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Summary of Product Characteristics ..................
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The MHRA granted Beecham Group plc a Marketing Authorisation (licence) for the medicinal product Ibuprofen and Codeine 200mg/12.8mg Tablets (PL 00079/0633) on 5th June 2009. This Pharmacy (P) product is indicated for the relief from migraine pain. They can also be used for headaches, neuralgia, fever, the aches and pains of colds and flu, period pain, dental pain, muscle and joint pain, backache, fibrositis, tennis elbow, sports injuries, and pain due to non-serious arthritis.

The active ingredients are ibuprofen and codeine, which are both painkillers. By working on your body in different ways, ibuprofen and codeine combine to relieve pain and ease stiffness. Ibuprofen belongs to a family of medicines called non-steroidal anti-inflammatory drugs (NSAIDs), which relieve pain and reduce inflammation.

This application is identical to a previously granted licence application for Solpaflex Tablets, Cuprofen Plus, Solpadeine Migraine Ibuprofen and Codeine Tablets (PL 00071/0431), which was granted to Smithkline Beecham (SWG) Limited in February 1996.

No new or unexpected safety concerns arose from this simple application and it was, therefore, judged that the benefits of taking Ibuprofen and Codeine 200mg/12.8mg Tablets outweigh the risks, hence a Marketing Authorisation has been granted.
IBUPROFEN AND CODEINE 200MG/12.8MG TABLETS
PL 00079/0633

SCIENTIFIC DISCUSSION

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INTRODUCTION

The MHRA granted Beecham Group plc a Marketing Authorisation (licence) for the medicinal product Ibuprofen and Codeine 200mg/12.8mg Tablets (PL 00079/0633) on 5th June 2009. This Pharmacy (P) product is indicated for the symptomatic relief of mild to moderate pain in such conditions as soft tissue injuries, including sprains, strains and musculo-tendonitis, backache, non-serious arthritic and rheumatic conditions. It is also indicated for the relief of mild to moderate pain in neuralgia, migraine, headache, dental pain and dysmenorrhoea.

The application was submitted as simple abridged application according to article 10.1(c) of Directive 2001/83/EC, cross-referring to Solpaflex Tablets, Cuprofen Plus, Solpadeine Migraine Ibuprofen and Codeine Tablets (PL 00071/0431), which was granted to Smithkline Beecham (SWG) Limited in February 1996.

No new data was submitted nor was it necessary for this simple application, as the data is identical to that of the previously granted cross-reference product. As the cross-reference product was granted prior to the introduction of current legislation, no PAR was generated.

The product contains the active substances ibuprofen and codeine phosphate hemihydrate. Ibuprofen is one of a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDS). It relieves pain, reduces inflammation and lowers temperature when you are feverish. Codeine is a centrally acting analgesic which produces its effect by its action at opioid-binding sites (μ-receptors) within the CNS. It is a full agonist.
PHARMACEUTICAL ASSESSMENT

LICENCE NO: PL 00079/0633
PROPRIETARY NAME: Ibuprofen and Codeine 200mg/12.8mg Tablets
ACTIVE(S): Ibuprofen and codeine phosphate hemihydrate
COMPANY NAME: Beecham Group plc
E.C. ARTICLE: Article 10 (c) of Directive 2001/83/EC
LEGAL STATUS: P

1. INTRODUCTION
This is a simple abridged application for Ibuprofen and Codeine 200mg/12.8mg Tablets submitted under Article 10 (c) of Directive 2001/83/EC. The proposed MA holder is Beecham Group plc (currently trading as GlaxoSmithKline Consumer Healthcare), 980 Great West Road, Brentford, Middlesex, TW8 9GS, United Kingdom.

This application refers to a Marketing Authorisation for Solpaflex Tablets, Cuprofen Plus, Solpadeine Migraine Ibuprofen and Codeine Tablets (PL 00071/0431), which was granted to Smithkline Beecham (SWG) Limited in February 1996.

