# **Summary of Product Characteristics**

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

Septabene Lemon and Honey 3 mg/1 mg lozenges

## **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each lozenge contains 3 mg benzydamine hydrochloride and 1 mg cetylpyridinium chloride.

Excipient(s) with known effect:

- isomalt (E-953): 2452.8 mg/lozenge
- sodium benzoate (E-211): up to 0.0009 mg/lozenge

For the full list of excipients, see section 6.1.

## **3 PHARMACEUTICAL FORM**

#### Lozenge

Round lozenges with bevelled edges and rough surface from light yellow to yellow colour. White patches, uneven colouring, presence of air bubbles in the hard candy mass and small jagged edges could be present. Lozenge diameter: 18.0 mm – 19.0 mm, thickness: 7.0 mm – 8.0 mm.

## **4 CLINICAL PARTICULARS**

## 4.1 Therapeutic indications

Septabene lemon and honey is intended for anti-inflammatory, analgesic and antiseptic treatment of sore throat associated with upper respiratory infections including pharyngitis in adults, adolescents and children from 6 years of age.

#### 4.2 Posology and method of administration

#### Posology

**Adults:** The recommended dosage is 3-4 lozenges a day. The lozenge should be slowly dissolved in the mouth every 3 to 6 hours.

Elderly patients: The recommended dose is the same as for adults.

#### Paediatric population

Adolescents over 12 years of age: The recommended dosage is 3-4 lozenges a day. The lozenge should be slowly dissolved in the mouth every 3 to 6 hours.

**Children aged from 6 to 12 years of age:** The recommended dosage is 3 lozenges a day. The lozenge should be slowly dissolved in the mouth every 3 to 6 hours.

**Children less than 6 years of age:** Septabene lemon and honey is contraindicated in children less than 6 years of age (see section 4.3).

The stated dose should not be exceeded.

Septabene lemon and honey can be used for up to 7 days.

Method of administration

The lozenge should be slowly dissolved in the mouth every 3 to 6 hours.It is not recommended to use the product immediately before or after cleaning teeth.The patient should not eat or drink for at least one hour after taking Septabene lemon and honey.03 November 2023CRN00DCXWPage 1 of 5

# 4.3 Contraindications

Hypersensitivity to the active substances or to any of the excipients listed in section 6.1. Children aged less than 6 years.

## 4.4 Special warnings and precautions for use

Septabene lemon and honey should not be used for more than 7 days. If there is no improvement after 3 days, the patient should consult a doctor.

The use of topical preparations, especially over a long period of time may lead to sensitisation, in which case the treatment must be discontinued and doctor consulted to set up a suitable therapy.

Benzydamine use is not advisable in patients with hypersensitivity to salicylates (e.g. acetylsalicylic acid and salicylic acid) or other NSAIDs.

Bronchospasm may be precipitated in patients suffering from or with a previous history of bronchial asthma. Caution should be exercised in these patients.

Septabene lemon and honey should not be used in patients with open wounds or ulcerations in the mouth or throat.

Septabene lemon and honey must not be used in combination with anionic compounds, such as those present in toothpastes, therefore it is not recommended to use the product immediately before or after cleaning teeth.

Septabene lemon and honey contains isomalt (E 953). Patients with rare hereditary problems of fructose intolerance should not take this medicine.

Septabene lemon and honey contains up to 0.0009 mg sodium benzoate (E-211) in each lozenge. It may cause local irritation. This medicine contains less than 1 mmol sodium (23 mg) per lozenge, that is to say essentially 'sodium-free'.

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

Septabene lemon and honey should not be used at the same time as other antiseptics. The lozenges should not be taken together with milk because milk reduces the antimicrobial efficacy of cetylpyridinium chloride.

# 4.6 Fertility, pregnancy and lactation

#### **Pregnancy**

There are no or limited amount of data from the use of benzydamine hydrochloride and cetylpyridinium chloride in pregnant women. Septabene lemon and honey is not recommended during pregnancy.

Breast-feeding

It is unknown whether benzydamine hydrochloride/metabolites are excreted in human milk. A risk to the newborns/infants cannot be excluded, thus Septabene lemon and honey should not be used during breast-feeding.

# 4.7 Effects on ability to drive and use machines

Septabene lemon and honey has no or negligible influence on the ability to drive and use machines.

# 4.8 Undesirable effects

- Very common (<u>></u>1/10)
- Common (≥1/100 to < 1/10)
- Uncommon ( $\geq$ 1/1,000 to < 1/100)
- Rare ( $\geq$ 1/10,000 to < 1/1,000)
- Very rare (< 1/10,000)
- Not known (cannot be estimated from the available data)

## Tabulated list of adverse reactions

	Uncommon	Rare	Very rare	Not known
Immune system disorders		Hypersensitivity reaction		Anaphylactic reactions
Nervous system disorders				Burning mucosa
Respiratory, thoracic and mediastinal disorders		Bronchospasm Laryngospasm		
Gastrointestinal disorders			Oral mucosal irritation Burning oral sensation	Anaesthesia of oral mucosa Discoloration of the tongue and teeth
Skin and subcutaneous tissue disorders	Photosensitivity	Urticaria		Incident of wound healing

# 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 HPRA Pharmacovigilance, Website: <u>www.hpra.ie</u>

## 4.9 Overdose

#### **Symptoms**

Toxic manifestations of benzydamine overdose consist of excitement, convulsions, sweating, ataxia, tremor and vomiting. Signs and symptoms of intoxication as a result of the ingestion of significant quantities of cetylpyridinium chloride include nausea, vomiting, dyspnoea, cyanosis, asphyxia, following paralysis of the respiratory muscles, depression of the CNS, hypotension and coma. The lethal dose in humans is approximately 1-3 grams.

