1.3 PRODUCT INFORMATION

1.3.1 Summary of Product characteristics (SmPC)

1. Name of the Medicinal Product:

1.1 Name of the Medicinal Product

- **Brand Name / Generic Name:** AKEROL TAB (Desloratadine orally disintegrating tablets USP 5 mg)
- **International Non-Proprietary Name (INN):** Desloratadine orally disintegrating tablets USP 5 mg

1.2 Strength: Desloratadine 5 mg

1.3 Pharmaceutical Form: Tablet

2. Qualitative and Quantitative Composition :

Each 5ml contains:

Desloratadine USP	5 mg
Excipients	Q.S

3. Pharmaceutical Form:

White to off white, round shaped, flat faced, uncoated tablet having break line on one side & plain on other side

4. Clinical Particulars

4.1 Therapeutic indications

Desloratadine orally disintegrating tablets 5 mg Tablets are indicated in adults and adolescents aged 12 years and older for the relief of symptoms associated with:

a) **Seasonal Allergic Rhinitis:** Desloratadine orally disintegrating tablets are indicated for the relief of the nasal and non-nasal symptoms of seasonal allergic rhinitis in patients 12 years of age and older.

b) **Perennial Allergic Rhinitis:** Desloratadine orally disintegrating tablets are indicated for the relief of the nasal and non-nasal symptoms of perennial allergic rhinitis in patients 12 months of age and older.

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4 2 Posology and method of administration

Posology

a) Adults and Adolescents 12 Years of Age and Over
The recommended dose of desloratadine orally disintegrating tablets is one 5 mg tablet once daily.

b) Children 6 to 11 Years of Age
The recommended dose of desloratadine orally disintegrating tablet is one 2.5 mg tablet once daily.

NOTE: Desloratadine orally disintegrating tablets are not recommended for use in pediatric patients under 6 years of age as desloratadine syrup is better suited for these patients.

c) Adults with Hepatic or Renal Impairment
In adult patients with liver or renal impairment, a starting dose of one 5 mg tablet every other day is recommended based on pharmacokinetic data. Dosing recommendation for children with liver or renal impairment cannot be made due to lack of data.

Method of administration

Desloratadine orally disintegrating tablets may be taken without regard to meals. Place desloratadine orally disintegrating tablets on the tongue and allow to disintegrate before swallowing. Tablet disintegration occurs rapidly. Administer with or without water. Take tablet immediately after opening the blister.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients used in this formulation or to Loratadine.

4.4 Special warnings and precautions for use

Hypersensitivity Reactions
Hypersensitivity reactions including rash, pruritus, urticaria, edema, dyspnea, and anaphylaxis have been reported after administration of desloratadine. If such a reaction occurs, therapy with desloratadine should be stopped and alternative treatment should be considered.

4.5 Interaction with others medicinal products and other forms of Interactions

Inhibitors of Cytochrome P450 3A4

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Desloratadine with ketoconazole, erythromycin, or azithromycin resulted in increased plasma concentrations of desloratadine and 3 hydroxy desloratadine, but there were no clinically relevant changes in the safety profile of desloratadine.

Fluoxetine

Desloratadine with fluoxetine, a selective serotonin reuptake inhibitor (SSRI), resulted in increased plasma concentrations of desloratadine and 3 hydroxydesloratadine, but there were no clinically relevant changes in the safety profile of desloratadine.

Cimetidine

Desloratadine with cimetidine, a histamine H2-receptor antagonist, resulted in increased plasma concentrations of desloratadine and 3 hydroxydesloratadine, but there were no clinically relevant changes in the safety profile of desloratadine.

4.6 Pregnancy and Lactation

Pregnancy

A large amount of data on pregnant women (more than 1,000 pregnancy outcomes) indicates no malformative nor foeto/ neonatal toxicity of desloratadine. As a precautionary measure, it is preferable to avoid the use of desloratadine during pregnancy.

Breast-feeding

Desloratadine has been identified in breastfed newborns/infants of treated women. The effect of desloratadine on newborns/infants is unknown. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from desloratadine therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility

There are no data available on male and female fertility.

4.7 Effects on ability to drive and use machines

Desloratadine has no or negligible influence on the ability to drive and use machines. Patients should be informed that most people do not experience drowsiness. Nevertheless, as there is individual variation in response to all medicinal products, it is recommended that patients are advised not to engage in activities requiring mental alertness, such as driving a car or using machines, until they have established their own response to the medicinal product.

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4 8 Undesirable Effects

The frequency of the clinical trial adverse reactions reported in excess of placebo and other undesirable effects reported during the post-marketing period are listed in the following table. Frequencies are defined as very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (< 1/10,000) and not known (cannot be estimated from the available data).

