TBD

BAYER ASPIRIN® TABLET 500 MG

Package Insert for Malaysian Market

Indications
Temporary relief of headaches, toothache, neuralgia and muscle pains as well as colds, influenza complaints and fever.

Active Ingredient
Each tablet contains ASPIRIN (acetylsalicylic acid) 0.5g

Product description
White convex tablets having a diameter of approx. 12mm and average weight 613-638mg/tablet.

Pharmacodynamics
Acetylsalicylic acid (ASA) is the ethyl acetate of salicylic acid; it is a salicylate and belongs to the pharmacotherapeutic group of acidic nonsteroidal analgesics/antipyretics. Acetylsalicylic acid has analgesic, antipyretic and anti-inflammatory properties. The peripheral analgesic effect is the result of the inhibition of cyclo-oxygenase. This inhibits prostaglandin production (E2 and I2), which are involved in the transmission of pain. The same mechanism is responsible for the inhibition of platelet aggregation and the ulcerogenic effect, the sodium and fluid retention and the bronchospastic reactions as possible adverse effects. The antipyretic effect is due to a central effect on the hypothalamic thermostat, resulting in peripheral dilation of the blood vessels of the skin, with perspiration and loss of heat. The central effect likely also includes inhibition of prostaglandin synthesis, as prostaglandins transmit the effect of endogenous pyrogens in the hypothalamus.

Pharmacokinetics
Absorption
Following oral administration, acetylsalicylic acid is rapidly and fully absorbed in the gastrointestinal tract. During and after absorption, acetylsalicylic acid is converted to the main active metabolite salicylic acid. Following a single oral dose of 500 mg, peak plasma concentrations of acetylsalicylic acid (Cmax 8.2 µg/ml) and salicylic acid (Cmax 26.2 µg/ml) are reached after 0.5 hours (tmax) and 1.3 hours (tmax) respectively.
Distribution
Free salicylic acid is rapidly distributed to all tissues and fluid cavities (synovial, spinal, peritoneal fluid). The volume of distribution is dose- and pH-dependent and ranges from 0.1 to 0.2 l/kg. At the standard clinical dose, plasma protein binding of salicylic acid is between 60 and 90%, binding mainly to albumin; bioavailability is 80-100%. Salicylic acid passes into breast milk and crosses the placenta. Optimal active concentrations in plasma: ASA exhibits analgesic and antipyretic properties at plasma salicylate concentrations of less than 100 mg/l.
Elimination
Elimination is almost exclusively via the kidneys in the form of salicylic acid (approx. 10%), salicyluric acid (approx. 75%) and conjugates of salicyluric acid (approx. 10%). The relative proportions of the metabolites excreted via the kidneys depends on the dose levels, with urinary pH in particular also playing a significant role. In contrast, buffered ASA increases urinary pH into the alkaline range and converts the salicylic acid into dissociated salicylate, which can no longer be reabsorbed. Following ingestion of unbuffered ASA, some antacids can negatively affect the adequately high continuous plasma salicylate levels required for certain indications.

Directions
Adults: 1-2 tablets each time, taken every 4-8 hours as required up to a maximum of 6 tablets daily. Tablet to be taken with plenty of fluid. Not to be taken on an empty stomach. When used as self-medication, this product is only approved for short-term use up to a maximum of 3 days.

Contraindication
- Hypersensitivity to acetylsalicylic acid, other salicylates or any of the excipients as listed in the composition.
- History of bronchospasm, urticaria or allergy-like symptoms after taking acetylsalicylic acid or other nonsteroidal anti-inflammatory drugs.
- Active stomach and/or duodenal ulcers or gastrointestinal bleeding.
- Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis).
- Haemorrhagic diathesis.
- Severe hepatic impairment (liver cirrhosis and ascites).
- Severe renal impairment (creatinine clearance < 30 ml/min).
- Severe heart failure (NYHA III-IV).
- Combination with methotrexate at doses of 15 mg/week or more (see "Interactions").
- Treatment of post-operative pain following a coronary artery bypass graft (or use of a heart-lung machine).
- Last trimester of pregnancy (see "Pregnancy and Lactation").

