Professional information for SINUTAB® 3-WAY

SCHEDULING STATUS:

S2

1. NAME OF THE MEDICINE

SINUTAB® 3-WAY TABLETS

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains:

Pseudoephedrine hydrochloride	30 mg
Ibuprofen	200 mg

Excipients with known effect:

Preservatives: Methylparaben and propylparaben

This product is sugar free.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablets.

A white, film-coated, capsule-shaped tablet.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

SINUTAB® 3-WAY is indicated for the relief of symptoms associated with the common cold, sinusitis, or flu, including nasal congestion, headache, fever, body aches and pain.

4.2 Posology and method of administration

Adults and children over 12 years:

One tablet every four to six hours.

If symptoms do not respond to one tablet, a second tablet may be taken.

DO NOT EXCEED SIX TABLETS IN 24 HOURS.

Use the lowest effective dose for the shortest possible duration of treatment.

SINUTAB® 3-WAY should be taken with food or milk or after meals.

For oral use only.

SINUTAB® 3-WAY should not be used continuously for colds for more than 7 days, or for fever for more than 3 days, without consulting a doctor.

Patients should consult a medical doctor if their cold or fever persists or worsens, or if new symptoms occur.

Children:

Not recommended for children under 12 years of age.

4.3 Contraindications

SINUTAB® 3-WAY is contraindicated:

- In patients with known hypersensitivity to pseudoephedrine, ibuprofen or any of the other ingredients in SINUTAB® 3-WAY (see section 6.1).
- In persons receiving monoamine oxidase inhibitor treatment, including linezolid, or within 14 days of ceasing such treatment.
- In patients who have had an allergic reaction to aspirin or to other nonsteroidal anti-inflammatory analgesics e.g. asthma, swelling, shock or hives, because even though this product does not contain aspirin, or salicylates, cross-reactions may occur in patients allergic to aspirin.
- In patients with cardiovascular disease, such as ischaemic heart disease, heart failure, dysrhythmia, tachycardia, severe hypertension or uncontrolled hypertension, arteriosclerosis and aneurysms.
- In patients just before or after heart surgery.

- In patients with diabetes mellitus, hyperthyroidism, phaeochromocytoma, closed-angle glaucoma, hyperexcitability and difficulty in urination due to enlargement of the prostate.
- In patients with severe acute or chronic kidney disease/renal failure and hepatic impairment.
- In patients with a history of gastrointestinal perforation, ulceration or bleeding (PUBs) related to previous NSAIDs use including SINUTAB® 3-WAY.
- In patients with an active or a history of recurrent ulcer, haemorrhage or perforations.
- SINUTAB® 3-WAY is contraindicated in pregnant women from 20 weeks onwards and in lactating women (see sections 4.4 and 4.6).
- SINUTAB® 3-WAY should not be given to children under 12 years of age.
- In patients using digoxin.

4.4 Special warnings and precautions for use

- NSAIDs may cause gastrointestinal bleeding.
- *Elderly patients:* The elderly have an increased frequency of adverse reactions to NSAIDs, including SINUTAB® 3-WAY, especially gastrointestinal perforation, ulceration and bleeding (PUBs) which may be fatal.
- The risk of gastrointestinal perforation, ulceration or bleeding (PUBs) is higher with increasing doses of SINUTAB® 3-WAY, in patients with a history of ulcers, and the elderly.
- When gastrointestinal bleeding or ulceration occurs in patients receiving SINUTAB® 3-WAY, treatment with SINUTAB® 3-WAY should be stopped.
- SINUTAB® 3-WAY should be given with caution to patients:
    - With a history of gastrointestinal disease (e.g. ulcerative colitis, Crohn's disease, hiatus hernia, gastro- oesophageal reflux disease, angiodysplasia) as the condition, may be exacerbated.
    - Who are receiving anticoagulants, platelet aggregation inhibitors (such as aspirin), corticosteroids, other NSAIDs or patients who are using alcohol.
    - With a history of hypertension and/or heart failure as fluid retention and oedema have been reported in association with SINUTAB® 3-WAY therapy. In view of the inherent

potential of SINUTAB® 3-WAY to cause fluid retention, heart failure may be precipitated in some compromised patients.

