1. NAME OF THE MEDICINAL PRODUCT

NISE PLUS SYRUP

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 ml contains:

Chlorpheniramine Maleate BP...2 mg

Paracetamol BP 120 mg

Ascorbic Acid BP......25 mg

3. PHARMACEUTICAL FORM

Syrup

A light orange coloured syrup with a pleasant taste and menthol odour, packed in a 100 ml Amber bottle with 28 mm printed pp caps.

4. CLINICAL PARTICULARS

Therapeutic indications

Nise Plus Syrup is indicated for symptomatic control of all allergic conditions responsive to antihistamines, including hay fever, vasomotor rhinitis, urticaria, angioneuroticoedema, food allergy, drug and serum reactions, insect bites.

Also indicated for the symptomatic relief of itch associated with chickenpox and Vitamin C deficiency.

Posology and method of administration

Oral administration only

Do not exceed the stated dose or frequency of dosing

Adults and children 12 years and over: 10ml (4mg) every 4 to 6 hourly. Maximum daily dose: 100ml (24mg) in any 24 hours.

Elderly: The elderly are more likely to experience neurological anticholinergic effects. Consideration should be given to using a lower daily dose (e.g. a maximum of 12 mg in any 24 hours).

Children aged 6 - 12 years: 5ml (2mg) every 4 to 6 hourly. Maximum daily dose: 30ml (12mg) in any 24 hours.

Children aged 2 - 6 years: 2.5ml (1mg) every 4 to 6 hourly. Maximum daily dose: 15ml (6mg) in any 24 hours.

Children aged 1 - 2 years: 2.5ml (1mg) twice daily. The minimum interval between the doses should be 4 hours. Maximum daily dose: 5ml (2mg) in any 24 hours.

Contraindications:

Nise Plus Syrup is contra-indicated in patients who are hypersensitive to antihistamines or to any of the syrup ingredients.

The anticholinergic properties of Chlorpheniramine, analgesic property of paracetamol and antioxidant property f Ascorbic acid are intensified by monoamine oxidase inhibitors (MAOIs). Nise Plus Syrup is therefore contra-indicated in patients who have been treated with MAOIs within the last fourteen days.

Special warnings and precautions for use:

Chlorpheniramine, in common with other drugs having anticholinergic effects, should be used with caution in epilepsy; raised intra-ocular pressure including glaucoma; prostatic hypertrophy; severe hypertension or cardiovascular disease; bronchitis, bronchiectasis or asthma; hepatic impairment; renal impairment. Children and the elderly are more likely to experience the neurological anticholinergic effects and paradoxical excitation (e.g. Increased energy, restlessness, nervousness).

The anticholinergic properties of Chlorpheniramine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some patients which may seriously affect ability to drive and use machinery.

The effects of alcohol may be increased and therefore concurrent use should be avoided. Should not be used with other antihistamine containing products, including antihistamine containing cough and cold medicines.

Piriton syrup contains 6.3% v/v ethanol. Harmful for those suffering from alcoholism. To be taken into account in pregnant and breast feeding women, children and high risk groups such as patients with liver disease or epilepsy.

Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take this medicine. Long term use increases the risk of dental caries and it is essential that adequate dental hygiene is maintained.

Methyl, ethyl and propyl hydroxybenzoates (E218, E214 and E216) may cause allergic reactions (possibly delayed).

Keep out of the reach and sight of children.

Interaction with other medicinal products and other forms of interaction

Concurrent use of Chlorpheniramine and hypnotics or anxiolytics may cause an increase in sedative effects, therefore medical advice should be sought before taking Chlorpheniramine concurrently with these medicines.

Chlorpheniramine inhibits phenytoin metabolism and can lead to phenytoin toxicity.

The anticholinergic effects of Chlorpheniramine are intensified by MAOIs

Pregnancy and lactation

Pregnancy

There are no adequate data from the use of Chlorpheniramine in pregnant women. The potential risk for humans is unknown, Use during the third trimester may result in reactions in the newborn or premature neonates. Not to be used during pregnancy unless considered essential by a physician.

Lactation

Chlorpheniramine maleate and other antihistamines may inhibit lactation and may be secreted in breast milk. Not to be used during lactation unless considered essential by a physician.

Effects on ability to drive and use machines

The anticholinergic properties of Chlorpheniramine maleate may cause drowsiness, dizziness, blurred vision and psychomotor impairment, which can seriously hamper the patients' ability to drive and use machinery.