Warnings and Precautions
Risk of GI Ulceration, Bleeding and Perforation with NSAID
Serious GI toxicity such as bleeding, ulceration and perforation can occur at any time, with or without warning symptoms, in patients treated with NSAID therapy. Although minor upper GI problems (e.g. dyspepsia) are common, usually developing early in therapy, prescribers should remain alert for ulceration and bleeding in patients treated with NSAIDs even in the absence of previous GI tract symptoms.
Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Patients with prior history of serious GI events and other risk factors associated with peptic ulcer disease (e.g. alcoholism, smoking, and corticosteroid therapy) are at increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less than other individuals and account for most spontaneous reports for fatal GI events.
The renal effects of NSAIDs include fluid retention with oedema and/or arterial hypertension. Therefore, acetylsalicylic acid should only be used with caution in patients with impaired cardiac function and other predisposing conditions for fluid retention. Caution is also required in patients on concomitant diuretics or ACE inhibitors, or if there is an increased risk of hypovolaemia.
In the following situations, caution is required and/or Aspirin must only be taken on medical prescription and under medical monitoring:
- Caution is required in elderly patients due to basic medical considerations. In particular, it is recommended to use the minimum effective dose in frail elderly patients or those with low body weight.
- If the patient suffers from asthma or has a general predisposition for hypersensitivity; acetylsalicylic acid can cause bronchospasm and trigger asthma attacks or other hypersensitivity reactions. Risk factors are a history of asthma, hay fever, nasal polyps or chronic diseases of the respiratory tract. The same applies to patients who are allergic to other substances (e.g. with skin reactions, itching or hives).
- In patients with chronic or recurrent stomach or duodenal conditions.
- If there is concomitant treatment with anticoagulant drugs.
- In patients with impaired renal function or impaired cardiovascular function (e.g. diseases of the renal vessels, congestive heart failure, hypovolaemia, major surgery, sepsis or severe bleeding), as acetylsalicylic acid could further increase the risk of renal impairment or acute renal failure.
- In patients with hepatic impairment.
- In patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency, as acetylsalicylic acid could induce haemolysis or haemolytic anaemia. Factors that increase this risk are, for example, high doses, fever or acute infections.
- In conditions where there is an increased risk of bleeding (e.g. menstruation or injuries). Due to the inhibition of platelet aggregation and the prolongation of bleeding time, which can persist for several days after taking acetylsalicylic acid, an increased risk of bleeding is possible, in particular both during and after surgical procedures (including minor procedures such as tooth extraction).

Acetylsalicylic acid reduces excretion of uric acid at low doses. In patients who already have a tendency for low uric acid excretion, this can sometimes trigger a gout attack.

WARNING
NOT TO BE GIVEN TO CHILDREN UNDER 16 YEARS OF AGE.
AMARAN
TIDAK BOLEH DIBERI KEPADA KANAK-KANAK BERUMUR KURANG DARIPADA 16 TAHUN.

Interactions
Contraindicated combinations:
- Methotrexate at doses of 15 mg/week or more: increased toxicity of methotrexate (in general, anti-inflammatory substances reduce excretion of methotrexate, and salicylates displace methotrexate from its plasma protein binding), see "Contraindication".

Combinations requiring particular caution
- Methotrexate at doses of less than 15 mg/week: increased toxicity of methotrexate (in general, anti-inflammatory substances reduce excretion of methotrexate, and salicylates displace methotrexate from its plasma protein binding).
- Antidiabetic agents (e.g. insulin, sulphonylureas): blood sugar levels can drop.
- Potentiation of the effect of anticoagulants/thrombolytic drugs, barbiturates, lithium, sulphonamides and triiodothyronine.
- Platelet aggregation inhibitors, e.g. clopidogrel: increased risk of bleeding.
- Pharmacodynamic interactions between selective serotonin reuptake inhibitors (SSRIs) and acetylsalicylic acid: increased risk of bleeding due to synergistic effects.
- Elevated plasma levels of digoxin, caused by reduced renal excretion.
- Increased plasma concentrations of phenytoin and sodium valproate. Acetylsalicylic acid causes bound valproic acid to be released from serum proteins and reduces its metabolism. This results in elevated plasma concentrations of sodium valproate, which can lead to an increased rate of undesirable effects or even signs of intoxication, such as tremor, nystagmus, ataxia and personality changes.
- Potentiation of the effect and undesirable effects of all nonsteroidal anti-inflammatory drugs.
- Antihypertensive agents (ACE inhibitors and beta blockers): hypertensive patients treated with these medicinal products and acetylsalicylic acid should receive close monitoring of blood pressure, and the dose should be adjusted if necessary.
- Diuretics in combination with acetylsalicylic acid at high doses: attenuation of the diuretic effect.
- Reduced effect of uricosurics (e.g. probenecid, sulfinpyrazone).
- Systemic glucocorticoids: increased risk of gastrointestinal ulcers and bleeding; reduced salicylate levels during treatment with corticosteroids; risk of salicylate overdose following discontinuation of the glucocorticoid treatment.
- Alcohol: increased risk of gastrointestinal ulcers and bleeding; prolongation of bleeding time.
- Prolongation of the plasma half-life of penicillins.

