Summary of Product Characteristics

1. Name of the medicinal product
Teva-Cold Tablets
Teva-Cold Caplets

2. Qualitative and quantitative composition
Each tablet/caplet contains: Paracetamol 300 mg, Caffeine anhydrous 30 mg, Phenylephrine Hydrochloride 10 mg and Chlorpheniramine maleate 2 mg.

Excipients with known effect:
Lactose.
For full list of excipients, see section 6.1.

3. Pharmaceutical form
Tablets and Caplets.

4. Clinical particulars
4.1 Therapeutic indications
The product is recommended for symptomatic relief of common cold, congestion associated with sinusitis, allergic rhinitis accompanied by fever and pain.

4.2 Posology and method of administration
Adults:
1 tablet/caplet every 4 hours as required.

Children of 6-12 years old:
1 tablet/caplet, up to 3 times a day.
Do not exceed the stated dose .Use the lowest amount needed to achieve benefit for the shortest duration of treatment.
If the disease symptoms worsen or do not improve after 3-5 days, patients should consult a doctor.

4.3 Contraindications
- Known hypersensitivity to paracetamol, caffeine, phenylephrine, chlorpheniramine or any of the other constituents of the medicine.
- Concomitant use of other sympathomimetic decongestants or paracetamol medicine
- Phaeochromocytoma
- Closed angle glaucoma
- Hepatic or severe renal impairment,
- Hypertension and heart disease.
- hyperthyroidism, diabetes.
- Patients taking tricyclic antidepressants, or beta-blocking drugs
- Patients taking or who have taken within the last two weeks monoamine oxidase inhibitors (MAOIs) (see section 4.5).
- Hypersensitivity to antihistamines

4.4 Special warnings and precautions for use

- Contains paracetamol. Patients should be advised not to take other paracetamol-containing products concurrently. The concomitant use with other products containing paracetamol may lead to an overdose. Paracetamol overdose may cause liver failure which may require liver transplant or lead to death.
- Concomitant use of other decongestants or cold and flu medicines should be avoided.
- The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Underlying liver disease increases the risk of paracetamol-related liver damage.

Medical advice should be sought before using this product in patients with these conditions:

- An enlargement of the prostate gland
- Occlusive vascular disease (e.g. Raynaud's phenomenon)
- Cardiovascular disease

Cases of high anion gap metabolic acidosis (HAGMA) due to pyroglutamic acidosis have been reported in patients with severe illness such as severe renal impairment and sepsis, or in patients with malnutrition or other sources of glutathione deficiency (e.g. chronic alcoholism) who were treated with paracetamol at therapeutic dose for a prolonged period or a combination of paracetamol and flucloxacillin. If HAGMA due to pyroglutamic acidosis is suspected, prompt discontinuation of paracetamol and close monitoring is recommended. The measurement of urinary 5-oxoproline may be useful to identify pyroglutamic acidosis as underlying cause of HAGMA in patients with multiple risk factors.

This product should not be used by patients taking other sympathomimetics (such as decongestants, appetite suppressants and amphetamine-like psychostimulants) (see interactions).
Excessive intake of caffeine (e.g. coffee, tea and some canned drinks) should be avoided while taking this product.

Consult the doctor if taking warfarin.
Chlorphenamine, 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 and asthma; hepatic impairment; renal impairment. Children and the elderly are more likely to experience the neurological anticholinergic effects and paradoxical excitation (eg. increased energy, restlessness, nervousness). Avoid use in elderly patients with confusion.
The anticholinergic properties of chlorphenamine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some patients which may seriously affect ability to drive and use machinery.
Concurrent use with drugs which cause sedation such as anxiolytics and hypnotics may cause an increase in sedative effects, therefore medical advice should be sought before taking chlorphenamine concurrently with these medicines.
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.

Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Caution is advised if paracetamol is administered concomitantly with flucloxacillin due to increased risk of high anion gap metabolic acidosis (HAGM A), 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.

4.5 Interaction with other medicinal products and other forms of interaction
Enzyme-inducing drugs may increase hepatic damage, as does excessive intake of alcohol. The speed of absorption of paracetamol may be increased by metoclopromide or domperidone and absorption reduced by colestyramine. These interactions are considered to be of unlikely clinical significance in acute use at the dosage regimen proposed.