Preclinical, pharmaceutical and clinical expert statements have been provided together with CVs showing the experts are appropriately qualified. The experts confirm that the product is identical in composition, manufacture and pharmaceutical characteristics to the respective reference product and that there are no toxicological or clinical issues.

2. MARKETING AUTHORISATION APPLICATION FORM
2.1 Name(s)
The proposed name of the product is Ibuprofen and Codeine 200mg/12.8mg Tablets. The product has been named in-line with current requirements.

2.2 Strength, pharmaceutical form, route of administration, container and pack sizes
The product contains ibuprofen, equivalent to 200mg, and codeine phosphate hemihydrate, equivalent to 12.8mg. The product will be packaged into white opaque polyvinyl chloride (250μm)/aluminium foil (20μm) blister packs containing 4, 6, 12, 24, 48 or 96 tablets.

2.3 Legal status
The product is available under a Pharmacy-only licence (P).

2.4 Marketing authorisation holder/Contact Persons/Company
The proposed Marketing Authorisation holder is Beecham Group plc (currently trading as GlaxoSmithKline Consumer Healthcare), 980 Great West Road, Brentford, Middlesex, TW8 9GS, United Kingdom.

The QP responsible for pharmacovigilance is stated and a CV is included.
2.5 Manufacturers
The proposed manufacturing sites are consistent with those registered for the cross-reference product and evidence of GMP compliance has been provided.

A flow diagram showing the sequence and activities of the different sites involved in the manufacturing process has been provided.

2.6 Qualitative and quantitative composition
The proposed compositions are consistent with the details registered for the cross-reference products.

2.7 Manufacturing process
The proposed manufacturing process is consistent with the details registered for the cross-reference products and the maximum batch size is stated.

2.8 Finished product/shelf-life specification
The proposed finished product specification is in line with the details registered for the cross-reference products.

2.9 Drug substance specification
Both ibuprofen and codeine phosphate hemihydrate are controlled by certificates of suitability, which ensure compliance with the current European Pharmacopoeia.

2.10 TSE Compliance
With the exception of Cellactose 80 (which contains lactose monohydrate), no materials of animal or human origin are used in the finished product. The supplier of Cellactose 80 has confirmed that the lactose monohydrate is sourced from healthy animals in the same conditions as milk for human consumption and poses no risk of BSE/TSE transmission.

3. EXPERT REPORTS
The applicant has included detailed expert reports in Module 2 of the application. Signed declarations and copies of the experts’ CVs are enclosed in Module 1.4 for the quality, non-clinical and clinical experts. All are considered to have sufficient experience for their responsibilities.

4. PRODUCT NAME & APPEARANCE
See 2.1 for details of the proposed product name. The appearances of the products are identical to the cross-reference product.

5. SUMMARY OF PRODUCT CHARACTERISTICS
The proposed Summary of Product Characteristics is consistent with the details registered for the cross-reference product.
6. PATIENT INFORMATION LEAFLET/BLISTER
PIL
The patient information leaflet has been prepared in-line with the details registered for
the cross-reference products.

The PIL is in compliance with current guidelines and user testing results have been
submitted. The results indicate that the PIL is well-structured and organised, easy to
understand and written in a comprehensive manner. The test shows that the
patients/users are able to act upon the information that it contains.

Carton and blister
The proposed artwork is comparable to the artwork registered for the cross-reference
product and complies with statutory requirements. In line with current legislation, the
applicant has also included the name of the product in Braille on the outer packaging
and has included sufficient space for a standard UK pharmacy dispensing label.

7. CONCLUSIONS
The data submitted with the application is acceptable. A Marketing Authorisation
should be granted.
PRECLINICAL ASSESSMENT

No new preclinical data have been supplied with this application and none are required for an application of this type.
CLINICAL ASSESSMENT

No new clinical data have been supplied with this application and none are required for an application of this type.
OVERALL CONCLUSION AND RISK BENEFIT ASSESSMENT

QUALITY
For this application, the data are consistent with that previously assessed for the cross-reference product and as such has been judged to be satisfactory.

