SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the Medicinal Product

Levocetirizine Dihydrochloride & Montelukast Syrup.

2. Qualitative and Quantitative

Composition Each 5 mL contains:

Levocetirizine Dihydrochloride USP 2.5 mg

Montelukast Sodium equivalent to Montelukast BP 4 mg

Excipient with known effect

Methyl Paraben BP 9 mg, Propyl Paraben BP 1.5 mg, Sodium Saccharin BP 10 mg, Sodium Citrate BP 20 mg, Sodium Hydroxide BP 1.626 mg

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form

Oral Solution

Golden yellow coloured syrupy liquid having Apple flavour.

4. Clinical particulars

4.1 Therapeutic indications

Levocetirizine tablets are indicated in the symptomatic treatment of allergic rhinitis (including persistent allergic rhinitis) and urticaria in adults and children

aged 6 years and above.

4.2 Posology and method of administration Posology

Adults and adolescents 12 years and above

The daily recommended dose is 5mg (one film-coated tablet).

Hepatic impairment

No dose adjustment is needed in patients with solely hepatic impairment. In patients with hepatic impairment and renal impairment adjustment of the dose is recommended.

Paediatric population

Children aged 6 to 12 years: The daily recommended dose is 5 mg (one film-coated tablet). For children aged 2 to 6 years no adjusted dosage is possible with

the film-coated tablet formulation. It is recommended to use a paediatric formulation of levocetirizine.

Method of administration

The film-coated tablet must be taken orally, swallowed whole with liquid and may be taken with or without food. It is recommended to take the daily dose in one single intake.

4.3 Contraindications.

Hypersensitivity to the active substance, to cetirizine, to hydroxyzine to any other

piperazine derivatives or to any of the other excipients.

4.4 Special warnings and precautions for use

Precaution is recommended with concurrent intake of alcohol. Caution should be taken in patients with predisposing factors of urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as levocetirizine may increase the risk of

urinary retention. Caution should be taken in patients with epilepsy and patients
at risk of convulsion as levocetirizine may cause seizure aggravation. Response to allergy skin tests are inhibited by antihistamines and a wash-out period (of 3 days) is required before performing them. Patients with rare hereditary problems
of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. Pruritus may occur when levocetirizine is stopped even if those symptoms were not present before treatment initiation. The symptoms may resolve spontaneously. In some cases, the symptoms may be intense and may require treatment to be restarted. The symptoms should resolve when the treatment is restarted.

Paediatric population

The use of the film-coated tablet formulation is not recommended in children aged less than 6 years since this formulation does not allow for appropriate dose
adaptation. It is recommended to use a paediatric formulation of Levocetirizine.

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

No interaction studies have been performed with levocetirizine (including no studies with CYP3A4 inducers); studies with the racemate compound cetirizine demonstrated that there were no clinically relevant adverse interactions (with antipyrine, pseudoephedrine, cimetidine, ketoconazole, erythromycin,

azithromycin, glipizide and diazepam). A small decrease in the clearance of cetirizine (16%) was observed in a multiple dose study with theophylline (400 mg
once a day); while the disposition of theophylline was not altered by concomitant
cetirizine administration. In a multiple dose study of ritonavir (600 mg twice daily) and cetirizine (10 mg daily), the extent of exposure to cetirizine was increased by about 40% while the disposition of ritonavir was slightly altered (-11%) further to concomitant cetirizine administration. The extent of absorptionof levocetirizine is not reduced with food, although the rate of absorption is
decreased. In sensitive patients, the concurrent administration of cetirizine or levocetirizine and alcohol or other CNS depressants may cause additional reductions in alertness and impairment of performance.

4.6 Fertility, pregnancy and

lactation Pregnancy

There are no or limited amount of data (less than 300 pregnancy outcomes) from
the use of levocetirizine in pregnant women. However, for cetirizine, the racemate
of levocetirizine, a large amount of data (more than 1000 pregnancy outcomes) on pregnant women indicate no mal formative or feto/ neonatal toxicity. Animal

studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/fetal development, parturition or postnatal development.

The use of levocetirizine may be considered during pregnancy, if necessary.

Breast-feeding

Cetirizine, the racemate of levocetirizine, has been shown to be excreted in human. Therefore, the excretion of levocetirizine in human milk is likely. Adverse reactions associated with levocetirizine may be observed in breastfed infants. Therefore, caution should be exercised when prescribing levocetirizine to lactating women.

Fertility

For levocetirizine no clinical data are available

4.7 Effects on ability to drive and use machines

Comparative clinical trials have revealed no evidence that levocetirizine at the recommended dose impairs mental alertness, reactivity or the ability to drive and use machines. Nevertheless, some patients could experience somnolence, fatigue and asthenia under therapy with Levocetirizine. Therefore, patients intending to drive, engage in potentially hazardous activities or operate machinery should take their response to the medicinal product into account.

4.8 Undesirable effects

Adults and adolescents above 12 years of age

In therapeutic studies in women and men aged 12 to 71 years, 15.1% of the patients in the levocetirizine 5 mg group had at least one adverse drug reaction compared to 11.3% in the placebo group. 91.6 % of these adverse drug reactionswere mild to moderate. In therapeutic trials, the dropout rate due to adverse

events was 1.0% (9/935) with levocetirizine 5 mg and 1.8% (14/771) with placebo. Clinical therapeutic trials with levocetirizine included 935 subjects exposed to the medicinal product at the recommended dose of 5 mg daily

Paediatric population In two placebo-controlled studies in paediatric patients aged

6-11 months and aged 1 year to less than 6 years, 159 subjects were exposed to

levocetirizine at the dose of 1.25 mg daily for 2 weeks and 1.25 mg twice daily respectively.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after Authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via Pharmacovigilance Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org/

4.9 Overdose

Symptoms of overdose may include drowsiness in adults. In children, agitation and restlessness may initially occur, followed by drowsiness.

