AUGMENTIN TID TABLETS AND SUSPENSION

Amoxicillin trihydrate - Potassium clavulanate

1. NAME OF THE MEDICINAL PRODUCT

AUGMENTIN Tablets 375 mg

AUGMENTIN Tablets 625 mg

AUGMENTIN Suspension 156mg/5 mL

AUGMENTIN Suspension 312mg/5 mL

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

AUGMENTIN 375 mg tablets: Each tablet contains 250 mg amoxicillin (as amoxicillin trihydrate) and 125 mg clavulanic acid (as potassium clavulanate).

AUGMENTIN 625 mg tablets: Each tablet contains 500 mg amoxicillin (as amoxicillin trihydrate) and 125 mg clavulanic acid (as potassium clavulanate).

AUGMENTIN suspension 156 mg/5 mL: When reconstituted each 5 mL contains 125 mg amoxicillin (as amoxicillin trihydrate) and 31.25 mg clavulanic acid (as potassium clavulanate).

AUGMENTIN suspension 312 mg/5 mL: When reconstituted each 5 mL contains 250 mg amoxicillin (as amoxicillin trihydrate) and 62.5 mg clavulanic acid (as potassium clavulanate).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablet and Powder for oral suspension

AUGMENTIN 375 mg tablets: A white to off-white oval-shaped film-coated tablet, debossed with ‘Augmentin’ on one side

AUGMENTIN 625 mg tablets: A white to off-white oval-shaped film-coated tablet, debossed with ‘AC’ and a score line on one side and plain on the other side.

AUGMENTIN suspension 156 mg/5 mL: An off-white dry powder for reconstitution in water to form a fruit flavoured suspension

AUGMENTIN suspension 312 mg/5 mL: An off-white dry powder for reconstitution in water to form a fruit flavoured suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

AUGMENTIN is an antibiotic agent with a notably broad-spectrum of activity against the commonly occurring bacterial pathogens in general practice and hospital. The beta-lactamase inhibitory action of clavulanate extends the spectrum of amoxicillin to embrace a wider range of organisms, including many resistant to other beta-lactam antibiotics.

AUGMENTIN should be used in accordance with local official antibiotic-prescribing guidelines and local susceptibility data.

AUGMENTIN oral presentations for three times daily dosing, are indicated for short-term treatment of bacterial infections at the following sites:

Upper respiratory tract infections (including ENT) e.g. recurrent tonsillitis, sinusitis, otitis media.

Lower respiratory tract infections e.g. acute exacerbation of chronic obstructive pulmonary disease (AECOPD)/acute exacerbation of chronic bronchitis (AECB), lobar and bronchopneumonia.

Genito-urinary tract infections e.g. cystitis, urethritis, pyelonephritis.

Skin and soft tissue infections, e.g. boils, abscesses, cellulitis, wound infections.

Bone and joint infections e.g. osteomyelitis.

Dental infections e.g. dentoalveolar abscess.

Other infections e.g. intra-abdominal sepsis.

Susceptibility to *AUGMENTIN* will vary with geography and time (see *section 5.1* for further information). Local susceptibility data should be consulted where available, and microbiological sampling and susceptibility testing performed where necessary.

Infections caused by amoxicillin-susceptible organisms are amenable to *AUGMENTIN* treatment due to its amoxicillin content. Mixed infections caused by amoxicillin-susceptible organisms in conjunction with *AUGMENTIN*-susceptible beta-lactamase producing organisms may therefore be treated with *AUGMENTIN*.

4.2 Posology and method of administration

Dosage depends on the age, weight and renal function of the patient and the severity of the infection.

Dosages are expressed throughout in terms of amoxicillin/clavulanate content except when doses are stated in terms of an individual component.

To minimise potential gastrointestinal intolerance, administer at the start of a meal.

The absorption of *AUGMENTIN* is optimised when taken at the start of a meal.

Treatment should not be extended beyond 14 days without review.

Therapy can be started parenterally and continued with an oral preparation.

AUGMENTIN suspensions may be supplied with a plastic dosing device. For preparation of the suspensions see *section 6.6*.

Adults and Children over 12 years

AUGMENTIN tablets are not recommended in children of 12 years and under.

The usual recommended daily dosage is:

Mild - Moderate infections	One *AUGMENTIN* 375 mg tablet every 8 hours.
Severe infections	Two *AUGMENTIN* 375 mg tablets every 8 hours ***OR*** One *AUGMENTIN* 625 mg tablet every 8 hours.