PRECLINICAL
No new preclinical data were submitted and none are required for an application of this type.

EFFICACY
Ibuprofen and codeine phosphate hemihydrate are well-known drugs and have been used for many years. This application is identical to previously granted application for Solpaflex Tablets, Cuprofen Plus, Solpadeine Migraine Ibuprofen and Codeine Tablets (PL 00071/0431).

Preclinical, pharmaceutical and clinical expert statements have been provided together with CVs showing the experts are appropriately qualified. The experts confirm that the product is identical in composition, manufacture and pharmaceutical characteristics to the respective reference product and that there are no toxicological or clinical issues.

No new or unexpected safety concerns arise from this application.

The SPC, PIL and labelling are satisfactory and consistent with that for the cross-reference product.

RISK-BENEFIT ASSESSMENT
The quality of the product is acceptable and no new preclinical or clinical safety concerns have been identified. The applicant’s product is identical to the cross-reference product. Extensive clinical experience with ibuprofen and codeine is considered to have demonstrated the therapeutic value of the compound. The risk-benefit is, therefore, considered to be positive.
**STEPS TAKEN FOR ASSESSMENT**

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<th>The MHRA received the marketing authorisation application on 3rd April 2008.</th>
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<td>Following standard checks and communication with the applicant the MHRA considered the application valid on 4th April 2008.</td>
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<td>Following assessment of the application the MHRA requested further information on 6th August 2008 and 18th February 2009.</td>
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<td>The applicant responded to the MHRA’s requests, providing further information on 16th October 2008 and 23rd February 2009.</td>
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<td>The application was determined on 5th June 2009.</td>
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## STEPS TAKEN AFTER ASSESSMENT

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IBUPROFEN AND CODEINE 200MG/12.8MG TABLETS
PL 00079/0633

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
Ibuprofen & Codeine 200mg/12.8mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Ibuprofen 200 mg
Codeine Phosphate Hemihydrate 12.8 mg

Contains lactose

For full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM
White film-coated capsule-shaped tablets.

4 CLINICAL PARTICULARS
4.1 Therapeutic indications
Symptomatic relief of mild to moderate pain in such conditions as soft tissue injuries, including sprains, strains and musculo-tendonitis, backache, non-serious arthritic and rheumatic conditions. Also for the relief of mild to moderate pain in neuralgia, migraine, headache, dental pain and dysmenorrhoea.

4.2 Posology and method of administration
Dosage:
Do not take for more than 3 days continuously without medical review.

Adults:
The minimum effective dose should be used for the shortest time necessary to relieve symptoms.

One or two tablets every four to six hours.

Not more than 6 tablets should be taken in 24 hours.

Children under 12 years:
Not recommended

Elderly:
No specific dosage recommendations are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually.

Route of Administration:
For oral administration and short-term use only.

4.3 Contraindications
Ibuprofen & Codeine 200mg/12.8mg Tablets are contraindicated in individuals with hypersensitivity to the active ingredients or any of the constituents in the product.

Patients who have previously shown hypersensitivity reactions (e.g. asthma, rhinitis, angioedema or urticaria) in response to aspirin or other non-steroidal anti-inflammatory drugs.

Active or previous peptic ulcer.

History of upper gastrointestinal bleeding or perforation, related to previous NSAIDs therapy.
Use with concomitant NSAIDs including cyclo-oxygenase-2 specific inhibitors (See section 4.5 Interactions).

Severe hepatic failure, renal failure or severe heart failure (See section 4.4, Special warnings and precautions for use)

Last trimester of pregnancy (See section 4.6 Pregnancy and lactation).

4.4 Special warnings and precautions for use

Ibuprofen & Codeine 200mg/12.8mg Tablets should be used with caution in patients with gastro-intestinal disease. In patients receiving anti-coagulant therapy, prothrombin time should be monitored daily for the first few days of combined treatment.

Bronchospasm may be precipitated in patients suffering from, or with a history of, bronchial asthma or allergic disease. The possibility of cross-sensitivity with aspirin and other non-steroidal anti-inflammatory agents should be considered.

