CO-CODAMOL 30/500MG TABLETS
PL 04077/0224

UKPAR

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CO-CODAMOL 30/500MG TABLETS
PL 04077/0224

LAY SUMMARY

The MHRA granted M and A Pharmachem Limited a Marketing Authorisation (licence) for the medicinal product Co-Codamol 30/500mg Tablets (PL 04077/0224) on 5th June 2006. This prescription-only medicine is for the relief of severe pain.

Co-Codamol 30/500mg Tablets contains the active ingredients codeine phosphate and paracetamol which act as analgesics.

This application is an abridged simple application of a previously granted application, Co-Codamol 30/500mg Tablets BP, which were initially granted a UK licence on 16th August 2004.

No new or unexpected safety concerns arose from this simple application and it was, therefore, judged that the benefits of taking Co-Codamol 30/500mg Tablets outweigh the risks, hence, a Marketing Authorisation has been granted.

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SCIENTIFIC DISCUSSION

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INTRODUCTION

The UK granted marketing authorisations for the medicinal product Co-Codamol 30/500mg Tablets to M and A Pharmachem on 5th June 2006. The product is a prescription-only medicine (POM).

The application was submitted as a simple abridged application according to Article 10c (formerly 10.1(a)(i)) of Directive 2001/83/EC, cross-referring to Co-Codamol 30/500mg Tablets BP (PL 04077/0186), which was initially granted a licence in August 2004.

No new data were submitted nor were they necessary for this simple application, as the data are 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 public assessment report (PAR) was generated for it.

The product contains the active ingredients codeine phosphate and paracetamol which act as analgesics. Co-Codamol 30/500mg Tablets are indicated for the relief of severe pain.

PHARMACEUTICAL ASSESSMENT

LICENCE NO: PL 04077/0224
PROPRIETARY NAME: Co-Codamol 30/500mg Tablets
ACTIVE(S): Codeine Phosphate and Paracetamol
COMPANY NAME: M and A Pharmachem Limited
E.C. ARTICLE: Article 10c of Directive 2001/83/EC, as amended
LEGAL STATUS: POM

1. INTRODUCTION

This is a simple, piggy back application for Co-Codamol 30/500mg Tablets submitted under Article 10c of Directive 2001/83/EC, as amended. The proposed MA holder is M and A Pharmachem Limited, Allenby Laboratories, Wigan Road, Westhoughton, Bolton, Lancashire, UK, BL5 2AL.

This application cross refers to a standard abridged application for Co-Codamol 30/500mg Tablets BP (PL 04077/0186), which is currently registered in the UK. This application is considered valid.

2. MARKETING AUTHORISATION APPLICATION FORM

2.1 Name(s)

The proposed name of the product is Co-Codamol 30/500mg Tablets. The product has been named in line with current requirements.

2.2 Strength, pharmaceutical form, route of administration, container and pack sizes

The products contain codeine phosphate and paracetamol, equivalent to 30mg and 500mg, respectively. They are to be stored in aluminium/PVC strips in pack sizes of 10, 20, 30, 50 and 100 tablets.

The proposed shelf-life of 36 months is consistent with the cross-reference product. The storage conditions are "Do not store above 25^{o}C. Store in the original package". These are consistent with the cross-reference product.

2.3 Legal status

On approval, the products will be subject to medical prescription by healthcare professionals only (POM).

2.4 Marketing authorisation holder/Contact Persons/Company

The proposed Marketing Authorisation holder is M and A Pharmachem Limited, Allenby Laboratories, Wigan Road, Westhoughton, Bolton, Lancashire, UK, BL5 2AL.

The QP responsible for pharmacovigilance is stated and their 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.

2.6 Qualitative and quantitative composition

The proposed composition is consistent with the details registered for the cross-reference product.

2.7 Manufacturing process
The proposed manufacturing process is consistent with the details registered for the cross-reference product 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 product.

2.9 Drug substance specification
The proposed drug substance specification is consistent with the details registered for the cross-reference product.

