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The MHRA granted Norbrook Laboratories a Marketing Authorisation for the medicinal product Paracetamol Tablets 500mg (PL 02000/0059) on 17th December 2007. This pharmacy only (P) medicine and is used in the treatment of mild to moderate pain.

The active ingredient, paracetamol is a centrally acting analgesic (a pain killer that acts on pain centres in the brain), which is used to relieve pain in the body.

This application is identical to a previously granted application for Paracets-Paracetamol Tablets 500mg (PL 22959/0008), granted to Line Range Ltd on 5th May 2005 and, as such, these products can be used interchangeably.

No new or unexpected safety concerns arose from this simple application and it was, therefore, judged that the benefits of taking Paracetamol Tablets 500mg outweigh the risks; hence a Marketing Authorisation has been granted.
SCIENTIFIC DISCUSSION

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INTRODUCTION

The UK granted a marketing authorisation for the medicinal product Paracetamol Tablets 500mg (PL 02000/0059) to Norbrook Laboratories, on 17th December 2007. The product is a pharmacy only (P) medicine.

The application was submitted as a simple abridged application according to Article 10c of Directive 2001/83/EC, as amended, cross-referring to Paracets-Paracetamol Tablets 500mg currently authorised to Line Range Ltd, PL 22959/0008, approved on 5th May 2005 following a change of ownership. The product was previously authorised by Sussex Pharmaceutical Ltd and was granted a licence on 9th May 1984.

No new data were submitted nor was it necessary for this simple application, as the data are identical to that of the previously granted cross-reference product. As the cross-reference product was granted prior to the introduction of current legislation, no Public Assessment Report (PAR) has been generated for it.

The product contains the active ingredient paracetamol which is a centrally acting analgesic used for the treatment of mild to moderate pain, including headache, toothache, period pains, symptomatic relief of influenza, feverish colds and rheumatic aches and pains.
1. INTRODUCTION
This is a simple, informed consent application for Paracetamol Tablets 500mg submitted under Article 10c (formerly Article 10.1(a)(i)) of Directive 2001/83/EC. The proposed MA holder is Norbrook Laboratories, Station Works, Camlough Road, Newry Co. Down, BT 35 6JP, UK.

The application cross-referes to Paracets-Paracetamol Tablets 500mg, approved on 5th May 2005 to the marketing authorisation holder Line Range Ltd which had previously been owned by Sussex Pharmaceutical Ltd., and granted 9th May 1984. The current application is considered valid.

2. MARKETING AUTHORISATION APPLICATION FORM
2.1 Name(s)
The proposed name of the product is Paracetamol Tablets 500mg. The product has been named in line with current requirements.

2.2 Strength, pharmaceutical form, route of administration, container and pack sizes
The product contains paracetamol, equivalent to 500mg. It is to be stored in blisters composed of aluminium and polyvinyl chloride (PVC). The proposed shelf-life (5 years) and storage conditions (“Do not store above 25°C. Store in the original package”) are consistent with the details registered for the cross-reference product. Paracetamol Tablets 500mg are available in pack sizes of 24 and 32 tablets.

2.3 Legal status
On approval, the product will be available as a pharmacy only medicine (P).

2.4 Marketing authorisation holder/Contact Persons/Company
Norbrook Laboratories, Station Works, Camlough Road, Newry Co. Down, BT 35 6JP, UK.

The QP responsible for pharmacovigilance is stated and his CV is included.

2.5 Manufacturers
The proposed manufacturing sites are consistent with those registered for the cross-reference product and evidence of GMP compliance has been provided.

2.6 Qualitative and quantitative composition
The proposed composition is consistent with the details registered for the cross-reference product.
2.7 Manufacturing process
The proposed manufacturing process is consistent with the details registered for the cross-reference product and the maximum batch size is stated.

2.8 Finished product/shelf-life specification
The proposed finished product specification is in line with the details registered for the cross-reference product.

2.9 Drug substance specification
The proposed drug substance specification is consistent with the details registered for the cross-reference product.

2.10 TSE Compliance
None of the excipients used are derived from animal or human origin.

3. EXPERT REPORTS
The applicant has included detailed expert reports in Module 2 of the application. Signed declarations and copies of the experts’ CVs are enclosed in Module 1.4 for the quality, non-clinical and clinical experts. All are considered to have sufficient experience for their responsibilities.

4. PRODUCT NAME & APPEARANCE
See 2.1 for details of the proposed product name. The appearance of the product is identical to the cross-reference product.

5. SUMMARY OF PRODUCT CHARACTERISTICS
The proposed summary is consistent with the details registered for the cross-reference product.

