APPROVED
Order of Ministry of
Health of Ukraine
11.01.2019 № 81
Registration certificate
№ UA/9270/01/01

INSTRUCTION
for medical use

PIARON®

Composition:
active substance: paracetamol;
1 tablet contains 500 mg paracetamol;
excipients: microcrystalline cellulose, croscarmellose sodium, magnesium stearate, povidone K 90, talc, Opadry 31G58920 white*.
*Opadry 31G58920 white: hypromellose, lactose monohydrate, titanium dioxide (E 171), polyethylene glycol, talc.

Pharmaceutical form. Coated tablets.
Basic physico-chemical properties: capsule-shaped white coated tablets with an embossing P500 on one side and a score line on the other side.

Pharmacotherapeutic group. Analgesics and antipyretics. Anilides. Paracetamol.
ATC code N02B E01.

Pharmacological properties.
Pharmacodynamics.
Tablets Piaron contain paracetamol, an analgesic and antipyretic (a pain-relieving and fever-reducing drug). The effect is based on inhibiting the synthesis of prostaglandins in the CNS.
Pharmacokinetics.
Paracetamol is rapidly and almost completely adsorbed in the gastrointestinal tract and is distributed in most body tissues. Plasma protein binding of paracetamol is minimal at therapeutic doses.
Paracetamol is predominantly metabolized in the liver and excreted in the urine in the form of metabolites. The mean plasma elimination half-life of paracetamol following oral intake is approximately 2.3 hours.

Clinical characteristics.
Indications.
Short-term treatment of headache, toothache, muscle pain, menstrual pain, moderate osteoarthritis pain, fever symptoms and pain with colds and the flu.

Contraindications.
Hypersensitivity to components of the drug, severe hepatic and/or renal impairment, congenital hyperbilirubinemia, glucose-6-phosphate dehydrogenase deficiency, alcoholism, blood disease, Gilbert's syndrome, pronounced anemia, leukopenia. Age under 6 years old.

Interaction with other medicinal products and other forms of interaction.
The absorption rate of paracetamol may be increased by metoclopramide and domperidone and may be decreased by cholestyramine. The anticoagulant effect of warfarin and other coumarins (with an increased risk of bleeding) may be enhanced by prolonged concomitant use of paracetamol. Occasional doses of the drug have no significant effect.
Caution should be exercised if paracetamol is administered concomitantly with flucloxacillin due to increased risk of high anion gap metabolic acidosis, particularly in patients with risk factors (see section "Administration details").
Barbiturates reduce the antipyretic effect of paracetamol. Anticonvulsants (including phenytoin, barbiturates, carbamazepine) that stimulate the activity of microsomal liver enzymes may increase the toxic effect of paracetamol on the liver due to increased metabolism of the drug into hepatotoxic metabolites. Their toxic effect on the liver increases upon concomitant use of paracetamol with hepatotoxic agents.
Concomitant use of high doses of paracetamol with isoniazid increases the risk of hepatotoxic syndrome.
Paracetamol reduces the efficacy of diuretics.
Do not use with alcohol.

Administration details.
The medicinal product contains paracetamol, therefore, it should not be used with other agents containing paracetamol and used, for example, for reducing fever, treating pain, symptoms of the flu and cold, or insomnia. Concomitant use with other agents containing paracetamol may result in overdose. Paracetamol overdose may result in liver failure, which may require liver transplantation or result in death.
In case of liver or kidney disease, a physician should be consulted prior to using the drug.
It should be taken into account that patients with liver disease are at increased risk of paracetamol-induced hepatotoxicity.
Liver dysfunction/liver impairment have been reported in patients with decreased levels of glutathione, for example, in severe emaciation, anorexia, low body mass index, chronic alcoholism, or sepsis.
Caution is advised if paracetamol is administered concomitantly with flucloxacillin due to increased risk of high anion gap metabolic acidosis, particularly in patients with severe renal impairment, sepsis, malnutrition and other sources of glutathione deficiency (e.g. chronic alcoholism), as well as those using maximum daily doses of paracetamol. Close monitoring, including measurement of urinary 5-oxoproline, is recommended.
In patients with low glutathione levels, the use of paracetamol is associated with an increased risk of metabolic acidosis. The symptoms of metabolic acidosis include deep, fast, or difficult breathing, nausea, vomiting, loss of appetite. A physician should be consulted immediately if such symptoms develop.
Consult a physician if symptoms persist. Prolonged use without medical supervision can be dangerous.
The medicinal product should be used only when clearly necessary.
The medicinal product should be kept out of sight and reach of children.
The medicinal product contains lactose. If you have an established intolerance to some sugars, you should consult a physician before using this medicinal product.

Use during pregnancy or breastfeeding.
Pregnancy.
As with other medicinal products, a physician should be consulted prior to using paracetamol during pregnancy.
A large amount of data on pregnant women indicates neither malformative nor feto/neonatal toxicity. Epidemiological studies on neurodevelopment in children exposed to paracetamol in

utero do not provide conclusive results. If clinically necessary, paracetamol may be used during pregnancy, however it should be used at the lowest effective dose for the shortest period of time and at the lowest possible frequency.
Breastfeeding.
Paracetamol is excreted in breast milk, but in clinically insignificant amounts when used at recommended doses. Available published data does not deny the possibility of using the drug during breastfeeding.

Effect on reaction rate when driving motor transport or using other mechanisms.
None.