2.10 TSE Compliance
No materials of animal or human origin are included in the product.

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 appearance of the product is identical to the cross-reference product.

5. SUMMARY OF PRODUCT CHARACTERISTICS
The proposed SmPC is consistent with the details registered for the cross-reference product.

6. PATIENT INFORMATION LEAFLET/CARTON
PIL
The patient information leaflet has been prepared in-line with the details registered for the cross-reference product.

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 are acceptable. A Marketing Authorisation should be granted.

PRECLINICAL ASSESSMENT

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

CLINICAL ASSESSMENT

As this is a duplicate application to Co-Codamol 30/500mg Tablets BP (PL 04077/0186), no new clinical data have been supplied and none are required.

OVERALL CONCLUSION AND RISK BENEFIT ASSESSMENT

QUALITY
The data for this application 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 applications of this type.

EFFICACY
Both codeine phosphate and paracetamol are well known drugs and have been used for the proposed indications for many years. These applications are identical to previously granted applications Co-Codamol 30/500mg Tablets BP (PL 04077/0186).

No new or unexpected safety concerns arise from these applications.

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 codeine phosphate and paracetamol is considered to have demonstrated the therapeutic value of the compound. The risk benefit is, therefore, considered to be positive.

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STEPS TAKEN FOR ASSESMENT

1	The MHRA received the marketing authorisation application on 20/01/2005.
2	Following standard checks and communication with the applicant, the MHRA considered the application valid on 07/02/2005.
3	Following assessment of the application the MHRA requested further information on 22/03/2005, 10/10/2005 and 26/10/2005.
4	The applicant responded to the MHRA's requests, providing further information on 23/06/2005, 20/10/2005 and 09/05/2006
5	The application was determined on 05/06/2006

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STEPS TAKEN AFTER ASSESSMENT

Date submitted	Application type	Scope	Outcome

CO-CODAMOL 30/500MG TABLETS
SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
Co-codamol 30/500 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains: Paracetamol 500 mg and Codeine Phosphate Hemihydrate 30 mg.

For excipients, see 6.1

3 PHARMACEUTICAL FORM
Tablets.

Off white, round, flat bevel-edged tablets. Embossed on one side with the M&A logo, and "30" and "C/COD" either side of a short breakline on the reverse or

Off white, round flat bevel-edged tablets. Plain on one side and embossed with "30" and "C/COD" on either side of a short breakline on the reverse.

4 CLINICAL PARTICULARS
4.1 Therapeutic indications
For the relief of severe pain.

4.2 Posology and method of administration
For oral administration.

Adults and children over 12 years of age: one or two tablets every four hours, and no more than 2 tablets at once and no more than 8 tablets in 24 hours.

Children under 12 years: Not recommended.

Elderly patients: may be prescribed a lower dose. (See Warnings)

4.3 Contraindications
Known hypersensitivity to paracetamol, codeine or other opioid analgesics.

Moderate to severe renal failure.

Moderate to severe liver disease.

Respiratory depression and obstructive airways disease.

Bronchial asthma attack or heart failure secondary to chronic lung disease.

Raised intracranial pressure, head injuries and acute alcoholism. Diarrhoea associated with pseudomembranous colitis.

Diarrhoea caused by poisoning until the toxic material has been eliminated from the gastrointestinal tract.

Not to be used in infants.

Following biliary tract surgery ; monoamine oxidase inhibitor therapy, concurrent or within 14 days.

4.4 Special warnings and precautions for use
Caution is advised in the administration of both paracetamol and codeine to patients with impaired kidney or liver function. The hazard of overdose with paracetamol is greater in those with non-cirrhotic liver disease.

Codeine should be given with caution or in reduced doses to patients with hypotension, hypothyroidism, adrenal insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, acute abdominal conditions, recent gastrointestinal surgery, gallstones, myasthenia gravis, a history of cardiac arrhythmias or convulsions and in patients with a history of drug abuse or emotional instability.

