
1. NAME OF THE MEDICINAL PRODUCT

Septolete® total 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 with known effect:
- isomalt (E953): 2448.3 mg/lozenge
- butylated hydroxyanisole (E320): 0.0004 mg/lozenge
- sodium benzoate (E211): up to 0.00075 mg/lozenge
- propylene glycol (E1520): 4.8 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. Allowed white patches, uneven colouring, the presence of air bubbles in the “hard candy” mass and small jagged edges.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Septolete total lemon and elderflower is indicated in adults, adolescents and children over 6 years of age for anti-inflammatory, analgesic and antiseptic treatment of irritations in the throat, mouth and gums, in gingivitis, pharyngitis and laryngitis and before and after tooth extractions.

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: Septolete total lemon and elderflower is contraindicated in children less than 6 years of age.

It is not recommended to use the product immediately before or after cleaning teeth.

The stated dose should not be exceeded.

Septolete total 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.

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

Septolete total lemon and elderflower should not be used for more than 7 days. If there are no noticeable results after 3 days, the patient is advised to 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.

Septolete total 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.

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.

Septolete total lemon and elderflower contains isomalt (E953). Patients with rare hereditary problems of fructose intolerance should not take this medicine.
Septolete total lemon and elderflower contains butylated hydroxyanisole (E320). May cause local skin reactions (e.g.contact dermatitis), or irritation to the eyes and mucous membranes.
Septolete total lemon and elderflower contains sodium benzoate (E211). Mildly irritant to the skin, eyes and mucous membranes.
Septolete total lemon and elderflower contains propylene glycol (E1520). May cause skin irritation.

4.5 Interaction with other medicinal products and other forms of interaction

Septolete total 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. Septolete total 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. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Septolete total lemon and elderflower therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

4.7 Effects on ability to drive and use machines

Septolete total 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

	Rare	Very rare	Not known
Immune system disorders			Anaphylactic reactions Hypersensitivity reactions
Nervous system disorders			Burning mucosa
Respiratory, thoracic and mediastinal disorders	Bronchospasm		
Gastrointestinal disorders		Oral mucosal irritation Burning oral sensation	Anaesthesia of oral mucosa
Skin and subcutaneous tissue disorders	Urticaria Photosensitivity		

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.

4.9 Overdose

Symptoms
Toxic manifestations of benzydamine overdose consist of excitement, convulsions, sweating, ataxia, shivering and vomiting. Since there is no specific antidote, the treatment of acute benzydamine intoxication is purely symptomatic.
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; 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.

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.

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

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

It has emerged from a study on the rationale of the combination of the two active substances that the product has optimal tolerability and no toxicity. The tolerability tests on animals with the combination of benzydamine hydrochloride and cetylpyridinium chloride have allowed a good tolerability profile to

be shown. Benzydamine hydrochloride and cetylpyridinium chloride in combination have not led to changes in the intestinal bacterial flora.
Benzydamine hydrochloride and cetylpyridinium chloride in lozenge has proven to be optimally tolerated in patients since it has not caused toxic effects, locally or systemically.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Peppermint oil
Levomenthol
Sucralose (E955)
Citric acid (E330)
Isomalt (E953)
Flavour citrus (containing butylated hydroxyanisole (E320))
Flavour elderflower (containing propylene glycol (E1520))
Curcumin (E100) (containing sodium benzoate (E211))
Copper complexes of chlorophyllins (E141) (containing propylene glycol (E1520))

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

4 years

6.4 Special precautions for storage

Do not store above 30°C.
Store in the original package in order to protect from light.

6.5 Nature and contents of container

Blister: 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(S)

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

10. DATE OF REVISION OF THE TEXT