

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

BENYLIN Non-drowsy for Chesty Coughs Syrup
Guaifenesin 100mg/5ml
Levomenthol 1.1mg/5ml

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 mls contains 100 mg guaifenesin and 1.1 mg levomenthol

Excipients with known effect: Each 5ml contains:

Glucose liquid 3.5g
Sucrose 1g
Ponceau 4R (E124) 0.25mg
Sodium benzoate 10mg
Sodium 16.4mg per 5ml.
Ethanol 197mg
Propylene glycol (E1520) 1.07mg
Invert sugar 6.75mg

For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Syrup
Clear red syrup having a characteristic odour.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

BENYLIN Non-drowsy for Chesty Coughs is indicated for the symptomatic relief of productive cough.

4.2 Posology and Method of Administration

Adults and children over 12 years:

Oral. Two 5 ml spoonfuls four times a day.

Children under 12 years:

Not recommended (see section 4.3).

The Elderly:

As for adults.

Hepatic/renal dysfunction

Experience with the use of this product suggests that normal adult dosage is appropriate for mild to moderate dysfunction. Caution should be exercised in severe hepatic and severe renal impairment. [See Pharmacokinetics].

4.3 **Contraindications**

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

4.4 **Special warnings and precautions for use**

BENYLIN Non-drowsy for Chesty Coughs should be not used for persistent or chronic cough, such as occurs with asthma, or where cough is accompanied by excessive secretions, unless directed by a physician.

Caution should be exercised when using the product in the presence of severe renal or severe hepatic impairment, [See Pharmacokinetics].

Benylin Non-Drowsy for Chesty Coughs should not be used in children under the age of 12 years.

This medicinal product contains 3.5 g glucose per 5ml, 1 g of sucrose per 5ml and 6.75mg invert sugar per 5ml. This should be taken into account in patients with diabetes mellitus.

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

This medicine contains 197 mg of alcohol (ethanol) in each 5 ml dose. The amount in a 5 ml dose of this medicine is equivalent to less than 5 ml beer or 2ml wine. The small amount of alcohol in this medicine will not have any noticeable effects.

This medicine contains Ponceau 4R (E124) which may cause allergic reactions.

This medicine contains 16.42 mg sodium per 5 ml equivalent to 0.82% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

This medicine contains 1.07mg propylene glycol in each 5ml dose.

This medicine contains 10mg sodium benzoate per 5ml dose.

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

If urine is collected within 24 hours of a dose of BENYLIN Non-drowsy for Chesty Coughs a metabolite of guaifenesin may cause a colour interference with laboratory determinations of urinary 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA).

4.6 **Fertility, pregnancy and lactation**

Pregnancy

There are no or limited amounts of data from the use of Guaifenesin in pregnant women. Animal studies are insufficient with respect to reproductive toxicity (see section 5.3). Benylin Non-Drowsy Chesty Coughs is not

recommended during pregnancy and in women of childbearing potential not using contraception.

Breastfeeding

Guaifenesin is excreted in breast milk in small amounts. There is insufficient information on the effects of Guaifenesin in newborns/infants. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Benylin Non-Drowsy Chesty Coughs therapy, taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility

There is insufficient information available to determine whether guaifenesin has the potential to impair fertility.

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

It is not expected that this product would interfere with the ability to drive or operate machinery

4.8 **Undesirable effects**

Adverse drug reactions identified during clinical trials and post-marketing experience with guaifenesin/menthol are included in the table below by System Organ Class (SOC). The frequencies are provided according to the following convention:

Very common $\geq 1/10$

Common $\geq 1/100$ and $< 1/10$

Uncommon $\geq 1/1,000$ and $< 1/100$

Rare $\geq 1/10,000$ and $< 1/1,000$

Very rare $< 1/10,000$

Not known (cannot be estimated from the available data)

ADRs are presented by frequency category based on 1) incidence in adequately designed clinical trials or epidemiology studies, if available, or 2) when incidence cannot be estimated, frequency category is listed as 'Not known'.

Body System (SOC)	Frequency	Adverse Drug Reaction (Preferred Term)
Immune system Disorders	Not known	Hypersensitivity (including Pruritus and Urticaria)
Gastrointestinal Disorders	Not known Not known Not known Not known	Abdominal pain upper Diarrhoea Nausea Vomiting
Skin and Subcutaneous Tissue	Not known	Rash

Disorders		
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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 and signs

Guaifenesin

The symptoms and signs of overdose may include gastro-intestinal discomfort, nausea and somnolence. When taken in excess, Guaifenesin may cause renal calculi.