The elderly are at increased risk of the serious consequences of adverse reactions.

Patients should be advised to consult their doctor if their headaches become persistent.

Systemic lupus erythematosus and mixed connective tissue disease – increased risk of aseptic meningitis (see section 4.8 Undesirable effects)

Chronic inflammatory intestinal disease (ulcerative colitis, Crohn’s disease) – as these conditions may be exacerbated (See section 4.8 Undesirable effects)

Caution (discussion with doctor or pharmacist) is required prior to starting treatment in patients with a history of hypertension and/or heart failure as fluid retention, hypertension and oedema have been reported in association with NSAID therapy.

Renal impairment as renal function may further deteriorate (See section 4.3 Contraindications and Section 4.8 Undesirable effects)

Hepatic dysfunction (See section 4.3 Contraindications and section 4.8 Undesirable effects)

There is limited evidence that drugs which inhibit cyclo-oxygenase/prostaglandin synthesis may cause impairment of female fertility by an effect on ovulation. This is reversible upon withdrawal of treatment.

GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at anytime during treatment, with or without warning symptoms or a previous history of serious GI events.

Patients with a history of GI toxicity, particularly when elderly, should report any unusual abdominal symptoms (especially GI bleeding) particularly in the initial stages of treatment.

Caution should be advised in patients receiving concomitant medications which could increase the risk of gastrotoxicity or bleeding, such as corticosteroids, or anticoagulants such as warfarin or anti-platelet agents such as aspirin (see section 4.5 Interactions).

When GI bleeding or ulceration occurs in patients receiving ibuprofen, the treatment should be withdrawn.

Cardiovascular and cerebrovascular effects

Clinical trial and epidemiological data suggest that use of ibuprofen, particularly at high doses (2400 mg daily) and in long-term treatment may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke). Overall, epidemiological studies do not suggest that low dose ibuprofen (e.g. ≤ 1200 mg daily) is associated with an increased risk of myocardial infarction.
Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see GI and cardiovascular risks below).

The leaflet will state in a prominent position in the ‘before taking’ section:
- If you need to use this medicine for more than three days at a time, see your doctor, pharmacist or health care professional.
- Taking codeine regularly for a long time can lead to addiction, which might cause you to feel restless and irritable when you stop the tablets.
- Taking a painkiller for headaches too often or for too long can make them worse.

The label will state (To be displayed prominently on outer pack -not boxed):
- If you need to use this medicine for more than three days at a time, see your doctor or pharmacist. Taking codeine regularly for a long time can lead to addiction.
- Taking a painkiller for headaches too often or for too long can make them worse.

Read the enclosed leaflet before taking this product.

Do not take if you
- have or have ever had a stomach ulcer, perforation or bleeding
- are allergic to ibuprofen or any other ingredient of the product, aspirin or other related painkillers
- are taking other NSAID painkillers, or aspirin with a daily dose above 75mg
- are in the last 3 months of pregnancy

Speak to a pharmacist or your doctor before you take this product if you
- have asthma, liver, heart, kidney or bowel problems
- are in the first 6 months of pregnancy

If symptoms persist or worsen, consult your doctor

4.5 Interaction with other medicinal products and other forms of interaction

Caution should be exercised in patients taking mono-amine oxidase inhibitors.

Ibuprofen should not be used in combination with:
- Aspirin: Unless low-dose aspirin (not above 75mg daily) has been advised by a doctor, as this may increase the risk of adverse reactions (See 4.3 Contraindications).
- Other NSAIDS: As these may increase the risk of adverse effects (See section 4.3 Contraindications).

Ibuprofen should be used with caution in combination with:
- Anticoagulants: NSAIDS may enhance the effects of anti-coagulants, such as warfarin (See section 4.4).
- Antihypertensives and diuretics: NSAIDS may diminish the effects of these drugs.
- Corticosteroids: May increase the risk of adverse reactions in the gastrointestinal tract (See section 4.4 Special warnings).
- Lithium: There is evidence for potential increases in plasma levels of lithium.
- Methotrexate: There is a potential for an increase in plasma methotrexate.
- Zidovudine: There is evidence of an increased risk of haemarthroses and haematoma in HIV (+) haemophiliacs receiving concurrent treatment with zidovudine and ibuprofen.