Pregnancy and Lactation
Pregnancy
Inhibition of prostaglandin synthesis can negatively affect the pregnancy and/or embryo-foetal development. Data from epidemiological studies indicate an increased risk of miscarriage and cardiac abnormalities and gastroschisis following the use of an inhibitor of prostaglandin synthesis in early pregnancy. It is assumed that the risk increases in line with the dose and the duration of treatment.
In animals it has been demonstrated that the administration of an inhibitor of prostaglandin synthesis leads to increased pre- and post-implantation loss and to embryo-foetal death. In addition, increased incidence of various malformations, including cardiovascular malformations, has been reported in animals who received an inhibitor of prostaglandin synthesis during the phase of organogenesis.
During the first and second trimesters of pregnancy, acetylsalicylic acid should only be administered if absolutely necessary. If acetylsalicylic acid is used by a woman who is trying to get pregnant, or if it is used during the first or second trimester of pregnancy, the dose should be kept as low as possible and the duration of treatment should be kept as short as possible.
Acetylsalicylic acid is contraindicated during the third trimester of pregnancy. All inhibitors of prostaglandin synthesis can expose :
- the foetus to the following risks :
  - cardiopulmonary toxicity (with premature closure of the ductus arteriosus and pulmonary hypertension);
  - impaired renal function, which can progress to renal failure with oligohydramnios.
- expose the mother and baby to the following risks:
  - possible prolongation of bleeding time, a platelet aggregation inhibitor effect that can even occur at very low doses;
  - inhibition of uterus contractions, with the result that labour can be delayed or prolonged.

Lactation
Salicylates can be passed into breast milk. Therefore, as a precautionary measure, acetylsalicylic acid should not be used by breastfeeding women. If treatment is essential, the child should be switched to bottle feeding.

Undesirable effects
The frequencies are defined as follows:
Very common: ≥ 1/10
Common: ≥ 1/100 to < 1/10
Uncommon: ≥ 1/1,000 to < 1/100
Rare: ≥ 1/10,000 to < 1/1,000)
Very rare: < 1/10,000
Furthermore, additional adverse drug reactions have been reported in spontaneous reports about all aspirin formulations, including short-term and long-term oral treatment. Data about frequency is not possible in these cases.
Blood and lymphatic system disorders:
Prolongation of bleeding time
Rare: Thrombocytopenia, agranulocytosis, pancytopenia, leukopenia, aplastic anaemia, iron deficiency anaemia.
Haemolysis and haemolytic anaemia have been reported in patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency.
Acetylsalicylic acid can increase the risk of bleeding due to its anti-platelet effect. Bleeding events such as peri-operative bleeding, haematoma, epistaxis, urogenital bleeding and gum bleeding have been observed.
In rare or very rare cases, severe bleeding events have also been reported, for example, gastrointestinal bleeding and cerebral haemorrhage, particularly in patients with uncontrolled hypertension and/or concomitant treatment with anticoagulants, and these can be life-threatening in some cases.
Immune system disorders
Uncommon: Asthma
Rare: Hypersensitivity reactions in the form of erythematous/eczematous skin reactions, urticaria, rhinitis, blocked nose, bronchospasm, angioedema, drop in blood pressure or even shock.
Rare: Severe skin reactions, including erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis.
Metabolism and nutrition disorders
Rare: Hypoglycaemia, disorders of acid-base balance.
Nervous system disorders
Rare: Headache, dizziness, tinnitus, altered vision, impaired hearing, confusion.
Gastrointestinal disorders
Very common: Microbleeds (70%).
Common: Stomach discomfort
Uncommon: Dyspepsia, nausea, vomiting, diarrhoea
Rare: Gastrointestinal bleeding, gastrointestinal ulcers that can very rarely result in perforation.
Hepatobiliary disorders
Rare: Hepatic impairment
Very rare: Elevated transaminase levels
Renal and urinary disorders
Rare: Impaired renal function
Acute renal failure has been reported.
Other
Very rare: Reye's syndrome (see "Warnings and precautions")