Management of overdoses

There is no known specific antidote to Levocetirizine.

Should overdose occur, symptomatic or supportive treatment is recommended.

Gastric lavage may be considered shortly after ingestion of the drug.

Levocetirizine is not effectively removed by hemodialysis.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antihistamine for systemic use, piperazine derivatives

ATC Code: R06A E09

Mechanism of action Levocetirizine, the (R) enantiomer of cetirizine, is a potent and selective antagonist of peripheral H1-receptors. Binding studies revealed that levocetirizine has high affinity for human H1-receptors (Ki = 3.2 nmol/l). Levocetirizine has an affinity 2-fold higher than that of cetirizine (Ki = 6.3 nmol/l). Levocetirizine dissociates from H1-receptors with a half- life of 115 ± 38

min. After single administration, levocetirizine shows a receptor occupancy of 90% at 4 hours and 57% at 24 hours.

Pharmacodynamic studies in healthy volunteers demonstrate that, at half the dose, levocetirizine has comparable activity to cetirizine, both in the skin and in the nose.Pharmacodynamic effects The pharmacodynamic activity of levocetirizine has

been studied in randomised, controlled trials: In a study comparing the effects

of levocetirizine 5mg, desloratadine 5mg, and placebo on histamine-induced wheal and flare, levocetirizine treatment resulted in significantly decreased wheal and flare formation which was highest in the first 12 hours and lasted for
24 hours, ($p<0.001$) compared with placebo and desloratadine. The onset of action of levocetirizine 5 mg in controlling pollen-induced symptoms has been observed at 1 hour post drug intake in placebo controlled trials in the model of the allergen challenge chamber. In vitro studies (Boyden chambers and cell layers techniques) show that levocetirizine inhibits eotaxin-induced eosinophil transendothelial migration through both dermal and lung cells. A pharmacodynamic experimental study in vivo (skin chamber technique) showed
three main inhibitory effects of levocetirizine 5 mg in the first 6 hours of pollen-induced reaction, compared with placebo in 14 adult patients: inhibition of VCAM-1 release, modulation of vascular permeability and a decrease in eosinophil recruitment.

5.2 Pharmacokinetic properties

The pharmacokinetics of levocetirizine are linear with dose- and time-independent with low inter-subject variability. The pharmacokinetic profile is the
same when given as the single enantiomer or when given as cetirizine. No chiral
inversion occurs during the process of absorption and elimination.

Absorption:

Levocetirizine is rapidly and extensively absorbed following oral administration. In adults, Peak plasma concentrations are achieved 0.9 h after dosing. Steady state is achieved after two days. Peak concentrations are typically 270ng/ml and

308 ng/ml following a single and a repeated 5 mg o.d. dose, respectively. The extent of absorption is dose-independent and is not altered by food, but the peak

concentration is reduced and delayed.

Distribution:

No tissue distribution data are available in humans, neither concerning the passage of levocetirizine through the blood-brain-barrier. In rats and dogs, the highest tissue levels are found in liver and kidneys, the lowest in the CNS compartment. In humans, levocetirizine is 90% bound to plasma proteins. Thedistribution of levocetirizine is restrictive, as the volume of distribution is 0.4

l/kg.

Biotransformation

The extent of metabolism of levocetirizine in humans is less than 14% of the dose

and therefore differences resulting from genetic polymorphism or concomitant intake of enzyme inhibitors are expected to be negligible. Metabolic pathways include aromatic oxidation, N- and O- dealkylation and taurine conjugation.

Dealkylation pathways are primarily mediated by CYP 3A4 while aromatic oxidation involved multiple and/or unidentified CYP isoforms. Levocetirizine had
no effect on the activities of CYP isoenzymes 1A2, 2C9, 2C19, 2D6, 2E1 and 3A4
at concentrations well above peak concentrations achieved following a 5 mg oral
dose. Due to its low metabolism and absence of metabolic inhibition potential, the interaction of levocetirizine with other substances, or vice-versa, is unlikely. Elimination The plasma half-life in adults is 7.9 ± 1.9 hours. The half-life is shorter in small children.

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 and development.

6. Pharmaceutical particulars

6.1 List of excipients

Methyl Paraben BP

Propyl Paraben BP

Bronopol BP

Sodium Saccharin BP

Acrysol K-140 HIS

Polymeg 400

Sodium Citrate BP

Sodium Hydroxide BP

Enisweet EP Powder

Glycerin BP

Di-Sodium hydrogen Phosphate Anhydrous BP

Colour Erythrosine HIS

Colour Quinoline Yellow HIS

Green Apple M-5251

Flavour IHS

Purified Water BP

6.2 Incompatibilities

Not Applicable

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store at temperature not exceeding 30oC. Protect from light. Keep the medicine out of reach of children.

6.5 Nature and contents of container

Pack Size: 10 Tablets are packed in ALU-PVC Blister and such 10 Blisters packed in a carton along with pack insert.

6.6 Special precautions for disposal and other handling

No special requirements for disposal and other handling.

7. Marketing Authorization holder And Manufacturing site Addresses

Marketing Authorization holder

Vitacura Pharmaceuticals

Plot No:235, 2nd Floor,

3rd cross street,

Lakshmi Nagar extension,

Porur, Chennai-600 116, India

8. Marketing authorization number(s)

H2022/CTD8792/17838

9. Date of first authorization/renewal of the authorization

07/09/2026

10. Date of revision of the text

07/09/2026