4.6 Pregnancy and lactation

Based on animal studies and clinical experience there is no evidence to suggest that foetal abnormalities are associated with the use of ibuprofen or codeine. Use should be avoided in during the first 6 months of pregnancy and lactation unless essential.
During the 3rd trimester, ibuprofen is contraindicated as there is a risk of premature closure of the foetal ductus arteriosus with possible persistent pulmonary hypertension. The onset of labour may be delayed and its duration increased with an increased bleeding tendency in both mother and child. (See section 4.3 Contraindications).

See section 4.4 regarding female fertility.

4.7 Effects on ability to drive and use machines
Patients should be advised not to drive or operate machinery if affected by dizziness or sedation.

4.8 Undesirable effects
Codeine may cause constipation, nausea, dizziness and drowsiness according to dosage and individual susceptibility.

Regular prolonged use of codeine is known to lead to addiction and symptoms of restlessness and irritability may result when treatment is then stopped.

Prolonged use of a painkiller for headaches can make them worse.

Hypersensitivity reactions have been reported and these may consist of:

a) Non-specific allergic reactions and anaphylaxis
b) Respiratory tract reactivity, e.g. asthma, aggravated asthma, bronchospasm, dyspnoea
c) Various skin reactions, e.g. pruritus, urticaria, angioedema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme)

The following list of adverse effects relates to those experienced with ibuprofen at OTC doses, for short term use. In treatment of chronic conditions, under long-term treatment, additional adverse effects may occur.

Hypersensitivity reactions:
Uncommon: Hypersensitivity reactions with urticaria and pruritus.
Very rare: severe hypersensitivity reactions. Symptoms could be: facial, tongue and laryngeal swelling, dyspnoea, tachycardia, hypotension (anaphylaxis, angioedema or severe shock).

Exacerbation of asthma and bronchospasm.

Gastrointestinal:
Uncommon: abdominal pain, nausea and dyspepsia.
Rare: diarrhoea, flatulence, constipation and vomiting.
Very rare: peptic ulcer, perforation or gastrointestinal haemorrhage, sometimes fatal, particularly in the elderly. Exacerbation of ulcerative colitis and Crohn’s disease (See section 4.4).

Nervous system:
Uncommon: Headache

Renal:
Very Rare: Acute renal failure, papillary necrosis, especially in long-term use, associated with increased serum urea and oedema.

Hepatic:
Very rare: liver disorders.

Haematological:
Very rare: Haematopoietic disorders (anaemia, leucopenia, thrombocytopenia, pancytopenia, agranulocytosis). First signs are: fever, sore throat, superficial mouth ulcers, flu-like symptoms, severe exhaustion, unexplained bleeding and bruising.
**Skin:**
Uncommon: Various skin rashes
Very rare: Severe forms of skin reactions such as erythema multiforme and epidermal necrolysis can occur.

**Immune system:**
In patients with existing auto-immune disorders (such as systemic lupus erythematosus, mixed connective tissue disease) during treatment with ibuprofen, single cases of symptoms of aseptic meningitis, such as stiff neck, headache, nausea, vomiting, fever or disorientation have been observed (See section 4.4)

**Others:**
Hearing disturbance.
Oedema, hypertension, and cardiac failure, have been reported in association with NSAID treatment.

Clinical trial and epidemiological data suggest that use of ibuprofen (particularly at high doses 2400 mg daily) and in long-term treatment may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke) (see section 4.4).

### 4.9 Overdose
Overuse of this product, defined as consumption of quantities in excess of the recommended dose, or consumption for a prolonged period of time may lead to physical or psychological dependency. Symptoms of restlessness and irritability may result when treatment is stopped.

