

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Lysopadol Mint 20mg Lozenges

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

One lozenge contains 20 mg of ambroxol hydrochloride.

Excipient(s) with known effect: sorbitol (1.37 g per lozenge), lactose monohydrate (less than 1 mg per lozenge) (see section 4.4).
For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Lozenge

Round, white tablet, both sides flat with bevelled edges.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Pain relief of mild to moderate symptoms of acute sore throat.

4.2 Posology and method of administration

Posology

Adults and children over 12 years of age: up to 6 lozenges to be sucked per day.

Lysopadol Mint 20 mg Lozenges should not be used for more than 3 days. In case of persistent symptoms or high fever, the patient should consult a doctor.

Paediatric population

Lysopadol Mint 20 mg Lozenges should not be used in children under 12 years of age.

Method of administration

Oromucosal use.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

There have been reports of severe skin reactions such as erythema multiforme, Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN) and acute generalised exanthematous pustulosis (AGEP) associated with the administration of ambroxol hydrochloride. If symptoms or signs of a progressive skin rash (sometimes associated with blisters or mucosal lesions) are present, ambroxol hydrochloride treatment should be discontinued immediately and medical advice should be sought.

Dyspnoea may be observed in the context of an underlying disease e.g. swollen throat. Local allergic reactions (see section 4.8: angioneurotic oedema) may also cause dyspnoea. The local anaesthetic properties of ambroxol may contribute to an altered perception in the pharyngeal space (see section 4.8: oral and pharyngeal hypoesthesia).

Lysopadol Mint 20 mg Lozenges are not suitable for the treatment of oral ulcers. In such a case medical advice should be sought.

In the presence of impaired renal function or severe hepatopathy,

Lysopadol Mint 20 mg Lozenges may be used only after consulting a physician. As for any medication with hepatic metabolism followed by renal elimination, accumulation of the metabolites of ambroxol generated in the liver can be expected in the presence of severe renal insufficiency.

This product contains 1.37 g sorbitol in each lozenge. Patients with hereditary condition of fructose intolerance (HFI) should not take this medicine. Sorbitol may cause gastrointestinal discomfort and mild laxative effect.

One Lysopadol Mint 20 mg Lozenge contains less than 1 mg of lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

This medicine contains less than 1 mmol sodium (23 mg) per lozenge that is to say essentially 'sodium-free'.

Paediatric population

Lysopadol Mint 20 mg lozenges should not be used in children under 12 years of age.

4.5 Interaction with other medicinal products and other forms of interactions

No clinically relevant unfavourable interaction with other medications are known.

4.6 Fertility, pregnancy and lactation

Pregnancy

Ambroxol hydrochloride crosses the placental barrier. Nonclinical studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development. Extensive clinical experience after the 28th week of pregnancy has shown no evidence of harmful effects on the foetus. Nonetheless, the usual precautions regarding the use of drugs during pregnancy should be observed. Especially during the first trimester, the use of Lysopadol Mint 20 mg Lozenges is not recommended.

Breast-feeding

Animal studies have shown that ambroxol hydrochloride is excreted in breast milk. Although unfavourable effects on breastfed infants would not be expected, Lysopadol Mint 20 mg Lozenges are not recommended for use in breastfeeding mothers.

Fertility

Clinical data on fertility is not available for ambroxol. Nonclinical studies do not indicate direct or indirect harmful effects with respect to fertility.

4.7 Effects on ability to drive and use machines

There is no evidence from post-marketing data for an effect on ability to drive and use machines. Studies on the effects on the ability to drive and use machines have not been performed.

4.8 Undesirable effects

Frequency estimate:

Very common ($\geq 1/10$)

Common ($\geq 1/100$ and $< 1/10$)

Uncommon ($\geq 1/1,000$ and $< 1/100$)

Rare ($\geq 1/10,000$ and $< 1/1,000$)

Very rare ($< 1/10,000$)

Not known (cannot be estimated from the available data). This adverse reaction has been observed in post-marketing experience. With 95% certainty, the frequency category is not greater than uncommon (3/1226) but might be lower. A precise frequency estimation is not possible as the adverse drug reaction did not occur in a clinical trial database of 1226 patients.

Immune system disorders

Rare: hypersensitivity reactions

Not known: anaphylactic reactions including anaphylactic shock, angioedema, and pruritus.

Skin and subcutaneous tissue disorders

Rare: rash, urticaria

Not known: severe cutaneous adverse reactions (including erythema multiforme, Stevens-Johnson syndrome/toxic epidermal necrolysis and acute generalized exanthematous pustulosis).

Nervous system disorders

Common: dysgeusia (e.g. changed taste).

Gastrointestinal disorders and respiratory, mediastinal and thoracic disorders

Common: oral and pharyngeal hypoaesthesia (see section 4.4), nausea.

Uncommon: diarrhoea, upper abdominal pain, dyspepsia, dry mouth.

