PACKAGE INSERT - EMPAPED® 125/250 mg

SCHEDULING STATUS

S2

PROPRIETARY NAME AND DOSAGE FORM

Empaped® 125 mg Suppositories

Empaped® 250 mg Suppositories

COMPOSITION

Empaped® 125 mg: Each suppository contains 125mg paracetamol

Empaped® 250 mg: Each suppository contains 250mg paracetamol

PHARMACOLOGICAL CLASSIFICATION

A 2.7 Antipyretic or antipyretic and anti-inflammatory analgesics

PHARMACOLOGICAL ACTION

Empaped® has analgesic and antipyretic actions. It acts predominantly by inhibiting prostaglandin synthesis.

Pharmacokinetics:

After rectal administration paracetamol is well absorbed with peak plasma concentrations reached within 1.5 to 2.5 hours. The average elimination half-life is 2 to 3 hours. Plasma protein binding is variable. Paracetamol is metabolised in the liver primarily by conjugation with glucuronic acid (about 60%), sulphuric acid (about 35%) and cysteine (about 3%). Paracetamol is renally excreted primarily as conjugated metabolites.

INDICATIONS

For the relief of mild to moderate pain and fever when oral therapy is not feasible.

CONTRA-INDICATIONS

Empaped® should not be used in the presence of:

Hypersensitivity to paracetamol or any of the other ingredients.

Severe liver function impairment

Gilbert's syndrome (Meulengracht's disease)

WARNINGS

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

Consult a medical practitioner if pain or fever persists or gets worse at the recommended dosage, if new symptoms occur or if redness and swelling is present, as these could be signs of a more serious condition.

Do not use **Empaped®** continuously without consulting a medical practitioner:

For pain – for more than 5 days.

For fever – for more than 3 days.

In the event of overdose or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poison Centre must be contacted immediately.

Store in a safe place out of the reach of children.

Patients suffering from hepatitis, or recovering from any form of liver disease, should not take excessive quantities of **Empaped®.**

Use with caution in renal disease.

INTERACTIONS

Hepatotoxic medicines - increased risk of hepatotoxicity

Enzyme induced medicines – increased risk of hepatotoxicity.

Possible decrease in therapeutic effects of **Empaped®.**

Metoclopramide – absorption of **Empaped®,** may be accelerated

Cholestyramine – absorption of **Empaped®** is reduced if given within one hour of cholestyramine.

Prolonged concurrent use of **Empaped®** with Salicylates increases the risk of adverse renal effects.

DOSAGE AND DIRECTIONS FOR USE

DO NOT EXCEED THE RECOMMENDED DOSE.

The dose of **Empaped®** depends on the patient's age and body weight. The recommended dose is 10 mg/kg body weight/dose (5 mg/kg if jaundiced) 3 to 4 times in 24 hours.

Unless otherwise instructed:

Infants (3 months to 1 year): One 125 mg suppository up to 4 times daily.

Children (1 to 5 years): One 250mg suppository up to 4 times daily.

The suppository should be inserted per rectum.

SIDE EFFECTS AND SPECIAL PRECAUTIONS

Side Effects

Very common (≥ 1/10); common (≥ 1/100, < 1/10); uncommon (≥1/1 000, <1/100); rare (≥ 1/10 000, < 1/1000); very rare (≤ 1/ 10 000), including isolated reports, not known (cannot be estimated from available data).

Blood and Lymphatic system disorders:

Very rare: thrombocytopenia, leucopenia, agranulocytosis, pancytopenia, neutropenia, anaemia

Immune System disorders:

Very rare: Hypersensitivity reactions such as Quincke's oedema, dyspnoea, sweating, nausea, sharp fall in blood pressure including shock

Patients should be instructed to discontinue treatment and to contact a doctor at the first signs of hypersensitive reactions.

Central nervous system:

Common: fatigue, mild headache

Rare: respiratory depression (after large doses and in patients with increase intracranial pressure or head trauma), sleep disturbances, euphoria (large doses)

The prolonged administration of large amounts may lead to dependence

Respiratory, thoracic and mediastinal disorders:

Very Rare: bronchospasm (analgesic asthma)

Skin and subcutaneous tissue disorders:

Very Rare: dermatitis, reversible skin rashes and other allergic reactions. The rash is usually erythematous or urticarial but sometimes more serious and may be accompanied by drug fever and mucosal lesions.

Hepato-biliary disorders:

Very rare: Hepatitis

Renal and urinary disorders:

Very rare: Renal colic. Renal failure and sterile pyuria

Endocrine disorders:

Very Rare: Pancreatitis

SPECIAL PRECAUTIONS

(See **WARNINGS)**

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT

Prompt treatment is essential.

Over dosing with suppositories is nearly impossible.

In the event of overdose consult a doctor or take the person to the nearest hospital immediately.

Specialised treatment as soon as possible is essential.

A delay in starting treatment may mean that antidote is given too late to be effective.

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 drugs that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine.

Symptoms of paracetamol overdose in the first 24 hours include pallor, nausea, vomiting, anorexia, and possibly 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 more after ingestion; initially by elevation of serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of prothrombin time.

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:

N-acetylcysteine should be administered in all cases of suspected overdose as soon as possible, preferably within eight hours of an overdose, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken.

IV Administration:

An initial dose of 150 mg/kg N-acetylcysteine in 200 ml dextrose injection, given intravenously over 15 minutes, followed by an intravenous 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 fluid should be modified for children.

Oral administration:

Although the oral formulation is not the treatment of choice, 140 mg/kg N-acetylecysteine dissolved in water may be administered initially, followed by 70 mg/kg every four hours for seventeen doses.

All patients with significant ingestion should be monitored for at least 96 hours.

IDENTIFICATION

White to ivory coloured, torpedo shaped suppositories of approximately 26 mm length.

PRESENTATION

Aluminium strips of 5 suppositories each. Available in packs of 10 suppositories.

STORAGE INSTRUCTIONS

Store at or below 25 °C.

Protect from light.

Keep out of reach of children.

REGISTRATION NUMBER

Empaped® 125 mg: X/2.7/193

Empaped® 250 mg: X/2.7/194

Namibia

Empaped® 125 mg: 05/2.7/0391

Empaped® 250 mg: 05/2.7/0392

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

LITHA PHARMA (PTY) LTD.

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