Dosage and administration.
The drug is indicated for oral use.
The recommended dose should not be exceeded. The lowest dose should be used to reach the goal of treatment.
Adults and children over 12 years of age: 1–2 tablets up to 4 times per day (every 4–6 hours), if necessary.
The interval between doses is not less than 4 hours.
Not more than 8 tablets (4000 mg) should be taken within 24 hours.
Children (6–11 years of age): ½−1 tablet up to 4 times per day (every 4−6 hours), if necessary.
The maximum duration of use in children without medical advice is 3 days.
Not more than 4 doses should be taken within 24 hours.
The interval between doses is not less than 4 hours.

Children.
The drug is not recommended for use in children under 6 years of age.

Overdose.
Paracetamol overdose may result in liver failure, which may require liver transplantation or result in death. Experience shows that clinical symptoms of liver damage following paracetamol overdose usually appear within 24–48 hours after the overdose and peak after 4–6 days.
There is an increased risk of paracetamol poisoning, particularly in elderly patients, children, patients with liver disease, chronic alcoholism and chronic malnutrition.
Symptoms of overdose within the first 24 hours include: pallor, nausea, vomiting, loss of appetite and abdominal pain, asymptomatic overdose may also occur.
Single-dose paracetamol overdose in adults and children may result in reversible or non-reversible liver cell necrosis, which may lead to abnormalities of glucose metabolism, metabolic acidosis, hepatocellular insufficiency, encephalopathy, hemorrhages, hypoglycemia, coma, and death. At the same time, elevated liver transaminases (AST, ALT), lactate dehydrogenase and bilirubin, as well as increased prothrombin are observed, which occurs after 12–48 hours following administration. Liver damage is likely to occur in adults who exceeded the recommended dose of paracetamol. Excess quantities of a paracetamol metabolite (usually adequately detoxified by glutathione when normal doses of paracetamol are ingested) is believed to become irreversibly bound to liver tissues.
Acute renal failure with acute tubular necrosis may manifest as severe lumbar pain, hematuria, proteinuria, and may develop even in the absence of severe liver damage. Cardiac arrhythmias and acute pancreatitis, usually accompanied by hepatic impairment and hepatotoxicity, have been reported.
Long-term use of high doses of the drug may result in disorders of hematopoietic organs such as aplastic anemia, pancytopenia, agranulocytosis, neutropenia, leukopenia, thrombocytopenia. Possible central nervous system disorders associated with high doses include dizziness,

psychomotor agitation and disorientation; possible urinary system disorders include nephrotoxicity (renal colic, interstitial nephritis, capillary necrosis).
Symptoms may be limited to nausea or vomiting or may not reflect the severity of overdose or the risk of organ damage.
Risk factors for paracetamol overdose include:

- long-term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort, and other drugs that induce the synthesis of liver enzymes;
- regular alcohol abuse;
- low glutathione levels, e.g., in eating disorders, starvation, cachexia, cystic fibrosis, HIV infection.

Emergency medical care is required in case of an overdose. Treatment of an overdose or even suspected overdose should be initiated immediately, the patient should be transferred to a hospital, even if there are no early symptoms of overdose, as liver damage may not develop immediately. Plasma paracetamol concentrations should be measured 4 hours post ingestion or later (earlier concentrations are unreliable).
Treatment with activated charcoal should be considered if an excessive dose of paracetamol over 150 mg/kg has been taken within 1 hour. Treatment with N-acetylcysteine or methionine should be considered. Symptomatic treatment should also be performed.

Adverse reactions.
Blood and lymphatic system disorders: (rare: < 1/10000) – thrombocytopenia.
Immune system disorders: (rare: < 1/10000) – anaphylaxis, hypersensitivity skin reactions, including skin rash, angioedema, Stevens – Johnson syndrome and toxic epidermal necrolysis.
Respiratory, thoracic, and mediastinal disorders: (rare: < 1/10000) – bronchospasm in patients susceptible to acetylsalicylic acid and other non-steroidal anti-inflammatory drugs.
Hepatobiliary disorders: (rare: < 1/10000) – hepatic impairment.
The following adverse reactions are also possible after administering paracetamol-containing agents: pruritus, exudative erythema multiforme, nausea, epigastric pain, hypoglycemia, up to hypoglycemic coma, agranulocytosis, anemia, sulfhemoglobinemia and methemoglobinemia (cyanosis, shortness of breath, heart pain), hemolytic anemia, bruising or bleeding, increased liver enzyme activity, usually without jaundice.

Reporting of suspected adverse reactions.
Reporting adverse reactions after the registration of the medicinal product is of great importance. It allows to monitor the correlation of the benefits and risks related to the use of the medicinal product. Healthcare and pharmaceutical professionals, as well as patients or their legal representatives are asked to report any suspected adverse reactions and lack of efficacy of the medicinal product through the Automated pharmacovigilance information system available at: https://aisf.dec.gov.ua.

Shelf-life.
3 years.

Storage conditions.
Store in the original package at a temperature not more than 25 °C.
Keep out of reach of children.

Package.
10 tablets are in a blister; 1 or 2 blisters are in a carton box.

Conditions of supply.
Without prescription.

Manufacturer.
LLC “KUSUM PHARM”.
or
KUSUM HEALTHCARE PVT LTD.

Address of manufacturer and manufacturing site.
40020, Ukraine, Sumy Oblast, Sumy, Skryabina Str., 54.
or
Plot No. M-3, Indore Special Economic Zone, Phase-II, Pithampur, Distt. Dhar, Madhya Pradesh, Pin 454774, India.

Last revision date. 17.05.2024