PROFESSIONAL INFORMATION

SCHEDULING STATUS

S2

1 NAME OF THE MEDICINE

CLAREX 5

Strength: 5 mg desloratadine

Pharmaceutical form: film coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Active ingredients:

Each film coated tablet contains 5 mg desloratadine.

CLAREX 5 contains sugar in the form of lactose anhydrous (4,5 mg/tablet).

For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM

CLAREX 5 is a blue, round, film coated tablet debossed with a "D" on one side of the tablet and plain on the other.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

CLAREX 5 is indicated in adults and adolescents (12 years and older) for:

• the relief of symptoms associated with seasonal allergic rhinitis.

• the short-term relief of symptoms associated with chronic idiopathic urticaria.

4.2 Posology and method of administration

Posology

Adults and children older than 12 years:

One tablet orally, once daily.

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 re-initiated 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. Improvement of symptoms associated with allergic rhinitis usually becomes noticeable within 1 to 2 hours after administration.

Method of Administration

Oral use.

The dose can be taken with or without food.

4.3 Contraindications

- Hypersensitivity to desloratadine or to any of the ingredients in **CLAREX 5.**
- Cross sensitivity to other antihistamines.

4.4 Special warnings and precautions for use

• Pregnancy and lactation.

• Elderly patients are more susceptible to many of the adverse effects of antihistamines and, in particular, their inappropriate use for postural giddiness should be avoided.

• Safety of **CLAREX 5** in children under twelve years of age has not been established.

• Safety and efficacy of **CLAREX 5** has not been established for treatment periods in excess of 4 weeks.

• **CLAREX 5** lacks significant sedative effects. However, patients should be warned that a small number of individuals may experience sedation.

• **CLAREX 5** should be administered with caution in patients with medical or familial history of seizures, and mainly young children (see section 4.8), being more susceptible to develop new

seizures under desloratadine treatment. Healthcare providers may consider discontinuing desloratadine in patients who experience a seizure while on treatment.
• Patients with rare hereditary problems of galactose intolerance, the total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

• **CLAREX 5** should be used with caution in patients with:

- Severe liver impairment, as reduced clearance of desloratadine may occur. Dosage adjustment may be needed (see section 4.2).

- Renal impairment - A lower starting dose should be used. In patients with chronic renal impairment (creatinine clearance of 30 ml/minute or less), both oral bioavailability and peak plasma concentrations of desloratadine may be increased (see section 4.2).

• **CLAREX 5** should be discontinued prior to allergen extracts skin tests allergen extracts as it may inhibit the cutaneous histamine response, thus producing false-negative results. **CLAREX 5** should be discontinued at least 48 hours before test (see section 4.5).

• **CLAREX 5** should be used with caution when one or more of the following medical conditions exist and/or patients using other medicines metabolised by the cytochrome P-450 system:

- emphysema; prostatic hypertrophy; narrow angle glaucoma; cardiovascular disorder, epilepsy or during acute attacks of asthma.

4.5 Interaction with other medicines and other forms of interaction

CLAREX 5 lacks significant sedative effects.

• Concomitant use of **CLAREX 5** with inhibitors of cytochrome P-450 enzyme system such as cimetidine, ketoconazole, clarithromycin, fluoxetine and erythromycin may increase the plasma concentration of **CLAREX 5**.

• Concomitant use of **CLAREX 5** with azithromycin and fluoxetine may increase both C_{max} and AUC of these medicines.

• **CLAREX 5** does not appear to potentiate the effects of alcohol, but it should be avoided in excess.

• No clinically significant changes in desloratadine plasma concentrations were observed in multi-dose ketoconazole, erythromycin, azithromycin, fluoxetine and cimetidine in interaction studies.

4.6 Fertility, pregnancy and lactation

Safety and efficacy in pregnancy and lactation has not been established. Desloratadine has been detected in breast milk. Small amount of **CLAREX 5** entering breast milk may cause drowsiness or excitement in the infant. Therefore, administration of **CLAREX 5** during lactation is not advised (see section 4.4).

There are no data available on male and female fertility.

4.7 Effects on ability to drive and use machines

CLAREX 5 can cause side effects such as dizziness or drowsiness and impair the ability to drive and operate machinery. Caution is advised when performing these tasks. 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 medicine.

4.8 Undesirable effects

System Organ Class	**Frequency**	**Side effects**
Blood and lymphatic system disorders	Frequency unknown	Leucopenia, agranulocytosis, thrombocytopenia, haemolytic anaemia
Immune system disorders	Less frequent:	Hypersensitivity reactions (such as anaphylaxis angioedema, dyspnoea, pruritis, rash and urticaria) Allergic reactions
Metabolism and nutrition disorders	Frequency unknown	Increased appetite
Psychiatric disorders	Less frequent	Hallucinations