Rare: dry throat

Not known: vomiting.

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 HPRC Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517.

Website: www.hpra.ie; e-mail: medsafety@hpra.ie.

4.9 Overdose

No specific overdose symptoms have been reported in man to date. Based on accidental overdose and/or medication error reports the observed symptoms are consistent with the known side effects of Lysopadol Mint 20 mg Lozenges at recommended doses and may need symptomatic treatment.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Throat preparations (Anaesthetics, local)

ATC code: R02AD05

A local anaesthetic effect of ambroxol hydrochloride has been observed in the rabbit eye model and is likely to result from sodium channel blocking properties: ambroxol hydrochloride blocks hyperpolarised cloned neuronal voltage-gated sodium channels in vitro; binding was reversible and concentration-dependent.

This property is in accordance with the ancillary observations of rapid pain relief when using inhaled ambroxol hydrochloride in other diseases of the upper respiratory tract.

Lysopadol Mint 20 mg Lozenges act locally on the oral and pharyngeal mucosa.

Clinical studies confirmed the pain relieving effects of Lysopadol Mint 20 mg Lozenges in patients with sore throat due to an acute viral pharyngitis.

Except one, clinical trials have shown a rapid onset of action with duration of effect for at least three hours.

In vitro, ambroxol hydrochloride showed an anti-inflammatory effect. Cytokine release from blood mononuclear and polymorphonuclear cells but also from tissue-bound mononuclear and polymorphonuclear cells was found to be significantly reduced by ambroxol hydrochloride in vitro.

Lysopadol Mint 20 mg Lozenges have been shown to reduce redness in sore throat significantly.

5.2 Pharmacokinetic properties

Absorption

Absorption of immediate release oral forms of ambroxol hydrochloride is rapid and complete, with dose linearity in the therapeutic range. Maximum plasma levels are reached within 1 to 2.5 hours following oral administration of the immediate-release formulation and after an average of 6.5 hours for the slow release formulation.

The absolute bioavailability after a 30 mg tablet was found to be 79%.

The slow release capsule showed a relative availability of 95% (dose-normalized) in comparison to a daily dose of 60 mg (30 mg twice daily) administered as immediate-release tablet.

Due to the additional absorption via the oral mucosa, administration of lozenge results approximately 25% (90% confidence interval = 116-134%) increase in total exposure compared to syrup formulation.

The increased exposure does not negatively affect ambroxol hydrochloride pharmacodynamics in the proposed indication.

Food was not found to influence the bioavailability of ambroxol hydrochloride when administered orally.

Distribution

Distribution of ambroxol hydrochloride from blood to tissue is rapid and pronounced, with the highest concentration of the active substance found in the lungs following intravenous administration.. The volume of distribution following oral administration was estimated to be 552 L. In the therapeutic range, plasma protein binding was found to be approximately 90%.

Biotransformation

About 30% of an orally administered dose is eliminated via first pass metabolism.

Ambroxol hydrochloride is primarily metabolized in the liver by glucuronidation and some cleavage to dibromanthranilic acid (approximately 10% of dose) aside from some minor metabolites. Studies in human liver microsomes have shown that CYP3A4 is responsible for the metabolism of ambroxol hydrochloride to dibromanthranilic acid.

Elimination

Within 3 days of oral administration, approximately 6% of the dose is found in free form, while approximately 26 % of the dose is recovered in a conjugated form in the urine.

Ambroxol hydrochloride is eliminated with a terminal elimination half-life of approximately 10 hours. Total clearance is in the range of 660 mL/min, with renal clearance after oral administration accounting for approximately 8% of the total clearance. It has been estimated that the amount of dose excreted in urine after 5 days represents about 83% of total dose (radioactivity).

Pharmacokinetics in special populations

In patients with hepatic dysfunction elimination of ambroxol hydrochloride is reduced, resulting in approximately 1.3 to 2-fold higher plasma levels.

Due to the wide therapeutic range of ambroxol hydrochloride, dose adjustments are not necessary.

Others

Age and gender were not found to affect the pharmacokinetics of ambroxol hydrochloride to a clinically relevant extent, and thus there is no necessity for adjustment of dosage regimens.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Peppermint Aroma (Gum arabic, Chinese peppermint oil, Maltodextrin, Lactose monohydrate)

Sorbitol

Saccharin sodium

Macrogol 6000

Talc

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not store above 30° C.

6.5 Nature and contents of container

Polypropylene / Aluminium-blister.

Pack sizes: 8, 10, 16, 18, 20, 24, 27, 30, 32, 36, 40, 45, 48, 50 lozenges / package.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Sanofi-Aventis Ireland Limited T/A SANOFI
Citywest Business Campus
Dublin 24
Ireland

8 MARKETING AUTHORISATION NUMBER

PA0540/186/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation; 10 February 2004

Date of last renewal: 07 April 2008

10 DATE OF REVISION OF THE TEXT

December 2020