Summary of Product Characteristics for Pharmaceutical Products

1. Name of the medicinal product:

Akerol tab (Desloratadine orally disintegrating tablets USP 5 mg)

2. Qualitative and quantitative composition

Each tablet contains 5 mg of desloratadine.

Excipient with known effect

Aspartame

For the full list of excipients, see section 6.1.

3. Pharmaceutical form

Orally disintegrating tablets
White to off white, round shaped, flat faced, uncoated tablet having break line on one side and plain on the 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:

- 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.
- 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.

4.2 Posology and method of administration

Posology

Adults and adolescents (12 years of age and over)

The recommended dose is one tablet once a day.

Children 6 to11 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 paediatric patients under 6years of age as desloratadine syrup is better suited for these patients.

Intermittent allergic rhinitis (presence of symptoms for less than 4 days per week or for less than 4 weeks) should be managed in accordance with the evaluation of patient's disease history and the treatment could be discontinued after symptoms are resolved and reinitiated upon their reappearance. In persistent allergic rhinitis (presence of symptoms for 4

days or more per week and for more than 4 weeks), continued treatment may be proposed to the patients during the allergen exposure periods.

Paediatric population

There is limited clinical trial efficacy experience with the use of desloratadine in adolescents 12 through 17 years of age. The safety and efficacy of desloratadine tablets in children below the age of 12 years have not been established.

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 regards 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 listed in section 6.1 or to loratadine.

4.4 Special warnings and precautions for use
Hypersensitivity reactions
Hypersensitivity reactions including rash, pruritus, urticarial, 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 other medicinal products and other forms of interaction.
Inhibitors of Cytochrome p450 3A4
Desloratadine with ketoconazole, erythromycin, or azithromycin resulted in increased plasma concentrations of desloratadine and 3 hydroxydesloratadine, but there were no clinically significant 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 significant 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 significant relevant changes in the safety profile of desloratadine.

In a clinical pharmacology trial desloratadine taken concomitantly with alcohol did not potentiate the performance impairing effects of alcohol. However, cases of alcohol intolerance and intoxication have been reported during post-marketing use. Therefore, caution is recommended if alcohol is taken concomitantly.

4.6 Pregnancy and Lactation

Pregnancy
A large amount of data on pregnant women (more than 1,000 pregnancy outcomes) indicate no malformative nor foeto/ neonatal toxicity of desloratadine. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. 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 based on clinical trials. 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.

4.8 Undesirable effects

Summary of the safety profile

In clinical trials in a range of indications including allergic rhinitis and chronic idiopathic urticaria, at the recommended dose of 5 mg daily, undesirable effects with desloratadine were reported in 3 % of patients in excess of those treated with placebo. The most frequent of adverse

reactions reported in excess of placebo were fatigue (1.2 %), dry mouth (0.8 %) and headache (0.6 %).

Paediatric population

In a clinical trial with 578 adolescent patients, 12 through 17 years of age, the most common adverse event was headache; this occurred in 5.9 % of patients treated with desloratadine and 6.9 % of patients receiving placebo.

Tabulated list of adverse reactions

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**
Metabolism and nutrition disorders	Not known	Increased appetite
Psychiatric disorders	Very rare Not known	Hallucinations Abnormal behaviour, aggression, depressed mood
Nervous system disorders	Common Very rare	Headache Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures
Eye disorders	Not known	Eye dryness
Cardiac disorders	Very rare Not known	Tachycardia, palpitations QT prolongation
Gastrointestinal disorders	Common Very rare	Dry mouth Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea
Hepatobiliary disorders	Very rare Not known	Elevations of liver enzymes, increased bilirubin, hepatitis Jaundice
Skin and subcutaneous tissues disorders	Not known	Photosensitivity
Musculoskeletal and connective tissue disorders	Very rare	Myalgia

General disorders and administration site conditions	Common Very rare Not known	Fatigue Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritus, rash, and urticaria) Asthenia
Investigations	Not known	Weight increased

Paediatric population

Other undesirable effects reported during the post-marketing period in paediatric patients with an unknown frequency included QT prolongation, arrhythmia, bradycardia, abnormal behaviour and aggression. A retrospective observational safety study indicated an increased incidence of new-onset seizure in patients 0 to 19 years of age when receiving desloratadine compared with periods not receiving desloratadine. Among children 0-4 years old, the adjusted absolute increase was 37.5 (95% Confidence Interval (CI) 10.5-64.5) per 100,000 person years (PY) with a background rate of new onset seizure of 80.3 per 100,000 PY. Among patients 5-19 years of age, the adjusted absolute increase was 11.3 (95% CI 2.3-20.2) per 100,000 PY with a background rate of 36.4 per 100,000 PY.

Reporting of suspected adverse reactions: Healthcare professionals are asked to report any suspected adverse reactions via pharmacy and poisons board, Pharmacovigilance Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org.

4.9 Overdose

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

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: antihistamines for systemic use, ATC code: R06A X27

Mechanism of action

Desloratadine is a long-acting tricyclic histamine antagonist with selective HI-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 HI-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.

