Summary of Product Characteristics

1. Trade Name of the Medicinal Product

Panadol Extra 500mg/65mg Soluble Effervescent Tablets

2. Qualitative and Quantitative Composition

Each tablet contains Paracetamol 500.0 mg and Caffeine 65 mg.
Excipients: Also contains 425mg sodium per tablet.

For a full list of excipients, see section 6.1

3. Pharmaceutical Form

Soluble Effervescent Tablets.
Flat, white tablets with bevelled edges, plain on one side, breakline on the other. The tablet can be divided into equal halves.

4. Clinical Particulars

4.1. Therapeutic Indications

The tablets are recommended for use as an analgesic in the relief of mild to moderate pain such as is associated with rheumatism, neuralgia, musculoskeletal disorders, headache, and of discomfort associated with influenza, feverishness and feverish colds, toothache and dysmenorrhoea.

4.2. Posology and Method of Administration

For oral administration.

Panadol Extra Soluble should be dissolved in at least half a tumbler full of water.

Adults (including the elderly) and children aged 12 years and over:

2 tablets up to four times daily. Do not exceed 8 tablets in 24 hours.

Children under 12 years:

Not recommended for children under 12 years of age.

Minimum dosing interval: 4 hours.

Do not exceed the stated dose

Should not be used with other paracetamol-containing products.

Renal Impairment
Patients who have been diagnosed with liver or kidney impairment must seek medical advice before taking this medication. The restrictions related to the use of paracetamol and caffeine products in patients with renal impairment are primarily a consequence of the paracetamol content of the drug.

Hepatic Impairment
Patients who have been diagnosed with liver or kidney impairment must seek medical advice before taking this medication. The restrictions related to the use of paracetamol and caffeine products in patients with hepatic impairment are primarily a consequence of the paracetamol content of the drugs.

4.3. Contraindications

Known hypersensitivity to paracetamol, caffeine or any of the other ingredients.

4.4. Special Warnings or Precautions for Use

Patients who have been diagnosed with liver or kidney impairment must seek medical advice before taking this medication. Underlying liver disease increases the risk of paracetamol related liver damage.

Excessive intake of caffeine (e.g. coffee, tea and some canned drinks) should be avoided while taking this product.

Prolonged use except under medical supervision may be harmful.

Do not exceed the stated dose.

Take only when necessary.

If symptoms persist, consult your doctor.

Each tablet contains 425 mg of sodium. To be taken into consideration by patients on a controlled sodium diet.

Each tablet contains sorbitol powder (E 420) at 50 mg per tablet. Patients with rare hereditary problems of fructose intolerance should not take this medicine

Keep out of reach and sight of children.

4.5. Interactions with other Medicaments and other forms of Interactions

Paracetamol may increase the elimination half-life of chloramphenicol. The absorption of paracetamol may be increased by metoclopramide and decreased by cholestyramine. Oral contraceptives may increase the rate of clearance of paracetamol.

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

4.6. Pregnancy and Lactation

Pregnancy

Paracetamol
Human and animal studies have not identified any risk of paracetamol in pregnancy or embryo-foetal development.

Caffeine
Paracetamol-caffeine is not recommended for use during pregnancy due to the possible increased risk of spontaneous abortion associated with caffeine consumption

Lactation
Paracetamol and caffeine are excreted in breast milk.

Paracetamol
Human studies with paracetamol at the recommended doses have not identified any risk to lactation or the breast-fed offspring

Caffeine
Caffeine in breast milk may potentially have a stimulating effect on breast fed infants but significant toxicity has not been observed.

4.7. Effects on Ability to Drive and Use Machines

None.

4.8. Undesirable Effects

Events reported from extensive post-marketing experience at therapeutic/labelled dose and considered attributable are tabulated below by System Organ Class and frequency. The following convention has been utilised for the classification of undesirable 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), not known (cannot be estimated from available data).

Adverse event frequencies have been estimated from spontaneous reports received through post marketing data.

Body System	**Undesirable Effect**	**Frequency**
Paracetamol		
Blood and lymphatic system disorders	Thrombocytopaenia	Very rare
Immune System disorders	Anaphylaxis Cutaneous hypersensitivity reactions including skin rashes, angiodema, and Stevens	Very rare

	Johnson syndrome.	
Respiratory, thoracic and mediastinal disorders	Bronchospasm in patients sensitive to aspirin and other NSAIDs	Very rare
Hepatobiliary disorders	Hepatic dysfunction	Very rare
Caffeine		
Central Nervous System	Nervousness	Not known
	Dizziness	Not known
When the recommended paracetamol-caffeine dosing regimen is combined with dietary caffeine intake, the resulting higher dose of caffeine may increase the potential for caffeine-related adverse effects such as insomnia, restlessness, anxiety, irritability, headaches, gastrointestinal disturbances and palpitations.		