- With organic heart disease, cardiac decompensation or angina of effort.
- Patients with cardiovascular disease or risk factors for cardiovascular disease are at greater risk as are associated with an increased risk of serious cardiovascular thrombotic events, myocardial infarction, Kounis syndrome (KS) and stroke. This risk may increase with dose and duration of use.
- Cases of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) have been reported with the use of pseudoephedrine-containing products (see section 4.8). The risk is increased in patients with severe or uncontrolled hypertension, or with severe acute or chronic kidney disease/renal failure (see section 4.3).
- Pseudoephedrine should be discontinued and immediate medical assistance sought if the following symptoms occur: sudden severe headache or thunderclap headache, nausea, vomiting, confusion, seizures and/or visual disturbances. Most reported cases of PRES and RCVS resolved following discontinuation and appropriate treatment.
- Ibuprofen may cause a severe allergic reaction in patients allergic to aspirin (see section 4.3). Symptoms may include hives, facial swelling, asthma (wheezing), shock, skin reddening, rash or blisters with or without pyrexia or erythema.

  If any of these symptoms occur, patients should stop use and seek medical help right away.

  Serious skin reactions, some of them fatal, including exfoliative dermatitis, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis and acute generalised exanthematous pustulosis (AGEP) have been reported. SINUTAB® 3-WAY should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.
- Drug reaction with eosinophilia and systemic symptoms (DRESS) has been reported in patients taking NSAIDs such as SINUTAB® 3-WAY. Some of these events have been fatal or life-threatening. DRESS typically, although not exclusively, presents with fever, rash, lymphadenopathy, and/or facial swelling.

Other clinical manifestations may include hepatitis, nephritis, haematological abnormalities, myocarditis, or myositis. Sometimes symptoms of DRESS may resemble an acute viral infection. Eosinophilia is often present. Because this disorder is variable in its presentation, other organ systems not noted here may be involved. It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not evident. If such signs or symptoms are present, discontinue SINUTAB® 3-WAY and evaluate the patient immediately.

- AGEP 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 localised on the skin folds, trunk, and upper extremities. Patients should be carefully monitored. If signs and symptoms, such as formation of small pustules occur, with or without pyrexia or erythema, then treatment with SINUTAB® 3-WAY should be discontinued, and a doctor should be consulted (see section 4.8).
- SINUTAB® 3-WAY should not be combined with other non-prescription pain relievers or any other ibuprofen-containing products. SINUTAB® 3-WAY should not be used without consulting a doctor or pharmacist if a patient is presently taking monoamine oxidase inhibitors or other medicines for depression, psychiatric or emotional conditions or hypertension, or other cardiovascular disorders.
- SINUTAB® 3-WAY may decrease the ability of aspirin to protect against heart attack and stroke.
- The use of NSAIDs, such as SINUTAB® 3-WAY, around 20 weeks gestation or later in pregnancy may cause a rare but serious foetal renal dysfunction leading to oligohydramnios and, in some cases, neonatal renal impairment. Complications of prolonged oligohydramnios include limb contractures and delayed lung maturation, which may require invasive procedures such as exchange transfusion or dialysis, in some cases.
- Use of NSAIDs, such as SINUTAB® 3-WAY, during the third trimester of pregnancy, may result in premature closure of the foetal ductus arteriosus *in utero,* and possibly, in persistent pulmonary hypertension of the newborn. The onset of labour may be delayed and its duration increased (see section 4.3 and section 4.6).