Medical advice should be sought before taking paracetamol-caffeine phenylephrine in combination with the following drugs:

Monoamine oxidase inhibitors (including moclobemide)	Hypertensive interactions occur between sympathomimetic amines such as phenylephrine and monoamine Oxidase inhibitors (see contraindications).
Sympathomimetic amines	Concomitant use of phenylephrine with other sympathomimetics amines can increase the risk of cardiovascular side effects (see warnings and precautions).
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 contraindications).
Tricyclic antidepressants (e.g. amitriptyline)	May increase the risk of cardiovascular side effects with phenylephrine (see contraindications).
Digoxin and cardiac glycosides	Concimitant use of phenylephrine with digoxin or cardiac glycosides may increase the risk of irregular heartbeat or heart attack.
Ergot alkaloids (e.g. ergotamine and methylsergide)	Concomitant use of phenylephrine hydrochloride may cause an increased risk of ergotism *(see Warnings and Precautions).*
Warfarin and other coumarins	The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding; occasional doses have no significant effect.
Lithium	Caffeine can increase the elimination of lithium from the body. If taken concomitantly, it is recommended to reduce or moderate the intake of caffeine.
Flucloxacillin	Caution should be taken when paracetamol is used concomitantly with flucloxacillin as concurrent intake has been associated with high anion gap metabolic acidosis due to pyroglutamic acidosis, especially in patients with risks factors (see section 4.4).

Concurrent use of chlorphenamine and hypnotics or anxiolytics may cause an increase in sedative effects, therefore medical advice should be sought before taking chlorphenamine concurrently with these medicines.
Chlorphenamine inhibits phenytoin metabolism and can lead to phenytoin toxicity.
The anticholinergic effects of chlorphenamine are intensified by MAOIs (see Contraindications).

Flucloxacillin: Caution should be taken when paracetamol is used concomitantly with flucloxacillin as concurrent intake has been associated with high anion gap metabolic acidosis, especially in patients with risks factors (see section 4.4)

4.6 Fertility, pregnancy and lactation
Pregnancy
This product is not recommended for use in pregnancy due to the phenylephrine and caffeine content. There is a potential increased risk of lower birth weight and spontaneous abortion associated with caffeine consumption during pregnancy. Pregnant women should seek medical advice before taking paracetamol.
chlorphenamine maleate: There are no adequate data from the use 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 essentially by a physician.
Breast-feeding
This product should not be used while breast-feeding without medical advice. Avoid the use of the product during lactation, unless the benefits to the mother outweigh the risks to the infant. If used, the lowest effective dose and shortest duration of treatment should be considered Paracetamol is excreted in breast milk but not in a clinically significant amount at recommended dosages.
Caffeine in breast milk may have a stimulating effect on breast-fed infants but significant toxicity has not been observed.
Phenylephrine may be excreted in breast milk.
Chlorphenamine maleate and other antihistamine may inhibit lactation and may be secreted in breast milk. Not to be used during lactation unless considered essential by a physician

4.7 Effects on ability to drive and use machines
Patients should be advised not to drive or operate machinery if affected by dizziness, drowsiness, blurred vision and psychomotor impairment.

4.8 Undesirable effects
Adverse events are tabulated below by system class.

Paracetamol
Adverse events from historical clinical trial data are both infrequent and from small patient exposure. Accordingly, events reported from extensive post-marketing experience at therapeutic/labelled dose and considered attributable are tabulated below by system class. Due to limited clinical trial data, the frequency of these adverse events is not known (cannot be estimated from available data), but postmarketing experience indicates that adverse reactions to paracetamol are rare and serious reactions are very rare.

Body System	Undesirable effect
Blood and lymphatic system disorders	Thrombocytopenia Agranulocytosis These were not necessarily causally related to paracetamol.
Immune system disorders	Anaphylaxis Cutaneous hypersensitivity reactions including skin rashes, angiodema Very rare cases of serious skin reactions have been reported.
Metabolism and nutrition disorders	High anion gap metabolic acidosis * (frequency not known)
Respiratory, thoracic and mediastinal disorders	Bronchospasm**
Hepatobiliary disorders	Hepatic dysfunction

* Cases of high anion gap metabolic acidosis due to pyroglutamic acidosis have been observed in patients with risk factors using paracetamol (see section 4.4). Pyroglutamic acidosis may occur as a consequence of low glutathione levels in these patients.
** There have been cases of bronchospasm with paracetamol, but these are more likely in asthmatics sensitive to aspirin or other NSAIDs.