	Frequency unknown	Abnormal behaviour, aggression, confusion, nightmares, sleep disturbances, depression.
Nervous system disorders	Frequent: Less frequent	Headache. Dizziness, somnolence, insomnia, sedation, nervousness, psychomotor hyperactivity, seizures, tremors, paraesthesia
Eye disorders	Less frequent	Blurred vision
Ear and labyrinth disorders	Less frequent	Tinnitus
Cardiac disorders	Less frequent Frequency unknown	Tachycardia, palpitations QT prolongation, hypotension
Respiratory, thoracic and mediastinal disorders	Frequent Frequency unknown	Pharyngitis Dyspnoea
Gastrointestinal disorders	Frequent Frequency unknown	Dry mouth Nausea, gastritis, abdominal pain, vomiting, dyspepsia, diarrhoea, weight gain
Hepato-biliary disorders	Less frequent Frequency unknown	Abnormal hepatic function, elevations of liver enzymes, increased bilirubin, hepatitis, Jaundice
Skin and subcutaneous tissue disorders	Frequency unknown	Rash, alopecia, pruritis, urticaria, photosensitivity, sweating
Musculoskeletal, connective tissue and bone disorders	Less frequent	Myalgia

Reproductive system and breast disorders	Frequency unknown	Dysmenorrhoea
General disorders and administrative site conditions	Frequent: Frequency unknown	Fatigue Oedema, asthenia

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of **CLAREX 5** is important. It allows continued monitoring of the benefit/risk balance of **CLAREX 5** Health care providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reactions Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8. Reporting can also be done directly to Unicorn Pharmaceuticals at: vigilance@unicornpharma.co.za.

4.9 Overdose

Symptoms of overdose:

Somnolence, tachycardia and headaches have been reported. In children, extrapyramidal manifestations and palpitations have been reported.

Treatment of overdose:

Treatment is symptomatic and supportive. After overdose of **CLAREX 5**, the stomach should be emptied immediately by inducing emesis. Administration of activated charcoal after emesis may be useful in preventing absorption of **CLAREX 5**. Saline cathartics may be of value to rapidly dilute bowel contents. **CLAREX 5** is not cleared by haemodialysis. It is not known if it is eliminated by peritoneal dialysis.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

A 5.7.1 Antihistaminic.

Pharmacotherapeutic group: antihistamines – H_1 antagonist, ATC code: R06AX27

Mechanism of action

Desloratadine is the major, long-acting, active metabolite of loratadine, a non-sedating second-generation H_1 antagonist. It selectively blocks peripheral histamine H1 receptors since it is blocked from entering the central nervous system (CNS). Apart from its anti-histaminic activity, studies also indicated inhibition of events leading to allergic- inflammation.

5.2 Pharmacokinetic properties

Absorption:

Desloratadine plasma concentrations can be detected within 30 minutes of administration. Desloratadine is well absorbed from the gastrointestinal tract and reaches maximum plasma concentrations in approximately 3 hours. The terminal phase half-life is approximately 27 hours. The degree of accumulation of desloratadine is consistent with its half-life (approximately 27 hours) and a once daily dosing frequency. The bioavailability of desloratadine is 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 medicine accumulation following once daily dosing of desloratadine (5 mg to 20 mg) for 14 days.

Metabolism:

The enzyme responsible for the metabolism of desloratadine has as yet not been identified, and as a result some interactions with other medicinal products cannot be fully excluded. Desloratadine does not inhibit CYP3A4 in vivo, and in vitro studies have shown that the medicine does not inhibit CYP2D6 and is neither a substrate nor an inhibitor of P-glycoprotein.

Elimination:

The mean elimination half-life for desloratadine is 27 hours.

A study using a 7,5 mg dose of desloratadine, indicated no effect of food (high-fat, high caloric breakfast) on the disposition of desloratadine. A further study indicated grapefruit juice had no effect on the disposition of desloratadine.

Characteristics in patient group

Renal impairment

The exposure to desloratadine is approximately 2 and 2,5-fold greater in subjects with mild to moderate

and severe chronic renal insufficiency (CRI), respectively, than that in healthy subjects. Steady state was reached after day 11, of a multi-dose study and in comparison 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. Changes in exposure (AUC and C_{max}) of desloratadine and 3-hyroxydesloratadine are not clinically relevant.

5.3 Preclinical safety data

Not Applicable

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Hypromellose, lactose anhydrous, magnesium oxide, microcrystalline cellulose, Opadry blue, pregelatinised starch, purified water and zinc stearate.

Information of excipients of CLAREX 5:

CLAREX 5 contains lactose. Patients with rare hereditary conditions of galactose intolerance e.g. galactosaemia, the Lapp lactase deficiency or glucose-galactose malabsorption should not take **CLAREX 5.**

CLAREX 5 contains lactose which may have an effect on the glycaemic control of patients with diabetes mellitus.

6.2 Incompatibilities

Not Applicable

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store at or below 25 °C in a well closed container.

Protect from light.

Do not remove from the outer carton until required for use.

6.5 Nature and contents of container

Blister strips:

CLAREX 5 is packed into hard, silver-coloured aluminium foil / transparent PVC / PCTFE film blister strips of 1 x 7 tablets, 1 x 10 tablets or 3 x 10 tablets each, inside a printed outer cardboard box.

HDPE bottles:

CLAREX 5 is also packed into white, HDPE bottles with a desiccant and white HDPE screw cap with 30 tablets inside.

6.6 Special precautions for disposal and other handling

This medicine does not require any special storage conditions.

7 HOLDER OF CERTIFICATE OF REGISTRATION

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8 REGISTRATION NUMBER(S)

42/5.7.1/0985

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of registration: 2 March 2012

10 DATE OF REVISION OF THE TEXT

13 October 2023