- SINUTAB® 3-WAY should be used with caution in patients with asthma, fluid retention or in patients taking diuretic medicine.
- Ibuprofen which is in SINUTAB® 3-WAY, has been associated with vanishing bile duct syndrome. Patients should be instructed to consult a doctor if the develop a sudden onset of abdominal pain, chronic abdominal pain with a loss of appetite and/or new onset itching (see section 4.8).
- Ischaemic colitis has been associated with the use of pseudoephedrine, as in SINUTAB® 3-WAY. Patients should be instructed to stop taking SINUTAB® 3-WAY if abdominal pain, rectal bleeding, or other symptoms associated with ischaemic colitis develop.
- SINUTAB® 3-WAY treats fever and pain which sometimes can be signs of a serious underlying condition. If symptoms persist or get worse, or if new symptoms occur, patients should stop use and consult a doctor.
- NSAIDs, such as SINUTAB® 3-WAY, is associated with an increased risk of renal tubular acidosis (RTA) and hypokalaemia.

4.5 Interaction with other medicines and other forms of interaction

Pseudoephedrine hydrochloride:

- Should be avoided or used with caution in patients undergoing anaesthesia with halogenated anaesthetics as they may induce ventricular fibrillation.
- An increased risk of dysrhythmias may occur if given to patients receiving cardiac glycosides, quinidine or tricyclic antidepressants.
- There is an increased risk of vasoconstrictor or pressor effects in patients receiving ergot alkaloids or oxytocin.
- Reserpine and methyldopa diminish the effects of pseudoephedrine hydrochloride.
- Aluminium hydroxide-containing preparations may increase the absorption rate of pseudoephedrine hydrochloride.
- Reversal of the action of antihypertensive medicines may occur and therefore special care is advisable in patients receiving antihypertensive therapy.

- Concurrent use of pseudoephedrine with either monoamine oxidase inhibitors (MAOI) or sympathomimetic amines may result in an acute hypertensive crises (see section 4.3).

Ibuprofen:

- Enhances the effect of oral anticoagulants (such as warfarin), phenytoin and sulphonylurea antidiabetics and increases the plasma concentrations of lithium, methotrexate and cardiac glycosides and may exacerbate cardiac failure, reduce glomerular filtration rate (GFR) and increase plasma glycoside levels during concomitant use with cardiac glycosides.
- The risk of nephrotoxicity may be increased if given with ACE-inhibitors, ciclosporin, tacrolimus or diuretics. There may also be an increased risk of hyperkalaemia with ACE-inhibitors and potassium-sparing diuretics.
- The antihypertensive effects of some antihypertensive medicines, including ACE-inhibitors, beta-blockers and diuretics, may be reduced.
- Convulsions may occur due to an interaction with quinolones.
- The concomitant use of more than one nonsteroidal anti-inflammatory drug (NSAID), including aspirin, should be avoided because of the increased risk of adverse effects. Ibuprofen may inhibit the antiplatelet effects of aspirin when taken concomitantly.
- The risk of gastrointestinal perforation, ulceration or bleeding is increased when used with corticosteroids, alcohol, bisphosphonates or oxpentifylline.
- There may be an increased risk of haemotoxicity during concomitant use of zidovudine and ibuprofen.
- Ritonavir may increase the plasma concentrations of nonsteroidal anti-inflammatory medicines (NSAIDs).
- It is recommended that ibuprofen should be avoided for 8 to 12 days after mifepristone use.
- Antiplatelet medicines and selective serotonin reuptake inhibitors (SSRIs): increased risk of gastrointestinal bleeding.

4.6 Fertility, pregnancy and lactation

Pregnancy

SINUTAB® 3-WAY is contraindicated from 20 weeks or later in pregnancy. The use of NSAIDs, such as SINUTAB® 3-WAY, around 20 weeks gestation or later in pregnancy may cause a rare but serious foetal renal dysfunction leading to oligohydramnios (low amniotic fluid) and, in some cases, neonatal renal impairment. This may occur shortly after treatment initiation and is usually reversible upon discontinuation.

Complications of prolonged oligohydramnios include limb contractures and delayed lung maturation, which may require invasive procedures such as exchange transfusion or dialysis, in some cases.

In addition, there have been reports of ductus arteriosus constriction following treatment in the second trimester, most of which resolved after treatment cessation. Therefore, during the first and second trimester of pregnancy, SINUTAB® 3-WAY should not be given unless clearly necessary.

