Sinufed syrup

Summary of Product Characteristics Updated Febuary 2024

1. Name of the medicinal product

Sinufed syrup

2. Qualitative and quantitative composition

This product contains:

Pseudoephedrine Hydrochloride 30.0 mg per 5 ml

Excipients with known effects:

Sucrose

Methyl Hydroxybenzoate sodium (E218)

Propyl Hydroxybenzoate sodium

For the full list of excipients, see section 6.1.

3. Pharmaceutical form

Syrup, a colorless to pale yellow liquid.

4. Clinical particulars

4.1 Therapeutic indications

Symptomatic treatment of nasal congestion, to relief eustachian tube congestion.

4.2 Posology and method of administration

Posology

Adults and Children aged 12 years and over:

10 ml elixir every 6 hours up to 4 times a day. **Children 6 - 12 years**

5 ml elixir every 6 hours up to 4 times a day. Not to be used for more than five days without the advice of a doctor. Parents or carers should seek medical attention if the child's condition deteriorates during treatment.

Children under 6 years

For children 1 to 6 years old, the medicine should be dispensed with a doctor’s prescription only.

This product is contraindicated in children under the age of 1 years (see section 4.3)

Use in the Elderly

There have been no specific studies of this product in the elderly, experience has indicated that normal adult dosage is appropriate.

Hepatic Dysfunction

Caution should be exercised when administering this product to patients with severe hepatic impairment.

Renal Dysfunction

Caution should be exercised when administering this product to patients with moderate to severe renal impairment.

Do not exceed the stated dose.

Method of Administration

For oral use

4.3 Contraindications

This product is contraindicated in individuals with known hypersensitivity to pseudoephedrine or to any of the excipients listed in section 6.1.

Concomitant use of other sympathomimetic decongestants, beta-blockers (see section 4.5) or monoamine oxidase inhibitors (MAOIs), or within 14 days of stopping MAOI treatment (see section 4.5). The concomitant use of MAOIs may cause a rise in blood pressure and/or hypertensive crisis (see section 4.5).

Cardiovascular disease including hypertension.

Diabetes mellitus

Phaeochromocytoma
Hyperthyroidism
Closed angle glaucoma
Severe renal impairment
Not to be used in children under the age of 1 year.

4.4 Special warnings and precautions for use

Patients with difficulty in urination and/or enlargement of the prostate, or patients with thyroid disease who are receiving thyroid hormones should not take pseudoephedrine unless directed by a physician.

Caution should be exercised when using the product in the presence of severe hepatic impairment or moderate to severe renal impairment, and in occlusive vascular disease.

If any of the following occur, this product should be stopped:

• Hallucinations
• Restlessness
• Sleep disturbances

Severe Skin reactions: Severe skin reactions such as acute generalized exanthematous pustulosis (AGEP) may occur with pseudoephedrine-containing products. This acute pustular eruption may occur within the first 2 days of treatment, with fever, and numerous, small, mostly non-follicular pustules arising on a widespread oedematous erythema and mainly localized on the skin folds, trunk, and upper extremities. Patients should be carefully monitored. If signs and symptoms such as pyrexia, erythema, or many small pustules are observed, administration of this medicine should be discontinued, and appropriate measures taken if needed.

Ischaemic colitis: some cases of ischaemic colitis have been reported with pseudoephedrine. Pseudoephedrine should be discontinued and medical advice sought if sudden abdominal pain, rectal bleeding or other symptoms of ischaemic colitis develop.

Ischaemic optic neuropathy: Cases of ischaemic optic neuropathy have been reported with pseudoephedrine. Pseudoephedrine should be discontinued if sudden loss of vision or decreased visual acuity such as scotoma occurs.

There have been rare cases of posterior reversible encephalopathy syndrome (PRES) / reversible cerebral vasoconstriction syndrome (RCVS) reported with sympathomimetic drugs, including pseudoephedrine. Symptoms reported include sudden onset of severe headache, nausea, vomiting, and visual disturbances. Most cases improved or resolved within a few days following appropriate treatment. Pseudoephedrine should be discontinued, and medical advice sought immediately if signs or symptoms of PRES/RCVS develop.

