

**Approved Professional Information for Medicines for Human Use:
AUSTELL PARACETAMOL 500 mg Tablets**

SCHEDULING STATUS

S0 All pack sizes smaller than 25 tablets.

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1. NAME OF THE MEDICINE

AUSTELL PARACETAMOL 500 mg tablets.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains paracetamol 500 mg.

Contains sodium metabisulphite.

Sugar free.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

White, capsule shaped, uncoated tablets with break line on one side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

For the relief of mild to moderate pain and fever such as headaches, toothache and pain associated with colds and flu, in adults and children older than 6 years.

4.2 Posology and method of administration.

Adults

One to two tablets repeated every four to six hours if necessary but not more than eight tablets to be taken in any 24-hour period.

Children 6-12 years

Half to one tablet repeated every four to six hours if necessary but not more than four doses to be taken in any 24-hour period.

DO NOT EXCEED THE RECOMMENDED DOSE.

Paediatric population

The safety and efficacy of AUSTELL PARACETAMOL in children under year 6 of age has not been established.

Method of administration

AUSTELL PARACETAMOL is for oral administration.

4.3 Contraindications

- Hypersensitivity to the paracetamol or to any of the excipients listed in section 6.1.
- In patients with severe liver impairment.

4.4 Special warnings and precautions for use

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

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

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

Do not use continuously for more than 7 days for pain in adults (5 days for children) and more than 3 days for fever without consulting a doctor.

A medical practitioner should be consulted if pain or fever persists or gets worse at the recommended dosage, if new symptoms occur, or if redness and swelling is present, as it may be sign of a more serious condition.

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

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.

Patients should be advised that paracetamol may cause severe skin reactions. If a skin reaction such as skin reddening, blisters, or rash occurs, they should stop use and seek medical assistance right away.

AUSTELL PARACETAMOL contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially "sodium free".

AUSTELL PARACETAMOL contains sodium metabisulfite which may rarely cause severe hypersensitivity reactions and bronchospasm.

4.5 Interaction with other medicines and other forms of interaction

The risk of AUSTELL PARACETAMOL toxicity may be increased in patients receiving other potentially hepatotoxic drugs or drugs that induce liver microsomal enzymes such as carbamazepine, phenytoin, phenobarbitone and rifampicin. The absorption of paracetamol may be accelerated by metoclopramide

Excretion may be affected when administered with probenecid.

Cholestyramine

The speed of absorption of paracetamol is reduced by cholestyramine. Therefore, the cholestyramine should not be taken within one hour if maximal analgesia is required.

Metoclopramide and domperidone

The absorption of paracetamol is increased by metoclopramide and domperidone. However, concurrent use need not be avoided.

Warfarin

The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular use of paracetamol with increased risk of bleeding; occasional doses have no significant effect.

Chloramphenicol

Increased plasma concentration of chloramphenicol.

4.6 Fertility, pregnancy and lactation

Pregnancy

Safety in pregnancy has not been established.

Breastfeeding

Paracetamol is excreted in breast milk but not in a clinically significant amount.

Fertility

No fertility data available.

4.7 Effects on ability to drive and use machines

AUSTELL PARACETAMOL has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

b) Tabulated list of adverse reactions

The table below shows all adverse drug reactions (ADRs) observed during clinical trials and postmarket spontaneous reports with Paracetamol.

System Organ Class	Frequency		
	Frequent	Less Frequent	Not known
Blood and lymphatic system disorders		Agranulocytosis, thrombocytopenia, leucopenia, pancytopenia, neutropenia, anaemia.	
Immune system disorders		Anaphylaxis Cutaneous hypersensitivity reactions including, among others, skin rashes and angioedema. Very rare cases of serious skin reactions have been reported.	
Respiratory, thoracic and mediastinal disorders		Bronchospasm*	
Gastrointestinal disorders		Pancreatitis	

Hepatobiliary disorders		Hepatitis Hepatic dysfunction	
Skin and subcutaneous tissue disorders		Dermatitis, skin rashes, and other allergic reactions. The rash is usually erythematous or urticarial but sometimes more serious and accompanied by fever and mucosal lesions.	
Renal and urinary disorders		Renal colic, renal failure and sterile pyuria.	

*There have been cases of bronchospasm with paracetamol, but these are more likely in asthmatic sensitive to aspirin or to other NSAIDs.

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 professionals are asked to report any suspected adverse reactions to SAHPRA via the “**6.04 Adverse Drug**

Reaction Reporting Form”, found online under SAHPRA’s publications:

<https://www.sahpra.org.za/Publications/Index/8>

4.9 Overdose

Signs and symptoms

Symptoms of paracetamol overdose in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain.

Mild symptoms during the first two days of acute poisoning do not reflect the potential seriousness of the overdose.

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

In the event of an overdose, 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.

N-acetylcysteine should be administered to all cases of suspected overdose as soon as possible preferably within 8 hours of 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. An initial dose of 150 mg/kg N-acetylcysteine in 200 mL 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.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and Class: A 2.7 Antipyretics or antipyretic and anti-inflammatory analgesics.

Pharmacotherapeutic group: Other analgesics and antipyretics.

ATC Code: N02BE01.

Mechanisms of action

Analgesic – the mechanism of analgesic action has not been fully determined. Paracetamol may act predominantly by inhibiting prostaglandin synthesis in the central nervous system (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.

Antipyretic – paracetamol probably produces antipyresis by acting centrally on the hypothalamic heat-regulation centre to produce peripheral vasodilation resulting in increased blood flow through the skin, sweating and heat loss. The central action probably involves inhibition of prostaglandin synthesis in the hypothalamus.

5.2 Pharmacokinetic properties

Paracetamol is well absorbed from the gastrointestinal tract. After oral administration peak plasma levels occur within 30 - 60 minutes. The plasma half-life after a therapeutic dose is about 2 hours. Paracetamol binding to plasma proteins is variable. Paracetamol is eliminated in the urine after hepatic conjugation with glucuronic acid, sulphuric acid or cysteine.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Magnesium stearate,
pregelatinised starch,
purified water,
sodium metabisulphite.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

60 Months.

6.4 Special precautions for storage

Store at or below 25 °C.

Protect from light.

Keep the securipack tightly closed.

KEEP OUT OF REACH OF CHILDREN.

Keep blisters in the carton until required for use.

6.5 Nature and contents of container

AUSTELL PARACETAMOL 500 mg tablet is packed in white opaque PVC/Aluminium blisters and packed into cardboard cartons in pack sizes of 1X10's, 2X10's and 1X20's.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements

7. HOLDER OF CERTIFICATE OF REGISTRATION

Austell Laboratories (Pty) Ltd.

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Parktown

JOHANNESBURG, 2193

South Africa.

8. REGISTRATION NUMBER

AUSTELL PARACETAMOL 500 mg tablets: 36/2.8/0406

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of registration: 12 November 2004

10. DATE OF REVISION OF THE TEXT

05 December 2022