Professional Information

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

FLUSTAT® CAPSULES

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains:

Phenylephrine hydrochloride 5 mg

Chlorpheniramine maleate 2 mg

Paracetamol 300 mg

Ascorbic acid 75 mg

Caffeine 30 mg

Contains sugar: Lactose monohydrate 10,732 mg per capsule

For full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Capsule

A size 0 Capsule with a sky-blue cap and sky-blue body. The Name: Flustat® is printed in white on the body and cap.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

FLUSTAT® CAPSULES are indicated for the relief of symptoms associated with colds and influenza such as nasal congestion, sniffing, headache, minor aches and pains.

4.2 Posology and method of administration

Adults: 2 capsules three times daily.

Children (6 - 12 years): 1 capsule three times daily.

Not recommended for children under the age of 6 years.

DO NOT EXCEED THE RECOMMENDED DOSE

4.3 Contraindications

FLUSTAT® CAPSULES are contra-indicated in persons with:

- Hypersensitivity to any of the active ingredients, or to any of the excipients in listed in section 6.1.
- Coronary Disease
- Hypertension
- Cardiovascular disease
- Hyperthyroidism
- Epilepsy
- Pregnancy (see **Section 4.6**)
- Persons being treated with monoamine oxidase inhibitors or within 10 days of stopping such treatment.
- Patients with prostatic enlargement, paralytic ileus or pyloric stenosis, closed angle glaucoma or with a narrow angle between the iris and the cornea.
- **Flustat® Capsules** are not recommended for children under the age of 6 years.

4.4 Special warnings and precautions for use

Dosages in excess of those recommended may cause liver damage. Do not use continuously for more than 10 days without consulting your doctor.

This medicine may lead to drowsiness and impaired concentration, which may be aggravated by the simultaneous intake of alcohol or other central nervous system depressant agents.

Paracetamol

Dosages in excess of those recommended may cause severe liver damage. Patients suffering from liver or kidney disease should take paracetamol under medical supervision.

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.

Severe cutaneous adverse reactions (SCARs)

Severe cutaneous adverse reactions (SCARs) such as toxic epidermal necrolysis (TEN), Steven-Johnson syndrome (SJS), acute generalized exanthematous pustulosis (AGEP), eosinophilia and systemic (DRESS)/Drug-induced hypersensitivity syndrome (DIHS) and fixed drug eruptions (FDE) have been reported in patients treated with paracetamol containing medicines. If a patient develops SCAR, treatment with **FLUSTAT CAPSULES** must immediately be discontinued and appropriate treatment instituted.

Phenylephrine

Administer with caution to hypersensitive patients, particularly those with Hyperthyroidism, patients with cardiovascular disease, diabetes mellitus or closed angle glaucoma.

Chlorpheniramine

Chlorpheniramine may produce sedation, persons should not operate machinery, drive cars, climb dangerous heights or perform potentially dangerous tasks where impaired decision making could lead to accidents.

Caffeine

Caffeine should be given with care to patients with a history of peptic ulcers.

Contains lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucosegalactose malabsorption should not take this medicine.

4.5 Interaction with other medicines and other forms of interaction

Phenylephrine

Patients undergoing anaesthesia with cyclopropane, halothane or other halogenated anaesthetics. Patients receiving antihypertensive therapy may experience a reversal of the action of the antihypertensive medication, if phenylpropanolamine is given concomitantly.

Patients taking cardiac glycosides, quinidine, tricyclic antidepressants or antihypertensive therapy are at increased risk of experiencing arrhythmias when phenylpropanolamine is given concomitantly.

Chlorpheniramine

Other central nervous system depressants, such as barbiturates, hypnotics, narcotic analgesics, sedatives and tranquillisers, if taken concomitantly will enhance sedation.

Care should be observed when tricyclic antidepressants, guanethidine, reserpine, methyldopa or atropine are taken concomitantly.

