1. NAME OF THE MEDICINAL PRODUCT:

CACHCET TABLETS (Cetirizine Hydrochloride Tablets 10 mg)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each Uncoated tablet contains:

Cetirizine HCL BP…..10mg

Excipients..... q.s.

Raw Material	Specification	Mg/Tablet (mg)	Category
Cetirizine di hydrochloride	BP	10.20	Active ingredient
Micro crystalline cellulose	BP	38.00	Diluent
Dibasic Calcium Phosphate	BP	21.5	Diluent
Starch	BP	30.00	Diluent
Starch (For Paste)	BP	5.8	Binder
Sodium Starch Glycolate	BP	5.00	Disintegrant
Methyl Paraben	BP	0.4166	Preservative
Propyl Paraben	BP	0.1	Preservative
Magnesium Stearate	BP	3.00	Lubricant
Talcum powder	BP	3.5	Lubricant
Maize Starch (Dried)	BP	2.48	Lubricant
Purified water	BP	q.s	Vehicle

3. PHARMACEUTICAL FORM

Tablets

White colour oblong biconvex un-coated tablet having bisecting line on one- side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

- Allergic processes responding to a histamine H1 receptor antagonist.

-Respiratory: Allergic rhinitis, hay fever.

-Cutaneous: Allergic skin conditions associated with pruritus e.g. urticaria.

4.2 Posology and Method of Administration:

-Adults, or children 12 years of age or older: one 10 mg tablet daily.

- Children 6 to 12 years old: 10 mg (1 tablet) once daily or 5 mg (half a tablet) twice daily.

At present there are no data to suggest that the dose needs to be reduced in elderly patients with normal renal function. In patients with renal insufficiency (creatinine clearance less than 40 mL/min), the dosage should be reduced to half the usual recommended dose. Half the recommended daily dose should be used in patients with moderate to severe hepatic impairment.

Method of administration: Oral

4.3 Contraindications:

History of hypersensitivity to any of the constituents of the formulations. Hypersensitivity to hydroxyzine.

Cetirizine is contra-indicated in lactating women since the active ingredient is excreted in breast milk.

4.4 Special Warnings and Precautions for use:

Cetirizine lacks significant sedative effects. Patients should, however, be warned that a small number of individuals may experience sedation. It is therefore advisable to determine individual response before driving or performing complicated tasks. This effect may be compounded by the simultaneous intake of alcohol or other central nervous system depressants.

4.5 Interaction with other medicinal products and other forms of interaction:

To date there are no known interactions with other drugs. Studies with diazepam, glipizide, pseudoephedrine, ketoconazole, Azithromycin, erythromycin and cimetidine have revealed no evidence of pharmacokinetic interactions. As with other antihistamines it is advisable to avoid excessive alcohol consumption.

4.6 Fertility, Pregnancy & Lactation:

For cetirizine very rare clinical data on exposed pregnancies are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonallfetal development,

parturition or postnatal development. Caution should be exercised when prescribing to pregnant or breast feeding women because cetirizine passes into breast milk.

4.7 Effects on ability to drive and use machines

Objective measurements of driving ability, sleep latency and assembly line performance have not demonstrated any clinically relevant effects at the recommended dose of 10 mg.

Patients intending to drive, engaging in potentially hazardous activities or operating machinery should not exceed the recommended dose and should take their response to the medicinal product into account. In these sensitive patients, concurrent use with alcohol or other CNS depressants may cause additional reductions in alertness and impairment of performance.

4.8 Undesirable effects:

There have been occasional reports of mild and transient subjective sideeffects such as headache, dizziness, drowsiness, agitation, dry mouth, increased appetite, nervousness, fatigue, asthenia, malaise, nausea and gastro-intestinal discomfort. In some individuals, hypersensitivity reactions including skin reactions, urticaria, pruritus and angioedema may develop.

Reporting of suspected adverse reactions:

Healthcare professionals are requested to report any suspected adverse reactions

via pharmacy and poisons board, Pharmacovigilance Electronic Reporting System

(PvERS) https://pv.pharmacyboardkenya.org'

4.9 Overdosage

Symptoms

Symptoms observed after an overdose of cetirizine are mainly associated with CNS effects or with effects that could suggest an anticholinergic effect. Adverse events reported after an intake of at least 5 times the recommended daily dose are: confusion, diarrhoea, dizziness, fatigue, headache, malaise, mydriasis, pruritus, restlessness, sedation, somnolence, stupor, tachycardia, tremor, and urinary retention.

Management

There is no known specific antidote to cetirizine. Should overdose occur symptomatic or supportive treatment is recommended. Gastric lavage should be considered following ingestion of a short occurrence. Alternatively consider activated charcoal.

Cetirizine is not effectively removed by dialysis.

5 PHARMACOLOGICAL PROPERTIES:

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: antihistamine for systemic use, piperazine derivatives.

ATC Code - R06AE07

Mechanism of action

Cetirizine, a human metabolite of hydroxyzine, is a potent and selective antagonist of peripheral H_1-receptors. *In vitro* receptor binding studies have shown no measurable affinity for other than H_1-receptors.

Pharmacodynamics effects

In addition to its anti-H_1 effect, cetirizine was shown to display anti-allergic activities: at a dose of 10 mg once or twice daily, it inhibits the late phase recruitment of eosinophils, in the skin and conjunctiva of atopic subjects submitted to allergen challenge.