Children

The usual recommended daily dosage is:

- *Lower dose*: 20/5 to 40/10 mg/kg/day in three divided doses for mild to moderate infections (upper respiratory tract infections e.g. recurrent tonsillitis, lower respiratory infections and skin and soft tissue infections).
- *Higher dose*: 40/10 to 60/15 mg/kg/day in three divided doses for the treatment of more serious infections (upper respiratory tract infections e.g. otitis media and sinusitis, lower respiratory tract infections e.g. bronchopneumonia and urinary tract infections).

No clinical data are available on doses above 40/10 mg/kg/day in children under 2 years.

The tables below give dosage guidance for children.

Children 2 years and over

***AUGMENTIN* suspension 156 mg/5 mL**		
Body weight (kg)	For lower dose range (mL every 8 hours)	For higher dose range (mL every 8 hours)
10 to 14 15 to 18	5 7.5	7.5 10

***AUGMENTIN* suspension 312 mg/5 mL**

Body weight (kg)	For lower dose range (mL every 8 hours)	For higher dose range (mL every 8 hours)
13 to 18	2.5	5
19 to 28	5	7.5
29 to 37	7.5	10
38 to < 40.0	10	12.5

Children under 2 years

***AUGMENTIN* suspension 156 mg/5 mL**		
Body Weight (kg)	Lower Dose at 20/5 mg/kg/day (mL every 8 hours)	Higher Dose at 40/10 mg/kg/day (mL every 8 hours)
1	0.3	0.5
2	0.5	1.1
3	0.8	1.6
4	1.1	2.1
5	1.3	2.7
6	1.6	3.2
7	1.9	3.7
8	2.1	4.3
9	2.4	4.8
10	2.7	5.3
11	2.9	5.9
12	3.2	6.4
13	3.5	6.9
14	3.7	7.5
15	4.0	8.0

***AUGMENTIN* suspension 312 mg/5 mL**		
Body Weight (kg)	Lower Dose at 20/5 mg/kg/day (mL every 8 hours)	Higher Dose at 40/10 mg/kg/day (mL every 8 hours)
1	0.1	0.3
2	0.3	0.5
3	0.4	0.8
4	0.5	1.1
5	0.7	1.3
6	0.8	1.6
7	0.9	1.9
8	1.1	2.1
9	1.2	2.4

10	1.3	2.7
11	1.5	2.9
12	1.6	3.2
13	1.7	3.5
14	1.9	3.7
15	2.0	4.0

Renal Impairment

Adults

Dosage adjustments are based on the maximum recommended level of amoxicillin.

No adjustment in dose is required in patients with creatinine clearance (CrCl) greater than 30 mL/min.

CrCl 10-30 mL/min	The usual recommended dose of *AUGMENTIN* 375 mg ***OR*** *AUGMENTIN* 625 mg tablets given every **12 hours**.
CrCl < 10 mL/min	The usual recommended dose of *AUGMENTIN* 375 mg ***OR*** *AUGMENTIN* 625 mg tablets given every **24 hours**.
Haemodialysis	The usual recommended dose of *AUGMENTIN* 375 mg ***OR*** *AUGMENTIN* 625 mg tablets given every **24 hours**, plus a further dose during dialysis, to be repeated at the end of dialysis (as serum concentrations of both amoxicillin and clavulanic acid are decreased).

Children

Dosage adjustments are based on the maximum recommended level of amoxicillin.

No adjustment in dose is required in patients with creatinine clearance (CrCl) greater than 30 mL/min.

CrCl 10-30 mL/min	15/3.75 mg/kg every **12 hours** (maximum 500/125 mg every 12 hours).
CrCl < 10 mL/min	15/3.75 mg/kg every **24 hours** (maximum 500/125 mg).
Haemodialysis	15/3.75 mg/kg every **24 hours**. Prior to haemodialysis 15/3.75 mg/kg should be administered. In order to restore circulating drug levels, 15/3.75 mg/kg should be administered after haemodialysis.

Hepatic Impairment

Administer with caution; monitor hepatic function at regular intervals.

Each *AUGMENTIN* 375 mg tablet contains 0.63 mmol (25 mg) of potassium.

4.3 Contraindications

AUGMENTIN is contraindicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins.

AUGMENTIN is contraindicated in patients with a previous history of *AUGMENTIN*-associated jaundice/hepatic dysfunction.