Each 5 ml of this medicine contains 3 g of sucrose. This should be taken into account in patients with diabetes mellitus. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

This medicine contains methyl hydroxybenzoate (E218) and therefore may cause allergic reactions (possibly delayed).

This medicine contains Propyl hydroxybenzoate sodium and therefore may cause allergic reactions (possibly delayed)

This medicine contains less than 1 mmol sodium (23 mg) per 5 ml, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interaction

• MAOIs and/or RIMAs: Pseudoephedrine exerts its vasoconstricting properties by stimulating α -adrenergic receptors and displacing noradrenaline from neuronal storage sites. Since monoamine oxidase inhibitors (MAOIs) impede the metabolism of sympathomimetic amines and increase the store of releasable noradrenaline in adrenergic nerve endings, MAOIs may potentiate the pressor effect of pseudoephedrine. This product should not be used in patients taking monoamine inhibitors or within 14 days of stopping treatment as there is an increased risk of hypertensive crisis.
• Moclobemide: Risk of hypertensive crisis.
• Antihypertensives: Because of its pseudoephedrine content, this product may partially reverse the hypotensive action of antihypertensive drugs which interfere with sympathetic activity including bretylium, betanidine, guanethidine, debrisoquine, methyldopa, adrenergic neurone blockers and beta- blockers.
• Cardiac glycosides: Increased risk of dysrhythmias.
• Ergot alkaloids (ergotamine & methysergide): Increased risk of ergotism.
• Appetite suppressants and amphetamine-like psychostimulants: Risk of hypertension.
• Oxytocin – Risk of hypertension.
• Anticholinergic drugs: Enhances effects of anticholinergic drugs (such as Tricyclic antidepressants).
• Anaesthetic agents: Concurrent use with halogenated anaesthetic agents such as chloroform, cyclopropane, halothane, enflurane or isoflurane may provoke or worsen ventricular arrhythmias.

4.6 Fertility, pregnancy and lactation

This product should not be used during pregnancy or lactation unless the potential benefit of treatment to the mother outweighs the possible risks to the developing foetus or breastfeeding infant.

Pregnancy

There are no adequate and well-controlled studies in pregnant women.
Systemic administration of pseudoephedrine, up to 50 times the human daily dose in rats and up to 35 times the human daily dosage in rabbits did not produce teratogenic effects.

Breastfeeding

Pseudoephedrine is excreted in breast milk in small amounts, but the effect of this on breast-fed infants is not known. It has been estimated that approximately 0.4 to 0.7% of a single 60 mg dose of pseudoephedrine ingested by a nursing mother will be excreted in the breast milk over 24 hours. Data from a study of lactating mothers taking 60 mg pseudoephedrine every 6 hours suggests that from 2.2 to 6.7% of the maximum daily dose (240 mg) may be available to the infant from a breastfeeding mother.

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Clinical Trial Data

The safety of pseudoephedrine from clinical trial data is based on data from 6 randomised, placebo-controlled single dose clinical trials and 6 randomised, placebo-controlled multiple dose clinical trials for the treatment of nasal congestion with allergic rhinitis or common cold or prevention of sinus symptoms/infection after a natural cold. Table 1 includes adverse events from clinical trial and post-marketing experience. Adverse events included from clinical trials are those that occurred where greater than

one event was reported, and the incidence was greater than placebo and in 1% of patients or more.

Post-marketing Data

Adverse drug reactions (ADRs) identified during post-marketing experience with pseudoephedrine are included in Table 1 below.

The adverse drug reactions are ranked by frequency, using the following convention.