Menthol

Excessive use of menthol may lead to abdominal pain, vomiting, flushed face, dizziness, weakness, tachycardia, stupor, and ataxia

Treatment

Treatment should be symptomatic and supportive.

5. **PHARMACOLOGICAL PROPERTIES**

5.1 **Pharmacodynamic Properties**

Guaifenesin is thought to exert its pharmacological action by stimulating receptors in the gastric mucosa. This increases the output from secretory glands of the gastrointestinal system and reflexly increases the flow of fluids from glands lining the respiratory tract. The result is an increase in volume and decrease in viscosity of bronchial secretions. Other actions may include stimulating vagal nerve endings in bronchial secretory glands and stimulating certain centres in the brain which in turn enhance respiratory fluid flow.

Guaifenesin produces its expectorant action within 24 hours.

Menthol has mild local anaesthetic and decongestant properties.

5.2 **Pharmacokinetic Properties**

Absorption

Guaifenesin is well absorbed from the gastro-intestinal tract following oral administration, although limited information is available on its pharmacokinetics. After the administration of 600 mg guaifenesin to healthy adult volunteers, the C_{max} was approximately 1.4 ug/ml, with t_{max} occurring approximately 15 minutes after drug administration.

Distribution

No information is available on the distribution of guaifenesin or menthol in humans.

Metabolism and elimination

Guaifenesin appears to undergo both oxidation and demethylation. Following an oral dose of 600 mg guaifenesin to 3 healthy male volunteers, the $t_{1/2}$ was approximately 1 hour and the drug was not detectable in the blood after approximately 8 hours.

Menthol is hydroxylated in the liver by microsomal enzymes to p-menthane -3,8 diol. This is then conjugated with glucuronide and excreted both in urine and bile as the glucuronide.

Pharmacokinetics in Renal/Hepatic Impairment

There have been no specific studies of BENYLIN Non-drowsy for Chesty Coughs, menthol or guaifenesin in hepatic or renal impairment .

Pharmacokinetics in the Elderly

There have been no specific studies in the use of BENYLIN Non-drowsy for Chesty Coughs, menthol or guaifenesin in the elderly.

5.3 Pre-clinical Safety Data

Carcinogenicity

There is insufficient information available to determine whether guaifenesin or menthol have carcinogenic potential.

Mutagenicity

There is insufficient information available to determine whether guaifenesin has mutagenic potential.

The results of a range of tests suggest that menthol does not have a mutagenic potential.

Teratogenicity

There is insufficient information available to determine whether guaifenesin has teratogenic potential.

The results of a number of studies suggest that the administration of menthol does not produce any statistically significant teratogenic effects in rats, rabbits and mice.

Fertility

There is insufficient information available to determine whether guaifenesin or menthol have the potential to impair fertility.

6. **Pharmaceutical particulars**

6.1 **List of excipients**

Sodium benzoate (E211)
Sucrose
Liquid Glucose
Glycerol
Citric acid monohydrate
Sodium citrate
Saccharin sodium
Ethanol 96%
Caramel T12 (E150) (containing glucose, sucrose and invert sugar)
Ponceau 4R (E124)
Concentrated raspberry essence double strength (containing propylene glycol and ethanol)
Natural sweetness enhancer
Carbomer
Purified water

6.2 **Incompatibilities**

None known

6.3 **Shelf life**

3 years.

6.4 **Special precautions for storage**

Do not store above 30°C. Keep bottle tightly closed.

6.5 **Nature and contents of container**

Amber glass bottles (pharmacopoeial grade III) with an aluminium ROPP cap with melinex-faced pulpboard wad or with a 3 piece plastic child resistant, tamper evident closure fitted with a PE-Alu-PET or polyethylene/ expanded polyethylene laminated wad or with a plastic HDPE cap fitted with a PE-Alu-PET wad..

Pack sizes: 30 ml, 125 ml or 300 ml.

Not all pack sizes may be marketed.

6.6 **Special precautions for disposal and other handling.**

No special requirements.

7. **MARKETING AUTHORISATION HOLDER**

JNTL Consumer Health I (Ireland) Ltd.
Block 5
High Street
Tallaght
Dublin 24
Ireland

8. **MARKETING AUTHORISATION NUMBER**

PA 23490/007/001

9. **DATE OF FIRST AUTHORISATION/RENEWAL OF
AUTHORISATION**

Date of first authorisation: 20th October 1992
Date of latest renewal: 20th October 2007

10. **DATE OF REVISION OF THE TEXT**

March 2024