#### Management

Since there is no specific antidote, the treatment of acute overdose is purely symptomatic.

# **5 PHARMACOLOGICAL PROPERTIES**

#### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: throat preparations, other throat preparations; ATC code: R02AX03

#### Mechanism of action

Benzydamine hydrochloride is a molecule with a nonsteroidal chemical structure with anti-inflammatory and analgesic properties. The mechanism of action seems attributable to the inhibition of prostaglandin synthesis and by this to the reduction of local signs of inflammation (such as pain, redness, swelling, heat and impaired function). Benzydamine hydrochloride possesses also a moderate local anaesthetic effect.

Cetylpyridinium chloride is a cation antiseptic of the quarternary ammonium salts group. *In vitro* tests with cetylpyridinium chloride showed antiviral activity; however the clinical relevance is unknown.

#### Clinical efficacy and safety

Benzydamine is used predominantly in the treatment of disorders of the oropharyngeal cavity. Cetylpyridinium chloride is active against gram-positive bacteria and less active against gram-negative bacteria, and therefore performs an optimum antiseptic and germicidal action. It also has antifungal properties.

In a placebo controlled clinical trial with Septabene lemon and honey the onset of pain relief (reduction in throat soreness and reduction in throat swelling) was observed 15 minutes after taking a lozenge and duration of action extended up to 3 hours.

# **5.2 Pharmacokinetic properties**

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## **Absorption**

Of the two active substances, cetylpyridinium and benzydamine, only benzydamine is absorbed. Therefore, cetylpyridinium does not give rise to pharmacokinetic interactions with benzydamine at a systemic level.

The absorption of benzydamine through the oropharyngeal mucosa is demonstrated by the discovery of detectable quantities of the active substance in the serum, nevertheless insufficient to produce systemic effects.

Benzydamine is absorbed, however, when administered systemically. Therefore, the absorption of benzydamine is higher with pharmaceutical forms which dissolve in the mouth, compared with the topical route (like oromucosal spray).

## **Distribution**

When locally applied benzydamine has been shown to accumulate in inflamed tissues where it reaches effective concentrations because of its capacity to penetrate the epithelial lining.

## **Elimination**

Excretion of benzydamine takes place principally through the urine and, for the most part, in the form of inactive metabolites.

## 5.3 Preclinical safety data

Acute oral toxicity of cetylpyridinium chloride was moderate, oral LD50 ranged between 192 to 538 mg/kg in rats. There was evidence of changes in organ weights (liver and kidney in females, kidney and spleens in males) in rats treated by repeated oral exposure at 0,2% cetylpyridinium chloride (approximately 100 mg/kg/day). Long-term toxicity studies in rabbits receiving up to 100 mg/kg/day of cetylpyridinium chloride orally demonstrated no gross pathological changes. No reproductive and teratogenic effect of cetylpyridinium chloride was observed in rats. Cetylpyridinium chloride was not mutagenic in an Ames bacterial test, and no evidence of carcinogenicity was observed.

In acute toxicity studies, benzydamine was toxic at doses far above the human therapeutic levels. Toxic effects were similar in mice, rats, rabbits, and cats, and consisted of muscle relaxation, sedation, ataxia and convulsions. In repeat-dose toxicity studies, a depression of growth rate and enlargement of the liver were observed in mice and rats medicated with large doses (150 mg/kg/day and 200 mg/kg/day and more, respectively) of benzydamine. Benzydamine is not genotoxic and teratogen, but some indication of maternal toxicity exist.

Effects in non-clinical studies were observed only at exposures considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use.

# **6 PHARMACEUTICAL PARTICULARS**

# 6.1 List of excipients

Peppermint oil Levomenthol Sucralose (E-955) Citric acid, anhydrous (E-330) Isomalt (E-953) Flavour lemon Flavour honey Curcumin (E-100) (containing sodium benzoate (E-211))

#### 6.2 Incompatibilities

Not applicable.

# 6.3 Shelf life

4 years

# 6.4 Special precautions for storage

Store in the original package in order to protect from light. This medicinal product does not require any special temperature storage conditions.

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# 6.5 Nature and contents of container

Blister (PVC/PE/PVDC//Alu): 8, 16, 24, 32 or 40 lozenges, in a box.

Not all pack sizes may be marketed.

# 6.6 Special precautions for disposal

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

# 7 MARKETING AUTHORISATION HOLDER

KRKA, d.d., Novo mesto Šmarješka cesta 6 8501 Novo mesto Slovenia

# **8 MARKETING AUTHORISATION NUMBER**

PA1347/063/002

# 9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 15<sup>th</sup> March 2019 Date of last renewal: 21<sup>st</sup> October 2023

# **10 DATE OF REVISION OF THE TEXT**

November 2023