Caffeine
Adverse reactions of caffeine are listed below. The frequency of these reactions is unknown.

Body System	Undesirable effect
Central Nervous system	excitability, dizziness and headache
Psychiatric disorders	Nervousness, insomnia, restlessness, anxiety and irritability
Cardiac disorders	Palpitations
Gastrointestinal disorders	Gastrointestinal disturbances

When the recommended paracetamol-caffeine dosing regimen is combined with dietary caffeine intake, the resulting higher dose of caffeine may increase the potential for caffeine-related adverse effects.

Phenylephrine
The following adverse events with phenylephrine are listed below.

Body System	Undesirable effect
Psychiatric disorders	Nervousness
Nervous system disorders	Headache, dizziness, insomnia
Cardiac disorders	Increased blood pressure
Gastrointestinal disorders	Nausea, Vomiting, diarrhoea

The frequency of the following reactions is unknown:

Body System	Undesirable effect
Immune system disorders	Hypersensitivity, allergic dermatitis, urticaria
Eye disorders	Mydriasis, acute angle closure glaucoma, most likely to occur in those with closed angle glaucoma
Cardiac disorders	Tachycardia, palpitations
Skin and subcutaneous disorders	Rash
Renal and urinary disorders	Dysuria, urinary retention. This is most likely to occur in those with bladder outlet obstruction, such as prostatic hypertrophy.

Chlorpheniramine maleate

Adverse reactions of chlorpheniramine are listed below:

Body System	Undesirable effect	Frequency
Nervous system disorders	Sedation, somnolence	Very common
	Disturbance in attention, abnormal coordination, dizziness headache	Common
Eye disorder	Blurred Vision	Common
Gastrointestinal disorders	Nausea, dry	Common
	Vomiting, abdominal pain, diarrhoea, dyspepsia	Unknown
Immune system disorders:	Allergic reaction, angioedema, anaphylactic reactions	Unknown
Metabolism and nutritional disorders	Anorexia	Unknown
Blood and lymphatic system disorders	Haemolytic anaemia, blood dyscrasias	Unknown
Musculoskeletal and connective tissue disorders	Muscle twitching, muscle weakness	Unknown
Psychiatric disorders	Confusion*, excitation*, irritability*, nightmares*, depression	Unknown
Renal and urinary disorders	Urinary retention	Unknown
Skin and subcutaneous disorders	Exfoliative dermatitis, rash, urticaria, photosensitivity	Unknown
Respiratory, thoracic and	Thickening of bronchial	Unknown

mediastinal disorders	secretions	
Vascular disorders	Hypotension	Unknown
Hepatobiliary disorders	Hepatitis, including jaundice	Unknown
Ear and labyrinth Disorders	Tinnitus	Unknown
Cardiac disorders	Palpitations, tachycardia, arrythmias	Unknown
General disorders and administration site conditions	Fatigue	common
	Chest tightness	Unknown

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

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form: https://sideeffects.health.gov.il

4.9 Overdose
Paracetamol
Paracetamol overdose may cause liver failure which may require liver transplant or lead to death. Liver damage is possible in adults who have taken 10g or more of paracetamol. Ingestion of 5g or more of paracetamol may lead to liver damage if the patient has risk factors (see below).
Risk factors
If the patient
a) Is on long term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.
Or
b) Regularly consumes ethanol in excess of recommended amounts.
Or
c) Is likely to be glutathione deplete e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia.
Symptoms and signs
Symptoms of paracetamol overdosage in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion and have peaked after 4-6 days. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema, and death. Acute renal failure with acute tubular necrosis, strongly suggested by loin pain, haematuria and proteinuria, may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.

Treatment
Immediate treatment is essential in the management of paracetamol overdose. Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention. Symptoms may be limited to nausea or vomiting and may not reflect the severity of overdose or the risk of organ damage. Management should be in accordance with established treatment guidelines, see BNF overdose section.
Treatment with activated charcoal should be considered if the overdose has been taken within 1 hour. Plasma paracetamol concentration should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable). Treatment with N-acetylcysteine may be used up to 24 hours after ingestion of paracetamol, however, the maximum protective effect is obtained up to 8 hours post-ingestion. The effectiveness of the antidote declines sharply after this time. If required the patient should be given intravenous N-acetylcysteine, in line with the established dosage schedule. If vomiting is not a problem, oral methionine may be a suitable alternative for remote areas, outside hospital.
Management of patients who present with serious hepatic dysfunction beyond 24h from ingestion should be discussed with the NPIS or a liver unit. Acute pancreatitis has been observed, usually with hepatic dysfunction and liver toxicity.

