

# **SUMMARY OF PRODUCT CHARACTERISTICS**

## **1 NAME OF THE MEDICINAL PRODUCT**

Beechams Cold Relief Orange Flavour Effervescent Tablets

## **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each tablet contains paracetamol 500 mg and caffeine 65 mg

## **3 PHARMACEUTICAL FORM**

Effervescent tablet.

Round, flat off-white, speckled tablets with a breakline mark on one side.

## **4 CLINICAL PARTICULARS**

### **4.1 Therapeutic indications**

A mild analgesic and antipyretic formulated to give extra pain relief. The soluble tablets are recommended for the relief of common symptoms of colds and influenza, for example headache, fever, sore throat and muscular aches and pains.

### **4.2. Posology and method of administration**

The product should be dissolved in at least half a tumbler of water.

*Adults and children aged 16 years and over:*

Two tablets up to 4 times daily as required.

Do not exceed 8 tablets in 24 hours.

*Elderly:*

As for adults.

*Children aged 12-15 years:*

One tablet up to 4 times daily as required.

Do not exceed 4 tablets in 24 hours.

Not recommended for children under 12 years.

*Method of administration*

Paracetamol and caffeine 500 mg/65 mg Soluble Tablets are for oral administration only.

### **4.3 Contraindications**

Hypersensitivity to paracetamol, caffeine or any of the other constituents.

Patients with rare hereditary problems of fructose intolerance should not take this medicine.

### **4.4 Special warnings and precautions for use**

Do not exceed the stated dose.

Contains paracetamol. Do not use with any other paracetamol containing products. 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.

Care is advised in the administration of paracetamol to patients with renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver 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.

Excessive intake of caffeine (e.g. coffee, tea and some canned drinks) should be avoided while taking this product.

This medicinal product contains 854 mg sodium per dose (2 tablets) equivalent to 42.7% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

Each tablet contains sorbitol powder (E 420) at 50 mg per tablet.

Patients with hereditary fructose intolerance should not take this medicine. If symptoms persist, medical advice must be sought.

Keep out of the sight and reach of children.

Pack Label:

Talk to a doctor at once if you take too much of this medicine, even if you feel well. Do not take anything else containing paracetamol while taking this medicine.

Patient Information Leaflet:

Talk to a doctor at once if you take too much of this medicine even if you feel well. This is because too much paracetamol can cause delayed, serious liver damage.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

The speed of absorption of paracetamol may be increased by metaclopramide or domperidone and absorption reduced by colestyramine. 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. Caffeine may increase clearance of lithium. Concomitant use is therefore not recommended.

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).

#### **4.6 Pregnancy and lactation**

Paracetamol-caffeine is not recommended for use during pregnancy due to the possible increased risk of lower birth weight and spontaneous abortion associated with caffeine consumption.

Caffeine in breast milk may potentially have a stimulating effect on breast fed infants.

Due to the caffeine content of this product it should not be used if you are pregnant or breast feeding.

#### 4.7 Effects on ability to drive and use machines

None.

#### 4.8 Undesirable effects

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 MedDRA System Organ Class. Adverse reactions identified during post-

marketing use are reported voluntarily from a population of uncertain size, the frequency of these reactions is unknown but likely to be very rare (<1/10,000).

##### Post marketing data

##### PARACETAMOL

Body System	Undesirable effect
Blood and lymphatic system disorders	Thrombocytopenia Agranulocytosis
Immune system disorders	Very rare cases of serious skin reactions have been reported.  Anaphylaxis  Cutaneous hypersensitivity reactions including (amongst others) skin rashes and angioedema.
Metabolism and nutrition disorders	High anion gap metabolic acidosis (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).
Respiratory, thoracic and mediastinal disorders	Bronchospasm- more likely in patients sensitive to aspirin and other NSAIDs
Hepatobiliary disorders	Hepatic dysfunction

##### CAFFEINE

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.

<b>Body System</b>	<b>Undesirable effect</b>
Central nervous system	Dizziness Headache
Cardiac disorders	Palpitation
Psychiatric disorders	Insomnia Restlessness Anxiety and irritability
Gastrointestinal disorders	Gastrointestinal disturbances

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. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App store.

**4.9 Overdose**

Paracetamol

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).

*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*

Symptoms of paracetamol overdose 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, 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.

### *Management*

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 the 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 24 h from ingestion should be discussed with the NPIS or a liver unit.

## Caffeine

### *Symptoms*

Overdose of caffeine may result in epigastric pain, vomiting, diuresis, 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 toxicity

### *Management*

Patients should receive general supportive care (e.g. hydration and maintenance of vital signs). The administration of activated charcoal may be beneficial when performed within one hour of the overdose, but can be considered for up to four hours after the overdose. The CNS effects of overdose may be treated with intravenous sedatives.

#### Sodium bicarbonate

High doses of sodium bicarbonate may be expected to induce gastrointestinal symptoms including belching and nausea. In addition, high doses of sodium bicarbonate may cause hypernatraemia; electrolytes should be monitored and patients managed accordingly.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

The combination of paracetamol and caffeine is a well established analgesic combination.

### **5.2 Pharmacokinetic properties**

Paracetamol is rapidly and almost completely absorbed from the gastro-intestinal tract. It is relatively uniformly distributed throughout most body fluids and exhibits variable protein binding. Excretion is almost exclusively renal in the form of conjugated metabolites.

Caffeine is absorbed readily after oral administration, maximal plasma concentrations are achieved within one hour and the plasma half-life is about 3.5 hours. 65 –80% of administered caffeine is excreted in the urine as 1-methyluric acid and 1-methylxanthine.

### **5.3 Preclinical safety data**

There are no preclinical data of relevance to the prescriber which are additional to that already included in other sections of the SPC.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Sodium hydrogen carbonate  
Sorbitol  
Ascorbic acid  
Sodium lauril sulfate  
Citric acid (anhydrous)  
Sodium carbonate (anhydrous)  
Povidone  
Dimeticone  
Acesulfame Potassium (E 950)  
N & A Orange Flavour  
Aspartame (E 951)  
Carmine (E120)  
Riboflavin sodium phosphate (E101a)

### **6.2 Incompatibilities**

None known

### **6.3 Shelf life**

36 months

Tube: 12 months after opening

### **6.4 Special precautions for storage**

#### Tube:

The product should be stored below 25°C.

Moisture sensitive: store the tablets in the tube, and keep the tube tightly closed.

#### Sachet:

The product should be stored below 30°C.

**6.5 Nature and contents of container**

Laminate sachets in cardboard cartons containing 4, 6, 12, 16, 18, 24 or 30 tablets.

or

Polypropylene tubes with polyethylene stoppers containing desiccant. The container/closure system is child resistant. Each tube contains 16 effervescent tablets.

\*Not all pack sizes may be marketed.

**6.6 Special precautions for disposal**

None

**7 MARKETING AUTHORISATION HOLDER**

Haleon UK Trading Limited  
The Heights  
Weybridge  
Surrey  
KT13 0NY  
United Kingdom

**8 MARKETING AUTHORISATION NUMBER(S)**

PL 44673/0023

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

02/12/2024

**10 DATE OF REVISION OF THE TEXT**

03/02/2025

