

**1. NAME OF THE MEDICINAL PRODUCT**

INTUSSED COUGHS SUPPRESSANT

**2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each 5ml contains:

Dextrometorphan HBr BP 8.0mg

Ephedrine HCl BP 8.0mg

Promethazine HCl BP 4.0mg.

**3. PHARMACEUTICAL FORM**

Syrup

Coffee brown coloured, viscous liquid without any visible impurities.

**4. CLINICAL PARTICULARS**

**4.1 Therapeutic indications**

Intussed Cough Suppressant is indicated as an antitussive, for the relief of persistent, dry, irritating cough

**4.2 Posology and method of administration**

**Posology**

**Adults and children aged 12 years and over:**

Oral. 10 ml syrup 4 times a day.

**Children under 12 years:**

Delayed dry Coughs is contraindicated in children under the age of 12 years (see section 4.3).

**The Elderly:**

Normal adult dosage is appropriate, [See Pharmacokinetics in the Elderly].

Do not exceed the stated dose.

Keep out of the reach and sight of children.

**Method of Administration**

Oral

**4.3 Contraindications**

Children below 12 years of age

Patients on monoamine oxidase inhibitor therapy within previous 14 days

Dextromethorphan, in common with other centrally acting antitussive agents, should not be given to subjects in, or at risk of developing respiratory failure

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

#### **4.4 Special warnings and precautions for use**

Do not combine with other treatments for coughs and colds.

Intussed should be used with caution in patients with the following conditions: prostatic hypertrophy, urinary retention, susceptibility to 'closed angle' glaucoma and hepatic disease.

Intussed may cause drowsiness.

Seek medical advice when suffering from chronic or persistent cough and when also suffering from asthma, and acute asthmatic attack or where cough is accompanied by excessive secretions

Keep out of the reach and sight of children.

Excipient Warnings:

Parahydroxybenzoates may cause allergic reactions (possible delayed).

Sucrose: Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take this medicine.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

Additive CNS depressant effects with alcohol and other CNS depressants including barbiturates, hypnotics, opioid analgesics, anxiolytic sedatives and anti-psychotics.

Additive anti-muscarinic effects with other drugs of similar properties such as atropine and some anti-depressants.

Not to be taken in patients taking monoamine oxidase inhibitors (MAOIs) or within 14 of stopping treatment as there is a risk of serotonin syndrome.

The concomitant use of a dextromethorphan-containing product and monoamine oxidase inhibitors can occasionally result in symptoms such as hyperpyrexia, hallucinations, gross excitation or coma

Diphenhydramine can inhibit the oxidative metabolism of some drugs.

Diphenhydramine may enhance the effects of ephedrine.

Diphenhydramine may mask the response of the skin to allergenic skin tests and also the ototoxic symptoms associated with certain antibiotics.

#### **4.6 Pregnancy and lactation**

#### Pregnancy

In view of the potential risks versus small benefits, it is recommended that Intussed cough suppressant should not be used during pregnancy particularly as the safety of Intussed in human pregnancy is not established

#### Lactation

In view of the potential risks versus small benefits, it is recommended that Intussed cough suppressant should not be used during lactation particularly as the safety of Intussed cough suppressant during lactation is not established

#### Fertility

No fertility data is available.

### **4.7 Effects on ability to drive and use machines**

Intussed cough suppressant may cause drowsiness. Do not drive or operate machinery.  
Avoid alcoholic drink

### **4.8 Undesirable effects**

The overall percentage of treated patients expected to experience adverse reactions is unknown.

Common side effects include:

CNS effects such as nervous drowsiness (usually diminishes within a few days), paradoxical stimulation, nervous headache, nervous psychomotor impairment.

Anti-muscarinic effects such as urinary retention, dry mouth, blurred vision, gastrointestinal disturbances and thickened respiratory tract secretions.

Dextromethorphan: dizziness, nausea, vomiting, or gastro-intestinal disturbance may occur.

Rare side effects include:

Hypotension, extrapyramidal effects, dizziness, confusion, depression, sleep disturbances, tremor, convulsions, palpitation, arrhythmia, hypersensitivity reactions, blood disorders and liver dysfunction.

#### 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 and signs*

The effects of acute toxicity of Deleted dry Cough may include drowsiness, hyperpyrexia, anticholinergic effects, lethargy, nystagmus, ataxia, respiratory depression, nausea, vomiting, and hyperactivity. With higher doses, and particularly in children, symptoms of

CNS excitation including hallucinations and convulsions may appear; with massive doses, coma or cardiovascular collapse may follow.

#### *Treatment*

Treatment of overdose should be symptomatic and supportive. Measures to promote rapid gastric emptying (with syrup of ipecac-induced emesis or gastric lavage) and, in cases of acute poisoning, the use of activated charcoal, may be useful. The intravenous use of physostigmine may be efficacious in antagonising severe anticholinergic symptoms. Naloxone has been used successfully as a specific antagonist to dextromethorphan toxicity in children. Convulsions may be controlled with diazepam and thiopental sodium.

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Cough suppressant

*Promethazine* possesses antitussive, antihistaminic, and anticholinergic properties and suppresses the urge to cough. It also dries up secretions in the nose and chest. Experiments have shown that the antitussive effect is discrete from its sedative effect. Taken at night will assist sleeping

*Dextromethorphan* is a non-opioid antitussive drug. It exerts its antitussive activity by acting on the cough centre in the medulla oblongata, raising the threshold for the cough reflex

*Ephedrine* Subjective relief of upper respiratory congestion, it has mild local anaesthetic and cooling effect.

### **5.2 Pharmacokinetic properties**

#### *Dextromethorphan*

Dextromethorphan undergoes rapid and extensive first-pass metabolism in the liver after oral administration. Genetically controlled O-demethylation is the main determinant of dextromethorphan pharmacokinetics in human volunteers. It appears that there are distinct phenotypes for this oxidation process resulting in highly variable pharmacokinetics between subjects. Unmetabolised dextromethorphan, together with the three demethylated morphinan metabolites; dextrorphan (also known as 3-hydroxy-N-methylmorphinan), 3-hydroxymorphinan and 3-methoxymorphinan have been identified as conjugated products in the urine. Dextrorphan, which also has antitussive action, is the main metabolite.

### **5.3 Preclinical safety data**

There are no preclinical data of relevance, within are additional to those already included in other sections of the SmPC

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Menthol  
Methyl Paraben  
Propyl Paraben  
Sucrose  
Hydroxyethyl Cellulose  
(Natrosol HHx250)  
Potassium Sorbate  
Sodium Saccharin  
Chocolate Brown Colour  
Vanilla flavour Liquid  
Raspberry Flavour  
Citric Acid Anhydrous  
Alcohol 90%  
(Rectified Spirit)  
Purified water

### **6.2 Incompatibilities**

None stated

### **6.3 Shelf life**

36 Months

### **6.4 Special Precautions for Storage**

It should be stored below 30°C, in a dry and dark place.  
Keep out of reach of children.

### **6.5 Nature and contents of container**

60ml glass bottles.

### **6.6 Special Precautions for disposal and other handling**

No special requirements

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

## **7.0 MARKET AUTHORISATION HOLDER**

Regal Pharmaceuticals Limited,  
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