4.6 Fertility, pregnancy and lactation

Pregnancy

Contra-indicated in pregnancy

Lactaction

The safety of this medicine in lactation has not been established

4.7 Effects on ability to drive and use machines

Patients should be warned not to drive a motor vehicle, operate dangerous machinery or climb dangerous heights, as impaired decision making could lead to accidents.

4.8 Undesirable Effects

	Flustat Capsules			
	Paracetamol	**Phenylephrine**	**Chlorpheniramine**	**Caffeine**
Blood and the lymphatic system disorders:				
Frequency Unknown	Neutropenia, pancytopenia and leucopenia			
Immune System Disorders:				
Frequency Unknown	Reversible skin rash			
Endocrine Disorders				
Frequency Unknown		Hypersalivation		
Metabolism and Nutrition Disorders:				
Frequency Unknown		Altered metabolism including disturbance of glucose metabolism	Anorexia	
Psychiatric Disorders:				
Frequency Unknown		Psychotic states, fear, anxiety	Elation or depression, nightmares, irritability	
Nervous System Disorders:				
Frequency Unknown		Restlessness, tremor, insomnia, confusion, irritability, cerebral haemorrhage, Headache	Sedation, headache, cerebral stimulation particularly in children, dizziness, nervousness, tremors, muscle twitching, convulsions	Headache, Insomnia
Eye Disorders:				
Frequency Unknown			Blurred vision	
Ear and Labyrinth Disorders:				

Frequency Unknown			Tinnitus	
Skin and Subcutaneous tissue disorders:				
Frequency Unknown	Erythematous or urticarial rash which may be accompanied by fever and mucosal lesions. Risk of fixed drug eruptions and drug-induced hypersensitivity syndrome			
Cardiac Disorders:				
Frequency Unknown		Vasoconstriction, hypertension, bradycardia or tachycardia, cardiac arrhythmias, anginal pain, palpitations, cardiac arrest, hypotension with dizziness and fainting	Tightness of chest and tingling, hypotension, tachycardia	Palpitations
Respiratory, thoracic and mediastinal disorders:				
Frequency Unknown		Pulmonary oedema, dyspnea		
Gastrointestinal disorders:				
Frequency Unknown		Nausea and vomiting	Nausea, vomiting, diarrhea, constipation, colic, epigastric pain	Nausea
Renal and Urinary disorders:				
Frequency Unknown		Difficulty in micturition, urinary retention	Difficulty in micturition	
General disorders and administrative site conditions:				

Frequency Unknown		Weakness, reduced appetite, flushing, sweating	Dryness of mouth, heaviness and weakness of hands, allergy and anaphylaxis, inability to concentrate, inco-ordination, lassitude	

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 Reaction Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

Caffeine: Overdosage symptoms include restlessness, excitement, muscle tremor, tinnitus, scintillating scotoma, tachycardia and extrasystoles.

Phenylephrine hydrochloride: Tachycardia may occur with an overdose sufficient to stimulate the heart.

Paracetamol:

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 medicine that

induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepme.

Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, arorexia 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 later after ingestion, initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of the prothrombin lime. 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:

Ingestion of amounts of paracetamol smaller than 5 – 10 grams or more of paracetamol (or a child who has had more than 140 mg/kg) may require treatment in patients susceptible to paracetamol poisoning.

