuretics.
- There may also be increased risk of hyperkalaemia with ACE-inhibitors and potassium sparing diuretics.
- Quinolones, as convulsions may occur.
- Ritonavir, as it may lead to increased plasma concentrations of NUROFEN EXPRESS LIQUID CAPSULES 200.
- Lipid regulatory agents (such as clofibrate) as this may lead to rhabdomyolysis and renal failure.
- Baclofen, as Baclofen toxicity may develop after starting NUROFEN EXPRESS LIQUID CAPSULES 200 treatment.

4.6 Fertility, pregnancy and lactation

Pregnancy:

Safety in pregnancy and lactation has not been established.

No specific studies have been conducted with Ibuprofen. The

use of the product during pregnancy should be avoided during

the first 6 months of pregnancy. It should not be used for the

last trimester of pregnancy as there is a risk of premature

closure of the foetal ductus arteriosus with possible persistent

pulmonary hypertension. The onset of labour may be delayed and duration increased with an increased bleeding tendency in both mother and child.

Lactation:

Ibuprofen appears in the breast milk in a low concentration.

Fertility:

See section 4.4 regarding female fertility.

4.7 Effects on ability to drive and use machines

NUROFEN EXPRESS LIQUID CAPSULES 200 is not expected to affect the ability to drive and operate machinery at recommended dose and duration of therapy.

4.8 Undesirable effects

Side-effects are classified according to MedRA System Organ Class using the following convention: Frequent, Less frequent and frequency unknown.

System Organ Class	Frequency	Adverse Events
Blood and lymphatic system disorders	Less frequent	Haematopoetic disorders (anaemia, leucopenia, thrombocytopenia, neutropenia and agranulocytosis)
Immune system disorders	Frequent	Hypersensitivity reactions with urticaria and pruritus
	Less frequent	Severe hypersensitivity reactions symptoms could be facial, tongue and larynx swelling, dyspnoea, tachycardia, hypotension, (anaphylaxis, angioedema or severe shock).

		Exacerbation of asthma and bronchospasm and fever
	Less frequent	In patients with existing auto-immune disorders (such as systemic lupus erythematosus, mixed connective tissue disease) during treatment with ibuprofen, single cases of symptoms of aseptic meningitis, such as stiff neck, headache, nausea, vomiting, fever or disorientation have been observed
Nervous system disorders	Frequent	Headache, vertigo, dizziness, nervousness, tinnitus, depression, drowsiness, insomnia and aseptic meningitis
Eye disorders	Frequent	Visual disturbances
	Less frequent	blurred vision, papilloedema with or without pseudotumor cerebri
	Frequency unknown	Reversible amblyopia
Ear and Labyrinth disorders	Frequent	Hearing loss
Cardiac disorders	Frequency unknown	cardiac failure in the elderly
Vascular disorders	Frequency unknown	Oedema and hypertension

Gastrointestinal disorders	Frequent	Abdominal pain, dyspepsia and nausea
	Less frequent	Diarrhoea, flatulence, constipation, vomiting, peptic ulcer, perforation or gastrointestinal haemorrhage, melaena, haematemesis, sometimes fatal (particularly in the elderly), exacerbation of ulcerative colitis, ulcerative stomatitis and Crohn's disease
Hepato-biliary disorders	Less frequent	Liver disorders
Skin and subcutaneous tissue disorders	Less frequent	Severe forms of skin reactions such as erythema multiforme, epidermal necrolysis and Stevens-Johnson Syndrome can occur
	frequency unknown	Drug reaction with eosinophilia and systemic symptoms (DRESS syndrome) see section 4.4
		Acute generalised exanthematous pustulosis (AGEP).
		Photosensitivity reactions.).
Renal and urinary disorders	Less frequent	Decrease of urea excretion and oedema can occur. Also, acute renal failure. Papillary necrosis, especially in long-term use, and increased serum area concentrations have been reported

Metabolism and nutrition disorders	Frequency unknown	hyponatraemia

Reporting of suspected adverse reactions

Reporting of Suspected Adverse Reactions Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the **"6.04 Adverse Drug Reactions Reporting Form"** found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

The half-life in overdose is 1,5 – 3 hours.

Symptoms: The most likely symptoms of overdosage of NUROFEN EXPRESS LIQUID CAPSULES 200 are:

nausea, vomiting, epigastric pain, or less frequently, 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.

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 within1 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

A 2.7 Antipyretics or antipyretic and anti-inflammatory analgesics

Ibuprofen is a non-steroidal anti-inflammatory compound (NSAID) with analgesic, anti-inflammatory and antipyretic actives.

5.2 Pharmacokinetic properties

Ibuprofen is well absorbed from the gastro-intestinal tract. It is extensively bound to plasma proteins and diffuses into the synovial fluid.

Ibuprofen is absorbed rapidly from the gastrointestinal tract following oral administration of NUROFEN EXPRESS LIQUID CAPSULES 200 with peak plasma concentrations occurring in approximately 1-2 hours.

Ibuprofen is detected in the plasma for longer than 8 hours after administration.

Ibuprofen is metabolised in the liver to two major metabolites with primary excretion via the kidneys, either as such or as major conjugates, together with a negligible amount of unchanged ibuprofen.

Excretion by the kidney is both rapid and complete. Elimination half-time is approximately 2 hours.

5.3 Preclinical safety data

The toxicological safety profile of ibuprofen has been established in animal experiments and in humans from extensive clinical experience. There are no new preclinical data of relevance to the prescriber which are additional to the data already presented in this Summary of Product Characteristics.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

The other ingredients are macrogol 600, potassium hydroxide, purified water, capsule shell (ingredients including gelatin, Sorbitol liquid, and Ponceau 4R) and Printing ink (ingredients including Opacode WB White NS-78-18011).

6.2 Incompatibilities

Not applicable

6.3 Shelf life

2 Years

6.4 Special precautions for storage

Store at or below 25 °C, in the original package.

Do not freeze or refrigerate.

KEEP OUT OF REACH OF CHILDREN.

6.5 Nature and contents of container

Packed in white PVC/PE/PVdC & aluminium foil blister, containing 10 or 20 capsules.

6.6 Special precautions for disposal and other handling

No special requirements

7 HOLDER OF CERTIFICATE OF REGISTRATION

Reckitt Benckiser Pharmaceutical (Pty) Ltd

8 Jet Park Road

Elandsfontein

1601

8 REGISTRATION NUMBER

44/2.7/0386

9 DATE OF AUTHORISATION /RENEWAL OF THE AUTHORISATION

The date on the registration certificate of the medicine: 01 August 2019

Date of revision of the professional information leaflet: 28 January 2022

10 DATE OF REVISION OF THE TEXT

28 January 2022