4.4 Special warnings and precautions for use

Before initiating therapy with *AUGMENTIN*, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins or other allergens.

Serious and occasionally fatal hypersensitivity reactions (including anaphylactoid and severe cutaneous adverse reactions) have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity (see *section 4.3*). Hypersensitivity reactions can also progress to Kounis syndrome, a serious allergic reaction that can result in myocardial infarction. Presenting symptoms of such reactions can include chest pain occurring in association with an allergic reaction to *AUGMENTIN* (see *section 4.8*). Drug-induced enterocolitis syndrome has been reported mainly in children receiving *AUGMENTIN* (see *section 4.8*). Drug-induced enterocolitis syndrome is an allergic reaction with the leading symptom of protracted vomiting (1-4 hours after medicinal product administration) in the absence of allergic skin or respiratory symptoms. Further symptoms could comprise abdominal pain, lethargy, diarrhoea, hypotension or leucocytosis with neutrophilia. In severe cases, drug-induced enterocolitis syndrome can progress to shock. If an allergic reaction occurs, *AUGMENTIN* therapy should be discontinued and appropriate alternative therapy instituted.

Serious anaphylactic reactions require immediate emergency treatment with adrenaline. Oxygen, intravenous (i.v.) steroids and airway management, including intubation may also be required.

Haemophagocytic lymphohistiocytosis (HLH)/macrophage activation syndrome (MAS) has been reported in patients receiving amoxicillin/clavulanate (see *section 4.8*). HLH/MAS is a syndrome of pathological immune activation, which can be life-threatening. Clinical signs and symptoms of HLH/MAS include fever, rash, neurological symptoms, hepatosplenomegaly, lymphadenopathy, cytopenias, high serum ferritin, hypertriglyceridaemia and abnormalities of liver function and coagulation.

Patients who develop these signs and symptoms should be immediately evaluated and HLH/MAS diagnosis considered. *AUGMENTIN* therapy should be discontinued unless an alternative aetiology for HLH/MAS can be established.

AUGMENTIN should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.

Prolonged use may also occasionally result in overgrowth of non-susceptible organisms.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.

Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving *AUGMENTIN* and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

Changes in liver function tests have been observed in some patients receiving *AUGMENTIN*. The clinical significance of these changes is uncertain but *AUGMENTIN* should be used with caution in patients with evidence of hepatic dysfunction.

Cholestatic jaundice, which may be severe, but is usually reversible, has been reported rarely. Signs and symptoms may not become apparent for up to six weeks after treatment has ceased.

In patients with renal impairment *AUGMENTIN* dosage should be adjusted as recommended in the *section 4.2*.

In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria *(*see *section 4.9).*

AUGMENTIN suspensions contain 12.5 mg aspartame per 5 mL dose, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria.

4.5 Interaction with other medicinal products and other forms of interactions

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with *AUGMENTIN* may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid.

Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of *AUGMENTIN* and allopurinol.

In common with other antibiotics, *AUGMENTIN* may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.

In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If co-administration is necessary, the prothrombin time or international normalised ratio should

be carefully monitored with the addition or withdrawal of *AUGMENTIN*.

In patients receiving mycophenolate mofetil, reduction in pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in pre-dose level may not accurately represent changes in overall MPA exposure.

Penicillins may reduce the excretion of methotrexate causing a potential increase in toxicity.

4.6 Fertility, pregnancy, and lactation

Reproduction studies in animals (mice and rats at doses up to 10 times the human dose) with orally and parenterally administered *AUGMENTIN* have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with *AUGMENTIN* may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, especially during the first trimester, unless considered essential by the physician.

AUGMENTIN may be administered during the period of lactation. With the exception of the risk of sensitisation, associated with the excretion of trace quantities in breast milk, there are no known detrimental effects for the breast-fed infant.

4.7 Effects on ability to drive and use machines

Adverse effects on the ability to drive or operate machinery have not been observed.

4.8 Undesirable effects

Data from large clinical trials was used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects (i.e. those occurring at < 1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.

The following convention has been used for the classification of frequency:

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.

Infections and infestations

Common	Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare	Reversible leucopenia (including neutropenia) and thrombocytopenia.
Very rare	Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time.

Immune system disorders

Very Rare	Haemophagocytic lymphohistiocytosis/macrophage activation syndrome, anaphylaxis, angioneurotic oedema (see *section 4.4*), serum sickness-like syndrome, hypersensitivity vasculitis (see also *Skin and subcutaneous tissue disorders*).

