SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the medicinal product

Paracetamol 120mg/5mL oral solution
Pyroseal syrup

2. Qualitative and quantitative composition

Each 5 mL (approximately a teaspoon) contains 120 mg of paracetamol.

Excipient with known effect.
Each 5 mL **also** contains 500 mg of propylene glycol, 2.5 g of sucrose, 1 g of sorbitol, 10 mg of sodium benzoate, 9 mg methyl p-hydroxybenzoate and 1 mg of propyl p-hydroxybenzoate. See section 4.4.

For the full list of excipients, see section 6.1.

3. Pharmaceutical form

Oral solution.

Clear red, pineapple-flavoured syrup.

4. Clinical particulars

4.1 Therapeutic indications

Paracetamol syrup is an analgesic used for the treatment of mild-to-moderate pain including: headache, sore throat, musculoskeletal pain, fever and pain after vaccination, pain after dental procedures/tooth extraction and toothache.

4.2 Posology and method of administration

Posology

AGE	DOSE 120mg/5ml	FREQUENCY
2 - 3 months	2.5ml	4 times
3 - 6 months	2.5ml	4 times
6 - 24 months	5 ml	4 times
2 - 4 years	7.5 ml	4 times
4 – 6 years	10 ml	4 times

If your baby was born prematurely and is less than 3 months old consult your doctor prior to use.

Method of administration
Oral administration.

4.3 Contraindications
Hypersensitivity to the active substance or any of the other excipients listed in section 6.1.

4.4 Special warnings and precautions for use
Do not give with any other paracetamol-containing products. The concomitant use with other products containing paracetamol may lead to an overdose. Paracetamol overdose may cause liver failure which can lead to liver transplant or death. Cases of hepatic dysfunction/failure have been reported in patients with depleted glutathione levels, such as those who are severely malnourished, anorexic or have a low body mass index.

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.

Caution in patients with glutathione-depleted states such as sepsis; the use of paracetamol may increase the risk of metabolic acidosis.

- Never give more medicine than shown in the table.
- Do not overfill the medicine measure.
- For infants less than 3 months of age consult your doctor or pharmacist before giving paracetamol. For infants 2-3 months no more than 2 doses should be given.
- Do not give more than 4 doses in any 24-hour period.
- Leave at least 4 hours between doses.
- Do not give this medicine continuously for more than 10 days without speaking to your doctor or pharmacist.
- Keep out of the sight and reach of children.
- If symptoms persist, consult your doctor.
- Prolonged use except under medical supervision may be harmful.

Excipients
This medicine contains **sucrose**. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

This medicine **also** contains **sorbitol.** Sorbitol is a source of fructose and patients with hereditary fructose intolerance (HFI) should not take/be given this medicinal product.

This medicine **also** contains **methyl p-hydroxybenzoate** and **propyl p-hydroxybenzoate** which may cause allergic reactions.

This medicine **also** contains **sodium benzoate** which may increase jaundice in newborn babies (up to 4 weeks).

This medicine **also** contains **propylene glycol**. Co-administration with any substrate for alcohol dehydrogenase such as ethanol may induce adverse effects in children less than 5 years old. Administration of propylene glycol to pregnant or lactating patients should be

considered on a case-by-case basis. Medical monitoring is required in patients with impaired renal or hepatic functions because various adverse events attributed to propylene glycol have been reported such as renal dysfunction (acute tubular necrosis), acute renal failure and liver dysfunction.

4.5 Interaction with other medicinal products and other forms of interaction
Drugs which induce hepatic microsomal enzymes such as alcohol. Concomitant barbiturates and tricyclic antidepressants may increase the hepatoxicity of paracetamol, particularly after overdose. Anti-convulsant or oral steroid contraceptives have the ability to reduce serum levels of paracetamol by liver enzyme induction. 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 use of paracetamol with an 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, especially in patients with risk factors (see section 4.4).

4.6 Pregnancy, lactation and fertility
This product is intended for use in children.

Pregnancy
A large amount of data on pregnant women indicates neither malformative nor foeto/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. However, the level of paracetamol present is not considered to be harmful. Available published data do not contraindicate breastfeeding.