Undesirable effects

Specific estimation of the frequency of adverse events for OTC products is inherently difficult (particularly numerator data). Adverse reactions which have been observed in clinical trails and which are considered to be common (occurring in $\geq 1\%$ to <10% of subjects) or very common (occurring in $\geq 10\%$ of subjects) are listed below by MedDRA System Organ Class. The frequency of other adverse events identified during postmarketing use is unknown.

Blood and lymphatic system disorders

Unknown: haemolyticanaemia, blood dyscrasias

Immune system disorders:

Unknown: allergic reaction, angioedema, anaphylactic reactions

Metabolism and nutritional disorders:

Unknown: anorexia Psychiatric disorders:

Unknown: confusion, excitation, irritability, nightmares, depression

Nervous system disorders:

Very common: sedation, somnolence

Common: disturbance in attention, abnormal coordination, dizziness, headache

Eye disorders:

Common: blurred vision Ear and labyrinth disorders

Unknown: tinnitus Cardiac disorders:

Unknown: palpitations, tachycardia, arrythmias

Vascular disorders:

Unknown: Hypotension

Respiratory, thoracic and Mediastinal disorders:

Unknown: thickening of bronchial secretions

Gastrointestinal disorders:

Common: nausea, dry mouth

Unknown: vomiting, abdominal pain, diarrhoea, dyspepsia

Hepatobiliary disorders:

Unknown: hepatitis including jaundice

Skin and subcutaneous disorders:

Unknown: exfoliative dermatitis, rash, urticaria, photosensitivity,

Musculoskeletal and connective tissue disorders:

Unknown: muscular twitching, muscle weakness.

Renal and Urinary disorders: Unknown: Urinary retention

General disorders and administration site conditions:

Common: fatigue

Unknown: chest tightness

Children and the elderly are more susceptible to neurological anticholinergic effects and paradoxical excitation (e.g. increased energy, restlessness, nervousness)

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Overdose

Symptoms and signs

The estimated lethal dose of Chlorpheniramine maleate is 25 to 50mg/kg body weight. Symptoms and signs include sedation, paradoxical excitation of the CNS,toxic psychosis, convulsions, apnoea, anticholinergic effects, dystonic reactions and cardiovascular collapse including arrhythmias.

Treatment

Symptomatic and supportive measures should be provided with special attention to cardiac, respiratory, renal and hepatic functions and fluid and electrolyte balance. If overdosage is by the oral route, treatment with activated charcoal should be considered provided there are no contraindications for use and the overdose has been taken recently (treatment is most effective if given within an hour of ingestion.) Treat hypotension and arrhythmias vigorously. CNS convulsions may be treated with i.v. diazepam. Haemoperfusion may be used in severe cases.

5. Pharmacological properties

Pharmacodynamic properties

Chlorpheniramine is a potent antihistamine (H₁-antagonist).

Antihistamines diminish or abolish the actions of histamine in the body by competative reversible blockade of histamine H₁-receptor sites on tissues. Chlorpheniramine also has anticholinergic activity.

Antihistamines act to prevent the release of histamine, prostaglandins and leukotrines and have been shown to prevent the migration of inflammatory mediators. The actions of Chlorpheniramine include inhibition of histamine on smooth muscle, cappillary permeability and hence reduction of oedma and wheal in hypersneitivity reactions such as allergy and anaphylaxis.

The antipyretic analgesics are so named because they combine an analgesic action with the ability to lower body temperature in fever (pyrexia). In fact, most drugs in this group combine analgesic and antipyretic properties with anti-inflammatory properties. All of the NSAIDs are antipyretic analgesics.

Antioxidants are substances that can prevent or slow damage to cells caused by free radicals, unstable molecules that the body produces as a reaction to environmental and other pressures. They are sometimes called "free-radical scavengers." The sources of antioxidants can be natural or artificial.

Pharmacokinetic properties

Chlorpheniramine is well absorbed from the gastro-intestinal tract, following oral administration. The effects develop within 30 minutes, are maximal within 1 to 2 hours and last 4 to 6 hours. The plasma half-life has been estimated to be 12 to 15 hours.

Chlorpheniramine isv metabolised to the monodesmethyl and didesmethyl derivatives. About 22% of an oral dose is excreted unchanged in the urine.

Paracetamol is a safe analgesic, but in overdosage it can cause severe hepatic necrosis. Following oral administration it is rapidly absorbed from the gastrointestinal tract, its systemic bioavailability being dose-dependent and ranging from 70 to 90%. Ascorbic acid is actively absorbed by the sodium vitamin C cotransporter (SVCT). This active transport is driven by the sodium electrochemical gradient created by

sodium-potassium ATPase. Ascorbic acid then diffuses into the capillary and ultimately enters general circulation.

