SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

DERALIQE, 5 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 5 mg desloratadine.

Contains sugar: Anhydrous lactose 20,000 mg per tablet

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets.

Round, biconvex, blue film-coated tablets and debossed with a “D” on one side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

DERALIQE is indicated in adults and adolescents aged 12 years and older for the:

- Relief of symptoms associated with allergic rhinitis.
- Short-term relief of symptoms associated with chronic idiopathic urticaria.

4.2 Posology and method of administration

Posology

Adults and adolescents (12 years and older)

One DERALIQE film-coated tablet once a day for the relief of symptoms associated with allergic rhinitis (including intermittent and persistent allergic rhinitis) and chronic idiopathic urticaria.

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

Improvement of symptoms associated with seasonal allergic rhinitis usually becomes noticeable within 1 – 2 hours after administration of desloratadine.

Method of administration

For oral use.

The dose can be taken regardless of mealtime.

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

Desloratadine should be administered with caution in patients with a medical or family history of seizures. In particular, young children may be more susceptible to developing new seizures under desloratadine treatment. Healthcare providers may consider discontinuing desloratadine in patients who experience a seizure while on treatment.

DERALIQE contains lactose. Patients with the rare hereditary conditions of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take DERALIQE.

Safety and efficacy of desloratadine have not been established for treatment periods in excess of 4 weeks.

DERALIQE lacks significant sedative effects.

Special populations

Safety and efficacy of DERALIQE in children under 12 years of age have not been established.

In case of renal insufficiency, desloratadine should be used with caution (see section 5.2).

4.5 Interaction with other medicines and other forms of interaction

Effect of other medicines on DERALIQE

Co-administration of desloratadine with ketoconazole and erythromycin increases the maximum plasma concentration of desloratadine. However, this interaction is not clinically relevant. Co-administration of desloratadine with fluoxetine increased the maximum plasma concentration of desloratadine and its metabolite 3-OH desloratadine.

Co-administration of cimetidine with desloratadine did not significantly affect the pharmacokinetics of desloratadine.

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

Effect of DERALIQE on other medicines

Azithromycin: Co-administration of azithromycin and desloratadine increases the maximum plasma concentration of azithromycin.

Fluoxetine: Co-administration of fluoxetine and desloratadine reduces the maximum plasma concentration of fluoxetine, but increases the maximum plasma concentration of norfluoxetine.

Alcohol: Caution is recommended if alcohol is taken concomitantly with desloratadine. Cases of alcohol intolerance and intoxication have been reported.

Additional information on special populations

Paediatric population

Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Women of childbearing potential/ Contraception in males and females

No information available.

Pregnancy

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. The safe use of desloratadine during pregnancy has not been established. The use of DERALIQE during pregnancy is therefore not recommended.

Breastfeeding

Desloratadine is excreted into breastmilk, therefore the use of DERALIQE is not recommended in breast-feeding women.

Fertility

There are no data available in male and female fertility.

4.7 Effects on ability to drive and use machines

DERALIQE has no or negligible influence on the mental and/or physical abilities to perform or execute tasks or activities requiring mental alertness, judgment and/or sound coordination and vision.

DERALIQE 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.

4.8 Undesirable effects

a. Summary of the safety profile

The most frequent of adverse reactions reported were fatigue, dry mouth and headache.

b. Tabulated list of adverse reactions

MedDRA system organ class	**Frequency**	**Adverse reactions**
Metabolism and nutrition disorders	Not known	Increased appetite
Psychiatric disorders	Less frequent	Hallucinations
	Not known	Abnormal behaviour, aggression, depressed mood
Nervous system disorders	Frequent	Headache
	Less frequent	Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures
Eye disorders	Frequency unknown	Eye dryness
Cardiac disorders	Less frequent	Tachycardia, palpitations
	Not known	QT prolongation
Gastrointestinal disorders	Frequent	Dry mouth
	Less frequent	Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea
Hepato-biliary disorders	Less frequent	Elevations of liver enzymes, increased bilirubin, hepatitis
	Not known	Jaundice
Skin and subcutaneous tissue disorders	Not known	Photosensitivity
Musculoskeletal, connective tissue and bone disorders	Less frequent	Myalgia