6. PATIENT INFORMATION LEAFLET/CARTON
The patient information leaflet has been prepared in-line with the details registered for the cross-reference product. A package leaflet has been submitted to the MHRA along with results of consultations with target patient groups ("user testing"), in accordance with Article 59 of Council Directive 2001/83/EC. The results indicate that the package leaflet is well-structured and organised, easy to understand and written in a comprehensive manner. The test shows that the patients/users are able to act upon the information that it contains.

Carton and blister
The proposed artwork is comparable to the artwork registered for the cross-reference product and complies with statutory requirements. In line with current legislation the applicant has also included the name of the product in Braille on the outer packaging and has included sufficient space for a standard UK pharmacy dispensing label.

7. CONCLUSIONS
The data submitted with the application are acceptable. A Marketing Authorisation should be granted.
PRECLINICAL ASSESSMENT

No new preclinical data have been supplied with this application and none are required for an application of this type.
CLINICAL ASSESSMENT

No new clinical data have been supplied with this application and none are required for an application of this type.
OVERALL CONCLUSION AND RISK BENEFIT ASSESSMENT

QUALITY
The data for this application is consistent with that previously assessed for the cross-reference product and as such has been judged to be satisfactory.

PRECLINICAL
No new preclinical data were submitted and none are required for an application of this type.

EFFICACY
Paracetamol is a well known drug and has been used as an analgesic for many years. This application is identical to previously granted application for Paracets-Paracetamol Tablets 500mg (PL 22959/0008). No new or unexpected safety concerns arise from this application.

The SPC, PIL and labelling are satisfactory and consistent with that for the cross-reference product.

RISK BENEFIT ASSESSMENT
The quality of the product is acceptable and no new preclinical or clinical safety concerns have been identified. The applicant’s product is identical to the cross-reference product. Extensive clinical experience with paracetamol is considered to have demonstrated the therapeutic value of the compound. The risk benefit is therefore considered to be positive.
**PARACETAMOL TABLETS 500MG**  
**PL 02000/0059**

### STEPS TAKEN FOR ASSESMENT

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<td>1</td>
<td>The MHRA received the marketing authorisation application on 12\textsuperscript{th} April 2006</td>
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<td>2</td>
<td>Following standard checks and communication with the applicant the MHRA considered the application valid on 14\textsuperscript{th} June 2006.</td>
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<td>Following assessment of the application the MHRA requested further information relating to the quality dossier on 16\textsuperscript{th} June 2006 and 7\textsuperscript{th} March 2007.</td>
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<td>The applicant responded to the MHRA’s requests, providing further information on 7\textsuperscript{th} December 2006 and 31\textsuperscript{st} July 2007.</td>
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<td>The application was determined on 17\textsuperscript{th} December 2007.</td>
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PARACETAMOL TABLETS 500MG  
PL 02000/0059

STEPS TAKEN AFTER ASSESSMENT

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<th>Date submitted</th>
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MHRA-UKPAR – Paracetamol Tablets 500mg  
PL 02000/0059
PARACETAMOL TABLETS 500MG
PL 02000/0059

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
Paracetamol Tablets 500mg

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains 500 mg of paracetamol. Each tablet also contains sodium metabisulphite 0.56 mg.
For a list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM
Tablet.
White, flat bevelled edge tablets with breakline on one face.

4 CLINICAL PARTICULARS
4.1 THERAPEUTIC INDICATIONS
For the treatment of mild to moderate pain, including headache, neuralgia, toothache, period pains, aches and pains.
Symptomatic relief of rheumatic aches and pains.
Symptomatic relief of influenza, feverishness, feverish colds.

4.2 POSOLOGY AND METHOD OF ADMINISTRATION
These tablets are for oral administration.
Adults, the elderly and children over 12 years:
Single dose: 0.5 g to 1 g (1 to 2 tablets).
Maximum daily dose: 4 g (8 tablets) in divided doses.
Children:
Age 6 years to under 12 years: half tablet to one tablet.
Not for use in under 6 year olds.
Dosage instruction:
Take every 4 to 6 hours, as required. Do not take more frequently than every 4 hours. Not more than 4 doses should be administered in any 24 hour period. Dosage should not be continued for more than three days without consulting a doctor.

4.3 CONTRAINDICATIONS
Hypersensitivity to paracetamol or any other ingredients. Alcoholics could be at risk in taking paracetamol.
Contains sodium metabisulphite which may rarely cause severe hypersensitivity reactions and bronchospasm.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE
i) Do not exceed the stated dose.
ii) Consult a doctor if symptoms persist. Do not continue to use for longer than 3 days without consulting your doctor or pharmacist.

iii) Ask the doctor or pharmacist about taking the capsules if pregnant or already on a course of medication.

iv) This product contains paracetamol.

v) **The label shall say:** “Do not take with any other paracetamol-containing products” and “Immediate medical advice should be sought in the event of an overdose, even if you feel well”.

vi) **The leaflet shall say:** “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”.

