

17.0 mm measuring bar

PHARMA CODE REF. IS:

175 mm Measuring Bar

AIP_Template_V_INDD - 04_2017 - Harmony - Version 2

AIP Template V INDD - 04 2017 - Harmony - Version 2

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DRAFT REGULATORY - for text and graphics regulatory submission

- you experience a skin rash or peeling, or mouth ulcers.
- you have previously experienced breathing problems with aspirin or non-steroidal anti-inflammatories, and experience a similar reaction with this product.
- you experience unexplained bruising or bleeding.

These reactions are rare.

From post marketing data, the reactions below are very rare: Thrombocytopaenia, Anaphylaxis, cutaneous hypersensitivity reactions including, among others, skin rashes, angioedema, Stevens-Johnson syndrome and Toxic Epidermal Necrolysis, Bronchospasm in patients sensitive to aspirin and other NSAIDs, Hepatic dysfunction.

Symptoms and Treatment of Overdose

If you take more of the medicine than you should, seek medical advice immediately even if you do not have any symptoms because of the risk of liver failure.

Symptoms and Signs

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.

Treatment

Immediate medical management is required in the event of overdose, even if symptoms of overdose are not present.

If overdose is confirmed or suspected, seek immediate advice from National Poison Centre and refer patient to nearest Emergency Medical Centre for management and expert treatment. This should happen even in patients without symptoms or signs of overdose due to the risk of delayed liver damage.

Administration of N-acetylcysteine or methionine may be required.

National Poison Centre (Phone: +604-657 0099, Website: www.prn.usm.my, Email: prnnet@usm.my).

Effects on Ability to Drive and Use Machine

Unlikely to cause an effect on ability to drive and use machines.

Pharmacodynamics

Mechanism of Action

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

Pharmacodynamic Effects

The lack of peripheral prostaglandin inhibition confers important pharmacological properties such as the maintenance of the protective prostaglandins within the gastrointestinal tract.

Paracetamol is, therefore, particularly suitable for: patients with a history of disease or patients taking concomitant medication, where peripheral prostaglandin inhibition would be undesirable (such as, for example, those with a history of gastrointestinal bleeding or the elderly).

In two dental pain studies conducted in patients following surgical removal of third molars, pain relief was observed at a median time of 15 minutes following administration of the 1000mg dose of Panadol Tablets with Optizorb.

Panadol Tablets with Optizorb demonstrated superior pain relief at 1000 mg dose compared to placebo and to Panadol Tablets with Optizorb at 500mg dose. Panadol Tablets with Optizorb at the 500 mg dose also demonstrated superior efficacy compared to placebo.

Pharmacokinetics

Absorption

Paracetamol is rapidly and almost completely absorbed from the gastrointestinal tract.

Distribution

Binding to the plasma proteins is minimal at therapeutic concentrations.

Metabolism

Paracetamol is metabolised in the liver and excreted in the urine mainly as glucuronide and sulphate conjugates.

Elimination

Less than 5% is excreted as unmodified paracetamol.

Paracetamol is rapidly absorbed from the gastrointestinal tract and is distributed into most body tissues. Binding to plasma proteins is minimal at therapeutic concentrations. Paracetamol is metabolised in the liver and excreted in the urine mainly as glucuronide and sulphate metabolites - less than 5% is excreted as unmodified paracetamol. The mean plasma half life is about 2.3 hours.

Paracetamol Tablets with Optizorb contain a disintegrant system which optimises tablet dissolution compared to standard paracetamol tablets.

Human scintigraphy data demonstrate that Paracetamol Tablets with Optizorb generally start to disintegrate by 5 minutes post dose. Human pharmacokinetic data demonstrate that paracetamol can generally be detected in plasma by 10 minutes. Human pharmacokinetic data demonstrate that early absorption of paracetamol (fraction of dose over the first 60 minutes) is 32% greater from Paracetamol Tablets with Optizorb compared to standard paracetamol tablets (p<0.0001). There is also less between-subject and less within-subject variability (p<0.0001) in early absorption of paracetamol from Paracetamol Tablets with Optizorb compared to standard paracetamol tablets.

Human pharmacokinetic data demonstrate that maximum plasma concentration of paracetamol is reached at least 25% faster for Paracetamol Tablets with Optizorb compared to standard paracetamol tablets in fasted and fed states (p < 0.01). Total extent of absorption of paracetamol from Paracetamol Tablets with Optizorb is equivalent to that from standard paracetamol tablets.

Storage

Store below 30°C

Pack Sizes

30's, 36's 144's and 150's caplets.

Not all pack sizes may be marketed.

Date of revision

November 2019

For PRH: GlaxoSmithKline Consumer Healthcare Sdn Bhd (3467-X)

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Version: 1



Harmony AMS Artwork Information Panel

AMS Document Number:
DFT-00360-2487109

Manufacturing Site(s):
GSK_Kuala Lumpur_MALAYSIA

Brand:
PANADOL CONCEPT (ANALGESICS)

Sub Brand:
OPTIZORB

Variant:
N/A

Approving Market(s):
MALAYSIA

Print Process:
Offset - Lithography

Technical Drawing (Do NOT include version number):
IMA_C80_INS_165X210_DRW

Material Spec. (Do NOT include version number):
N/A

Body Text Size:
7pt

Smallest Text Size:
7pt

Leading:
7.5pt

Horizontal Scale:
100%

Microtext:
N

Additional Info (1):
N/A

Additional Info (2):
N/A

Additional Info (3):
N/A

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Design 1:

Total Colours & Varnishes: 1

BLACK			

Total Special Finishes: 0

Colour Standard Reference:

For colour, please match to Industry Standard Pantone values

Material Type: White Paper	SUBSTRATE
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