**Professional Information (PI)**

**for Medicines for Human Use**

**ASPIRIN 300 UNIMED (Tablets)**

## SCHEDULING STATUS

S0

## 1. NAME OF THE MEDICINE

ASPIRIN 300 UNIMED tablet

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains: Aspirin 300 mg.

**Excipients with known effect:**

Contains sugar: Sucrose 2,94 mg per tablet.

Contains a preservative: Benzoic acid 0,0014 % *w/w*.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Tablets.

Round, white, biconvex tablet with a break line on one side, 9,5 mm in diameter. Odourless or having a faintly acidic odour.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

ASPIRIN 300 UNIMED is indicated for the relief of mild to moderate pain and fever.

## 4.2 Posology and method of administration

### Posology

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

Adults: One to two tablets every four hours with water.

Do not use continuously for longer than ten (10) days without consulting your doctor.

### Method of administration

For oral administration.

## 4.3 Contraindications

- Patients with peptic ulcers, haemophilia, severe renal impairment and patients receiving oral anti-coagulant therapy.
- Patients with an intolerance (hypersensitivity) to aspirin, or hypersensitivity to any of the excipients in ASPIRIN 300 UNIMED.
- Heart failure.
- History of gastrointestinal perforation, ulceration or bleeding (PUBs) related to previous NSAIDs, including ASPIRIN 300 UNIMED.
- Active or history of recurrent ulcer, haemorrhage or perforations.
- Pregnancy and lactation (see section 4.6).
- Not to be used in children under the age of 12 years (see section 4.4).

## 4.4 Special warnings and precautions for use

Do not use continuously for longer than ten (10) days without consulting your doctor.

Excessive and prolonged use of this medicine may be dangerous.

Not for children under 12 years of age (see section 4.3).

*Reye's syndrome*

Aspirin as contained in Aspirin 300 Unimed has been implicated in Reye's syndrome, a rare but serious illness in children and teenagers with chickenpox and influenza. A doctor should be consulted before ASPIRIN 300 UNIMED is used in such patients.

*Heart conditions*

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 ASPIRIN 300 UNIMED therapy. In view of the ASPIRIN 300 UNIMED's inherent potential to cause fluid retention, heart failure may be precipitated in some compromised patients.

*Elderly*

The elderly have an increased frequency of adverse reactions to NSAIDs including ASPIRIN 300 UNIMED, especially gastrointestinal perforation, ulceration and bleeding (PUBs) which may be fatal.

*Gastrointestinal perforation, ulceration or bleeding (PUBs)*

The risk of gastrointestinal perforation, ulceration or bleeding (PUBs) is higher with increasing doses of ASPIRIN 300 UNIMED, in patients with a history of ulcers, and the elderly.

When gastrointestinal bleeding or ulceration occurs in patients receiving ASPIRIN 300 UNIMED, treatment with ASPIRIN 300 UNIMED should be stopped.

ASPIRIN 300 UNIMED should be given with caution to patients with a history of gastrointestinal disease (e.g. ulcerative colitis, Crohn's disease, hiatus hernia, gastroesophageal reflux disease, angiodysplasia) as the condition may be exacerbated.

ASPIRIN 300 UNIMED should be stopped several days before scheduled surgical procedures because of the possibility of increased bleeding times.

*Hypersensitivity reactions*

Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported. ASPIRIN 300 UNIMED should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity including paroxysmal bronchospasm and dyspnoea.

ASPIRIN 300 UNIMED should not be used in patients with asthma or allergic disorders. It should not be given to patients with a history of sensitivity reactions to aspirin or to other NSAID's, including those in whom attacks of asthma, angioedema, urticaria, or rhinitis have been precipitated by such medicines (see section 4.3).

*Pregnancy*

The use of ASPIRIN 300 UNIMED in the first and third trimesters of pregnancy is not advised.

Regular use of NSAIDs such as ASPIRIN 300 UNIMED during the third trimester of pregnancy, may result in premature closure of the foetal ductus arteriosus in utero, and possibly, in persistent pulmonary hypertension of the new-born. The onset of labour may be delayed and its duration increased.

The use of ASPIRIN 300 UNIMED around 20 weeks of gestation or later in pregnancy may cause foetal renal dysfunction, which may progress to renal failure with oligohydramnios, and in some cases neonatal renal impairment.

Complications of prolonged oligohydramnios may include limb contractures and delayed lung maturation.

