1 NAME OF THE MEDICINAL PRODUCT

Cufen-Ef Ibuprofen Effervescent Tablets 200mg

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Ibuprofen BP 200mg/Tab

3 PHARMACEUTICAL FORM

Effervescent tablets

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Ibuprofen is a non-steroidal anti-inflammatory and analgesic drug that is used in the treatment of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), osteoarthritis, ankylosing spondylitis and other non-rheumatoid arthropathies and non-articular rheumatic conditions. It is also indicated in acute periarticular disorders such as bursitis, frozen shoulder, tendinitis, tenosynovitis and low back pain. It may also be used in soft tissue injuries such as sprains and strains. It may be used for the relief of mild to moderate pain such as period pains, dental and post-operative pain and in the relief of migraine.

4.2 Posology and method of administration

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see section 4.4).

Dosage

Adults and children over 12 years
The recommended dosage is two to three tablets three times daily. Some patients can be maintained on one or two tablets three times daily. In severe or acute conditions it can be advantageous to increase the dosage until the acute phase is brought under control. The dose should not exceed 4 tablets three times a day.

**Children**

Daily dose of 20 mg per kg body weight in divided doses. In children weighting less than 30kg the total dosage in 24 hours should not exceed 2 tablets. In juvenile rheumatoid arthritis up to 40mg kg body weight daily in divided doses may be taken.

**Elderly**

No modification to dosage is required unless "renal or hepatic function is impaired in which case caution should be taken.

**Directions**

The tablets must be dissolved in half a glass of water (100ml). The tablets dissolve more quickly in warm water, or if stirred.

4.3 Contraindications

Cufen-EF Ibuprofen 200 mg should not be given to patients with a history of peptic ulceration, bleeding disorders and cardiovascular disease. Bronchospasm may be precipitated in-patients suffering from or having a previous history of bronchial asthma.

Cufen-EF should not be given to patients in whom aspirin and other non-steroidal anti-inflammatory drugs induce the symptoms of asthma, rhinitis or urticaria.

Each tablet contains 661 mg or 28.8 millimoles of Na+ this should be taken into account when prescribing for patients on a sodium restricted diet.

Severe heart failure (NYHA Class IV)

4.4 Special warnings and precautions for use

Do not exceed the stated dose. Consult your doctor if you are asthmatic, sensitive to Aspirin or receiving regular medical treatment. If symptoms persist consult your doctor. Do not take if you have a stomach ulcer or other stomach disorders.

Keep out of the reach of children.

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see section 4.2, and GI and cardiovascular risks below).

*Cardiovascular and cerebrovascular effects*

Appropriate monitoring and advice are required for patients with a history of hypertension and/or mild to moderate congestive heart failure as fluid retention and oedema have been reported in association with NSAID therapy.

Clinical studies suggest that use of ibuprofen, particularly at a high dose (2400mg/day) may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke). Overall, epidemiological studies
do not suggest that low dose ibuprofen (e.g. \( \leq 1200 \text{mg daily} \)) is associated with an increased risk of arterial thrombotic events.

Patients with uncontrolled hypertension, congestive heart failure (NYHA II-III) established ischaemic heart disease, peripheral arterial disease, and/or cerebrovascular disease should only be treated with ibuprofen after careful consideration and high doses (2400 mg/day) should be avoided.

Careful consideration should also be exercised before initiating long-term treatment of patients with risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking) particularly if high doses of ibuprofen (2400 mg/day) are required.

There is a risk of renal impairment in dehydrated adolescents (age range: \( \geq 12 \text{ years to } < 18 \text{ years} \)).

4.5 Interaction with other medicinal products and other forms of interaction

*Acetylsalicylic acid*

Concomitant administration of ibuprofen and acetylsalicylic acid is not generally recommended because of the potential of increased adverse effects. Unless low-dose aspirin (not above 75mg daily) has been advised by a doctor, See section 4.3 Contraindications

Experimental data suggest that ibuprofen may competitively inhibit the effect of low dose acetylsalicylic acid on platelet aggregation when they are dosed concomitantly. Although there are uncertainties regarding extrapolation of these data to the clinical situation, the possibility that regular long-term use of ibuprofen may reduce the cardioprotective effect of low-dose acetylsalicylic acid cannot be excluded. No clinically relevant effect is considered to be likely for occasional ibuprofen use (see section 5.1).