Overdose
Intoxication must be anticipated in the elderly and in particular in small children (therapeutic overdose or accidental poisoning can be fatal in such patients). Severe signs of intoxication can develop slowly, i.e. within 12-24 hours of ingestion. Mild intoxication is to be expected following oral ingestion of a dose of up to 150 mg aspirin/kg bodyweight, with doses of > 300 mg/kg bodyweight, severe intoxication is to be expected.
The severity of the poisoning cannot be estimated on the basis of plasma concentrations alone. Absorption of acetylsalicylic acid can be delayed as a result of delayed gastric emptying, formation of concretions in the stomach, or gastro-resistant coatings.
The symptoms of chronic salicylate poisoning are non-specific (e.g. tinnitus, headache, restlessness, sweating, hyperventilation) and can therefore be overlooked.
Symptoms: Headache, nausea, vomiting, hypoglycaemia or hyperglycaemia, rash, dizziness, ringing in the ears (tinnitus), impaired vision and hearing, tremor, confusion, hyperthermia, sweating, hyperventilation, disturbance of acid-base balance and electrolytes, dehydration, coma, respiratory failure.
Treatment: Given the life-threatening nature of severe poisoning, the necessary measures must be initiated without delay: immediate admission to hospital, prevention or reduction of absorption, gastric lavage in early cases (up to one hour after ingestion), repeated administration of activated charcoal, monitoring and correction of electrolytes. Glucose intake. Sodium bicarbonate to correct acidosis and to increase elimination (urine pH > 8).
Glycine: initially 8 g per os, then 4 g every 2 hours for 16 hours. Possible haemoperfusion or haemodialysis

Storage
Store at or below 30°C. Keep all medications out of reach of children. Jauhi daripada kanak-kanak.

Shelf life
Please refer to the labels.

Presentation
Boxes contain 3 blisters, each @ 10 tablets
Made by PT Bayer Indonesia, Depok-Indonesia, under license and control of Bayer Consumer Care AG, Basel, Switzerland
Product registration holder:
Bayer Co. (Malaysia) Sdn. Bhd.
B-19-1 & B-19-2, The Ascent Paradigm No. 1, Jalan SS7/26A, Kelana Jaya,
47301 Petaling Jaya, Selangor, Malaysia.
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Bayer

ARAH SERAT

BAYER ASPIRIN®

Patient Information Leaflet for Singapore Market

Read this leaflet before you start treatment, if any of this information causes you concern or if you need more information, contact your doctor or pharmacist.

ASPIRIN belongs to a group of medicines known as non-steroidal anti-inflammatory drugs (NSAIDs). It is used for the treatment of pain and reduction of fever and also has anti-inflammatory properties.

What is this medicine used for?
Bayer ASPIRIN may be used for short-term use in temporary relief of mild to moderate pain (headache, toothache, neuralgia, muscular aches and pain, pain associated with colds or influenza) and fever.

Active Ingredient
Each tablet contans ASPIRIN (acetylsalicylic acid) 0.5g. This medicine also contains starch and cellulose.

Directions
Adults: Take 1-2 tablets every 4-8 hours, up to maximum of 6 tablets per 24 hours. Tablet should preferably be taken after meals, with plenty of liquid. Tablet maybe dissolved in water to facilitate intake. Do not exceed the stated dose. Not recommended to be taken by patients < 16 years old, unless directed by a doctor.

What should you do if you miss a dose?
If you miss a dose, take the missed dose as soon as you remember. However if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for missed one.

Before you take this medicine

DO NOT take this medicine if you:
- Are allergic to ASPIRIN (acetylsalicylic acid) or any other ingredients in this product.
- Are allergic to any other pain-relieving or anti-inflammatory medicines (e.g. NSAIDs or salicylates, the class of substances to which acetylsalicylic acid belongs).
- Are on high dose of methotrexate (15mg per week or more). If you are not sure, check with your doctor.
- Are pregnant or breastfeeding, unless advised by a doctor. Do not take the medicine if you are in the last trimester of pregnancy.
- Are taking other medicines, especially blood thinning agents, other painkillers or medicines used for arthritis, diabetes or gout, unless advised by a doctor.
- Are about to have any surgery, including minor operations such as dental surgery. Always check with your physician first if you are unsure. Always inform the physician at least one week before the surgery that you are taking ASPIRIN.
- Are below 16 years of age, unless advised by a doctor. There is a possible association or risk of Reye's Syndrome (a rare but possibly life-threatening illness requiring immediate medical attention), when acetylsalicylic-containing products are given to children or adolescents for viral infections or chicken pox, with or without fever.
- Have a disorder which causes a tendency to bleed, such as haemophilia.
- Have severe heart, kidney or liver problems.
- Have or had a history of stomach or duodenal ulcers, or gastro-intestinal bleeding, unless advised by a doctor.
- Have asthma, hay fever, nasal polyps, chronic respiratory disease or other allergies that is worsened by ASPIRIN, salicylates or NSAIDs, unless advised by a doctor.
- Have G6PD (glucose-6-phospate dehydrogenase) deficiency, unless advised by a doctor.
- Are prone to having gout, unless advised by a doctor. At low doses, acetylsalicylic acid reduces the excretion of uric acid, and this may trigger a gout attack.