*General*

ASPIRIN 300 UNIMED should be administered with caution to patients with impaired renal function, dyspepsia, anaemia and when patients are dehydrated.

Prolonged use of high doses may lead to acute haemolytic anaemia in patients with G6PD

deficiency, blood dyscrasias, gastro intestinal haemorrhage, peptic ulceration and renal papillary necrosis.

ASPIRIN 300 UNIMED contains sucrose. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) has been reported in patients taking NSAIDs such as ASPIRIN 300 UNIMED Tablets. 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. Eosinophilia 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 ASPIRIN 300 UNIMED and evaluate the patient immediately.

**4.5 Interaction with other medicines and other forms of interaction**

*NSAIDs*

The use of two or more NSAIDs concomitantly could result in an increase in side effects. The plasma concentrations of some other NSAID's, for example fenbufen, indomethacin and piroxicam, may be decreased when given concomitantly with ASPIRIN 300 UNIMED.

*Corticosteroids*

Concomitant treatment with corticosteroids may increase the risk of gastrointestinal perforation, ulceration or bleeding (PUBs).

Corticosteroids may reduce plasma-salicylate concentrations. Conversely, salicylate toxicity may occur if corticosteroids are withdrawn.

*Anti-platelet medicines and selective serotonin reuptake inhibitors (SSRIs)*

Increased risk of gastrointestinal bleeding.

*Others*

ASPIRIN 300 UNIMED may enhance the activity of coumarin anticoagulants (such as warfarin), oral antidiabetic preparations, sulphonamides, zafirlukast, methotrexate, phenytoin and valproate.

ASPIRIN 300 UNIMED diminishes the effects of uricosurics such as probenecid and sulphinpyrazone.

Barbiturates and other sedatives may mask the respiratory symptoms of ASPIRIN 300 UNIMED overdosage and have been reported to enhance its toxicity.

Antacids may increase the excretion of aspirin, as in ASPIRIN 300 UNIMED, in alkaline urine.

ASPIRIN 300 UNIMED may alter the efficacy of mifepristone.

Use of ASPIRIN 300 UNIMED with medicines such as dipyridamole, metoclopramide, metoprolol and carbonic anhydrase inhibitors may result in increased plasma-salicylate concentrations.

Alcohol may exacerbate the gastrointestinal effects of ASPIRIN 300 UNIMED.

**Interference with laboratory tests**

ASPIRIN 300 UNIMED may produce falsely increased results for blood creatinine, urate (low dose aspirin) and urea. Falsely decreased results may be obtained for blood thyroxine and urate (> 4 g/day aspirin) and for urinary 5-HIAA (with nitrosonaphthol method).

Urinary VMA (HMMA) levels may be falsely increased or decreased depending on the method of analysis.

Urinary glucose oxidase: ASPIRIN 300 UNIMED may cause a false negative test in the presence of glycosuria.

### 4.6 Fertility, pregnancy and lactation

ASPIRIN 300 UNIMED is contraindicated during pregnancy and lactation.

Regular use of non-steroidal anti-inflammatory drugs (NSAIDs) during the third trimester of pregnancy, may result in premature closure of the foetal ductus arteriosus in utero, and possibly, in persistent pulmonary hypertension of the new-born. The onset of labour may be delayed and its duration increased.

The administration of ASPIRIN 300 UNIMED around 20 weeks or later in pregnant patients may cause foetal renal dysfunction, which may progress to renal failure with oligohydramnios, and in some cases neonatal renal impairment (see sections 4.3 & 4.4).

### 4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed with ASPIRIN 300 UNIMED. Since side effects such as dizziness have been reported in patients receiving ASPIRIN 300 UNIMED, patients should not drive or use any machinery until they are certain that ASPIRIN 300 UNIMED does not affect their ability to do so.

### 4.8 Undesirable effects

Side effects of ASPIRIN 300 UNIMED treatment are listed below. The frequencies of these reported side effects are unknown.

*Blood and lymphatic system disorders*

Increased bleeding time decreased platelet adhesiveness. Prolonged use in high doses may lead to hypoprothrombinaemia and other blood disorders including thrombocytopenia.

*Immune system disorders*

Some persons, especially asthmatics, exhibit notable sensitivity to ASPIRIN 300 UNIMED which may include skin eruptions, paroxysmal bronchospasm, dyspnoea, urticaria, angioedema and rhinitis.