Caffeine
Symptoms and signs
Overdose of caffeine may result in epigastric pain, vomiting, diurese, tachycardia or cardiac arrhythmia, CNS stimulation (insomnia, restlessness, excitement, agitation, jitteriness, tremors and convulsions).
It must be noted that for clinically significant symptoms of caffeine overdose to occur with this product, the amount ingested would be associated with serious paracetamol-related liver toxicity.
Treatment
No specific antidote is available, but supportive measures such as beta adrenoceptor antagonists to reverse the cardiotoxic effects may be used.

Phenylephrine
Symptoms and signs
Phenylephrine overdosage is likely to result in effects similar to those listed under adverse reactions. Additional symptoms may include, irritability, restlessness, hypertension, and possibly reflex bradycardia. In severe cases confusion, hallucinations, seizures and arrhythmias may occur. However the amount required to produce serious phenylephrine toxicity would be greater than that required to cause paracetamol-related liver toxicity.
Treatment
Treatment should be as clinically appropriate. Severe hypertension may need to be treated with alpha blocking drugs such as phentolamine.
If overdose is confirmed or suspected, seek immediate advice from your 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.

Chlorpheniramine
The estimated lethal dose of chlorphenamine 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
Management should be as clinically indicated or as recommended by the national poisons centres where available.
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

5.1 Pharmacodynamic properties

Paracetamol is a well established analgesic and antipyretic.
Phenylephrine hydrochloride is a sympathomimetic agent with mainly direct effects on adrenergic receptors (predominantly alpha-adrenergic activity) producing nasal decongestion.
Caffeine is the most active xanthine derivative in respect of stimulation of the central nervous system, producing a condition of wakefulness and increased mental activity.
Chlorphenamine is a potent antihistamine (H1-antagonist). Antihistamines diminish or abolish the actions of histamine in the body by competitive reversible blockade of histamine H1-receptor sites on tissues. Chlorphenamine also has anticholinergic activity. Antihistamines act to prevent the release of histamine, prostaglandins and leukotrienes and have been shown to prevent the migration of inflammatory mediators. The actions of chlorphenamine include inhibition of histamine on smooth muscle, capillary permeability and hence reduction of oedema and wheal in hypersensitivity reactions such as allergy and anaphylaxis.

5.2 Pharmacokinetic properties

Paracetamol is metabolised by the hepatic microsomal enzymes. It is rapidly and completely absorbed from the gastro-intestinal tract. Plasma concentration reaches a peak in half to one hour, the plasma half-life is one to three hours and it is uniformly distributed throughout the body.
Phenylephrine hydrochloride is irregularly absorbed from the gastro-intestinal tract. When injected intramuscularly it takes 10- 15 minutes to act and subcutaneous and intramuscular injections are effective for about one hour. Intravenous injections are effective for about 20 minutes.
Caffeine is readily absorbed from the gastro-intestinal tract.
Chlorphenamine 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. Chlorphenamine is metabolised to the monodesmethyl and didesmethyl derivatives. About 22% of an oral dose is excreted unchanged in the urine.

5.3 Preclinical safety data

Not applicable.

6. Pharmaceutical particulars

6.1 List of excipients
The tablets and caplets also contain Lactose monohydrate, povidone, sodium starch glycolate, colloidal silicon dioxide, magnesium stearate, hydrogenated vegetable oil, Eudragit E 100.

The film coating consist of: hypromellose, titanium dioxide, polyethylene glycol, quinoline yellow aluminium lake, iron oxide yellow, indigo carmine aluminium lake [FD&C blue no.2]

6.2 Incompatibilities
None.

6.3 Shelf life
The expiry date of the product is indicated on the packaging materials.

6.4 Special precautions for storage
Store below 25°C in a dark place.

6.5 Nature and contents of container
The caplets and tablets are packed into blister foil.
The package contains 20 tablets/caplets.

6.6 Special precautions for disposal and other handling
None.

7. Marketing authorisation holder
Teva Israel Ltd.
124 Dvora HaNevi'a St. 6944020

8. Marketing authorisation number(s)
Tablets: 156.61.34935
Caplets: 059.74.21484

9. Date of revision of the text

Revised in **April 2025**.