Prolonged use of codeine may lead to dependence and should be avoided. Codeine may induce faecal impaction, producing incontinence, spurious diarrhoea, abdominal pain, and rarely, colonic obstruction. Elderly patients may metabolise or eliminate opioid analgesics more slowly than younger adults.

Do not exceed the stated dose.

Patients should be advised not to take other paracetamol or codeine containing products concurrently.

If symptoms persist, consult your doctor. Keep out of the reach of children.

Care should be observed in those on concurrent CNS depressant drugs and those with inflammatory bowel disease.

4.5 Interaction with other medicinal products and other forms of interaction

The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine.

The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding ; occasional doses have no significant effect.

The depressant effects of codeine are enhaced by depressants of the central nervous system such as alcohol, anaesthetics, hypnotics, sedatives, tricyclic antidepressants and phenothiazines. The hypotensive actions of diuretics and antihypertensive agents may be potentiated when used concurrently with opioid analgesics. Concurrent use of hydroxyzine with codeine may result in increased analgesia as well as increased CNS depressant and hypotensive effects.

Concurrent use of codeine with antidiarrhoeal and antiperistaltic agents such as loperamide and kaolin may increase the risk of severe constipation. Concomitant use of antimuscarinics or medications with antimuscarinic action may result in an increased risk of severe constipation which may lead to paralytic ileus and/or urinary retention.

The respiratory depressant effects caused by neuromuscular blocking agents may be additive to the central respiratory depressant effects of opioid analgesics.

CNS depression or excitation may occur if codeine is given to patients receiving monoamine oxidase inhibitors, or within two weeks of stopping treatment with them. Quinidine can inhibit the analgesic effect of codeine.

Codeine may delay the absorption of mexiletine and thus reduce the antiarrhythmic effect of the latter. Codeine may antagonise the gastrointestinal effects of metoclopramide, cisapride and domperidone. Cimetidine inhibits the metabolism of opioid analgesics resulting in increased plasma concentrations.

Naloxone antagonises the analgesic, CNS and respiratory depressant effects of opioid analgesics. Naltrexone also blocks the therapeutic effect of opioids.

Interference with laboratory tests : Opioid analgesics interfere with a number of laboratory tests including plasma amylase, lipase, bilirubin, alkaline phosphatase, lactate dehydrogenase, alanine aminotransferase and aspartate aminotransferase. Opioids may also interfere with gastric emptying studies as they delay gastric emptying, and with hepatobiliary imaging using technetium Tc99m

disofenin as opioid treatment may cause constriction of the Sphincter of Oddi and increases biliary tract pressure.

Paracetamol may increase the elimination half-life of chloramphenical. Oral contraceptives may increase its rate of clearance.

4.6 Pregnancy and lactation

Codeine crosses the placenta. There is no adequate evidence of safety in human pregnancy and a possible association with respiratory and cardiac malformations has been reported. Regular use during pregnancy may cause physical dependence in the foetus leading to withdrawal symptoms in the neonate. Use during pregnancy should be avoided if possible.

Use of opioid analgesia during labour may cause respiratory depression in the neonate, especially the premature neonate. These agents should not be given during the delivery of a premature baby.

Both paracetamol and codeine pass into breast milk in very small amounts which are considered to be compatible with breast-feeding.

4.7 Effects on ability to drive and use machines

Codeine may cause drowsiness, if affected patients should be advised not to drive or operate machinery.

4.8 Undesirable effects

Adverse effects of paracetamol are rare but hypersensitivity including skin rash may occur. There have been a few reports of blood dyscrasias including thrombocytopenia and agranulocytosis but these were not necessarily causally related to paracetamol.

The most frequent undesirable effects of codeine are constipation and drowsiness. Less frequent effects are nausea, vomiting, sweating, facial flushing, dry mouth, blurred or double vision, confusion, dizziness, orthostatic hypotension, malaise, tiredness, headache, anorexia, vertigo, bradycardia, palpitations, respiratory depression, dyspnoea, allergic reactions (itch, skin rash, facial oedema), urinary retention, difficulties in micturition (dysuria, increased frequency, decrease in amount). Side effects which occur rarely include convulsions, hallucinations, nightmares, uncontrolled muscle movements, muscular rigidity, mental depression and stomach cramps. The euphoric activity of codeine may lead to its abuse and dependence.

