Theraflu EXTRA LEMON

Powder in Sachets

Actives substances

Paracetamol 650mg; Pheniramine maleate 20mg;
Phenylephrine hydrochloride 10mg

Summary of Product Characteristics

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1. NAME OF THE MEDICINAL PRODUCT

Theraflu EXTRA LEMON

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One sachet (15g) contains:

Active ingredients: Paracetamol 650mg

Phenylephrine hydrochloride 10mg

Pheniramine maleate 20mg

For excipients refer to the section 6.1

3. PHARMACEUTICAL FORM

Powder for oral solution (with lemon flavor).

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

For the short-term treatment of cold and influenza symptoms, such as:

- nasal congestion and sinuses
- runny nose
- sneezing
- body aches and pain, such as sore throat, headache, muscle pain and pain in the paranasal sinuses
- increased body temperature and associated chills

4.2 Posology and method of administration

For oral administration only.

The contents of one sachet should be dissolved in a glass of hot water and drink while cooled to an acceptable temperature.

Adults (including the elderly) and children aged 12 years and over:

One sachet to be taken every four to six hours as required.
Maximum daily dose: 4 sachets in any 24-hour period.
Minimum dosing interval: 4 hours.
Not recommended for children under the age of 12 years.
Maximum duration of use without medical advice: 7 days.
If symptoms persist, consult a doctor.

Do not exceed the stated dose.

The lowest dose necessary to achieve efficacy should be used for the shortest duration of treatment.

4.3. Contraindications

This product is contraindicated in patients:

- with prior hypersensitivity to paracetamol, pheniramine, phenylephrine or to any of the excipients;
- who are taking, or have taken, monoamine oxidase inhibitors (MAOIs) in the last two weeks, which typically are used to treat depression.

4.4. Special warnings and precautions for use

Contains paracetamol. Do not use with any other paracetamol-containing products, decongestants (medicines for the relief congestion or blocked nose) or cold and flu medicines. The concomitant use with other products containing paracetamol may lead to an overdose. Paracetamol overdose may cause liver failure which can may require liver transplant or lead to death.

Cases of hepatic dysfunction/failure have been reported in patients with depleted glutathione levels, such as those who are severely malnourished, anorexic, have a low body mass index, are chronic heavy users of alcohol or sepsis. Concomitant use of other decongestants and antihistamines should be avoided.

Medical advice should be sought before taking this product in patients with:

- Hepatic or renal impairment. Underlying liver disease increases the risk of paracetamol related liver damage;
- Glutathione depleted states, such as severe infections (e.g. sepsis), severe wasting, underweight, and chronic alcoholism, as the use of paracetamol may increase the risk of metabolic acidosis. Immediately consult the doctor if you have the following symptoms of metabolic acidosis: deep, rapid, difficult breathing; feeling sick (nausea), vomiting; loss of appetite;
- Hypertension (high blood pressure), cardiovascular diseases, diabetes, hyperthyroidism (overactivity of the thyroid gland), angle closure glaucoma (elevated intraocular pressure), pheochromocytoma (a rare tumor of the adrenal gland), prostatic hypertrophy (problems of the prostate gland or difficulty urinating), occlusive vascular diseases (e.g. Raynaud's Phenomenon, which can manifest as numbness, tingling and discoloration (white, blue, then red) of the fingers and toes when exposed to cold).

Use with caution in patients taking the following medications: *beta blockers* and other *antihypertensives*, *tricyclic antidepressants* (for example, amitriptyline), *other sympathomimetics* (such as decongestants, appetite suppressants and amphetamine-like medications), *digoxin* and *cardiac glycosides*, *ergot alkaloids* (for example, ergotamine and methysergide).

Use with caution in the elderly, who are more likely to adverse effects. Avoid use in elderly patients with confusion.

Patients suffering from diabetes should consider that the product contains 12.6 g of sucrose.

Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltose insufficiency should not take this medicine.
This medicinal product contains 42.2 mg of sodium per dose, which should be taken into consideration by patients on a controlled sodium diet.
Contains sunset yellow food coloring (E 110) which may cause allergic-type reactions.
Do not use the drug from damaged sachets.
Keep out of sight and reach of children.
Always read and follow the label.