If SINUTAB® 3-WAY is used by a woman attempting to conceive, or during the first and second trimester of pregnancy, the dose should be kept as low and duration of treatment as short as possible. Antenatal monitoring for oligohydramnios and ductus arteriosus constriction should be considered after exposure to SINUTAB® 3-WAY for several days from gestational week 20 onward. SINUTAB® 3-WAY should be discontinued if oligohydramnios or ductus arteriosus constriction are found.

Regular use of nonsteroidal anti-inflammatory medicines (NSAIDs) during the third trimester of pregnancy, may result in premature constriction/closure of the foetal ductus arteriosus *in utero*, renal dysfunction (see above), and possibly, in persistent pulmonary hypertension of the newborn. The onset of labour may be delayed and its duration increased. The bleeding time may be prolonged and an anti-aggregating effect may occur even at low doses.

Breastfeeding:

SINUTAB® 3-WAY is not recommended for use in lactating women. Pseudoephedrine is distributed and concentrated in breast milk.

Fertility:

There is limited evidence that medicines, such as SINUTAB® 3-WAY, which inhibit cyclo-oxygenase/prostaglandin synthesis, may cause impairment of female fertility by an effect on ovulation. This is reversible on withdrawal of treatment. Women who are trying to become pregnant must avoid treatment with SINUTAB® 3-WAY.

Spontaneous abortion:

The risk of miscarriage may be increased with the use of NSAIDs, as in SINUTAB® 3-WAY. The observation remains to be confirmed.

4.7 Effects on ability to drive and use machines

Patients should be advised to use caution when driving a car or operating machinery, since SINUTAB® 3-WAY may cause dizziness.

4.8 Undesirable effects

The following side effects may occur with SINUTAB® 3-WAY:

Psychiatric disorders

Frequent: Nervousness and insomnia.

Less frequent: Anxiety.

Nervous system disorders

Frequent: Dizziness, tremor and somnolence.

Eye disorders

Frequent: Eye disorder.

Ear and Labyrinth disorders

Frequent: Tinnitus.

Gastrointestinal disorders

The most commonly observed adverse events are gastrointestinal in nature. Peptic ulcers, perforation or gastrointestinal bleeding, sometimes fatal. Nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease, gastritis.

Frequent: Dry mouth

Frequency unknown: Pancreatitis, gastrointestinal ulcer haemorrhage/perforation, oral discomfort (local burning sensation, irritation).

General disorders and administration site conditions

Frequent: Thirst and asthenia.

Post-marketing data

Infections and infestations

Aseptic meningitis.

Blood and the lymphatic system disorders

Bone marrow toxicity, eosinophilia, thrombocytopenia and anaemia.

Immune system disorders

Hypersensitivity reactions, angioedema and anaphylactic reactions.

Psychiatric disorders

Euphoric mood, hallucinations (including visual hallucinations) and restlessness.

Nervous system disorders

Headache, psychomotor hyperactivity, paraesthesia and stroke, posterior reversible encephalopathy syndrome (PRES) (see section 4.4), reversible cerebral vasoconstriction syndrome (RCVS) (see section 4.4).

Eye disorders

Visual impairment, blurred vision.

Cardiac disorders

Palpitations, tachycardia, oedema, cardiac failure, dysrhythmia and myocardial infarction.

Vascular disorders

Bleeding and hypertension.

Respiratory, thoracic and mediastinal disorders

Asthmatic conditions and bronchospasm.

Hepatobiliary disorders

Hepatotoxicity (abnormal hepatic function, hepatitis and increased transaminases), vanishing bile duct syndrome.

Skin and subcutaneous tissue disorders

Pruritus, bullous reactions, including Stevens-Johnson syndrome, toxic epidermal necrolysis, rash, erythema, erythema multiforme, acute generalised exanthematous pustulosis, drug reaction with eosinophilia and systemic symptoms (DRESS) [see section 4.4], fixed eruption and urticaria.

Renal and urinary disorders

Dysuria, urinary retention, nephritis, nephrotic syndrome, renal failure, renal impairment and renal papillary necrosis.

General disorders and administrative site conditions

Jittery feeling and hypothermia.