MedDRA system organ class	Frequency	Adverse reactions
General disorders and administrative site conditions	Frequent	Fatigue
	Less frequent	Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritis, rash and urticaria)
	Not known	Asthenia
Investigations	Not known	Weight increased

c. Paediatric population

Other undesirable effects reported during the post-marketing period in paediatric patients with an unknown frequency included QT prolongation, dysrhythmia, 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.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions to SAHPRA via the “Adverse Drug Reaction and Quality Problem Reporting Form”, found online under SAHPRA’s publications: https://www.sahpra.org.za/Publications/Index/8.

In addition, side-effects can also be reported to info@pharmacorp.co.za.

4.9 Overdose

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.

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.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 5.7.1 Antihistaminics

Pharmacotherapeutic group: Antihistamines – H_1 antagonist

ATC code: R06AX27

Mechanism of action

Desloratadine is a non-sedating long-acting histamine antagonist with selective peripheral H_1-receptor antagonist activity. Desloratadine has demonstrated anti-allergic, antihistaminic, and anti-inflammatory activity.

Pharmacodynamic effects

After oral administration, desloratadine selectively blocks peripheral histamine H_1-receptors. It does not readily penetrate into the central nervous system.

In addition to antihistaminic activity, desloratadine has demonstrated anti-allergy and anti-inflammatory activity from numerous *in vitro* (mainly conducted on cells of human origin) and *in vivo* studies. These studies have shown that desloratadine inhibits the broad cascade of events that initiate and propagate allergic inflammation.

5.2 Pharmacokinetic properties

Absorption

Desloratadine plasma concentrations can be detected within 30 minutes of desloratadine administration. Desloratadine is well absorbed with maximum concentration achieved after approximately 3 hours; the terminal phase half-life is approximately 27 hours. The degree of accumulation of desloratadine was consistent with its half-life (approximately 27 hours) and a once daily dosing frequency. The bioavailability of desloratadine was dose proportional over the range of 5 mg to 20 mg.

Distribution

Desloratadine is moderately bound (83 – 87 %) to plasma proteins. There is no evidence of clinically relevant drug accumulation following once daily dosing of desloratadine (5 mg to 20 mg) for 14 days.

Biotransformation

The enzyme responsible for the metabolism of desloratadine has not been identified yet, and therefore some interactions with other medicines cannot be fully excluded. *In vivo* studies with specific inhibitors of CYP3A4 and CYP2D6 have shown that these enzymes are not important in the metabolism of desloratadine. Desloratadine does not inhibit CYP3A4 or CYP2D6 and is neither a substrate nor an inhibitor of P-glycoprotein.

Elimination

In a single dose trial using a 7,5 mg dose of desloratadine, there was no effect of food (high-fat, high caloric breakfast) on the disposition of desloratadine. In another study, grapefruit juice had no effect on the disposition of desloratadine.

Special populations

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 C_{max}) of desloratadine and 3-hydroxydesloratadine were not clinically relevant.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core

Anhydrous lactose

Calcium hydrogen phosphate anhydrous

Low-substituted hydroxypropyl cellulose

Magnesium stearate

Microcrystalline cellulose

Silica colloidal anhydrous

Tablet coating

Hypromellose

Indigo carmine lake (E-132)

Macrogol 6000

Talc

Titanium dioxide (E-171)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months

6.4 Special precautions for storage

Store at or below 25 °C.

Store in the original package/container.

6.5 Nature and contents of container

DERALIQE film-coated tablets are packed in aluminium/polyamide-aluminium-PVC blister strips in a cardboard box. Pack size of 10 and 30 film-coated tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Pharmacorp (Pty) Ltd

29 Victoria Link

Route 21 Corporate Park

Irene, 0178, RSA

8. REGISTRATION NUMBER

56/5.7.1/0532

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

05 December 2023

10. DATE OF REVISION OF THE TEXT