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

viii) Keep out of the reach and sight of children.

4.5 **INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION**

Alcohol reduces liver capacity to deal with paracetamol. Chronic use of paracetamol enhances effect of warfarin and other coumarins with increased risk of bleeding; occasional doses have no significant effect. Cholestyramine reduces absorption of paracetamol. Metoclopramide and Domperidone accelerate absorption of paracetamol.

May interact with Chloramphenicol causing increased plasma levels.

4.6 **PREGNANCY AND LACTATION**

Epidemiological studies in human pregnancy have shown no ill effects due to paracetamol being used in the recommended dosage, but patients should follow the advice of their doctor regarding its use. Paracetamol is excreted in breast milk but not in clinically significant quantities. Available published data do not contraindicate breast-feeding.

4.7 **EFFECTS ON ABILITY TO DRIVE AND USE MACHINES**

None.

4.8 **UNDESIRABLE EFFECTS**

Adverse effects of paracetamol are rare but hypersensitivity including skin rash can occur. There have been reports of blood dyscrasias including thrombocytopenia and agranulocytosis and/or acute pancreatitis, but these were not necessarily causally related to paracetamol.

4.9 **OVERDOSE**

Liver damage is possible in adults who have taken 10 g or more of paracetamol. Ingestion of 5 g or more of paracetamol may lead to liver damage in 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.

It is considered that excess quantities of a toxic metabolite (usually adequately detoxified by glutathione when normal doses of paracetamol are employed) become irreversibly bound to liver tissue.

5 PHARMACOLOGICAL PROPERTIES
5.1 PHARMACODYNAMIC PROPERTIES

ATC code: N02BE01

Paracetamol is an effective analgesic and antipyretic agent but has only weak antiinflammatory properties. Its mechanism of action is not fully understood, as it is only a weak inhibitor of prostaglandin bio-synthesis, but it has been suggested that it is more effective against enzymes in the CNS than those in the periphery. The drug has no effect on the cardiovascular and respiratory systems, and it does not cause gastric irritation or bleeding like salicylates.

5.2 PHARMACOKINETIC PROPERTIES

Paracetamol is readily absorbed from the gastrointestinal tract with peak plasma concentrations occurring 30 minutes to 2 hours after ingestion. It is metabolised in the liver and excreted in the urine mainly as the glucuronide and sulphate conjugates. Less than 5% is excreted as unchanged paracetamol. The elimination half-life varies from about 1-4 hours. Plasma-protein binding is negligible at usual therapeutic concentrations but increases with increasing concentration.

A minor hydroxylated metabolite which is usually produced in very small amounts by mixed-function oxidases in the liver and which is usually detoxified by conjugation with liver glutathione may accumulate following paracetamol overdosage and cause liver damage.

5.3 PRECLINICAL SAFETY DATA

There is no pre-clinical data of relevance to a prescriber, which is additional to that already included in other sections of the SPC.
6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS
Pregelatinised starch (maize)
Sodium metabisulphite
Stearic acid (E570)
Magnesium stearate (E572)

6.2 INCOMPATIBILITIES
None stated.

6.3 SHELF LIFE
5 years.

6.4 SPECIAL PRECAUTIONS FOR STORAGE
Store below 25°C. Store in the original package.

6.5 NATURE AND CONTENTS OF CONTAINER
Paracetamol Tablets 500mg are available in child-resistant packs of 24 and 32 tablets.

Specification details of blister packs:
- PVC (white, rigid, opaque): 250 microns
- PVC/Aluminium foil (hard tempered): 15/20 microns
- Primer (nitrocellulose): 1.5 to 2.5 gsm
- Heat seal lacquer: 6.5 to 8.5 gsm

6.6 SPECIAL PRECAUTIONS FOR DISPOSAL AND OTHER HANDLING
No special precautions required.

7 MARKETING AUTHORISATION HOLDER
Norbrook Laboratories Limited
Station Works
Camlough Road
Newry Co. Down
BT35 6JP
United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)
PL 02000/0059

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
17/12/2007

10 DATE OF REVISION OF THE TEXT
17/12/2007
Patient Information Leaflet
Paracetamol Tablets 500 mg

Read all of this leaflet carefully because it contains important information for you.
This medicine is available without prescription, for you to treat a mild illness without a doctor’s help. Nevertheless, you still need to use Paracetamol Tablets 500 mg carefully to get the best results from it.
• Keep this leaflet. You may need to read it again.
• Ask your pharmacist if you need more information or advice.
• You must see a doctor if your symptoms worsen or do not improve after 3 days.
• If any of the side effects get serious, or if you notice any side effect not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:
1. What Paracetamol Tablets are and what they are used for
2. Before you take Paracetamol Tablets
3. How to take Paracetamol Tablets
4. Possible side effects
5. How to store Paracetamol Tablets
6. Further information