**Codeine**
The effects in overdosage will be potentiated by simultaneous ingestion of alcohol and psychotropic drugs.

**Symptoms**
Central nervous system depression, including respiratory depression, may develop but is unlikely to be severe unless other sedative agents have been co-ingested, including alcohol, or the overdose is very large. The pupils may be pin-point in size; nausea and vomiting are common. Hypotension and tachycardia are possible but unlikely.

**Management**
This should include general symptomatic and supportive measures including a clear airway and monitoring of vital signs until stable. Consider activated charcoal if an adult presents within one hour of ingestion of more than 350 mg or a child more than 5 mg/kg.

Give naloxone if coma or respiratory depression is present. Naloxone is a competitive antagonist and has a short half-life, so large and repeated doses may be required in a seriously poisoned patient. Observe for at least four hours after ingestion, or eight hours if a sustained release preparation has been taken.

**Ibuprofen**
In children ingestion of more than 400 mg/kg may cause symptoms. In adults the dose response effect is less clear cut. The half-life in overdose is 1.5-3 hours.

**Symptoms:**
Most patients who have ingested clinically important amounts of NSAIDs will develop no more than nausea, vomiting, epigastric pain, or more rarely diarrhoea. Tinnitus, headache and gastrointestinal bleeding are also possible. In more serious poisoning, toxicity is seen in the central nervous system, manifesting as drowsiness, occasionally excitation and disorientation or coma. Occasionally patients develop convulsions. In serious poisoning metabolic acidosis may occur and the prothrombin time/INR may be prolonged, probably due to interference with the actions of circulating clotting factors. Acute renal failure and liver damage may occur. Exacerbation of asthma is possible in asthmatics.
Management:
Management should be symptomatic and supportive and include the maintenance of a clear airway and monitoring of cardiac and vital signs until stable. Consider oral administration of activated charcoal if the patient presents within 1 hour of ingestion of a potentially toxic amount. If frequent or prolonged, convulsions should be treated with intravenous diazepam or lorazepam. Give bronchodilators for asthma.

5 PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
ATC Code: M01AE51 Ibuprofen, combinations

Ibuprofen is a propionic acid derivative NSAID that has demonstrated its efficacy by inhibition of prostaglandin synthesis. In humans ibuprofen reduces inflammatory pain, swellings and fever. Furthermore, ibuprofen reversibly inhibits platelet aggregation.

Codeine is a centrally-acting opioid analgesic.

5.2 Pharmacokinetic properties
Ibuprofen is rapidly absorbed following administration and is distributed throughout the whole body. The excretion is rapid and complete via kidneys.

Maximum plasma concentrations are reached 45 minutes after ingestion if taken on an empty stomach. When taken with food, peak levels are observed after 1-2 hours. These times may vary with different dosage forms.

The half-life of ibuprofen is about 2 hours.

In limited studies, ibuprofen appears in the breast milk in very low concentrations.

Codeine phosphate is absorbed from the gastrointestinal tract, with a relative bioavailability (versus parenteral administration) of about 75%. The half-life in plasma is about 2.5 - 3 hours, whilst its analgesic effect occurs from 15 minutes up to 4 - 6 hours after oral administration. Peak plasma concentrations occur about one hour post-dose. Codeine and its metabolites are excreted almost entirely via the kidneys.

5.3 Preclinical safety data
Both ibuprofen and codeine are well established analgesics with well-documented preclinical safety profiles.

6 PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Microcrystalline cellulose
Hydrogenated vegetable oil
Sodium starch glycollate
Colloidal silicon dioxide
Cellactose 80
Hydroxypropyl methyl cellulose
Polyethylene glycol 400

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
Three years

6.4 Special precautions for storage
None.
6.5 Nature and contents of container
White opaque polyvinyl chloride (250μm)/aluminium foil (20μm) blister packs containing 4, 6, 12, 24, 48 or 96 tablets.

