

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1 NAME OF THE MEDICINAL PRODUCT**

Panadol Original Tablets

### **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each tablet contains Paracetamol Ph Eur 500.0 mg

### **3 PHARMACEUTICAL FORM**

Tablet

White, film-coated capsule shaped tablet with a triangular logo debossed on one side and a break line on the other.

### **4 CLINICAL PARTICULARS**

#### **4.1 Therapeutic indications**

Panadol Original Tablets is a mild analgesic and antipyretic, and is recommended for the treatment of most painful and febrile conditions, for example, headache including migraine and tension headaches, toothache, backache, rheumatic and muscle pains, dysmenorrhoea, sore throat, and for relieving the fever, aches and pains of colds and flu. Also recommended for the symptomatic relief of pain due to non-serious arthritis.

#### **4.2. Posology and method of administration**

Adults, the elderly, and children aged 16 years and over:  
One or two tablets up to four times daily as required.

Children:

10 – 15 years: One tablet up to four times daily as required.

Not suitable for children under 10 years of age. Children should not be given Panadol Original Tablets for more than 3 days without consulting a doctor.

These doses should not be repeated more frequently than every four hours nor should more than four doses be given in any 24 hour period.

Oral administration only.

### **4.3 Contraindications**

Hypersensitivity to paracetamol or any of the other constituents.

### **4.4 Special warnings and precautions for use**

Care is advised in the administration of paracetamol to patients with renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease.

Do not exceed the stated dose.

Patients should be advised to consult their doctor if their headaches become persistent.

Patients should be advised not to take other paracetamol-containing products concurrently.

Patients should be advised to consult a doctor if they suffer from non-serious arthritis and need to take painkillers every day.

If symptoms persist consult your doctor.

Contains no animal derived ingredients.

Keep out of the reach and sight of children.

#### Pack Label:

Immediate medical advice should be sought in the event of an overdose, even if you feel well.

Do not take with any other paracetamol-containing products.

#### Patient Information Leaflet:

Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage.

### **4.5 Interaction with other medicinal products and other forms of interaction**

The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by colestyramine. 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.

Caution should be taken when paracetamol is used concomitantly with flucloxacillin as concurrent intake has been associated with high anion gap metabolic acidosis due to pyroglutamic acidosis, especially in patients with risks factors (see section 4.4).

#### 4.6 Fertility, pregnancy and lactation

A large amount of data on pregnant women indicate neither malformative, nor fetoneonatal toxicity. Epidemiological studies on neurodevelopment in children exposed to paracetamol in utero show inconclusive results. If clinically needed paracetamol can be used during pregnancy however it should be used at the lowest effective dose for the shortest possible time and at the lowest possible frequency.

Paracetamol is excreted in breast milk but not in a clinically significant amount. Available published data do not contraindicate breast feeding.

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

None

#### 4.8 Undesirable effects

Adverse events of paracetamol from historical clinical trial data are both infrequent and from small patient exposure. Accordingly, events reported from extensive post-marketing experience at therapeutic/labelled dose and considered attributable are tabulated below by system class and frequency.

The following convention has been utilised for the classification of the undesirable effects: very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $< 1/1000$ ) and 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.

##### Post marketing data

Body System	Undesirable effect	Frequency
Blood and lymphatic system disorders	Thrombocytopenia Agranulocytosis	Very rare
Immune system disorders	Anaphylaxis Cutaneous hypersensitivity reactions including, among others, skin rashes and angiodema. Very rare cases of serious skin reactions have been reported.	Very rare

Metabolism and nutrition disorders	High anion gap metabolic acidosis*	Not known
Respiratory, thoracic and mediastinal disorders	Bronchospasm**	Very rare
Hepatobiliary disorders	Hepatic dysfunction	Very rare

\* Cases of high anion gap metabolic acidosis due to pyroglutamic acidosis have been observed in patients with risk factors using paracetamol (see section 4.4). Pyroglutamic acidosis may occur as a consequence of low glutathione levels in these patients.

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

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App store.

## 4.9 Overdose

Liver damage is possible in adults who have taken 10g or more of paracetamol. Ingestion of 5g or more of paracetamol may lead to liver damage if the patient has risk factors (see below).

### **Risk factors**

If the patient:

a, Is on long term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.

Or

b, Regularly consumes ethanol in excess of recommended amounts.

Or

c, Is likely to be glutathione deplete e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia.

### **Symptoms**

Symptoms of paracetamol overdosage in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema, and death. Acute renal failure with acute tubular necrosis, strongly suggested by loin pain, haematuria and proteinuria, may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.

## **Management**

Immediate treatment is essential in the management of paracetamol overdose. Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention. Symptoms may be limited to nausea or vomiting and may not reflect the severity of overdose or the risk of organ damage. Management should be in accordance with established treatment guidelines, see BNF overdose section.

Treatment with activated charcoal should be considered if the overdose has been taken within 1 hour. Plasma paracetamol concentration should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable). Treatment with N-acetylcysteine may be used up to 24 hours after ingestion of paracetamol, however, the maximum protective effect is obtained up to 8 hours post-ingestion. The effectiveness of the antidote declines sharply after this time. If required the patient should be given intravenous N-acetylcysteine, in line with the established dosage schedule. If vomiting is not a problem, oral methionine may be a suitable alternative for remote areas, outside hospital. Management of patients who present with serious hepatic dysfunction beyond 24h from ingestion should be discussed with the NPIS or a liver unit.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Paracetamol is an antipyretic analgesic. The mechanism of action is probably similar to that of aspirin and dependant on the inhibition of prostaglandin synthesis. This inhibition appears, however, to be on a selective basis.

### **5.2 Pharmacokinetic properties**

Paracetamol is rapidly and almost completely absorbed from the gastrointestinal tract. The concentration in plasma reaches a peak in 30 to 60 minutes and the plasma half-life is 1 - 4 hours after therapeutic doses. Paracetamol is relatively uniformly distributed throughout most body fluids. Binding of the drug to plasma proteins is variable; 20 to 30 % may be bound at the concentrations encountered during acute intoxication. Following therapeutic doses 90 - 100% of the drug may be recovered in the urine within the first day. However, practically no paracetamol is excreted unchanged and the bulk is excreted after hepatic conjugation.

### **5.3 Preclinical safety data**

There are no pre-clinical data of relevance to the prescriber which are additional to that already included in other sections of the SPC.

## **6. PHARMACEUTICAL PARTICULARS**

## **6.1 List of excipients**

Maize starch, potassium sorbate, purified talc, stearic acid, polyvidone, starch pregelatinised, hypromellose, triacetin and carnauba wax.

## **6.2 Incompatibilities**

None

## **6.3 Shelf life**

48 months

## **6.4 Special precautions for storage**

None

## **6.5 Nature and contents of container**

The tablets are packed into either:

PVC (250µm or 300µm) / aluminium foil 30µm blister strips

or

PVC (250µm or 300µm) / aluminium foil 20µm / 8µm PET blister strips  
in an outer cardboard cartons, containing 24, 30 or 32 tablets.

## **6.6 Special precautions for disposal**

Not applicable.

## **7 MARKETING AUTHORISATION HOLDER**

Haleon UK Trading Limited  
The Heights  
Weybridge  
Surrey  
KT13 0NY  
United Kingdom

**8    MARKETING AUTHORISATION NUMBER(S)**

PL 44673/0188

**9    DATE OF FIRST AUTHORISATION/RENEWAL OF THE  
AUTHORISATION**

29/05/1984

**10   DATE OF REVISION OF THE TEXT**

03/03/2025