4.9. Overdose

Paracetamol

Symptoms and Signs

Symptoms of paracetamol overdose in the first 24 hours may include pallor, nausea, vomiting, anorexia, and abdominal pain. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, coma and death. Liver damage results when excess quantities of a toxic metabolite (usually adequately detoxified by glutathione when normal doses of paracetamol are ingested) become irreversibly bound to liver tissue. Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.

Immediate medical attention (in-hospital, if possible) is required in the event of overdose, even if there are no significant early symptoms. There may be no early symptoms following a life-threatening overdose. Ingestion of more than 12 g paracetamol (24 standard 500 mg tablets) or more than 150 mg paracetamol per kg bodyweight (9 g paracetamol in a 60 kg individual), whichever is the smaller, can cause severe liver damage. Liver damage (as demonstrated by a rise in plasma transaminase levels) may be apparent between 8 and 36 hours following overdose**.** Biochemical evidence of maximal damage, however, may not be attained until 72-96 hours after ingestion of the overdose.

Treatment

Intravenous N-acetylcysteine (NAC) is effective when initiated within 8 hours of the overdose. Efficacy declines progressively after this time, but NAC may provide some benefit up to and possibly beyond 24 hours. Oral methionine is also effective provided that it is given within 10 to 12 hours of the overdose. Activated charcoal should be considered if the dose of paracetamol ingested exceeds 12 g or 150 mg/kg, whichever is the smaller, and the procedure can be undertaken within 1 hour of the overdose. There is little evidence that undertaking gastric lavage will be of benefit to a patient in whom paracetamol is known to have been the only substance ingested.

Caffeine

Symptoms and Signs
Overdose of caffeine may result in epigastric pain, vomiting, diuresis, tachycardia or cardiac arrhythmia, CNS stimulation (insomnia, restlessness, excitement, agitation, jitteriness, tremors and convulsions).It must be noted that for clinically significant symptoms of caffeine overdose to occur with this product, the amount ingested would be associated with serious paracetamol-related liver toxicity.

Treatment
No specific antidote is available, but supportive measures such as beta adrenceptor antagonists to reverse the cardiotoxic effects may be used.

Sodium bicarbonate
High doses of sodium bicarbonate would be expected to induce gastrointestinal symptoms including belching and nausea. In addition, high doses of sodium bicarbonate may cause hypernatraemia, electrolytes should be monitored and patients managed accordingly.

5. Pharmacological Properties

5.1. Pharmacodynamic Properties

The combination of paracetamol and caffeine is a well established analgesic combination.

5.2. Pharmacokinetic Properties

Paracetamol is well absorbed from the gastrointestinal tract, peak plasma concentrations occurring 0.5 – 2 hours after ingestion. It is metabolised in the liver and excreted in the urine mainly as glucuronide and sulphate conjugates – less than 5% is excreted as unmodified paracetamol. The half-life is 1 to 4 hours. Binding to the plasma proteins is minimal at therapeutic concentrations.

Caffeine is absorbed readily after oral administration, maximal plasma concentrations are achieved after approximately 20 – 60 minutes and the plasma half-life is about 4 hours. Over 48 hours, 45% of a dose is excreted in the urine as l-methyluric acid and l-methylxanthine.

5.3. Preclinical Safety Data

Preclinical safety data on paracetamol in the literature have not revealed any pertinent and conclusive findings which are of relevance to the recommended dosage and use of the product and which have not been mentioned elsewhere in this Summary.

6. Pharmaceutical Properties

6.1. List of Excipients

Sorbitol
Saccharin sodium
Sodium hydrogen carbonate
Povidone

Sodium laurilsulfate
Dimeticone
Citric acid (anhydrous)
Sodium carbonate (anhydrous)

6.2. Incompatibilities

Not applicable.

6.3. Shelf Life

4 years.

6.4. Special Precautions for Storage

Do not store above 25°C.

6.5. Nature and Contents of Container

Foil laminate packaging comprised of bleached Kraft/polyethylene/aluminium foil/polyethylene and glass coated paper/polyethylene/aluminium/Surlyn. They are then further packed into cardboard cartons in packs of 12 and 24 tablets.

Not all pack sizes may be marketed.

6.6. Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product.

No special requirements.

7. Marketing Authorisation Holder

GlaxoSmithKline Consumer Healthcare (Ireland) Limited
Stonemasons Way
Rathfarnham
Dublin 16

8. Marketing Authorisation Number

MA460/00306

9. Date of First Authorisation/Renewal of Authorisation

24th July 2012

10. Date of (Partial) Revision of the Text

24th July 2012