Very common	≥1/10
Common	≥1/100 and <1/10
Uncommon	≥1/1,000 and <1/100
Rare	≥1/10,000 and <1/1,000
Very rare	<1/10,000
Not known	(cannot be estimated from the available data)

Table 1: Adverse Reactions Reported in Clinical Trials and Post-marketing Experience

System Organ Class	**Adverse Reactions**			
	Frequency Category			
	Very Common (≥1/10)	**Common** (≥1/100 to <1/10)	**Rare** ≥1/10,000 to <1/1,000	**Not known**
Immune System Disorders				Hypersensitivity – cross-sensitivity may occur with other sympathomimetics
Psychiatric Disorders		Insomnia Nervousness		Anxiety Euphoric mood Excitability Hallucinations Irritability Paranoid delusions Restlessness Sleep disorder
Nervous System Disorders	Headache	Dizziness		Cerebrovascular accident Paraesthesia Posterior reversible encephalopathy syndrome (PRES)/reversible cerebral vasoconstriction syndrome (RCVS) Psychomotor hyperactivity Somnolence Tremor
Eye Disorders				Ischaemic optic neuropathy
Cardiac Disorders				Dysrhythmias

				Myocardial infarction/myocardial ischaemia Palpitations Tachycardia
Vascular Disorders				Hypertension
Gastrointestinal Disorders		Dry mouth Nausea		Ischaemic colitis Vomiting
Skin and Subcutaneous Tissue Disorders				Angioedema Pruritus Rash Severe skin reactions, including acute generalised exanthematous pustulosis (AGEP)
Renal and Urinary Disorders				Dysuria Urinary retention (in men in whom prostatic enlargement could have been an important predisposing factor)

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. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form https://sideeffects.health.gov.il/. It can also be reported to safty@trima.co.il

4.9 Overdose

Symptoms

Overdose may result in:

Hyperglycaemia, hypokalaemia, CNS stimulation, insomnia; irritability, restlessness, anxiety, agitation; confusion, delirium, hallucinations, psychoses, seizures, tremor, intracranial haemorrhage including intracerebral haemorrhage, drowsiness in children, mydriasis, palpitations, tachycardia, reflex bradycardia, supraventricular and ventricular arrhythmias, dysrhythmias, myocardial infarction, hypertension, vomiting, ischaemic bowel infarction, acute renal failure, difficulty in micturition.

Management

Necessary measures should be taken to maintain and support respiration and control convulsions. Catheterisation of the bladder may be necessary. If desired, the elimination of pseudoephedrine can be accelerated by acid diuresis or by dialysis.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Sympathomimetics, RO1BA02

Pseudoephedrine has direct and indirect sympathomimetic activity and is an orally effective upper respiratory tract decongestant. Pseudoephedrine is substantially less potent than ephedrine in producing both tachycardia and elevation in systolic blood

pressure and considerably less potent in causing stimulation of the central nervous system.

5.2 Pharmacokinetic properties

Pseudoephedrine is rapidly and completely absorbed after oral administration. After an oral dose of 180 mg to man, peak plasma concentrations of 500-900 ng/ml were obtained about 2 hours post dose. The plasma half life was about 5.5 hours and was increased in subjects with alkaline urine and decreased in subjects with acid urine. The only metabolism was n-demethylation which occurred to a small extent. Excretion was mainly via the urine.

5.3 Preclinical safety data

The active ingredient of Sinufed syrup is a well-known constituent of medicinal products and its safety is well documented. The results of pre-clinical studies do not add anything of relevance for therapeutic purposes.

6. Pharmaceutical particulars

6.1 List of excipients

Sucrose

Glycerol

Strawberry flavor IFF 15.08.1059

Saccharin sodium

Methyl Hydroxybenzoate sodium (E218)

Citric acid anhydrous

Propyl hydroxybenzoate sodium

Purified Water

6.2 Incompatibilities

None known

6.3 Shelf life

The expiry date of the product is indicated on the packaging materials.

6.4 Special precautions for storage

Store in a cool, dark place below 25°C.

6.5 Nature and contents of container

A bottle with 115 ml of syrup and a measuring cup for measuring 2.5 ml, 5 ml, 7.5 ml and 10 ml.

6.6 Special precautions for disposal and other handling

No special requirements for disposal.

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

7. Marketing authorisation holder

Trima Israel Pharmaceutical Products Maabarot Ltd.

8. Marketing authorisation number(s)

118-91-29978-009.

Date of first authorisation/**renewal of the authorisation**

30/06/202010.

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