

NATURAL HEALTH PRODUCT

PSEUDOEPHEDRINE

Children 6-11 years

This monograph is intended to serve as a guide to industry for the preparation of Product Licence Applications (PLAs) and labels for natural health product market authorization. It is not intended to be a comprehensive review of the medicinal ingredient.

Notes

- ▶ Text in parentheses is additional optional information which can be included on the PLA and product label at the applicant's discretion.
- ▶ The solidus (/) indicates that the terms and/or statements are synonymous. Either term or statement may be selected by the applicant.

Compliance with Precursor Control Regulations:

The *Precursor Control Regulations* (PCR) (JC 2018a) allows Canada to fulfill its international obligations with respect to the *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988*, and provides a framework for the regulation of activities involving precursor chemicals which can be used in the production of illicit drugs and substances. Under the PCR, regulated chemicals are grouped into two classes: Class A and Class B. For Class A precursors such as pseudoephedrine and/or products containing them, persons wishing to be involved in activities such as importation, exportation, production, packaging, selling, and/or providing must first obtain a licence.

Further information regarding compliance with the PCR, including application forms and guidance documents pertaining to the application for a Class A precursor licence, is available at: <http://www.healthcanada.gc.ca/precursors>.

Date September 25, 2018

Proper name(s), Common name(s), Source material(s)

Table 1. Proper name(s), Common name(s), Source material(s)

Proper name(s)	Common name(s)	Source material(s)
		Common name(s)
<ul style="list-style-type: none"> ▶ (1S,2S)-2-Methylamino-1-phenylpropan-1-ol ▶ (alphaS)-alpha-[(1S)-1-(Methylamino)ethyl]benzenemethanol ▶ d-psi-Ephedrine 	Pseudoephedrine	<ul style="list-style-type: none"> ▶ Pseudoephedrine ▶ Pseudoephedrine hydrochloride ▶ Pseudoephedrine sulfate

References: Proper names: NLM 2018, O'Neil et al. 2018; Common name: NLM 2018, O'Neil et al. 2018; Source materials: NLM 2018, O'Neil et al. 2018.



Route of administration

Oral

Dosage form(s)

This monograph excludes foods or food-like dosage forms as indicated in the Compendium of Monographs Guidance Document.

Acceptable dosage forms for the age category listed in this monograph and specified route of administration are indicated in the Compendium of Monographs Guidance Document.

Use(s) or Purpose(s)

- ▶ Used as a decongestant (for common cold) (O'Neil et al. 2018; HC 2009; Williamson 2003; Mills and Bone 2000; Bright et al. 1981; Bye et al. 1980).
- ▶ Used to relieve nasal congestion (due to the common cold) (O'Neil et al. 2018; HC 2009; Williamson 2003; Mills and Bone 2000; Bright et al. 1981; Bye et al. 1980).
- ▶ Nasal decongestant (O'Neil et al. 2018; HC 2009; Williamson 2003; Mills and Bone 2000; Bright et al. 1981; Bye et al. 1980).

Dose(s)

Subpopulation(s)

Children 6 to 11 years

Quantity(ies)

30-120 milligrams pseudoephedrine per day; Not to exceed 30 milligrams per single dose (Simons et al. 1996; Dickerson et al. 1978).

Direction(s) for use

- ▶ Take a single dose every 4-6 hours up to 4 times a day (HC 2009).
- ▶ Do not give with any other cough and cold medications since harm may occur (HC 2009).



Duration(s) of use

Consult a health care practitioner/health care provider/health care professional/doctor/physician for use beyond 7 days (HC 2009; US FDA 2004).

Risk information

Caution(s) and warning(s)

- ▶ Keep out of reach of children (HC 2009).
- ▶ Consult a health care practitioner/health care provider/health care professional/doctor/physician if symptoms persist or worsen.
- ▶ Consult a health care practitioner/health care provider/health care professional/doctor/physician prior to combining this product with other medications, including natural health products, prescription drugs or non-prescription drugs (HC 2009).
- ▶ Consult a health care practitioner/health care provider/health care professional/doctor/physician prior to use if the child has cardiovascular disease, diabetes, glaucoma, pre-existing psychiatric/behavioural conditions, renal dysfunction, seizure/central nervous system disorders or thyroid problems (Brinker 2010; HC 2009; Eccles 2006; Bensky et al. 2004; Williamson 2003; Blumenthal et al. 2000; Mills and Bone 2000; Simons et al. 1996; Lambert 1987).
- ▶ Consult a healthcare practitioner/health care provider/health care professional/doctor/physician prior to use if the child is taking other products which contain caffeine, ephedrine, phenylpropanolamine or pseudoephedrine (Brinker 2010; Mills and Bone 2005; Greenway et al. 2004; Naik and Freudenberger 2004).
- ▶ Call a Poison Control Centre or health care practitioner/health care provider/health care professional/doctor/physician immediately in case of overdose, even if you do not notice any signs or symptoms (HC 2009).
- ▶ To mitigate the potential risk to the health of children, it is recommended that child resistant packaging/containers be used as described in Sections C.01.001(2) to (4), and subsection C.01.031(1) (a) (i) of the *Food and Drug Regulations* (JC 2018b).

Contraindication(s)

No statement required.

Known adverse reaction(s)

Stop use if allergic reactions, breathing difficulties, convulsions, drowsiness, hallucinations or rapid heart rate occur (Blumenthal et al. 2000; Dickerson et al. 1978).

Non-medicinal ingredients

Must be chosen from the current Natural Health Products Ingredients Database (NHPID) and must meet the limitations outlined in the database.

Storage Conditions

Store protected from light and moisture (BP 2009; USP 32 2009; Ph. Eur. 2007).

Specifications

- ▶ The finished product specifications must be established in accordance with the requirements described in the Natural and Non-prescription Health Product Directorate (NNHPD) Quality of Natural Health Products Guide.
- ▶ The medicinal ingredient must comply with the requirements outlined in the NHPID.

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