6.6 Special precautions for disposal
No special requirements.

7 MARKETING AUTHORISATION HOLDER
Beecham Group plc
980 Great West Road
Brentford
Middlesex
TW8 9GS
United Kingdom

Trading as: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K

8 MARKETING AUTHORISATION NUMBER(S)
PL 00079/0633

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
05/06/2009

10 DATE OF REVISION OF THE TEXT
05/06/2009

11 DOSIMETRY (IF APPLICABLE)

12 INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS (IF APPLICABLE)
IBUPROFEN & CODEINE
200mg/12.8mg TABLETS

Please read right through this leaflet before you start using this medicine. This medicine is available without prescription, but you still need to use IBUPROFEN & CODEINE 200mg/12.8mg TABLETS carefully to get the best results from them.
- Keep this leaflet, you may need to read it again.
- If you have any further questions, ask your pharmacist.

In this leaflet:
1. What IBUPROFEN & CODEINE 200mg/12.8mg TABLETS do
2. Check before you take IBUPROFEN & CODEINE 200mg/12.8mg TABLETS
3. How to take IBUPROFEN & CODEINE 200mg/12.8mg TABLETS
4. Possible side effects
5. How to store IBUPROFEN & CODEINE 200mg/12.8mg TABLETS
6. Further information

1. What IBUPROFEN & CODEINE 200mg/12.8mg TABLETS do
IBUPROFEN & CODEINE 200mg/12.8mg TABLETS are used to provide effective relief from migraine pain. They can also be used for headaches, neuralgia, fever, the aches & pains of colds & flu, period and dental pain, muscle and joint pain, backache, fibrositis, tennis elbow, sports injuries (e.g. sprains, strains), and for pain due to non serious arthritis.

The active ingredients are ibuprofen and codeine, which are both painkillers. By working on your body in different ways, ibuprofen and codeine combine to relieve pain and ease stiffness. Ibuprofen belongs to a family of medicines called non-steroidal anti-inflammatory drugs (NSAIDs) which relieve pain and reduce inflammation.

2. Check before you take IBUPROFEN & CODEINE 200mg/12.8mg TABLETS

Do not take IBUPROFEN & CODEINE 200mg/12.8mg TABLETS:
- if you have ever had an allergic reaction to codeine, ibuprofen, aspirin or any other NSAID, or to any of the other ingredients (listed in Section 6).
- if you have ever had a stomach ulcer, perforation or bleeding of the stomach.
- if you are taking aspirin at doses above 75 mg daily.
- if you are taking other NSAID painkillers.
- if you suffer from severe liver or heart problems, or kidney problems.
- if you are in the last 3 months of pregnancy.
- if you are under 12 years unless your doctor tells you to.

Take special care with IBUPROFEN & CODEINE 200mg/12.8mg TABLETS
- Do not drive or operate machinery. The tablets may cause drowsiness.
- Taking codeine regularly for a long time can lead to addiction, which might cause you to feel restless and irritable when you stop the tablets.
- Taking a painkiller for headaches too often or for too long can make them worse.
- Medicines such as IBUPROFEN & CODEINE 200mg/12.8mg TABLETS may be associated with a small increased risk of heart attack (myocardial infarction) or stroke. Any risk is more likely with high doses and prolonged treatment.

Ask your doctor or pharmacist before you take this medicine:
- if you suffer or have suffered from asthma.
- if you are elderly.
- if you suffer from digestive disease, high blood pressure or autoimmune diseases such as lupus.
- if you have heart problems, previous stroke or think that you might be at risk of these conditions (for example if you have high blood pressure, diabetes or high cholesterol or are a smoker).
- if you have been told by your doctor that you have an intolerance to some sugars.

If you are taking other medicines
Talk to your doctor or pharmacist before taking these tablets if you are taking any prescribed medicines particularly blood thinning drugs (anticoagulants e.g., warfarin); drugs to prevent blood clotting (antiplatelet drugs e.g., aspirin); water tablets (diuretics); MAOIs or lithium (to treat depression); methotrexate, ciclosporin; drugs for high blood pressure or corticosteroids (to treat allergic or inflammatory disorders).
Pregnancy and breast feeding
This medicine belongs to a group of medicines which may impair fertility in women. This effect goes away when the medicine is stopped. It is unlikely that this medicine, used occasionally, will affect your chances of becoming pregnant; however tell your doctor before taking this medicine if you have problems becoming pregnant.

