

REFERENCES

1. Strefen Direct Cherry and Mint Flavour 8.75mg Oromucosal Spray. Summary of Product Characteristics. August 2024. Accessed March 2025. Available at: <https://www.medicines.org.uk/emc/product/15868/smpc>.
2. Data on File. Reckitt.

ESSENTIAL INFORMATION: Strefen Direct Cherry and Mint Flavour 8.75mg Oromucosal Spray PL 00063/0715

Active Ingredient (s): One actuation contains 2.92 mg of Flurbiprofen, three actuations equal to one dose contains 8.75mg, corresponding to 16.2 mg/ml Flurbiprofen.

Indications: Strefen Direct Cherry and Mint is indicated for the short term symptomatic relief of acute sore throat in adults.

Dosage & Administration: Posology: For short-term use only. Adults aged 18 years and over: One dose (3 actuations) administered to the back of the throat every 36 hours as required, up to a maximum of 5 doses in a 24 hour period.

Paediatric population: The safety and efficacy of Strefen Direct Cherry and Mint in children or adolescents under 18 years has not been established.

Elderly patients: A general dose recommendation cannot be given, since to date clinical experience is limited. The elderly are at increased risk of the serious consequences of adverse reactions. The lowest effective dose should be administered for the shortest duration necessary to control symptoms (see section 4.4).

Method of administration: For oromucosal administration. Do not inhale whilst spraying. It is recommended that this product should be used for a maximum of three days. Before first use, activate the pump by pointing the nozzle away from you and spraying a minimum of four times until a fine, consistent mist is produced. The pump is then primed and ready for use. Between each dose point the nozzle away from you and spray a minimum of once ensuring a fine, consistent mist is produced. Always ensure a fine consistent mist is produced before dosing the product.

Contraindications: Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Patients who have previously shown hypersensitivity reactions (e.g asthma, bronchospasm, rhinitis, angioedema or urticaria) in response to acetylsalicylic acid or other NSAIDs. Active, or history of recurrent peptic ulcer/haemorrhage (two or more distinct episodes of proven ulceration) and intestinal ulceration. History of gastrointestinal bleeding or perforation, severe colitis, haemorrhagic or haematopoietic disorders related to previous NSAID therapy. Last trimester of pregnancy (See section 4.6). Severe heart failure, severe renal failure or severe hepatic failure (see section 4.4). Children and adolescents below 18 years.

Special warnings and precautions for use: Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms.

Infections: Since in isolated cases an exacerbation of infective inflammations (e.g. development of necrotising fasciitis) has been described in temporal association with the use of systemic NSAIDs as a class, the patient is advised to consult a physician immediately if signs of a bacterial infection occur or worsen during the flurbiprofen spray therapy. It should be considered whether initiation of an anti-infective antibiotic therapy is indicated. In cases of purulent bacterial pharyngitis/tonsillitis, the patient is advised to consult a physician as the treatment needs to be re-evaluated. Masking of symptoms of underlying infections: Epidemiological studies suggest that systemic non-steroidal anti-inflammatory drugs (NSAIDs) can mask symptoms of infection, which may lead to delayed initiation of appropriate treatment and thereby worsening the outcome of the infection. This has been observed in bacterial community acquired pneumonia and bacterial complications to varicella. When Strefen Direct Cherry and Mint Flavour 8.75mg Oromucosal Spray is administered while the patient suffers from fever or pain in relation to infection, monitoring of infection is advised. Treatment should be administered for three days maximum. If the symptoms get worse or if new symptoms occur, the treatment should be re-evaluated. If mouth irritation occurs, flurbiprofen treatment should be withdrawn.

Elderly population: The elderly have an increased frequency of adverse reactions to NSAIDs especially gastrointestinal bleeding and perforation which may be fatal.

Respiratory: Bronchospasm may be precipitated in patients suffering from or with a previous history of bronchial asthma or allergic disease. Flurbiprofen spray should be used with caution in these patients.

Other NSAIDs: The use of flurbiprofen spray with concomitant NSAIDs including cyclooxygenase-2 selective inhibitors should be avoided (see section 4.5).

Systemic lupus erythematosus and mixed connective tissue disease: Patients with systemic lupus erythematosus and mixed connective tissue disease may have an increased risk of aseptic meningitis (see section 4.8), however this effect is not usually seen with short term limited use products such as flurbiprofen spray.

Cardiovascular, Renal and Hepatic Impairment: NSAIDs have been reported to cause nephrotoxicity in various forms including interstitial nephritis, nephrotic syndrome and renal failure. The administration of an NSAID may cause a dose dependent reduction in prostaglandin formation and precipitate renal failure. Patients at greatest risk of this reaction are those with impaired renal function, cardiac impairment, liver dysfunction, those taking diuretics and the elderly, however, this effect is not usually seen with short term, limited use products such as flurbiprofen spray.

Hepatic: Mild to moderate hepatic dysfunction (see sections 4.3 and 4.8).

Cardiovascular and cerebrovascular effects: Caution (talk with doctor or pharmacist) is required prior to starting treatment in patients with a history of hypertension and/or heart failure as fluid retention, hypertension and oedema have been reported in association with NSAID therapy. Clinical trial and epidemiological data suggest that use of some NSAIDs, (particularly at high doses and in long term treatment) may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke). There are insufficient data to exclude such a risk for flurbiprofen when given at a daily dose of no more than 5 doses (3 sprays per dose).

Nervous System effects: Analgesic induced headache - In the event of prolonged use of analgesics or use beyond the regulations headache may occur, which must not be treated with increased doses of the medicinal product.