Nervous system disorders

Uncommon	Dizziness, headache
Very rare	Reversible hyperactivity, aseptic meningitis, convulsions. Convulsions may occur in patients with impaired renal function or in those receiving high doses.

Cardiac disorders

Very rare	Kounis syndrome (see *section 4.4*).

Gastrointestinal disorders

Adults

Very common	Diarrhoea
Common	Nausea, vomiting

Children

Common	Diarrhoea, nausea, vomiting

All populations

Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking *AUGMENTIN* at the start of a meal.

Uncommon	Indigestion

Very rare	Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis), drug-induced enterocolitis syndrome (see *section 4.4*).
	Black hairy tongue
	Superficial tooth discolouration has been reported very rarely in children. Good oral hygiene may help to prevent tooth discolouration as it can usually be removed by brushing**.**

Hepatobiliary disorders

Uncommon	A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown.
Very rare	Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment. These events have been very rarely reported in children.

Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported**.** These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Skin and subcutaneous tissue disorders

Uncommon	Skin rash, pruritus, urticaria
Rare	Erythema multiforme
Very rare	Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP), drug reaction with eosinophilia and systemic symptoms (DRESS), and symmetrical drug-related intertriginous and flexural exanthema (SDRIFE) (baboon syndrome) (see also *Immune system disorders*).
	If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.
	Linear IgA disease.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria *(*see *section 4.9)*

4.9 Overdose

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident. Gastrointestinal symptoms may be treated symptomatically with attention to the water electrolyte balance.

Amoxicillin crystalluria, in some cases leading to renal failure, has been observed *(*see *section 4.4).*

AUGMENTIN can be removed from the circulation by haemodialysis.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC code: J01CR02.
Pharmacotherapeutic group: Combinations of penicillins, incl. beta-lactamase inhibitors.

Resistance to many antibiotics is caused by bacterial enzymes which destroy the antibiotic before it can act on the pathogen. The clavulanate in *AUGMENTIN* anticipates this defence mechanism by blocking the beta-lactamase enzymes, thus rendering the organisms susceptible to amoxicillin's rapid bactericidal effect at concentrations readily attainable in the body.

Clavulanate by itself has little antibacterial activity; however, in association with amoxicillin as *AUGMENTIN* it produces an antibiotic agent of broad-spectrum with wide application in hospital and general practice.

In the list below, organisms are categorised according to their *in vitro* susceptibility to *AUGMENTIN*.

In vitro* susceptibility of micro-organisms to *AUGMENTIN
Where clinical efficacy of *AUGMENTIN* has been demonstrated in clinical trials this is indicated with an asterisk (*). Organisms that do not produce beta-lactamase are identified (with †). If an isolate is susceptible to amoxicillin, it can be considered susceptible to *AUGMENTIN.*
Commonly susceptible species
Gram-positive aerobes: *Bacillius anthracis* *Enterococcus faecalis*

Listeria monocytogenes
Nocardia asteroides
*Streptococcus pyogenes**†
*Streptococcus agalactiae**†
Streptococcus spp. (other beta-hemolytic)*†
Staphylococcus aureus (methicillin susceptible)*
Staphylococcus saprophyticus (methicillin susceptible)
Coagulase negative staphylococcus (methicillin susceptible)
Gram-negative aerobes:
Bordetella pertussis
*Haemophilus influenzae**
Haemophilus parainfluenzae
Helicobacter pylori
*Moraxella catarrhalis**
Neisseria gonorrhoeae
Pasteurella multocida
Vibrio cholerae
Other:
Borrelia burgdorferi
Leptospira ictterohaemorrhagiae
Treponema pallidum
Gram positive anaerobes:
Clostridium spp.
Peptococcus niger
Peptostreptococcus magnus
Peptostreptococcus micros
Peptostreptococcus spp.
Gram-negative anaerobes:
Bacteroides fragilis
Bacteroides spp.
Capnocytophaga spp.
Eikenella corrodens

Fusobacterium nucleatum
Fusobacterium spp.
Porphyromonas spp.
Prevotella spp.
Species for which acquired resistance may be a problem
Gram-negative aerobes:
*Escherichia coli**
Klebsiella oxytoca
*Klebsiella pneumoniae**
Klebsiella spp.
Proteus mirabilis
Proteus vulgaris
Proteus spp.
Salmonella spp.
Shigella spp.
Gram-positive aerobes:
Corynebacterium spp.
Enterococcus faecium
Streptococcus pneumoniae†*
Viridans group streptococcus
Inherently resistant organisms
Gram-negative aerobes:
Acinetobacter spp.
Citrobacter freundii
Enterobacter spp.
Hafnia alvei
Legionella pneumophila
Morganella morganii
Providencia spp.
Pseudomonas spp.
Serratia spp.
Stenotrophomas maltophilia
Yersinia enterolitica

Others:
Chlamydia pneumoniae
Chlamydia psittaci
Chlamydia spp.
Coxiella burnetti
Mycoplasma spp.