Preclinical safety data

No additional data of relevance.

6. Pharmaceutical particulars

List of excipients

Sugar

Disodium EDTA

Methyl paraben

Propyl paraben

Citric acid

Bromerol

Menthol

Glycerin

Propylene Glycol

Sorbitol 70%w/v

Incompatibilities

None

Shelf life

3 years

Special precautions for storage

Store in cool and dry place, Temperature below 30°C. Protect from Moisture.

Nature and contents of container

100 ml Amber Bottle with 28 mm Printed PP caps

7. MARKETING AUTHORISATION HOLDER

JAWA INTERNATIONAL LIMITED

Plot 6 Abimbola Street, Isolo Industrial Estate, Isolo, Lagos, Nigeria Phone: +2348073894283. E-mail: contactus@jawasil.com

8. MANUFACTURED BY:

JAWA INTERNATIONAL LIMITED

Plot 6 Abimbola Street, Isolo Industrial Estate, Isolo, Lagos, Nigeria Phone: +2348073894283. E-mail: contactus@jawasil.com

Package Insert (also known as patient information PIL)

Enclosed

JAWA



Nise Plus Nise Plus Nise Plus Nise Plus

Syrup

100 ml.

Soothes Children's Cold. Catarrh and Pains

Syrup

Composition:

Each 5ml contains: Paracetamol BP 120 mg.

Chlorpheniramine

Maleate BP

2.0 mg. Ascorbic acid BP 25 mg.

Dosage: Doses to be taken 3 times daily 1-2 years:- 2.5 ml teaspoonful 2-5 years:-One 5 ml teaspoonful

6-12 years:- Two 5 ml teaspoonful If symptoms persist after 3 days, consult your doctor.

SHAKE THE BOTTLE WELL BEFORE USE KEEP IN A COOL AND DRY PLACE BELOW 30°C KEEP ALL MEDICINES OUT OF THE REACH OF CHILDREN

WARNING

This preparation may cause drowsiness. NISE PLUS contains Paracetamol and should not be taken with other Paracetamol preparations.





Manufactured by: Jawa International Limited Jawa House Compound Plot 6, Abimbola Way, Isolo Industrial Estate solo, Lagos, Nigeria.

Sirop

100 ml.

apaise le froid des enfants, le catarrhe et les douleurs

Sirop

Composition:

Chaque 5 ml contient: Paracetamol BP 120 mg.

Chlorphéniramine

Maleate BP 2.0 mg. BP Acide ascorbique 25 mg.

Posologie: Doses à prendre 3 fois par jour 1-2 ans: - 2.5 ml de cuillère à café 2-5 ans: - Une cuillère à café de 5 ml 6-12 ans: - Deux cuillères à café de 5 ml

Si les symptômes persistent après 3 jours, consultez votre médecin

ARRIVEZ LA BOUTEILLE BIEN AVANT L'UTILISATION GARDER DANS UN ENDROIT SECHE EN COULEUR CI-DESSOUS 30°C

CONSERVEZ TOUS LES MÉDICAMENTS HORS DE LA PORTÉE DES ENFANTS

ATTENTION

Cette préparation peut provoquer une somnolence, NISE PLUS contient du paracétamol et ne doit pas être prélevé avec d'autres préparations de paracétamol

Batch No. :

Mfg. Date:

Exp. Date:

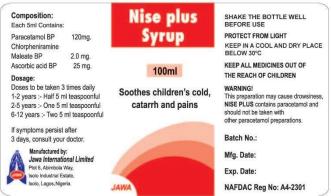
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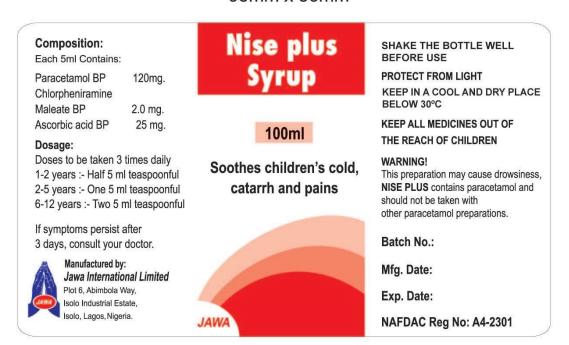








95mm x 56mm



For Visual Purpose

