SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Hedex Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains Paracetamol Ph Eur 500.0 mg

3. PHARMACEUTICAL FORM

White capsule-shaped tablet with a break line on one side.
The break line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Hedex is a mild analgesic and antipyretic. The tablets are recommended for headaches, including migraine and tension headaches, backache, rheumatic and muscle pain, period pains, nerve pains, toothache and for relieving the fever, aches and pains of colds and flu

4.2 Posology and method of administration

Age	How much	How often
Adults and children over 16 years	1 or 2 tablets	Every 4-6 hours, as required. Don't take more than 8 tablets (4 doses) in any 24 hours
Children 12 - 15 years	1 to 1½ tablets	Every 4-6 hours, as required. Don't take more than 6 tablets (4 doses) in any 24 hours
Children 10 – 12 years	1 tablet	Every 4-6 hours, as required. Don't take more than 4 tablets (4 doses) in any 24 hours
Children 6 – 10 years	½ tablet	Every 4-6 hours, as required. Don't take more than 2 tablets (4 doses) in any 24 hours

The recommended daily dosage or the specified number of doses should not be exceeded because of the risk of liver damage (see section 4.4 and 4.9).

Hedex is for oral administration.

Paediatric patients
Not suitable for children under 6.

Elderly patients
Elderly patients, especially those who are frail or immobile, may require a reduced dose or frequency of dosing.

Renal impairment
Patients who have been diagnosed with kidney impairment must seek medical advice before taking this medication. It is recommended, when giving paracetamol to patients with renal failure, to reduce the dose and to increase the minimum interval between each administration to at least 6 hours (see section 4.4).

Hepatic impairment
Patients who have been diagnosed with hepatic impairment must seek medical advice before taking this medication (see section 4.4).

If pain or fever persist for more than 3 days or get worse, or if any other symptoms occur, treatment should be discontinued, and a physician consulted.

These doses should not be repeated more frequently than every 4 hours.

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.

Due to the risk of hepatotoxicity at therapeutic doses, paracetamol should be administered only with particular caution in patients who are underweight (adults or adolescents less than 50kg) or of low body mass index, malnourished, dehydrated, those with chronic alcoholism, co-existing renal or hepatic impairment, concomitantly taking hepatotoxic drugs, those with conditions that may predispose to glutathione deficiency or depletion. For some patients considered to be at higher risk, a lower starting dose, a reduction in dose and/or a reduced

frequency of dosing may be appropriate (see section 4.2).
Precaution should be observed in patients with asthma who are sensitive to acetylsalicylic acid, since mild bronchospasms are reported in association with paracetamol (cross reaction).

Cases of high anion gap metabolic acidosis (HAGMA) due to pyroglutamic acidosis have been reported in patients with severe illness such as severe renal impairment and sepsis, or in patients with malnutrition or other sources of glutathione deficiency (e.g. chronic alcoholism), who were treated with paracetamol at therapeutic dose for a prolonged period or a combination of paracetamol and flucloxacillin. If HAGMA due to pyroglutamic acidosis is suspected, prompt discontinuation of paracetamol and close monitoring is recommended. The measurement of urinary 5-oxoproline may be useful to identify pyroglutamic acidosis as underlying cause of HAGMA in patients with multiple risk factors.

Do not exceed the stated dose.

Immediate medical advice should be sought in the event of overdosage even if the patient feels well because the risk of irreversible liver damage (see section 4.9).
Patients should be advised to consult their doctor if their headaches become persistent. Prolonged use of any type of painkiller for headaches can make them worse. If this situation is experienced or suspected, medical advice should be obtained and treatment should be discontinued. The diagnosis of medication overuse headache should be suspected in patients who have frequent or daily headaches despite (or because of) the regular use of headache medications.

Patients should be advised not to take other paracetamol-containing products concurrently. If symptoms persist consult your doctor.

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

cholestyramine. Cholestyramine should not be administered within one hour of taking 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.

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).

Paracetamol is metabolized in the liver and can therefore interact with other medicines that follow the same pathway or may inhibit or induce this route causing hepatotoxicity, particularly in overdose (see Section 4.9).

4.6 Fertility, pregnancy and lactation

Pregnancy
A large amount of data on pregnant women indicate neither malformative, nor feto/neonatal 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.