Do not use continuously for more than 3 days without consulting a physician.

If you are unsure whether you should take this medicine, consult your doctor or pharmacist.

Using other medicines:
Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription. Your doctor may need to adjust the dose of these medicines.
ASPIRIN may affect the way in which some medicines work. These medicines include:
- Medication to thin the blood and help prevent it from clotting so easily (e.g. warfarin, heparin, ticlopidine)
- Medication to treat heart problems or to lower blood pressure (e.g. ACE inhibitors, digoxin)
- Medication to treat gout that promote excretion of uric acid in the urine (e.g. benbromarore, probenecid)
- Diuretics to treat water retention (e.g. spironolactone, furosemide)
- Medication to treat epilepsy (e.g. sodium valproate, valproic acid, phenytoin)
- Medication to lower blood sugar for diabetics (e.g. insulin, sulphonylureas)
- Methotrexate (to treat psoriasis, rheumatoid arthritis, Crohn's disease and some types of cancer)
- Any pain-relieving or anti-inflammatory medicines (e.g. NSAIDs, salicylates such as ibuprofen, naproxen)
- Medication containing corticosteroids, when taken by mouth or by injection (e.g. cortisone, prednisolone).
- Selective Seretonin Re-uptake inhibitors (SSRIs) to treat depression (e.g. fluoxetine, sertraline)
- Alcohol. Avoid taking alcohol with ASPIRIN, as the risk of gastrointestinal bleeding may be increased.

Pregnancy and lactation
Do not use ASPIRIN if you are pregnant, breastfeeding or trying for a baby unless directed by your doctor. ASPIRIN can prolong labour and affect blood clotting in the mother or baby. Acetylsalicylic acid is contraindicated during the third trimester of pregnancy.

Taking medicines containing ASPIRIN make it more difficult to become pregnant. This effect is reversible once you stop taking the medicine. Always ask your doctor or pharmacist for advice before taking any medicine.

Effects on ability to drive and use machines
No effects have been observed.

Possible undesirable effects/side effects
Like all medicines, ASPIRIN can cause side effects although not everybody gets them. ASPIRIN belongs to a group of medicines which may impair the fertility in women. This effect is reversible on stopping the medicine.

The following possible side effects may go away during treatment as your body adjusts to the medicines. If they continue, are severe or bother you, tell your doctor or pharmacist.
- stomach pain or discomfort, indigestion or heartburn
- nausea or vomiting

Although the following side effects are less common, if they do occur they need medical attention. Stop taking ASPIRIN and contact your doctor or go to the nearest Accident and Emergency Department immediately if you experience any of the following:
- An allergic reaction. Signs of an allergic reaction may include: difficulty in breathing or swallowing, swelling of the eyelids, face, lips, throat or tongue, skin rashes or itching, attacks of itching eyes, sneezing, runny nose or water retention.
- Severe diarrhea, severe vomiting or severe stomach pain
- Gastrointestinal bleeding, which may result in black or tarry stools
- Unusual or increased bleeding (e.g. if you cut or injure yourself) or unusual bruising
- Dizziness or ringing in the ears
- Severe headache, or drowsiness
- Excessive sweating or increased thirst
- Confusion, changes in vision or changes in behavior
- An asthma attack if you are asthmatic and sensitive to ASPIRIN
- Changes in normal liver activity in blood tests (very rare)

Not all side effects reported for this medicine are included in this leaflet. If you react badly to this medicine in any way, stop taking the medicine and check with your doctor or pharmacist immediately.

Signs and symptoms of overdose
In the event of an overdose or accidental ingestion, contact your doctor immediately or take the patient to the nearest hospital. Take this leaflet with you and any packaging to show what you have taken.
In children, serious signs of overdosage can develop rapidly. Signs and symptoms of possible overdose may include dizziness, vertigo, tinnitus (ringing in the ears), deafness, sweating, nausea, vomiting, headache, confusion, and hyperventilation.

Storage Conditions
Store at or below 30ºC. Keep all medications out of reach of children.

Presentation
Boxes contain 3 blisters each having 10 tablets.
Made by PT Bayer Indonesia, under license and control of Bayer Consumer Care AG, Basel, Switzerland

For:
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14th Floor, Singapore 049514

For enquiries or comments, please email us at
singapore.bcc@bayer.com

Bayer

ARAH SERAT

Title : LFLT ASPIRIN MY-SG
Dimension : 215 x 205 mm
Material : HVS 60 gsm
Color Guide :

Black | P Green C