1. WHAT PARACETAMOL TABLETS ARE AND WHAT THEY ARE USED FOR
Each tablet contains 500 mg of the active ingredient paracetamol. Paracetamol Tablets 500 mg are analgesics (pain relievers) which may be used for the treatment of mild to moderate pain including headache, migraine, neuralgia, toothache, period pains and the symptomatic relief of rheumatic aches and pains. They also reduce temperature and can be used for the symptomatic relief of feverishness, feverish colds and influenza.

2. BEFORE YOU TAKE PARACETAMOL TABLETS
Do not take Paracetamol Tablets:
• If you are allergic to paracetamol or any of the other ingredients listed.
• If you suffer from any kidney or liver impairment or alcoholic liver disease.

Taking Paracetamol Tablets with food and drink
You are advised NOT to drink alcohol whilst taking Paracetamol Tablets.

Pregnancy and breastfeeding:
There is no evidence that Paracetamol Tablets will harm your baby if you are pregnant. Paracetamol is excreted in breastmilk but in insignificant amounts. However, if you are pregnant or breast-feeding, if you think you may be pregnant or if you are trying for a baby, you should let your doctor know. Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines
Paracetamol is not expected to impair your ability to drive or to operate machinery.

Taking/using other medicines:
You should always make sure that you are not taking any other paracetamol-containing preparations. If you have been prescribed chloramphenicol, or are taking cholestyramine or anti-coagulants (blood thinning preparations), or preparations to counteract nausea or vomiting, particularly after radiotherapy or other anti-cancer treatment, you should consult your doctor. Please note that these statements may also apply to products used some time ago or at some time in the future. Please inform your doctor or pharmacist if you are taking, or have recently taken any other medicine – even those not prescribed.

Important information about some of the ingredients of Paracetamol Tablets
Sodium Metabisulphite can cause allergic type reactions including anaphylactic symptoms and bronchospasm in susceptible people, especially those with a history of asthma or allergy.
3. HOW TO TAKE PARACETAMOL TABLETS
The normal dose for adults, the elderly and children over 12 years of age, is one or two tablets to be swallowed with a drink of water. The dose may be taken every 4 - 6 hours, as required. Do not exceed 8 tablets in one day. For children between 6 and 12 years, a half to one tablet can be given up to 4 times a day. Do not exceed 4 tablets in one day. Not for use in under 6 year olds. Do not take more frequently than every 4 hours. If symptoms persist for more than three days, consult your doctor.

If you forget to take Paracetamol Tablets:
If you forget to take one dose, you should never make up for the missing dose by doubling the dose next time. Instead you should simply continue with the next dose when it is due.

Do not exceed the stated dose. 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.

If you have any further questions on the use of this product, ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS
Like all medicines, paracetamol can have side effects. Adverse effects of paracetamol are rare but hypersensitivity including skin rash can occur. There are usually no ill effects due to paracetamol being used in the recommended dosage during pregnancy, but patients should follow the advice of their doctor regarding its use.

If you are concerned about these or if you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

5. HOW TO STORE PARACETAMOL TABLETS
The tablets should be stored below 25°C in the original package. This medicine must not be used after the expiry date printed on the pack. Return any left over medicine to your pharmacist.

Do not use Paracetamol Tablets if you notice any changes in the colour or the appearance of the tablets.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment. Keep this medicine out of the reach and sight of children.

6. FURTHER INFORMATION:
What Paracetamol Tablets contain:
These tablets contain 500 mg of Paracetamol BP as the active ingredient. They also contain Maize Starch, Magnesium Stearate (E572), Stearic Acid (E570) and Sodium Metabisulphite (E223).

What Paracetamol Tablets look like and contents of the pack
Paracetamol Tablets are flat, white bevelled edge tablets with a breakline on one face, containing 500 mg of the active ingredient paracetamol. Paracetamol Tablets are available in blister packs of 24 and 32 tablets.

Marketing Authorisation Holder and Manufacturer
The manufacturer and licence holder is: Norbrook Laboratories Limited, Newry, Co. Down, Northern Ireland. Product Licence number PL 02000/0059

You can get more information on Paracetamol Tablets 500 mg from your doctor or pharmacist.

DATE OF PREPARATION: September 2007
LABELLING

CARTON
PACK SIZE-24 TABLETS