Caution should be exercised in-patients receiving coumarin anticoagulants and thiazide diuretics.

4.6 Pregnancy and lactation

Whilst no teratogenic effects have been demonstrated in animal experiments, the use of this product during pregnancy should, if possible be avoided. Traces of ibuprofen have been detected in breast milk, but no adverse reactions have been reported.

4.7 Effects on ability to drive and use machines

None stated.
4.8 Undesirable effects

The most frequent adverse effects are gastro-intestinal disturbances. Peptic ulceration
and gastrointestinal bleeding have been reported.

Other side effects include headache, dizziness, nervousness, skin rash, pruritus,
tinnitus, oedema, depression, drowsiness, insomnia, blurred vision and ocular
reactions.

Hyper-sensitivity reactions, abnormalities of liver function, tests impairment of renal
function, agranulocytosis, and thrombocytopenia have occasionally been observed.

Oedema, hypertension, and cardiac failure, have been reported in association with
NSAID treatment.

Clinical studies suggest that use of ibuprofen, particularly at high dose (2400 mg/day)
may be associated with a small increased risk of arterial thrombotic events (for
example myocardial infarction or stroke) (see section 4.4).

4.9 Overdose

Symptoms emergency procedures and antidote):

The following symptoms have been reported: headache, vomiting, drowsiness loss of
consciousness and hypotension. Gastric lavage, or emisis for children emesis should
be considered after careful consideration of the patients condition.

Treatment should then be symptomatic with correction of blood electrolytes.

There is no specific antidote for ibuprofen.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Analgesic/Anti-Inflammatory

Experimental data suggest that ibuprofen may competitively inhibit the effect of low
dose acetylsalicylic acid on platelet aggregation when they are dosed concomitantly.

Some pharmacodynamics studies show that when single doses of ibuprofen 400mg
was taken within 8 hours before or within 30 minutes after immediate release
acetylsalicylic acid dosing (81mg), a decreased effect of -acetylsalicylic acid on the
formation of thromboxane or platelet aggregation occurred. Although there are
uncertainties regarding extrapolation of these data to the clinical situation, the
possibility that regular, long-term use of ibuprofen may reduce the cardioprotective
effect of low-dose acetylsalicylic acid cannot be excluded. No clinically relevant
effect is considered to be likely for occasional ibuprofen use (see section 4.5).
5.2 **Pharmacokinetic properties**

None stated

5.3 **Preclinical safety data**

None stated.

6 **PHARMACEUTICAL PARTICULARS**

6.1 **List of excipients**

- Sodium bicarbonate BP
- Sodium carbonate (anhydrous)
- Sodium cyclamate 1968 BP
- Sodium saccharin BP
- Citric acid anhydrous BP
- Docusate sodium BP
- Polyethylene glycol powder 6000
- Povidone BP
- Orange mint flavour 611160E

6.2 **Incompatibilities**

None stated.

6.3 **Shelf life**

24 months unopened.
6.4 Special precautions for storage

Store in a cool dry place.

6.5 Nature and contents of container

Strip pack using PPFM laminate constructed of 40gsm MGBK paper/12 gsm LDPE / 8μ aluminium foil / 23 gsm LDPE. Strips are packed into a carton containing either: 10, 12, 16, 24, 30, 36, 50, 56, 100 or 112 tablets

6.6 Special precautions for disposal

None.

7 MARKETING AUTHORISATION HOLDER

Ayrton Saunders Ltd
9 Arkwright Road
Astmoor Industrial Estate
Runcorn
Cheshire
WA7 1NU

8 MARKETING AUTHORISATION NUMBER(S)

PL 16431/0163

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

08/11/2010

10 DATE OF REVISION OF THE TEXT

03/02/2016
11 DOSIMETRY (IF APPLICABLE)

12 INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS (IF APPLICABLE)