# Summary of Product Characteristics

1. **NAME OF THE MEDICINAL PRODUCT(FPP)**

**SEKROL®**

*Ambroxol hydrochloride*

* 1. **Strength** 30 mg/5ml
	2. **Pharmaceutical form** Syrup
1. **QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each 5 ml of syrup contains 30 mg of ambroxol hydrochloride (6 mg/ml).

Excipients with known effect :
Sorbitol (E420): 3.167 g sorbitol 70% solution /5ml
Methyl parahydroxybenzoate (E218): 6.7 mg / 5ml
Propyl parahydroxybenzoate (E217): 0.77 mg / 5ml

For a full list of excipients, please see Section 6.1.

1. **PHARMACEUTICAL FORM**

Syrup.
Colourless viscous solution with characteristic odor.

1. **CLINICAL PARTICULARS**
	1. **Therapeutic indications**

Sekrol is indicated as a mucolytic in the management of acute and chronic respiratory diseases that are characterised by viscid mucoid secretions (such as bronchitis, bronchiectasis, sinusitis).

* 1. **Posology and mode of administration**
		1. **Posology**

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| **Age** | **Dose in mg** | **Volume of syrup** **Sekrol 30mg/5ml** |
| 12 years and older | 30 to 60 mg, 2 times daily | 5 to 10 ml, 2 times daily |

* + 1. **Special populations**

The syrup should be used very carefully in patients with kidney disease, liver disease and peptic ulcers.

Patients with hereditary fructose intolerance (FI)HFI)HFI) must not be given this medicine unless strictly necessary.

* + 1. **Pediatric population**

Sekrol 30 mg/5ml should not be given to children under the age of 12 years. In case medicinal treatment of a child is required, Sekrol 15 mg/5ml is available.

* + 1. **Method of administration**

Oral administration.
Sekrol can be administered with or without food.

* 1. **Contraindications**

Klik hier als u tekst wilt invoeren.

* 1. **Special warning and precautions for use**
* Sekrol syrup contains a high amount of sorbitol. Patients with hereditary fructose intolerance must not be given this medicine.
* Cases of anaphylactic reactions and severe cutaneous adverse reactions (SCARs), including erythema multiforme, Stevens-Johnson syndrome / Lyell syndrome, and acute generalised exanthematous pustulosis (PEAG) have been reported in patients receiving associated with ambroxol. Frequencies of these side effects are unknown. Advise your patients to stop treatment immediately if symptoms of progressive skin rash occur.
* As with all drugs metabolised by the liver and subsequently eliminated by the kidneys, severe kidney failure may produce an accumulation of metabolites generated by the liver. The syrup should be used very carefully in patients with kidney disease or liver disease.
* This medicine should be used with caution in patients with a history of, or existing peptic ulceration.
* The syrup contains methyl parahydroxybenzoate and propyl parahydroxybenzoate which can cause allergic reactions (possibly delayed).
	1. **Interactions with other medicinal products and other forms of interactions**
		1. **General information**

Sekrol syrup should not be used in combination with antitussive medicines such as codeine, or with any secretion-reducing medicine.

* + 1. **Paediatric population**

No interaction studies have been carried out in the pediatric population

* 1. **Fertility, pregnancy and lactation**
		1. **Fertility**

Non-clinical studies do not directly or indirectly indicate any adverse effects on fertility.

* + 1. **Pregnancy**

Ambroxol hydrochloride crosses the placental barrier. Nonclinical studies do not directly or indirectly indicate adverse effects on pregnancy, embryonic or foetal development, childbirth or postnatal development.

Extensive clinical experience with ambroxol hydrochloride after 28 weeks of pregnancy has not been shown to have deleterious effects on the foetus.

Nevertheless, the usual precautions regarding the use of medicines during pregnancy should be observed. Especially during the first trimester, the use of Sekrol is not recommended.

**4.6.3 Lactation**

Ambroxol hydrochloride is excreted in breast milk. Although no adverse effects are expected from breastfed infants, administration of Sekrol is not recommended during the lactation period.

* 1. **Effects on the ability to drive and use machines**

Ambroxol may cause drowsiness and dizziness, and may therefore have a minor influence on the ability to drive and use machines.

Post-marketing data showed no effect on the ability to drive and use machines. No studies on the effects on the ability to drive and use machines have been performed.

* 1. **Undesirable effects**

***Summary of the safety profile***

The most commonly reported adverse reactions are gastrointestinal system effects such as nausea, vomiting, hypoaesthesia, and diarrhea. Hypoesthesia (oral / pharyngeal) and dysgeusia may also occur frequently. Itching and rash are reported more rarely.

Adverse reactions such as anaphylactic reactions, anaphylactic shock and angioedema may occur sporadically.

