Professional Information for XYLEVE 5

SCHEDULING STATUS: S2

1. NAME OF THE MEDICINE

XYLEVE 5 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

XYLEVE 5 mg tablets.

Each tablet contains 5 mg levocetirizine dihydrochloride.

Contains sugar:

Each XYLEVE tablet contains 58 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets.

White modified capsule-shaped biconvex film-coated tablets debossed with ‘U’ on one side and plain on the other side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

XYLEVE is indicated for the relief of symptoms associated with the following allergic conditions:

- seasonal allergic rhinitis
- perennial allergic rhinitis
- chronic idiopathic urticaria.

4.2 Posology and method of administration

Posology

Adults and adolescents 12 years of age and older

The daily recommended dose is one 5 mg tablet.

Children

For children aged 2 – 6 years no adjusted dosage is possible with the film-coated tablet formulation.

Children aged 6 – 12 years:

The daily recommended dose is one 5 mg tablet.

Special populations

Elderly

Adjustment of the dose is recommended in elderly patients with moderate to severe renal impairment (see “Renal impairment” below)

Renal impairment

Adults with renal impairment

The dosing interval must be individualised according to renal function. Refer to the following table

and adjust the dose as indicated. To use this dosing table, an estimate of the patient's creatinine clearance (CL_{cr}) in mL/min is needed.

The CL_{cr} (mL/min) may be estimated from serum creatinine (µmol/L) determination using the following formula:

$$Cl_{cr} = \frac{[140 - \text{age (years)}] \times \text{weight (kg)}}{\text{Serum creatinine (µmol/L)}} \text{ (x 0,85 for women)}$$

Dosing adjustments for patients with impaired renal function:

Group	**Creatinine clearance (mL/min)**	**Dosage and frequency**
Normal	≥ 80	5 mg once daily
Mild	50 – 79	5 mg once daily
Moderate	30 – 49	5 mg once every 2 days
Severe	< 30	5 mg once every 3 days
End-stage renal disease – patients undergoing dialysis	< 10	Contraindicated

Paediatric patients with renal impairment:

The dose will have to be adjusted on an individual basis taking into account the renal clearance of the patient and his/her body weight. There are no specific data for children with renal impairment.

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 (see “Renal

impairment" above).

Duration of use

Intermittent allergic rhinitis (symptoms < 4 days/week or during less than 4 weeks) has to be treated according to the disease and its history; it can be stopped once the symptoms have disappeared and can be restarted again when symptoms reappear. In case of persistent allergic rhinitis (symptoms > 4 days/week or during more than 4 weeks), continuous therapy can be proposed to the patient during the period of exposure to allergens.

Method of administration

The film-coated tablet must be taken orally, swallowed 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

XYLEVE is contraindicated in:

- hypersensitivity to levocetirizine, to any piperazine derivative or to any of the excipients listed in section 6.1.
- infants and toddlers aged less than two years, as safety and efficacy have not been demonstrated.
- during breastfeeding of infants and while pregnant (see section 4.6).
- patients with end stage renal disease, at less than 10 mL/min creatinine clearance.

4.4 Special warnings and precautions for use

Alcohol

Precaution is recommended with concurrent intake of alcohol. XYLEVE lacks significant sedative effects. Patients should, however, be warned that a small number of individuals may experience sedation. This effect may be compounded by the simultaneous intake of alcohol or other central nervous system depressants (see section 4.5).

Risk of urinary retention

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.

Epilepsy and convulsion risk patients

Caution should be taken in patients with epilepsy and patients at risk of convulsion as levocetirizine may cause seizure aggravation.

Allergy skin tests

Response to allergy skin tests are inhibited by antihistamines and a wash-out period (of 3 days) is required before performing them.

Pruritis

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 (see section 4.8).

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.

Excipients: lactose monohydrate

XYLEVE contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicines 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, azithromycin, cimetidine, diazepam, erythromycin, glipizide, ketoconazole and pseudoephedrine). 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 absorption of 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 central nervous system (CNS) depressants may cause additional reductions in alertness and impairment of performance.

4.6 Fertility, pregnancy and lactation

Pregnancy

XYLEVE is contraindicated in pregnancy as safety has not been demonstrated (see section 4.3).

Breastfeeding

XYLEVE is contraindicated in breastfeeding (see section 4.3). Levocetirizine is excreted in human milk.

Fertility

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.
Nevertheless, some patients could experience somnolence, fatigue and asthenia during therapy with levocetirizine. Therefore, patients intending to drive, engage in potentially hazardous activities or operate machinery should take their response to the medicine into account.

4.8 Undesirable effects

a) Tabulated list of adverse reactions

System Organ Class	Frequency		
	Frequent	**Less Frequent**	**Not known**
Immune system disorders			hypersensitivity including anaphylaxis, angioedema
Metabolism and nutrition disorders			increased appetite, increased weight
Psychiatric disorders			aggression, agitation, hallucination, depression, insomnia, suicidal ideation, nightmare
Nervous system disorders	headache, somnolence		convulsion, paraesthesia, dizziness, syncope, tremor, dysgeusia
Eye disorders			visual disturbances, blurred vision, oculogyration
Ear and labyrinth disorders			vertigo
Cardiac disorders			palpitations, tachycardia
Respiratory,			dyspnoea

thoracic and mediastinal disorders			
Gastrointestinal disorders	dry mouth	gastrointestinal discomfort, abdominal pain	nausea, vomiting, diarrhoea
Hepatobiliary disorders			hepatitis
Skin and subcutaneous tissue disorders			fixed drug eruption, pruritus, rash, urticaria
Musculoskeletal and connective tissue disorders			myalgia, arthralgia
Renal and urinary disorders			dysuria, urinary retention
General disorders and administration site conditions			oedema
Investigations			abnormal liver function tests.

b. Description of selected adverse reactions

After levocetirizine discontinuation, pruritus has been reported (see section 4.4 above).

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. Health care providers are asked to report any suspected adverse reactions via the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

4.9 Overdose

Symptoms

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 XYLEVE. Should overdose occur, symptomatic or supportive treatment is recommended. Levocetirizine is not effectively removed by haemodialysis.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacological Classification / Category and class: A 5.7.1 Antihistaminics

Pharmacotherapeutic group: Antihistamines for systemic use, piperazine derivatives

ATC code: R06A E09

Mechanism of action

Levocetirizine, the (R) enantiomer of cetirizine, is a histamine H_1 receptor antagonist.

5.2 Pharmacokinetic properties

Absorption

Levocetirizine is absorbed after oral administration with peak blood levels reached 0,9 hours after oral administration. Plasma levels are linearly related between 2,5 mg and 20 mg.

Distribution

Levocetirizine is 90 % bound to human plasma proteins.

Biotransformation

The extent of metabolism is less than 14 % of the dose. The plasma half-life is approximately 8 hours in adults.

Elimination

The main route of excretion is via urine, accounting for approximately 85 % of the dose. Approximately 13 % is excreted in the faeces.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Colloidal silica, anhydrous

Lactose monohydrate

Magnesium stearate (E572)

Maize starch

Microcrystalline cellulose (E460a)

Film-coating:

Hypromellose

Polyethylene glycol

Titanium dioxide (E171).

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years.

6.4 Special precautions for storage

Store at or below 25 °C.

Keep the blister strips in the outer carton until required for use.

6.5 Nature and contents of container

Silver aluminium/aluminium foil blister strips placed in an outer carton.

Pack size: 10 or 30 tablets. Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

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8. REGISTRATION NUMBER

48/5.7.1/0744

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

22 Augustus 2022.

10. DATE OF REVISION OF THE TEXT