5.2 Pharmacokinetic properties

The pharmacokinetics of the two components of *AUGMENTIN* are closely matched. Peak serum levels of both occur about 1 hour after oral administration. Absorption of *AUGMENTIN* is optimised at the start of a meal.

Doubling the dosage of *AUGMENTIN* approximately doubles the serum levels achieved.

Both clavulanate and amoxicillin have low levels of serum binding; about 70% remains free in the serum.

5.3 Preclinical safety data

No further information of relevance.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

AUGMENTIN tablets contain magnesium stearate, sodium starch glycollate, colloidal silica, microcrystalline cellulose, titanium dioxide (E171), hydroxypropyl ethylcellulose, polyethylene glycol and dimeticone (silicone oil).

AUGMENTIN dry powder for suspension contains xanthan gum, hydroxypropyl-methylcellulose, colloidal silica, succinic acid, silicon dioxide, aspartame, dry flavours (raspberry, orange and golden syrup).

For important information about some of these excipients see *section 4.4*.

AUGMENTIN presentations do not contain sucrose, tartrazine or any other azo dyes. and *AUGMENTIN* suspensions do not contain preservatives.

6.2 Incompatibilities

None known.

6.3 Shelf life

The expiry date is indicated on the packaging.

6.4 Special precautions for storage

The storage conditions are detailed on the packaging.

Do not take after the expiry date shown on the pack.

Store in a dry place in the original packaging to protect from moisture.

AUGMENTIN tablet packs contain desiccant sachets. Do not remove or eat.

Once reconstituted, *AUGMENTIN* suspension must be stored in a refrigerator (2°C to 8°C) and used within 7 days. Do not freeze. (see also *Use and Handling*).

6.5 Nature and contents of the container

AUGMENTIN tablets

Tablets are supplied in a carton containing blister packs. Each blister pack is stored within a sealed pouch, with a desiccant sachet.

AUGMENTIN for suspension

Clear glass bottles containing powder for reconstitution to 100 mL. Bottles may be supplied with either an aluminium screw cap with a ring seal or a plastic child-resistant cap with a removable foil-backed seal on the bottle. Fill-lines are indicated on the bottle label. Bottles may be supplied with a plastic dosing device.

Not all presentations are available in every country.

6.6 Special precautions for disposal and other handling

AUGMENTIN tablets

Blister pouches contains a desiccant sachet; do not remove or eat. Discard any opened and unused tablets after storing as directed on the packaging.

AUGMENTIN for suspension

For bottles with aluminium screw caps, check the cap ring seal is intact before using. Alternatively, for bottles with a plastic child-resistant cap, check the foil-backed bottle seal is intact before using.

At time of use, the dry powder should be reconstituted to form an oral suspension as detailed below:

- Invert and shake bottle to loosen powder.
- Add volume of water (indicated below). Invert and shake well.
- Alternatively, fill the bottle with water to just below the mark on bottle label. Invert and shake well, then top up with water to the mark. Invert and shake again.
- Shake well before taking each dose.

Strength (mg/5 mL)	Volume of water to be added to reconstitute (mL)	Final volume of reconstituted oral suspension (mL)
156	92	100
312	90	100

A plastic dosing device may be supplied with the pack which can be used to measure the dose accurately.

Discard any unused suspension after 7 days.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORIZATION HOLDER AND MANUFACTURING SITE ADDRESSES

Manufactured by:

SmithKline Beecham Limited*

Clarendon Road

Worthing

West Sussex

BN14 8QH

United Kingdom

*Member of GSK group of companies

8. MARKETING AUTHORIZATION NUMBER(S)

9. DATE OF FIRST AUTHORISATION / RENEWAL OF THE AUTHORISATION

10. DATE OF REVISION OF THE TEXT

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To report any Adverse events, please contact: pm.safety@gsk.com