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

Fertility
There are no data available regarding the influence of <Product name> on fertility.

4.7 Effects on ability to drive and use machines

Hedex or Paracetamol Tablets has no or negligible influence on the ability to drive and use machines.

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

(<1/10,000), not known (cannot be estimated from available data).Due to limited clinical trial data, the frequency of these adverse events is not known (cannot be estimated from available data), but post-marketing experience indicates that adverse reactions to paracetamol are rare and serious reactions are very rare.

Post marketing data

Body System	**Undesirable effect**	**Frequency**
Blood and lymphatic system disorders	Thrombocytopenia Agranulocytosis	Very rare
Immune system disorders	Allergies (not including angioedema)	Not Known
	Anaphylaxis	Not Known
Metabolism and nutrition disorders	High anion gap metabolic acidosis	Not Known
Skin and subcutaneous tissue disorders	Cutaneous hypersensitivity reactions including skin rashes, pruritus, sweating, purpura, urticaria and angioedema.	Very rare
	Very rare cases of serious skin reactions have been reported.	Very rare
Respiratory, thoracic and mediastinal disorders	Bronchospasm*	Very rare
Hepatobiliary disorders	Hepatic dysfunction	Very rare

Description of selected adverse reactions
High anion gap metabolic acidosis – 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.

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

ATC code: N02B E01
Pharmacotherapeutic group: Analgesics, Anilides

Paracetamol is a well-established analgesic and antipyretic. Its mechanism of action is believed to include inhibition of prostaglandin synthesis, primarily within the central nervous system.

5.2 Pharmacokinetic properties

Absorption
Paracetamol is rapidly and almost completely absorbed from the gastro-intestinal tract. Concentration in plasma reaches a peak in 30 - 60 minutes.

Distribution
Paracetamol is relatively uniformly distributed throughout most body fluids. Plasma protein binding is variable.

Biotransformation
Plasma half-life is 1 - 4 hours.
Paracetamol is metabolised mainly in the liver, following two major metabolic pathways, glucuronic acid and sulphuric acid conjugates. The latter route is rapidly saturated at doses higher than the therapeutic dosages. A minor route, catalysed by the Cytochrome P 450 (mostly CYP2E1), results in the formation of an intermediate reagent (N-acetyl-p-benzoquinoneimine) which under normal conditions of use, is rapidly detoxified by glutathione and eliminated in the urine, after conjugation with cysteine and mercapturic acid.
Conversely, when massive intoxication occurs, the quantity of this toxic metabolite is increased.

Elimination
Less than 5% is excreted as unmodified paracetamol; the elimination half-life varies from 1 to 4 hours. Elimination is essentially through the urine. 90% of the ingested dose is eliminated via the kidneys within 24 hours, principally as glucuronide (60-80%) and sulphate conjugates (20-30%).
In cases of severe renal failure (GFR≤30ml/min), the elimination of paracetamol is slightly delayed. For the glucuronide and sulfate conjugates, the elimination rate is 3 times slower in subjects with severe renal impairment than in healthy subjects.

5.3 Preclinical safety data

Conventional studies using the currently accepted standards for the evaluation of toxicity to reproduction and development are not available.

9.1 List of excipients

Maize starch, potassium sorbate, purified talc, stearic acid, polyvidone, soluble starch, hydroxypropylmethylcellulose and triacetin.

6.2 Incompatibilities

None.

6.3 Shelf life

48 months.

6.4 Special precautions for storage

None.

6.5 Nature and contents of container

Opaque PVC 250 µm/aluminium foil 30 µm blister strips packed into cardboard cartons containing 8, 12, 16, 24, 30, or 32 tablets; or opaque PVC 250µm/aluminium foil 30µm blisters in a round, wallet style pack containing 12 tablets.
Clear PVC 250 µm /30 µm aluminium foil blister strips packed into cardboard cartons containing 8, 12, 16, 24, 30, or 32 tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

None.

7 MARKETING AUTHORISATION HOLDER

Omega Pharma Ltd,
Wrafton, Braunton,
Devon, EX33 2DL,
United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)

PL 02855/0067

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

03/11/2025

10 DATE OF REVISION OF THE TEXT

03/11/2025