Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Septabene lemon and elderflower 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): 2448.3 mg/lozenge
- butylated hydroxyanisole (E 320): 0.0004 mg/lozenge
- sodium benzoate (E 211): up to 0.00075 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 pale green to green 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 elderflower 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 elderflower is contraindicated in children less than 6 years of age (see section 4.3).

The stated dose should not be exceeded.

Septabene lemon and elderflower 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 elderflower.

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 elderflower 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 elderflower should not be used in patients with open wounds or ulcerations in the mouth or throat.

Septabene lemon and elderflower 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 elderflower contains isomalt (E 953). Patients with rare hereditary problems of fructose intolerance should not take this medicine.
Septabene lemon and elderflower contains butylated hydroxyanisole (E 320). May cause local skin reactions (e.g.contact dermatitis), or irritation to the eyes and mucous membranes.
Septabene lemon and elderflower contains up to 0.00075 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 elderflower 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 elderflower 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 elderflower should not be used during breast-feeding.

4.7 Effects on ability to drive and use machines

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

4.8 Undesirable effects

- 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)
- 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: www.hpra.ie;

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 elderflower 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

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 (E 330)
Isomalt (E 953)
Flavour citrus (containing butylated hydroxyanisole (E 320))
Flavour elderflower
Curcumin (E100) (containing sodium benzoate (E 211))
Copper complexes of chlorophyllins (E 141) (containing sodium)

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.

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

PA1347/063/003

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 15th March 2019
Date of last renewal: 21st October 2023

10 DATE OF REVISION OF THE TEXT

December 2023