4.5. Interactions with other medicinal products and other forms of interaction

Before taking the drug, patient should consult a doctor, if taking:

Monoamine oxidase inhibitors (MAOIs):	Hypertensive interactions occur between sympathomimetic amines such as phenylephrine and MAOIs *(see the section 4.3 Contraindications)*
Sympathomimetics (e.g. decongestants, appetite suppressants and amphetamine-like medications)	Concomitant use of phenylephrine with other sympathomimetic amines can increase the risk of cardiovascular side effects *(see the section 4.4 Special Warnings and Precautions for Use)*
Beta-blockers, and other antihypertensives (including debrisoquine, guanethidine, reserpine, methyldopa)	Phenylephrine may reduce the efficacy of beta-blocking drugs and antihypertensive drugs. The risk of hypertension and other cardiovascular side effects may be increased *(see the section Special Warnings and Precautions for Use)*
Tricyclic antidepressants (e.g. amitriptyline)	May increase the risk of cardiovascular side effects *(see the section 4.4 Special Warnings and Precautions for Use)*
Digoxin and cardiac glycosides	Concomitant use of phenylephrine may increase the risk of irregular heartbeat or heart attack *(see the section 4.4 Special Warnings and Precautions for Use)*
Ergot alkaloids (e.g. ergotamine and methysergide)	Concomitant use of phenylephrine may cause increased risk of ergotism *(see the section 4.4 Special Warnings and Precautions for Use)*
Warfarin and other coumarins	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.
Alcohol	Alcohol enhances the sedative effect of pheniramine.
Sedatives and Hypnotics (e.g.	Pheniramine increases the central inhibitory

barbiturates, benzodiazepines, anxiolytics, and antidepressants)	effect of other sedatives.
Anticholinergics (e.g. other antihistamines, anti-Parkinson's medications and phenothiazine neroleptics)	Pheniramine has anticholinergic activity and can enhance the anticholinergic effect of other drugs with anticholinergic activity.

Patient should inform doctor or pharmacist about any other medications taking.

4.6. Pregnancy and lactation

Pregnancy

There are insufficient data regarding the use of the product in pregnant women. Animal studies are insufficient with respect to reproductive toxicity. Avoid the use of the product during pregnancy, unless the benefits to the pregnant woman outweigh the risks to the foetus.

If used, the lowest effective dose and shortest duration of treatment should be considered.

As with the use of any medicine during pregnancy, pregnant women should seek medical advice before taking paracetamol.

There are no animal studies or human clinical data on the use of pheniramine in pregnant women.

There are limited data on the use of phenylephrine in pregnant women.

Lactation

Avoid the use of the product during lactation, unless the benefits to the mother outweigh the risk to the infant. If used, the lowest effective dose and shortest duration of treatment should be considered.

There are no animal studies or human clinical data on the use of pheniramine during lactation.

Phenylephrine may be excreted into breast milk.

4.7. Effects on ability to drive and use machines

Pheniramine may cause drowsiness, dizziness, blurred vision, impaired cognitive function and motor coordination in some patients which may significantly affect ability to drive or use machinery. This could be further intensified by alcohol or other sedatives.

4.8. Undesirable effects

If an unusual reaction occurs, consult a doctor.

System Organ Class	Adverse Reaction	Frequency
Paracetamol		
Blood and lymphatic system disorders	Thrombocytopaenia	Very rare