The frequencies of adverse reactions reported are defined as:

* 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)

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| --- |
| ***Immune system disorders***  |
| Hypersensitivity reactions | rare |
| Anaphylactic reactions, including anaphylactic shock  | not known |
| ***Skin and subcutaneous tissue disorders*** |
| Rash, urticaria | rare |
| Severe skin reactions (including erythema multiforme, Stevens-Johnson syndrome / Lyell's syndrome and generalised acute exanthematous pustulosis), angioedema and pruritus | not known |
| ***Nervous system disorders*** |
| Dysgeusia | common |
| Headache, dizziness, somnolence, agitation  | not known |
| ***Respiratory, thoracic and mediastinal disorders*** |
| Pharyngeal hypoesthesia  | common |
| ***Gastrointestinal disorders*** |
| Oral hypoaesthesia, nausea  | common |
| Vomiting, diarrhea, abdominal pain, dyspepsia, dry mouth | uncommon |
| Dry throat | Rare |
| ***Investigations*** |  |
| Temporally elevation of liver enzymes | uncommon |

* 1. **Overdose**

There are no specific overdose symptoms reported in humans. Based on reported cases of accidental overdose and treatment errors, the symptoms observed are the known adverse effects of Sekrol and may require symptomatic treatment.

1. **PHARMACOLOGICAL PROPERTIES**
	1. **Pharmacodynamic properties**

**Pharmacotherapeutic group:** Pharmacotherapeutic group: Preparation for cough and cold, expectorant, mucolytic.

**ATC code:** R05CB06.

***Mechanism of action***

Ambroxol hydrochloride increases secretions of the respiratory tract and the production of pulmonary surfactant and stimulates mucociliary activity. This increase induces an improvement in mucus flow and transport (mucociliary clearance).

Improved mucociliary clearance has been shown in pharmacological studies.

Increased secretions and mucociliary clearance facilitate expectoration and coughing.

* 1. **Pharmacokinetic properties**

***Absorption***

Ambroxol hydrochloride is rapidly and completely absorbed from the gastrointestinal tract.

***Distribution***

When taken on an empty stomach, ambroxol reaches a maximum blood concentration within 2.5 hours. Therapeutic blood concentration is 30 ng/m with a steady state blood concentration of 50 ng/m after multiple intakes. Ambroxol does not accumulate in the body and is for 90% bound to plasma proteins. Ambroxol passes into cerebrospinal fluid and placenta and is also detected in breast milk.

***Biotransformation***

About 30% of the oral dose of the substance is eliminated by first-pass-effect. The main enzyme responsible for the metabolism of ambroxol in the liver is CYP3A4. Ambroxol hydrochloride is mainly metabolised via glucuronidation in the liver with formation of metabolites (e.g. dibromoantranilic acid).

***Elimination***

The substance is largely metabolised and eliminated almost completely via the urine: for about 90% as glucuronides and 10% in unchanged form. Its half-life is about 9 to 10 hours. The plasma half-life of the sum of ambroxol and its metabolites is about 22 hours.

**Renal failure**

In patients with severe renal dysfunction, the elimination half-life of ambroxol metabolites is prolonged.

**Liver failure**

An accumulation of ambroxol metabolites generated in the liver can be expected.

Elimination of ambroxol hydrochloride is decrease by 20-40% in patients with severe liver disease.

* 1. **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.

1. **PHARMACEUTICAL PARTICULARS**
	1. **List of excipients**
* Sorbitol solution (70%),
* Methyl parahydroxybenzoate,
* Propyl parahydroxybenzoate,
* Sodium citrate,
* Citric acid,
* Aroma of cherries,
* Purified water
	1. **Incompatibilities**

Not applicable.

* 1. **Shelf life**

36 months.

Shelf life after first opening of the bottle: 1 month, the average use is 10-15 days.

* 1. **Special precautions for storage**

Store below 30 ° C .

In use: Close the bottle well after each use.

* 1. **Nature and contents of container**

Bottle in amber coloured glass, containing 150 ml of syrup, closed by a white polyethylene screw-cap.

Box with one bottle , a 2.5 - 5 ml measuring device and patient leaflet.

* 1. **Special precautions for disposal and other handlings**

No special requirements.

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

1. **MARKETING AUTHORISATION HOLDER AND MANUFACURING SITE ADDRESS**
	1. **Marketing Authorisation Holder**

Dafra Pharma GmbH

Mühlenberg 7, 4052 Basel, Switzerland.

* 1. **Manufacturer**

Bilim Ilaç Sanayi ve Ticaret A.Ş (Bilim Pharmaceuticals)

GOSB, 1900 Sokak N° 1904, 41480 Gebze, Kocaeli, Turkey.

1. **MARKETING AUHORISATION NUMBER**

See list of MAs per country

1. **DATE OF FIRST REGISTRATION**

See list of MAs per country

1. **DATE OF REVISION OF TEXT**

May 2021