System organ class	Frequency	Adverse reactions seen with Desloratadine
Psychiatric disorders	Very rare	Hallucinations
	Not known	Abnormal behaviour, aggression
Nervous system disorders	Common	Headache
	Common (children less than 2 years)	Insomnia
	Very rare	Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures
Cardiac disorders	Very rare	Tachycardia, palpitations
	Not known	QT prolongation
Gastrointestinal disorders	Common	Dry mouth
	Common (children less than 2 years)	Diarrhoea
	Very rare	Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea
Hepatobiliary disorders	Very rare	Elevations of liver enzymes, increased bilirubin, hepatitis
	Not known	Jaundice
Skin and subcutaneous tissue disorders	Not known	Photosensitivity

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Musculoskeletal and connective tissue disorders	Very rare	Myalgia
General disorder and administration site conditions	Common Common (children less than 2 years of age) Very rare Not known	Fatigue Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritus, rash and urticaria) Asthenia
Investigations	Not known	Weight increased
Metabolism and nutrition disorders	Not known	Increased appetite

4.9 Overdose

The adverse event profile associated with overdosage, as seen during post-marketing use, is similar to that seen with therapeutic doses, but the magnitude of the effects can be higher.

Treatment

In the event of overdose, consider standard measures to remove unabsorbed active substance. Symptomatic and supportive treatment is recommended.

Desloratadine is not eliminated by haemodialysis; it is not known if it is eliminated by peritoneal dialysis.

Symptoms

Based on a multiple dose clinical trial in adults and adolescents, in which up to 45 mg of desloratadine was administered (nine times the clinical dose), no clinically relevant effects were observed.

Paediatric population

The adverse event profile associated with overdosage, as seen during post-marketing use, is similar to that seen with therapeutic doses, but the magnitude of the effects can be higher.

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5 Pharmacological properties

5.1 Pharmacodynamics

Pharmacotherapeutic group: Antihistamines – H_1 antagonist
ATC code: R06AX27

Mechanism of action

Desloratadine is a long-acting tricyclic histamine antagonist with selective H1-receptor histamine antagonist activity. Receptor binding data indicates that at a concentration of 2 to 3 ng/mL (7 nanomolar), desloratadine shows significant interaction with the human histamine H1-receptor. Desloratadine inhibited histamine release from human mast cells in vitro. Results of a radiolabeled tissue distribution study in rats and a radioligand H1-receptor binding study in guinea pigs showed that desloratadine did not readily cross the blood brain barrier. The clinical significance of this finding is unknown.

5.2 Pharmacokinetics

Absorption

A single desloratadine orally disintegrating tablets containing 5 mg of desloratadine was bioequivalent to a single 5 mg desloratadine orally disintegrating tablets (original formulation) for both desloratadine and 3-hydroxydesloratadine. Food and water had no effect on the bioavailability (AUC and Cmax) of desloratadine orally disintegrating tablets.

Distribution

Desloratadine and 3-hydroxydesloratadine are approximately 82% to 87% and 85% to 89% bound to plasma proteins, respectively. Protein binding of desloratadine and 3-hydroxydesloratadine was unaltered in subjects with impaired renal function.

Metabolism

Desloratadine (a major metabolite of loratadine) is extensively metabolized to 3-hydroxydesloratadine, an active metabolite, which is subsequently glucuronidated. The enzyme(s) responsible for the formation of 3-hydroxydesloratadine have not been identified.

Elimination

The mean plasma elimination half-life of desloratadine was approximately 27 hours. Cmax andAUC values increased in a dose proportional manner following single oral doses between 5 and 20 mg. The degree of accumulation after 14 days of dosing was consistent with the half-life and dosing frequency. A human mass balance study documented a recovery of approximately 87% of the 14C-desloratadine dose, which was equally distributed in urine and feces as metabolic products. Analysis of plasma 3-hydroxydesloratadine showed similar Tmax and half-life values compared to desloratadine.

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5.3 Preclinical safety data

Desloratadine is the primary active metabolite of loratadine. Non-clinical studies conducted with desloratadine and loratadine demonstrated that there are no qualitative or quantitative differences in the toxicity profile of desloratadine and loratadine at comparable levels of exposure to desloratadine.

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, toxicity to reproduction and development. The lack of carcinogenic potential was demonstrated in studies conducted with desloratadine and loratadine.

6. Pharmaceutical particulars

6.1 List of excipients

- Microcrystalline cellulose granules
- Mannitol 200 DC
- Polacrilin potassium (KYRON T-314)
- Crospovidone (kollidon)
- Aspartame
- Citric acid anhydrous silica
- Colloidal anhydrous silica
- Sodium stearyl fumarate
- Purified talc

6.2 Incompatibilities

None.

6.3 Shelf life

36 Months

6.4 Special precautions for storage

Store in cool dry place below 30º C, Protect from light.

6.5 Nature and contents of container

2 X 10 Alu-Alu Blister pack

Product Name: (Desloratadine Orally Disintegrating Tablets USP 5 mg) **AKEROL TAB**

7. **Marketing Authorisation holder**

BEKRAPHARMA UKLTD.
13/091, Lavington Road,
Beddington,
LONDON.
UNITED KINGDOM

8. **Marketing Authorization Number**

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9. **Date of first authorization/renewal of the authorization**

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10. **Date of revision of the text**

January 15th, 2019

AKEROL TAB (Desloratadine Orally Disintegrating Tablets USP 5 mg)