Immune system disorders	Anaphylaxis Cutaneous hypersensitivity reactions including, among others, Toxic Epidermal Necrolysis, Stevens Johnson syndrome, angioedema and skin rashes.	Very rare
Respiratory, thoracic and mediastinal disorders	Bronchospasm in patients sensitive to aspirin and other NSAIDs.	Very rare
Hepatobiliary disorders	Hepatic dysfunction	Very rare
Pheniramine		
System Organ Class	**Adverse Reaction**	**Frequency**
Blood and lymphatic system disorders	Leukopenia, thrombocytopenia, haemolytic anaemia	Unknown
Immune system disorders	Anaphylactic shock, angioedema, hypersensitivity, urticaria	Rare
Nervous system disorders	Anticholinergic symptoms, impaired motor coordination, tremors, loss of memory or concentration*, balance disorders*, dizziness*, sedation**, drowsiness**. Hallucination, confusion, excitation effects (agitation, nervousness, and insomnia)	Unknown
Eye disorders	Mydriasis, accommodation disorders	Unknown
Cardiac disorders	Palpitations	Unknown
Vascular disorders	Orthostatic hypotension	Unknown
Gastrointestinal disorders	Constipation	Unknown
Skin and subcutaneous disorders	Eczema, purpura, erythema, pruritus	Rare
Renal and urinary disorders	Urinary retention	Unknown
General disorders and administration site conditions	Dryness of mucous membrane	Unknown
Phenylephrine		
System Organ Class	**Adverse Reaction**	**Frequency**
Nervous system disorders	Dizziness, headache, insomnia, nervousness	Common
Cardiac disorders	Increased blood pressure Tachycardia, palpitations	Common Rare
Gastrointestinal disorders	Vomiting, nausea	Common
Immune system disorders	Hypersensitivity, allergic dermatitis, urticaria	Rare
Eye disorders	Acute angle closure glaucoma (most likely to occur in those with closed angle glaucoma (see the	Rare

	section 4.4 Special Warnings and Precautions for Use)), mydriasis	
Skin and subcutaneous disorders	Rash	Rare
Renal and urinary disorders	Urinary retention (this is most likely to occur in those with bladder outlet obstruction such as prostatic hypertrophy), dysuria	Rare

* more frequently in elderly patients

**more marked at the start of treatment

Patient should stop taking the drug and consult a doctor in the cases of:

- allergic reaction such as a rash or hives (itchy bumpy rash), sometimes with difficulty breathing, redness and/or swelling of the mouth, face, lips, tongue, throat or eyes;
- skin rashes, peeling of the skin or ulcers in the mouth;
- breathing problems when using aspirin or other nonsteroidal anti-inflammatory drugs, as well as in the case of a similar reaction with this drug;
- bruises or bleeding of unknown etiology;
- darkening of the urine along with pale skin, dizziness and fatigue;
- hallucinations (visual or auditory);
- an excessively fast pulse or a feeling of an excessively fast irregular pulse;
- blurred vision that may be associated with abnormally high blood pressure in the eye. The occurrence of this reaction is very rare and more likely in patients with glaucoma;
- problem with urination. The occurrence of this reaction is more likely in men with prostatic hyperplasia.

These reactions occur rare or very rare.

4.9. Overdose

If you have taken the drug more than recommended, consult a doctor immediately because of the risk of liver failure, even if you have no symptoms. Overdose can lead to loss of consciousness or coma. Seizures (fits) can occur in children.

Paracetamol

Symptoms and Signs

Experience following overdose with paracetamol indicates that the clinical signs of liver injury occur usually after 24 to 48 hours and have peaked after 4 to 6 days.

Overdose may cause liver failure which may require liver transplant or lead to 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 your Poison Centre (include contact details: Phone + Website + Email) 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.
Where a Poison Information Centre is not available, refer patient to the nearest Emergency Medical Centre for management and expert treatment.Administration of N-acetylcysteine or methionine may be required.

Pheniramine

Symptoms and signs
Pheniramine overdose may lead to convulsions (especially in children), disturbances of consciousness and coma.

Treatment
Treatment should be supportive and directed towards specific symptoms.

Phenylephrine

Symptoms and Signs
Overdosage is likely to result in effects similar to those listed in the section 4.8 Undesirable effects. Additional symptoms may include irritability, restlessness, hypertension and possibly reflux brachycardia. In severe cases, confusion, hallucinations, seizures and arrhythmias may occur.

Treatment
Treatment should be as clinically appropriate. Severe hypertension may need to be treated with an alpha blocking drug such as phentolamine.