4.7 Effects on the ability to drive and use machines
Not applicable.

4.8 Undesirable effects
Very rare cases of serious skin reactions have been reported. Adverse effects of paracetamol are rare but hypersensitivity including skin rash may occur. There have been reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol. With prolonged use or overdosage, hepatic necrosis, acute pancreatitis and nephrotoxicity have been reported.

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 Adverse Drug Reaction (ADR)/ Serious Adverse Event (SAE) electronic form linked to the MCAZ database using the following link: https://primaryreporting.who-umc.org/ZW.

4.9 Overdose

Symptoms
Paracetamol overdose may cause liver failure which can lead to liver transplant or death. Acute pancreatitis has been observed, usually with hepatic dysfunction and liver toxicity.

There is a risk of poisoning with paracetamol particularly in patients with liver disease and chronic malnutrition. Overdosing may be fatal in these cases. Symptoms generally appear within the first 24 hours and may comprise: nausea, vomiting, anorexia, pallor, and abdominal pain, or patients may be asymptomatic.

Overdose of paracetamol in a single administration can cause liver cell necrosis likely to induce complete and irreversible necrosis, resulting in hepatocellular insufficiency, metabolic acidosis and encephalopathy which may lead to coma and death. Simultaneously, increased levels of hepatic transaminases (AST, ALT), lactate dehydrogenase and bilirubin are observed together with increased prothrombin levels that may appear 12 to 48 hours after administration.

Some patients may be at increased risk of liver damage from paracetamol toxicity. Risk factors include: If the patient;

- Is on long-term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.
- Is likely to be glutathione depleted e.g., eating disorders, cystic fibrosis, HIV infection, starvation, cachexia.

Management

- Immediate transfer to hospital.
- Blood sampling to determine initial paracetamol plasma concentration. In the case of a single acute overdose, paracetamol plasma concentration should be measured 4 hours post-ingestion.
- Administration of activated charcoal should be considered if >150mg/kg paracetamol has been taken within 1 hour.
- The antidote N-acetyl cysteine, should be administered as soon as possible in accordance with National treatment guidelines.
- Symptomatic treatment should be implemented.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacological classification: 2.1 Analgesics and antipyretics: single ingredient products.

Paracetamol has analgesic and antipyretic actions. The mechanism of action is probably similar to that of aspirin and dependent on the inhibition of prostaglandin synthesis.

5.2 Pharmacokinetic properties

Paracetamol is rapidly and almost completely absorbed from the gastrointestinal tract. Concentration in plasma generally reaches a peak in 30-60 minutes; plasma half-life is 1-4 hours. It is metabolised in the liver and excreted in the urine, mainly as glucuronide and

sulphate conjugates. The binding of the drug to plasma proteins is variable; 20% to 50% may be bound at the concentrations encountered during acute intoxication. Following therapeutic doses 90% to 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 is no relevant information additional to that already contained elsewhere in the SmPC or of relevance to the prescriber.

6. Pharmaceutical particulars

6.1 List of excipients
Propylene glycol
Saccharin sodium
Sodium benzoate
Sucrose
Methyl p-hydroxybenzoate
Propyl p-hydroxybenzoate
Sorbitol
Carmoisine supra int
Pineapple flavour
Citric acid monohydrate
Sodium hydroxide
Purified water

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
24 months.

6.4 Special precautions for storage
Store below 30˚C. Store in a well-closed container. Protect from light and avoid exposure to heat.

6.5 Nature and contents of the container
A white HDPE bottle with an HDPE cap.

Fill volume: 100ml.
Pack size: 1 bottle per carton.

6.6 Special precautions for disposal and other handling
Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. APPLICANT
Cospharm Pharmaceuticals
Stand 12896 Madokero Industrial Area

Harare
Zimbabwe

8. MANUFACTURER
Cospharm Pharmaceuticals
Stand 12896 Madokero Industrial Area
Harare
Zimbabwe

9. REGISTRATION DETAILS
Zimbabwe registration number: 2024/.2.1/6552
Zimbabwe category for distribution: Household Remedies (H.R.)

10. DATE OF REVISION OF THE TEXT
April 2024