Reporting of suspected adverse reactions:

Reporting suspected adverse reactions after authorisation of SINUTAB 3-WAY is important. It allows continued monitoring of the benefit/risk balance of SINUTAB 3-WAY. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reactions Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

For further information, please contact the Johnson & Johnson via www.kenvuecontact.eu or call centre on 0860 410032 (landline).

4.9 Overdose

Ibuprofen

The most frequently reported symptoms of acute ibuprofen overdose include abdominal pain, nausea, vomiting, lethargy and drowsiness. Other central nervous system symptoms following acute overdose include headache, tinnitus, CNS depression and seizures. Metabolic acidosis, coma, acute renal failure, rhabdomyolysis, hypothermia, fulminant hepatic failure and apnoea may occur. Cardiovascular toxicity, including hypotension, bradycardia, tachycardia and atrial fibrillation, have been reported. Onset of symptoms usually occurs within 4 hours. Serious toxicity and death have been reported in association with acute ibuprofen overdose.

Pseudoephedrine

Overdosage may result in nausea, vomiting, sympathomimetic symptoms including central nervous system stimulation, insomnia, tremor, mydriasis, anxiety, agitation, hallucinations, seizures, palpitations, tachycardia, hypertension, and reflex bradycardia. Other effects may include dysrhythmias, hypertensive crisis, intracerebral haemorrhage, myocardial infarction, psychoses, rhabdomyolysis, hypokalaemia, and ischaemic bowel infarction. Drowsiness has been reported with overdose in children.

Treatment of overdose:

Treatment is symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 5.8 Preparations for the common cold including nasal decongestants and antihistaminics.

Pharmacotherapeutic group: Cough and cold preparations; other cold preparations.

ATC code: R05X

Ibuprofen is a nonselective nonsteroidal anti-inflammatory drug (NSAID) which possesses anti-inflammatory, analgesic and antipyretic activity.

Pseudoephedrine is a sympathomimetic medicine that has weak direct agonist activity at α- and β-adrenergic receptors.

5.2 Pharmacokinetic properties

Ibuprofen

Ibuprofen is absorbed from the gastrointestinal tract and peak plasma concentrations occur about 1 to 2 hours after ingestion.

Ibuprofen is 90 to 99 % bound to plasma proteins and has a plasma half-life of about 2 hours. It is rapidly excreted in the urine mainly as metabolites and their conjugates. About 1 % is excreted in the urine as unchanged ibuprofen and about 14 % as conjugated ibuprofen.

Pseudoephedrine hydrochloride

Pseudoephedrine hydrochloride is readily absorbed from the gastrointestinal tract. It is excreted largely unchanged in the urine with small amounts of its hepatic metabolite. It has a half-life of about 5 to 8 hours; elimination is enhanced and half-life accordingly shorter in acid urine.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

The other ingredients are:

Avicel pH 101 (pH adjuster),

calcium stearate,

candelilla wax,

croscarmellose sodium,

methylparaben (E218),

microcrystalline cellulose (E460),

Opadry clear (containing hypromellose (E464), propylene glycol (E1520)),

Opadry white (containing hypromellose (E464), propylene glycol (E1520) and titanium dioxide (E171)),

povidone (E1201),

pregelatinised starch,

propylparaben (E216),

sodium lauryl sulphate, and

stearic acid (E570).

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years.

6.4 Special precautions for storage

Store at or below 25 °C.

Store in a cool, dry place.

Do not remove tablets from the outer carton until required for use.

6.5 Nature and contents of container

White opaque or clear plastic blisters with an aluminium foil backing containing 10 or 20 tablets per pack.

The blister strips are packed in a cardboard carton.

6.6 Special precautions for disposal and other handling

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Johnson & Johnson (Pty) Ltd.

241 Main Road

Retreat

7945

South Africa

8. REGISTRATION NUMBER

36/5.8/0207

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

11 December 2003

10. DATE OF REVISION OF THE TEXT

25 April 2025

EXPORT REGISTRATION DETAILS

Kenya:	H2008/18737/230
Malawi:	PMPB/PL353/21
Namibia:	06/5.8/0226
Uganda	6041/25/07