4.9 Overdose

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. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, coma and death. Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported. Liver damage is possible in adults who have taken 10 g or more of paracetamol. Ingestion of 5g or more of paracetamol may lead to liver damage if the patient has risk factors. (see below). It is considered that excess quantities of a toxic metabolite (usually adequately detoxified by glutathione when normal doses of Paracetamol are ingested), become irreversibly bound to liver tissue.

Risk Factors : If a patient

a) is on long term treatment with carbamazepine, phenobarbital, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.
b) regularly consumes ethanol in excess of recommended amounts
c) is likely to be gluathine deplete e.g. eating disorders, cystic fibrosis, HIV, infection, starvation, cachexia.

Symptoms of codeine overdosage include cold clammy skin, confusion, convulsions, dizziness, drowsiness, nervousness or restlessness, miosis, bradycardia, dyspnoea, unconsciousness, circulatory failure and deepening coma. Death may occur from respiratory failure.

Immediate treatment is essential in the management of overdose. Despite a lack of early symptoms, patients should be referred to hospital urgently for immediate medical attention.

Initial treatment includes emptying the stomach by aspiration and lavage.

Intensive support therapy may be required to correct respiratory failure and shock due to the effects of codeine. In addition the specific narcotic antagonist, naloxone hydrochloride, may be used to rapidly counteract the severe respiratory depression and coma. A dose of 0.4-2 mg is given intravenously or intramuscularly to adults, this is repeated at intervals of 2-3 minutes if necessary. Up to a total of 10 mg of naloxone may be given. In children doses of naloxone of 5-10 mcg/kg bodyweight may be given intravenously or intramuscularly. Codeine is not dialysable.

Administration of oral methionine or intravenous N-acetylcysteine, which may have beneficial effect up to at least 48 hours after paracetamol overdose, may be required.

General supportive measures must be available.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Paracetamol has analgesic and antipyretic actions.

Codeine phosphate is an analgesic of the opioid class. Opioid analgesics bind with stereospecific receptors at many sites within the CNS to alter processes affecting both the perception of pain and the emotional response to it. It has been hypothesised that alterations in release of various neurotransmitters from afferent nerves sensitive to painful stimuli may be partially responsible for the analgesic effect.

The drugs are additive and some workers suggest there may be synergy between the constituents.

5.2 Pharmacokinetic properties

Paracetamol is readily absorbed from the gastro-intestinal tract with peak plasma levels occuring about 30 minutes to 2 hours after ingestion. It is metabolised in the liver and excreted in the urine mainly as the glucuronide and sulphate conjugates. Less than 5% is excreted unchanged.

The elimination half-life of paracetamol varies from about 1 to 4 hours. Plasma protein binding is negligible at usual therapeutic doses.

Codeine phosphate is absorbed from the gastrointestinal tract and peak plasma concentrations occur after about one hour. Codeine is metabolised by O-and N-demethylation in the liver to morphine, and norcodeine and other metabolites. Codeine and its metabolites are excreted almost entirely by the kidney, mainly as conjugates with glucuronic acid.

Codeine is not extensively bound to plasma proteins. The plasma half-life varies from about 3 to 4 hours.

5.3 Preclinical safety data

Both actives have been in clinical use separately and in combination products for many years. Preclinical data has therefore been superseded by clinical data.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Each tablet contains
- Maize starch
- Colloidal anhydrous silica
- Povidone
- Potassium sorbate
- Magnesium stearate

6.2 Incompatibilities

Not applicable

6.3 Shelf life
36 months

6.4 Special precautions for storage
Do not store above 25 ºC. Store in the original package.

6.5. Nature and contents of container
Blister pack strips, constructed from 250 micron PVC film lidded with aluminium foil containing 10, 20, 30, 50 or 100 tablets per strip.