Do not take IBUPROFEN & CODEINE 200mg/12.8mg TABLETS if you are in the last 3 months of pregnancy. Speak to your pharmacist or doctor before taking this product if you are in the first 6 months of pregnancy or are breast feeding.

3. How to take IBUPROFEN & CODEINE 200mg/12.8mg TABLETS
This product is intended for short term use only. You should take the lowest effective dose for the shortest time necessary to relieve your symptoms.

- Adults and children aged 12 years and over:
  - Swallow 1 or 2 tablets with water, every 4 to 6 hours as needed.
  - Leave at least 4 hours between doses.
  - Do not take more than 6 tablets in 24 hours.
  - Do not take for longer than 3 days at a time.
  - Do not take more than the recommended dose.

If you take too many tablets
Contact your doctor or casualty department.

If your symptoms continue or your headache becomes persistent, see your doctor.

4. Possible side effects
Like all medicines, IBUPROFEN & CODEINE 200mg/12.8mg TABLETS can have side effects, but not everybody gets them.

If you suffer from any of the following at any time during treatment stop taking the medicine and seek immediate medical help:
- Passing blood in your stools
- Passing black tarry stools
- Vomiting any blood or dark particles that look like coffee grounds.

Stop taking the medicine and tell your doctor if you experience:
- Allergic reactions, which can include: bruising or facial swelling; swelling of the lips, throat and tongue causing difficulty swallowing or breathing; breathing problems e.g. unexplained wheezing, shortness of breath, asthma or worsening asthma; skin reactions e.g. skin rashes, itching, urticaria (hives) which can be severe with blistering and peeling of the skin; rapid heart rate/palpitations, collapsing or low blood pressure.
- Unexplained bruising or bleeding, sore throat, mouth ulcers, fever, extreme paleness, weakness or exhaustion. These can be signs of blood disorders such as anaemia, low white blood cells, low platelet count, suppressed bone marrow function or reduction in agranulocytes (a type of white blood cell).

The following side effects may occur: tell your doctor if you get them.
- Stomach pain, nausea and digestive problems; rarely may cause diarrhoea, constipation, vomiting or flatulence, worsening of existing bowel disease (ulcerative colitis or Crohn's disease),
- Drowsiness,
- Blood in the urine, kidney damage or kidney failure,
- Liver problems such as hepatitis or jaundice (yellowing of the skin),
- Headaches, dizziness, vertigo or ringing in the ears,
- There have been rare reports of aseptic meningitis, which can include symptoms such as headache, stiff neck, disorientation, fever and eye sensitivity to light, particularly in patients with existing autoimmune disorders such as Lupus,
- Medicines such as IBUPROFEN & CODEINE 200mg/12.8mg TABLETS may be associated with a small increased risk of heart attack (myocardial infarction) or stroke.

If you do get any side effects, even those not mentioned in this leaflet, tell your doctor or pharmacist.

5. How to store IBUPROFEN & CODEINE 200mg/12.8mg TABLETS
Keep out of the reach and sight of children.
Do not use this medicine after the 'EXP' date shown on the pack.

6. Further information
Active ingredients Each tablet contains Ibuprofen 200 mg and Codeine Phosphate Hemihydrate 12.8 mg.
Other ingredients Microcrystalline cellulose, hydrogenated vegetable oil, sodium starch glycolate, colloidal silicon dioxide, lactose, hypromellose, polyethylene glycol.

This pack contains 24 tablets.
The marketing authorisation holder is GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K., and all enquiries should be sent to this address.
The manufacturer is GlaxoSmithKline Dungarvan Ltd., Co. Waterford, Ireland.
This leaflet was last revised in October 2008.
**UKPAR Ibuprofen and Codeine 200mg/12.8mg Tablets**

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