Clinical efficacy and safety

In a multiple dose clinical trial, in which up to 20 mg of desloratadine was administered daily for 14 days, no statistically or clinically relevant cardiovascular effect was observed. In a clinical pharmacology trial, in which desloratadine was administered at a dose of 45 mg daily (nine times the clinical dose) for ten days, no prolongation of QTc interval was seen.

No clinically relevant changes in desloratadine plasma concentrations were observed in multiple-dose ketoconazole and erythromycin interaction trials.

Desloratadine does not readily penetrate the central nervous system. In controlled clinical trials, at the recommended dose of 5 mg daily, there was no excess incidence of somnolence as compared to placebo. Desloratadine given at a single daily dose of 7.5 mg did not affect psychomotor performance in clinical trials. In a single dose study performed in adults, desloratadine 5 mg did not affect standard measures of flight performance including exacerbation of subjective sleepiness or tasks related to flying.

In clinical pharmacology trials, co-administration with alcohol did not increase the alcohol-induced impairment in performance or increase in sleepiness. No significant differences were found in the psychomotor test results between desloratadine and placebo groups, whether administered alone or with alcohol.

In patients with allergic rhinitis, desloratadine was effective in relieving symptoms such as sneezing, nasal discharge and itching, as well as

ocular itching, tearing and redness, and itching of palate. Desloratadine effectively controlled symptoms for 24 hours.

Paediatric population

The efficacy of desloratadine tablets has not been clearly demonstrated in trials with adolescent patients 12 through 17 years of age.

In addition to the established classifications of seasonal and perennial, allergic rhinitis can alternatively be classified as intermittent allergic rhinitis and persistent allergic rhinitis according to the duration of symptoms. Intermittent allergic rhinitis is defined as the presence of symptoms for less than 4 days per week or for less than 4 weeks. Persistent allergic rhinitis is defined as the presence of symptoms for 4 days or more per week and for more than 4 weeks.

Desloratadine was effective in alleviating the burden of seasonal allergic rhinitis as shown by the total score of the rhino-conjunctivitis quality of life questionnaire. The greatest amelioration was seen in the domains of practical problems and daily activities limited by symptoms.

Chronic idiopathic urticaria was studied as a clinical model for urticarial conditions, since the underlying pathophysiology is similar, regardless of etiology, and because chronic patients can be more easily recruited prospectively. Since histamine release is a causal factor in all-urticarial diseases, desloratadine is expected to be effective in providing symptomatic relief for other urticarial conditions, in addition to chronic idiopathic urticaria, as advised in clinical guidelines.

In two placebo-controlled six-week trials in patients with chronic idiopathic urticaria, desloratadine was effective in relieving pruritus and decreasing the size and number of hives by the end of the first dosing interval. In each trial, the effects were sustained over the 24-hour dosing interval. As with other antihistamine trials in chronic idiopathic urticaria, the minority of patients who were identified as non- responsive to antihistamines was excluded. An improvement in pruritus of more than 50 % was observed in 55 % of patients treated with desloratadine compared with 19 % of patients treated with placebo. Treatment with desloratadine also significantly reduced interference with sleep and daytime function, as measured by a four-point scale used to assess these variables.

5.2 Pharmacokinetic properties

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 bioavailability (AUC and Cmax) of desloratadine orally disintegrating tablets.

Distribution
Desloratadine and 3-hydroxydesloratadineare approximately 82% to87% and 85% to89% 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 and AUC 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.

Renally impaired patients

The pharmacokinetics of desloratadine in patients with chronic renal insufficiency (CRI) was compared with that of healthy subjects in one single-dose study and one multiple dose study. In the single-dose study, the exposure to desloratadine was approximately 2 and 2.5-fold greater in subjects with mild to moderate and severe CRI, respectively, than in healthy subjects. In the multiple-dose study, steady state was reached after Day 11, and compared to healthy subjects the exposure to desloratadine was ~1.5-fold greater in subjects with mild to moderate CRI and ~2.5-fold greater in subjects with severe CRI. In both studies, changes in exposure (AUC and Cmax) of desloratadine and 3-hydroxydesloratadine were not clinically relevant.

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
Mannitol200DC
Polacrilin potassium (KYRONT-314)
Crospovidone (kollidon)
Aspartame
Citric acid anhydrous silica
Colloidal anhydrous silica
Sodium stearyl fumarate
Purified talc

6.2 Incompatibilities

Not Applicable

6.3 Shelf-Life

36 Months

6.4 Special Precautions for storage

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

6.5 Nature and Content of container

2X10 Alu-Alu Blister pack

6.6 Special precautions for disposal and other handling

No special requirements for disposal.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. Marketing Authorization Holder

BEKRA PHARMA UK LTD.
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Beddington,
LONDON.
UNITED KINGDOM

8. Marketing Authorization Number

CTD10162

9. Date of first authorization/renewal of the authorization

01/12/2023

10. Date of revision of the text

08/05/2025