*Nervous system disorders*

Dizziness

*Cardiac disorders*

Oedema, hypertension and cardiac failure.

*Gastrointestinal disorders*

The most frequently observed adverse events are gastrointestinal in nature.

Peptic ulcers, perforation or gastrointestinal bleeding, sometimes fatal. Nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease, gastritis.

*Hepato-biliary disorders*

Hepatotoxicity, especially in patients with juvenile idiopathic arthritis or other connective tissue disorders.

*Skin and subcutaneous tissue disorders*

Bullous reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) (see section 4.4).

*Respiratory, thoracic and mediastinal disorders*

Bronchospasm, asthma attack.

**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. Health care 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**

Symptoms include dizziness, tinnitus, deafness, sweating, nausea, headache, vomiting, and mental confusion.

Symptoms of more acute or severe intoxication following overdose include hyperventilation, fever, respiratory alkalosis, metabolic acidosis, and ketosis.

Depression of the central nervous system may lead to coma, cardiovascular collapse or respiratory failure.

In children drowsiness and metabolic acidosis commonly occur, hypoglycaemia may be severe.

In children serious signs of overdosage may develop rapidly.

In cases of overdosage, consult your doctor immediately. Treatment is supportive and symptomatic.

Fluid and electrolyte management is the mainstay of treatment with the immediate aim being correction of acidosis, hyperpyrexia, hypokalaemia and dehydration. Salicylate remaining in the stomach may be adsorbed by activated charcoal. Alkaline diuresis, haemodialysis or haemoperfusion are effective methods of removing salicylate from the plasma.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacological Classification/ Category and Class: A 2.7 Antipyretic or antipyretic and anti-inflammatory analgesics.

Pharmacotherapeutic group: Analgesic and antipyretic: ATC code: N02BA01

ASPIRIN 300 UNIMED have analgesic, antipyretic and anti-inflammatory properties. It inhibits the cyclo-oxygenase enzyme involved in the conversion of phospholipids to prostaglandins. Aspirin also inhibits platelet aggregation.

### 5.2 Pharmacokinetic properties

*Absorption*

Aspirin is rapidly absorbed from the stomach and the upper small intestine when taken orally. Peak values are reached in 1 hour and then declines gradually.

*Distribution*

Plasma protein binding is 80 to 90 %.

*Biotransformation*

Once absorbed, aspirin is rapidly converted to salicylic acid and then by further conversion to other metabolites.

*Elimination*

The plasma half-life of aspirin is approximately 15-20 minutes and that of salicylic acid is 2-3 hours. Metabolites are excreted by the kidneys in both free and conjugated form**.**

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Maize starch

Purified talc

*Sugar and starch granules:*

Benzoic acid (preservative)

Dicalcium phosphate

Gelatin

Maize starch

Sucrose, powdered

### 6.2 Incompatibilities

None known.

### 6.3 Shelf life

PVC or HDPE containers: 36 months

LDPE patient ready packs: 15 months

### 6.4 Special precautions for storage

Store in a well closed container, at or below 25 ° C. Exposure to air should be minimum.

**KEEP OUT OF REACH OF CHILDREN.**

### 6.5 Nature and contents of container

Round, amber PVC bottle, with white LDPE snap on cap, 0,5 g silica gel sachet and absorbent paper containing 100 tablets.

White polypropylene securitainer, with white LDPE serrated concap lid, 0,5 g silica gel sachet and small foam insert containing 100 tablets.

Round, amber/white PVC bottle, with white HDPE screw on cap, 0,5 g silica gel desiccant and absorbent paper containing 500 or 1000 tablets.

Blue/white HDPE bucket, lined with a polyethylene plastic bag, with white polypropylene lid, 0,5 g silica gel desiccant containing 5000 tablets.

White LDPE patient ready packs containing 10 or 20 tablets.

Not all pack sizes and types may be marketed.

### 6.6 Special precautions for disposal

Not applicable.

## 7. HOLDER OF CERTIFICATE OF REGISTRATION

Unimed Healthcare (Pty) Ltd

Corner Birch Road and Bluegum Avenue,

Anchorville,

Lenasia,1827,

South Africa

## 8. REGISTRATION NUMBER

E/2.7/104

## 9. DATE OF FIRST AUTHORIZATION / RENEWAL OF THE AUTHORIZATION

19 June 1974

## 10. DATE OF REVISION OF THE TEXT

11 August 2023