6.6. Instruction for use and handling (and disposal)
Not applicable.

7 MARKETING AUTHORISATION HOLDER
M & A Pharmachem Ltd
Allenby Laboratories
Wigan Road, Westhoughton,
Bolton BL5 2AL.

8 MARKETING AUTHORISATION NUMBER(S)
PL 04077/0224

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
05/06/2006

10 DATE OF REVISION OF THE TEXT
05/06/2006

CO-CODAMOL 30/500MG TABLETS
PL 04077/0224

PRODUCT INFORMATION LEAFLET

PATIENT INFORMATION LEAFLET

CO-CODAMOL 30/500 mg TABLETS

THESE TABLETS CONTAIN PARACETAMOL

WHAT YOU SHOULD KNOW ABOUT CO-CODAMOL TABLETS

Please read this leaflet carefully before you start to take these tablets. This sheet contains important information about your medicine. If you have any questions, or are not sure about something, then talk to your pharmacist or your doctor.

WHAT IS THIS MEDICINE ?

Co-codamol 30/500 mg tablets contain the active ingredients:

PARACETAMOL	500 mg per tablet.
CODEINE PHOSPHATE HEMIHYDRATE	30 mg per tablet.

They also contain the following inactive ingredients: maize starch, povidone, colloidal silica, magnesium stearate and potassium sorbate.
Co-codamol Tablets are off white, round, flat bevel-edged tablets available in packs of 10, 20, 30, 50 and 100 tablets.
Paracetamol and codeine are analgesics (pain relievers)

MA HOLDER AND MANUFACTURER: M & A PHARMACHEM LTD, BOLTON BL5 2AL

INDICATION: For the relief of severe pain.

BEFORE YOU START TO TAKE THESE TABLETS:

Check the following list of questions before taking this medicine:

- Are you allergic to Paracetamol, Codeine Phosphate or other opioid analgesics or any of the other ingredients in the tablets? The codeine contained in these tablets may induce faecal impaction (hard stools), may produce incontinence (passing water accidentally), spurious diarrhoea (apparent loose stools), abdominal pain and rarely colonic obstruction (bowel blockage).
- Do you take any other tablets or medicines including any not prescribed by your doctor ?
- Do you suffer from myasthenia gravis?
- Do you suffer from hypotension (low blood pressure) or shock?
- Do you have a history of cardiac arrhythmias (erratic heartbeat)?
- Do you have thyroid or adrenal disease?
- Do you have asthma or any other breathing difficulties?
- Do you have urinary problems?
- Have you suffered a recent head injury?
- Have you had recent gall bladder surgery or a similar operation
- Do you have raised pressure in the brain
- Are you taking monoamine oxidase inhibitors (MAOIs) (used to treat depression) or have you taken them in the last 14 days?
- Are you an alcoholic?
- Do you suffer from convulsions?
- Have you had a history of drug abuse?
- Do you have a history of emotional instability?
- Do you suffer from inflammatory bowel disease, obstructive bowel disease or have you suffered a recent bout of diarrhoea?

If the answer to any of these questions is **YES** then talk to your pharmacist or doctor **BEFORE** you take these tablets. Special care is needed. Check with your doctor if you are pregnant or breast-feeding, have severe kidney or liver problems, have prostrate problems (e.g. difficulty passing water), a bowel disorder or are elderly. Co-codamol 30/500 mg tablets should not be given to children under 12 years of age.

MEDICINES WHICH MAY INTERACT WITH CO-CODAMOL TABLETS:

- With **sedatives, tranquillisers, antidepressants and sleeping tablets,** and with alcohol, the depressant effect on the brain may be increased. Do not use Co-codamol if you are taking **Monoamine Oxidase Inhibitors** (**MAOI's**) or within two weeks of stopping treatment with them.
- With medicines used to treat **water retention** or **high blood pressure** there may be increased effects, resulting in the blood pressure falling to very low levels.
- The effects of tablets taken to **thin the blood,** such as **Warfarin,** may be increased if Co-codamol is taken regularly, and could lead to an increased risk of bleeding.