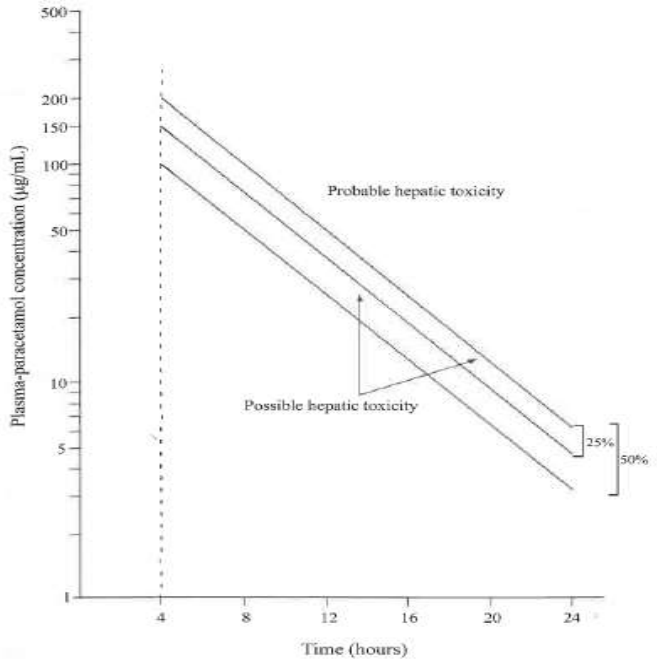
N-acetylcysteine should be administered to all cases of suspected overdose as soon as possible preferably within eight hours of overdosage, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken. An initial dose of 150 mg/kg N-acetylcysteine in 200 ml

dextrose injection given **intravenously** over 15 minutes, followed by an infusion of 50 mg/kg in 500 ml dextrose injection over the next four hours, and then 100 mg/kg in 1 000 ml dextrose injection over the next sixteen hours. **The volume of intravenous fluid 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 every tour hours for seventeen doses.

A plasma paracetamol level should be determined four hours after Ingestion In all cases of suspected overdosage. Levels done before four 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.



Source: Martindale: The Complete Drug Reference -37th Edition.

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 sixteen hours repeated until recovery. Patients with increased susceptibility lo liver damage as identified above, should continue treatment if concentrations are above the "high risk treatment line”. Prothrombin index correlates best with survival.

For overdose with an extended/modified release preparation the value of the nomogram is unknown. As there is no information on the plasma levels of paracetamol alter an overdose of extended/modified release paracetamol preparations, all patients with suspected or known overdose with such preparations should receive N-acetylcysteine.

Because of lack of data for extended/modified release formulations, a level below the “treatment line” of the nomogram may not exclude the possibility of toxicity. Monitor all patients with significant ingestions for at least ninety six hours.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 5.8 Preparations for the common cold, including nasal decongestants.

Mechanism of action

FLUSTAT® CAPSULES have analgesic, antipyretic, antihistaminic and decongestant properties.

Phenylephrine hydrochloride

Phenylephrine hydrochloride is a sympathomimetic agent.

Chlorpheniramine maleate

Chlorpheniramine maleate is an antihistamine.

Paracetamol

Paracetamol has analgesic and antipyretic actions.

Ascorbic Acid

Ascorbic acid is vitamin C.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

- Colloidal silicon dioxide (Aerosil 200)
- Lactose 80 mesh
- Magnesium stearate
- Purified talc
- Sodium lauryl sulphate.

6.2 Incompatibilities

Not applicable

6.3 Shelf life

24's, 100's and 1000's: 24 months

Patient ready packs: 15 months

6.4 Special precautions for storage

Store at or below 25 ^{o}C. Protect from light and moisture.

6.5 Nature and contents of container

Packs of 24, 100 and 1000 Capsules.

Patient ready packs of different pack sizes.

6.6 Special precautions for disposal and other handling

Return all unused or expired medicines to your pharmacist for safe disposal. Do not dispose of unused medicines in drains or sewage systems (e.g. toilets)

7. HOLDER OF CERTIFICATE OF REGISTRATION

Ranbaxy Pharmaceuticals (Pty) Ltd

14 Lautre Road

Stormill Ext. 1

Roodepoort

1724

South Africa

8. REGISTRATION NUMBERS

28/5.8/0230 (S.A.)

S3	BOT 0500774 (Botswana) (1000's)
NS1	04/5.8/0990 (Namibia)
P168/023 (Zambia) (24's, 1000's)	

9. DATE OF FIRST AUTHORISATION

23 March 1994

10. DATE OF REVISION OF THE TEXT

30 September 2023