Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Septabene 1.5 mg/ml + 5.0 mg/ml oromucosal spray, solution

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each ml of oromucosal spray, solution contains 1.5 mg benzydamine hydrochloride and 5 mg cetylpyridinium chloride.
One actuation contains 0.1 ml of oromucosal spray, solution, containing 0.15 mg benzydamine hydrochloride and 0.5 mg cetylpyridinium chloride.

Excipient(s) with known effect:

- ethanol: 267.60 mg/ml (26.76 mg/one actuation)
- macrogolglycerol hydroxystearate: 2.5 mg/ml (0.25 mg/one actuation)

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Oromucosal spray, solution (oromucosal spray)
Clear, colourless to yellowish liquid.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Septabene oromucosal spray, solution 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 and pharyngitis and before and after tooth extractions.

4.2 Posology and method of administration

Posology

Adults: For a single dose, the spray head should be pressed once to twice. This may be repeated every 2 hours, 3-5 times a day.

For optimal effect, it is not recommended to use the product immediately before or after cleaning teeth.
The stated dose should not be exceeded.
Septabene can be used for up to 7 days.

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

Paediatric population

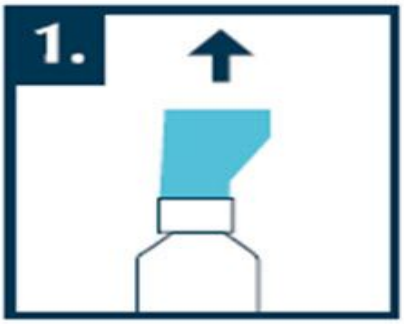
Adolescents over 12 years of age: For a single dose, the spray head should be pressed once to twice. This may be repeated every 2 hours, 3-5 times a day.

Children from 6 to 12 years of age: For a single dose, the spray head should be pressed once. This may be repeated every 2 hours, 3-5 times a day.

Septabene is contraindicated in children under 6 years of age.

Method of administration

Before the first use of Septabene oromucosal spray, press the spray head several times in order to obtain even delivery. If the spray has not been used for a long period of time (like at least for one week), press the spray head one time in order to obtain even delivery.



Remove the plastic cap before use.

Open your mouth wide, point the spray nozzle towards your throat and press the spray head 1-2 times. Hold your breath while spraying.

After each use, place the plastic cap on the spray head.
When the spray head is pressed once, 0.1 ml of oromucosal spray, solution, which contains 0.15 mgbenzydamine hydrochloride and 0.5 mgcetylpyridinium chloride is released.

4.3 Contraindications

Hypersensitivity to the active substances or to any of the excipients listed in section 6.1.
Children aged under 6 years since the pharmaceutical form is not appropriate for this age group.

4.4 Special warnings and precautions for use

Septabene should not be used for more than 7 days. If there are no noticeable resultsafter 3 days, a doctor should be consulted.
The use of topical preparations, especially over a long period of time, may lead to sensitisation, in which case treatment must be suspended and a suitable therapy instated.
Septabene 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.
Direct contact of Septabene oromucosal spray, solution with eyes should be avoided.
The product must not be inhaled.

This medicine contains 267.60 mg of alcohol (ethanol) in 1 ml of oromucosal spray, solution. The amount in 1 ml of this medicine is equivalent to less than 7 ml beer or 3 ml wine.
The small amount of alcohol in this medicine will not have any noticeable effects.
Septabene contains macrogolglycerol hydroxystearate. May cause stomach upset and diarrhea.
This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interactions

Septabene should not be used at the same time as other antiseptics.

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 is not recommended during pregnancy.

Breastfeeding
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 Septabene 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

Septabene 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 Anaesthesia of oral mucosa
Respiratory, thoracic and mediastinal disorders	Bronchospasm		
Gastrointestinal disorders		Oral mucosal irritation Burning oral sensation	
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. Healthcare professionals are asked to report any suspected adverse reactions via:
HPRA Pharmacovigilance
Website: www.hpra.ie

4.9 Overdose

Symptoms
Intoxication is only expected in case of accidental ingestion of large quantities of benzydamine (> 300 mg). Symptoms associated with overdose of ingested benzydamine are mainly gastrointestinal symptoms and symptoms of the central nervous system. Most frequent gastrointestinal symptoms are nausea, vomiting, abdominal pain and oesophageal irritation. Symptoms of the central nervous system include dizziness, hallucinations, agitation, anxiety and irritability.
In acute overdose only symptomatic treatment is possible. Patients should be kept under close observation and supportive treatment should be given. Adequate hydration must be maintained.

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). 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 (oromucosal spray). In addition, at the recommended doses, the absorption of benzydamine from oromucosal spray is negligible.

Distribution
The distribution volume is the same in all pharmaceutical forms.

Elimination
Excretion takes place principally through the urine and, for the most part, in the form of inactive metabolites. The half-life and the systemic clearance are similar results in all pharmaceutical forms.

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 oromucosal spray has proven to be optimally tolerated in healthy volunteers since it has not caused toxic effects, locally or systemically.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Ethanol (96 per cent)
Glycerol (E422)
Macrogolglycerol hydroxystearate
Saccharin sodium (E954)
Peppermint oil

Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

After first opening of the container, the product should be used within 12 months when stored at temperature below 25°C.

6.4 Special precautions for storage

Do not store above 25°C.

For storage conditions after first opening of the medicinal product, see section 6.3.

6.5 Nature and contents of container

Plastic spray container (HDPE) with white spray pump with actuator and blue plastic (PP) cap: 30 ml of oromucosal spray, solution, in a box. 30 ml of oromucosal spray, solution is sufficient for 250 actuations.

6.6 Special precautions for disposal

No special requirements.

7 MARKETING AUTHORISATION HOLDER

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

8 MARKETING AUTHORISATION NUMBER

PA1347/049/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 10th July 2015
Date of last renewal: 1st June 2020

10 DATE OF REVISION OF THE TEXT

March 2021