Gastrointestinal: NSAIDs should be given with care to patients with a history of gastrointestinal disease (ulcerative colitis, Crohn's disease) as these conditions may be exacerbated (see section 4.8). Gastrointestinal bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at anytime during treatment, with or without warning symptoms or a previous history of serious GI events. The risk of GI bleeding, ulceration or perforation is higher with increasing NSAID doses, in patients with a history of ulcer, particularly if complicated with haemorrhage or perforation (see section 4.3), and in the elderly, however this effect is not usually seen with short term limited use products such as flurbiprofen spray. Patients with a history of GI toxicity, particularly when elderly, should report any unusual abdominal symptoms (especially GI bleeding) to their healthcare professional. Caution should be advised in patients receiving concomitant medications which could increase the risk of ulceration or bleeding, such as oral corticosteroids, anticoagulants such as warfarin, selective serotonin-reuptake inhibitors or anti-platelet agents such as acetylsalicylic acid (see section 4.5). If GI bleeding or ulceration occurs in patients receiving flurbiprofen, the treatment should be withdrawn.

Haematological effects: Flurbiprofen, like other NSAIDs, may inhibit platelet aggregation and prolong bleeding time. Flurbiprofen spray should be used with caution in patients with a potential for abnormal bleeding.

Dermatological: Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported very rarely in association with the use of NSAIDs (see section 4.8). Flurbiprofen spray should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity. This product contains methyl parahydroxybenzoate and propyl parahydroxybenzoate which may cause allergic reactions (possibly delayed). This medicine contains fragrance with Citral, d-Limonene, Eugenol and Linalool. Citral, d-Limonene, Eugenol and Linalool may cause allergic reactions. This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

Fertility, Pregnancy and Lactation: **Pregnancy:** Inhibition of prostaglandin synthesis may adversely affect the pregnancy and/or the embryo/foetal development. Data from epidemiological studies suggest an increased risk of miscarriage and of cardiac/foetal malformation and gastroschisis after use of a prostaglandin synthesis inhibitor in early pregnancy. The absolute risk for cardiovascular malformation was increased from less than 1%, up to approximately 1.5 %. The risk is believed to increase with dose and duration of therapy. In animals, administration of a prostaglandin synthesis inhibitor has been shown to result in increased pre- and post-implantation loss and embryo-foetal lethality. In addition, increased incidences of various malformations, including cardiovascular, have been reported in animals given a prostaglandin synthesis inhibitor during the organogenetic period. During the first and second trimester of pregnancy, flurbiprofen should not be given. During the third trimester of pregnancy, all prostaglandin synthesis inhibitors may expose:

- the foetus to:
 - cardiopulmonary toxicity (with premature closure of the ductus arteriosus and pulmonary hypertension);
 - renal dysfunction, which may progress to renal failure with oligo-hydroamniosis;
- the mother and the neonate, at the end of pregnancy, to:
 - possible prolongation of bleeding time, an anti-aggregating effect which may occur even at very low doses.
 - inhibition of uterine contractions resulting in delayed or prolonged labour.

Consequently, flurbiprofen is contraindicated during the third trimester of pregnancy (see section 4.3).

Breastfeeding: In limited studies, flurbiprofen appears in the breast milk in very low concentration and is unlikely to affect the breast-fed infant adversely. However, because of possible adverse effects of NSAIDs on breast-fed infants, flurbiprofen spray is not recommended for use in nursing mothers.

Fertility: There is some evidence that drugs which inhibit cyclo-oxygenase/ prostaglandin synthesis may cause impairment of female fertility by an effect on ovulation. This is reversible on withdrawal of treatment.

Side effects: Hypersensitivity reactions to NSAIDs have been reported and these may consist of:

(a) Non-specific allergic reactions and anaphylaxis

(b) Respiratory tract reactivity, e.g. asthma, aggravated asthma, bronchospasm, dyspnoea

(c) Various skin reactions, e.g. pruritus, urticaria, angioedema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme).

Oedema, hypertension and cardiac failure have been reported in association with NSAID treatment. There is insufficient data to exclude such a risk for flurbiprofen oromucosal spray, solution. **The following list of adverse effects relates to those experienced with flurbiprofen at OTC doses for short-term use.** (Very common (≥1/10), Common (≥1/100 to <1/10), Uncommon (≥1/1000 to <1/100), Rare (≥1/10000 to <1/1000), Very rare (<1/10000), not known (cannot be estimated from the available data))

Blood and lymphatic system disorders: Not known: anaemia, thrombocytopenia.

Cardiac and vascular disorders: Not known: Oedema, hypertension, cardiac failure

Nervous System disorders: Common: dizziness, headache, paraesthesia. Uncommon: somnolence

Respiratory, thoracic and mediastinal disorders: Common: throat irritation. Uncommon: exacerbation of asthma and bronchospasm, dyspnoea, wheezing, oropharyngeal blistering, pharyngeal hypoaesthesia.

Gastrointestinal disorders: Common: diarrhoea, mouth ulceration, nausea, oral pain, paraesthesia oral, oropharyngeal pain, oral discomfort (warm or burning feeling or tingling of the mouth). Uncommon: abdominal distension, abdominal pain, constipation, dry mouth, dyspepsia, flatulence, glossodynia, dysgeusia, oral dysaesthesia, vomiting

Skin and subcutaneous tissue disorders: Uncommon: various skin rashes, pruritus. Not known: severe forms of skin reaction such as bullous reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis.

General disorders and administration site conditions: Uncommon: pyrexia, pain

Immune System disorders: Rare: anaphylactic reaction

Psychiatric disorders: Uncommon: insomnia

Hepatobiliary disorders: Not known: hepatitis

Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the risk/benefit balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Legal Classification: P

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Licence Number: PL 00063/0715

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for the MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Reckitt Benckiser Healthcare (UK) Ltd on: 0333 200 5345