5. PHARMACOLOGICAL PROPERTIES

Pharmacotherapeutic group:
Other analgesics and antipyretics, paracetamol, combinations excluding psycholeptics.
Nasal decongestant for systemic use, sympathomimetics, phenylephrine, combinations.
ATC Code: N02BE51

5.1. Pharmacodynamic properties

Mechanism of action and pharmacodynamic effects:

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

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 on concomitant medication, where peripheral prostaglandin inhibition would be undesirable (such as, for example, those with a history of gastrointestinal bleeding or the elderly).

Pheniramine maleate is an antihistamine acting on the H1-receptors. It provides relief of the common allergic symptoms associated with respiratory tract disorders. It causes a moderate degree of sedation and has also antimuscarinic activity.

Phenylephrine hydrochloride is a sympathomimetic agent with mainly direct effects on adrenergic receptors (predominantly alpha-adrenergic activity) producing nasal decongestion.

Phenylephrine hydrochloride has nasal decongestant activity and reduces oedema and swelling of the nasal mucosa.

5.2 Pharmacokinetic properties

Paracetamol is rapidly and almost completely absorbed from the gastrointestinal tract and is distributed in most tissues of the body. Maximum paracetamol plasma concentrations occurring about 10 to 60 minutes after oral doses. Binding to plasma proteins is minimal at therapeutic concentrations. It is metabolised in the liver and excreted in the urine mainly as glucuronide and sulphate conjugates. Less than 5% is excreted as unmodified paracetamol.

Pheniramine maleate reaches its peak plasma concentration in 1-2.5 hours; the half-life is 16-19 hours. 70-83% of the oral dose is excreted in the urine unchanged or in the form of metabolites.

Phenylephrine hydrochloride is irregularly absorbed from the gastrointestinal tract. It undergoes first-pass metabolism by monoamine oxidases in the gut and liver; orally administered phenylephrine thus has reduced bioavailability. It is excreted in the urine almost entirely as the sulphate conjugate.

5.3. Preclinical safety data

Non-clinical safety data on paracetamol, pheniramine maleate and phenylephrine hydrochloride, have not revealed findings which are of relevance to the recommended dosage and use of the product.

Mutagenesis and Carcinogenesis:
Data on the carcinogenic potential of pheniramine maleate are not available.
However, pheniramine maleate was not mutagenic when tested in vitro in the reverse mutation assay with Salmonella typhimurium and Escherichia coli as well as in the chromosomal

aberration and sister chromatid exchange assays with Chinese hamster ovary cells. All assays were conducted in both the presence and absence of metabolic activation.

Reproductive Toxicology:
Limited non-clinical data are available on the potential adverse reproductive and developmental effects of phenylephrine. Foetal growth restriction and premature delivery were reported in the offspring of pregnant rabbits following subcutaneous administration of phenylephrine at a dose that was 5-fold less than the clinical dose from the 22nd day of gestation until delivery.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Sucrose, Acesulfame potassium, Quinoline Yellow E104, Sunset Yellow E110, Maltodextrin M100, Silica, colloidal hydrated, Flavour Lemon (Durarome 860098 TD 1091), Flavour Lemon (Durarome 860202 TD 0991), Citric acid, anhydrous, Sodium citrate (dihydrate), Calcium phosphate (tribasic).

6.2 Incompatibilities

Not applicable.

6.3. Shelf life

24 months. Do not use after expiry date indicated on the package.

6.4. Special precautions for storage

Do not store above 25°C. Keep out of the sight and reach of children.

6.5. Nature and contents of container

15 g of powder in a sachet of combined material. 10 bags with instructions for use in a cardboard box.

6.6. Instructions for use/handling

No special requirements.

7. MARKETING AUTHORIZATION HOLDER

GSK Consumer Healthcare SARL, Switzerland,
Route de l'Etraz, 1260 Nyon, Switzerland

8. MARKETING AUTHORIZATION NUMBER

N 18569

9. DATE OF FIRST AUTHORIZATION/RENEWAL OF AUTHORIZATION

10. DATE OF REVISION OF THE TEXT

31.08.2022