- **Quinidine**, used to treat certain heart conditions, may reduce the effectiveness of these tablets. The effectiveness of **Mexiletine**, used in the treatment of **irregular heart beat**, may be reduced when taken with Co-codamol tablets. Your pharmacist can advise on suitable alternatives.
- Drugs used to treat **nausea** and other **stomach problems**, such as **Metoclopramide, Cisapride** and **Domperidone** may be less effective when taken with Co-codamol Tablets. **Cimetidine** may increase the activity of Co-codamol Tablets. With medicines used to treat **diarrhoea**, such as **Loperamide** and **Kaolin** there is a risk of severe constipation. This risk is present with concomitant use of **antimuscarinics** and may lead to difficulty in passing water.
- **Anaesthetics** and other drugs used in surgery (such as neuromuscular blocking agents) may interact with these tablets. Inform the hospital staff, your doctor or your dentist that you have been taking these tablets before you are treated. If you are asked to go for hospital tests, advise your doctor or the hospital concerned that you are taking Co-codamol Tablets before your appointment date.
- **Naloxone** and **naltrexone** block the effects of codeine.

In addition the following medicines may alter the effectiveness of Co-codamol 30/500 mg tablets. However, Co-codamol 30/500 mg tablets should not affect their action.

- **Cholestyramine** (used to treat high blood cholesterol (fat) levels).
- **Metaclopramide/domperidone** (used to treat nausea and vomiting)
- **Chloramphenicol** (an antibiotic)
- **Oral contraceptives** ("The Pill")
- If these tablets make you feel drowsy do not drive or operate machinery.
- Codeine can interact with the antihistamine, hydroxyzine.

TAKING YOUR TABLETS.

DOSAGE:

- Adults and Children over 12 years of age:- one or two tablets every four hours, no more than two tablets at once and no more than 8 tablets in 24 hours.
- Swallow the tablets with a glass of water.
- Not recommended for children under 12 years of age.

The dose should not be repeated more frequently than every 4 hours, and not more than 4 doses should be taken in 24 hours.

DO NOT EXCEED THE STATED DOSE.

- Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage (the hazard of overdose with paracetamol is greater in those with non-cirrhotic liver disease).
- If an overdose has been taken telephone your doctor immediately. If the doctor is not there, go to your local hospital casualty department.

DO NOT TAKE WITH ANY OTHER PARACETAMOL OR CODEINE CONTAINING PRODUCTS

Ask your pharmacist or doctor if you are not sure how to take these tablets.

WHILST TAKING THESE TABLETS:

- Some people may experience certain side effects with Co-codamol Tablets, most frequently constipation, confusion and drowsiness. Less frequent effects, including skin rash, nausea, vomiting, sweating, facial flushing, dry mouth, blurred or double vision, dizziness, malaise, tiredness, headache, anorexia, vertigo, slow or rapid heartbeat, breathing difficulties, problems in passing urine, convulsions, hallucinations, nightmares, uncontrolled muscle movement or rigidity, mental depression and stomach cramps, may occur and should be reported to your doctor. Do not take any more Co-codamol Tablets in the meantime.
- Rarely an allergic reaction can occur - this may involve a skin rash, swelling, itching or difficulty in breathing. If this occurs, tell your doctor immediately. There have been a few reports of low blood cell counts (platelets and white cells) associated with paracetamol-containing products but these were not necessarily due to paracetamol.
- Chronic use of Co-codamol may lead to tolerance and dependence.
- If you experience anything else unusual whilst taking these tablets tell your doctor or pharmacist.
- If symptoms persist, consult your doctor.

STORAGE AND SHELF LIFE:

Keep these tablets out of the sight and reach of children. Do not store above 25 ºC. Store in the original package. When stored correctly this product may be used up to the expiry date printed on the container pack. This product must not be used after its expiry date has elapsed.

Prepared February 2006 PP 2021 PB

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LABELLING