Clinical efficacy and safety

Studies in healthy volunteers show that cetirizine, at doses of 5 and 10 mg strongly inhibits the wheal and flare reactions induced by very high concentrations of histamine into the skin, but the correlation with efficacy is not established.

In a six-week, placebo-controlled study of 186 patients with allergic rhinitis and concomitant mild to moderate asthma, cetirizine 10mg once daily improved rhinitis symptoms and did not alter pulmonary function. This study supports the safety of administering cetirizine to allergic patients with mild to moderate asthma.

In a placebo-controlled study, cetirizine given at the high daily dose of 60 mg for seven days did not cause statistically significant prolongation of QT interval.

At the recommended dosage, cetirizine has demonstrated that it improves the quality of life of patients with perennial and seasonal allergic rhinitis.

Paediatric population

In a 35-day study in children aged 5 to 12, no tolerance to the antihistamine effect (suppression of wheal and flare) of cetirizine was found. When a treatment with cetirizine is stopped after repeated administration, the skin recovers its normal reactivity to histamine within 3 days.

5.2 Pharmacokinetic properties

Absorption

The steady-state peak plasma concentrations is approximately 300 ng/ml and is achieved within 1.0 ± 0.5 h. The distribution of pharmacokinetic parameters such as peak plasma concentration (C_{max}) and area under curve (AUC) is unimodal.

The extent of absorption of cetirizine is not reduced with food, although the rate of absorption is decreased. The extent of bioavailability is similar when cetirizine is given as solutions, capsules or tablets.

Distribution

The apparent volume of distribution is 0.50 l/kg. Plasma protein binding of cetirizine is 93 ± 0.3%. Cetirizine does not modify the protein binding of warfarin.

Biotransformation

Cetirizine does not undergo extensive first pass metabolism.

Elimination

The terminal half-life is approximately 10 hours and no accumulation is observed for cetirizine following daily doses of 10 mg for 10 days. About two thirds of the dose are excreted unchanged in urine.

Linearity/Non-linearity

Cetirizine exhibits linear kinetics over the range of 5 to 60 mg.

Special populations

Elderly: Following a single 10 mg oral dose, half life increased by about 50% and clearance decreased by 40% in 16 elderly subjects compared to the normal subjects. The decrease in cetirizine clearance in these elderly volunteers appeared to be related to their decreased renal function.

Paediatric population: The half-life of cetirizine was about 6 hours in children of 6 – 12 years and 5 hours in children 2 – 6 years. In infants and toddlers aged 6 to 24 months, it is reduced to 3.1 hours.

Renal impairment: The pharmacokinetics of the drug were similar in patients with mild impairment (creatinine clearance higher than 40 ml/min) and healthy volunteers. Patients with moderate renal impairment had a 3-fold increase in half-life and 70% decrease in clearance compared to healthy volunteers.

Patients on hemodialysis (creatinine clearance less than 7 ml/min) given a single oral 10 mg dose of cetirizine had a 3-fold increase in half-life and a 70% decrease in clearance compared to normals. Cetirizine was poorly cleared by haemodialysis. Dosing adjustment is necessary in patients with moderate or severe renal impairment (see section 4.2).

Hepatic impairment: Patients with chronic liver disease (hepatocellular, cholestatic, and biliary cirrhosis) given 10 or 20 mg of cetirizine as a single dose had a 50 % increase in half life along with a 40 % decrease in clearance compared to healthy subjects.

Dosing adjustment is only necessary in hepatically impaired patients if concomitant renal impairment is present.

5.3 Preclinical safety data

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.

6. Pharmaceutical particulars

6.1 List of excipients:

S. No.	Ingredients	Specification
1	Micro crystalline cellulose	BP
2	Dibasic Calcium Phosphate	BP
3	Starch	BP
4	Starch (For Paste)	BP
5	Sodium Starch Glycolate	BP
6	Methyl Paraben	BP
7	Propyl Paraben	BP
8	Magnesium Stearate	BP
9	Talcum powder	BP
10	Maize Starch (Dried)	BP
11	Purified water	BP

6.2 Incompatibilities

Not Applicable

6.3 Shelf life

24 months

6.4 Special precautions for storage

Store in cool, dry place, protected from light.

Keep out reach of children.

6.5 Nature and contents of container

Primary packing: 10 tablets pack in ALU/PVC blister

Secondary packing: 10 blisters (2 x 5 x 10's) of ALU/PVC are packed in a Printed Carton with a pack insert

6.6 Special Precaution for disposal.

Not required

7. Marketing Authorization Holder and Manufacturing site address

Cachet Pharmaceuticals Pvt. Ltd

415, Shah Nahar Industrial Estate,

Dr. E. Moses Road, Worli, Mumbai-400 018,

Maharashtra, India.

Manufacturer's Name and Address:

Cachet Pharmaceuticals PVT. LTD.

Village Thana, Baddi, Dist. Solan,

Himachal Pradesh – 173 205.

8. MARKETING AUTHORISATION NUMBER: CTD329

9. DATE OF FIRST REGISTRATION/RENEWAL OF THE REGISTRATION:

25th May 2012

10. DATE OF REVISION OF THE TEXT

1st January 2025