PROFESSIONAL INFORMATION FOR TELFAST® SUSPENSION

SCHEDULING STATUS

S1

1. NAME OF THE MEDICINE

TELFAST® SUSPENSION, Oral suspension

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 1 mL contains 6 mg fexofenadine hydrochloride.

Each 5 mL dose will provide 30 mg of fexofenadine hydrochloride.

Preservative: Potassium sorbate 0,4 % *m/m*

Contains sugar (1 g sucrose and 0,5 g xylitol per 5 mL).

Excipients with known effect:

TELFAST SUSPENSION contains 125 mg propylene glycol in each 5 mL.

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Oral suspension.

A white, uniform suspension with a raspberry cream aroma.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Seasonal allergic rhinitis

TELFAST SUSPENSION is indicated for the relief of symptoms associated with seasonal allergic rhinitis in children 2 to 11 years of age, such as sneezing, rhinorrhoea, itchy nose/palate/throat, itchy/watery/red eyes.

Chronic idiopathic urticaria

TELFAST SUSPENSION is indicated for the treatment of uncomplicated skin manifestations of chronic idiopathic urticaria in children 6 months to 11 years of age.

4.2 Posology and method of administration

Posology

Seasonal Allergic Rhinitis

Children 2 to 11 years:

The recommended dose of TELFAST SUSPENSION is 30 mg (5 mL) twice daily. A dose of 30 mg (5 mL) once daily is recommended as the starting dose in paediatric patients with decreased renal function (see section 5.2).

Chronic Idiopathic Urticaria

Children 6 months to 11 years:

The recommended dose of TELFAST SUSPENSION is 30 mg (5 mL) twice daily for patients 2 to 11 years of age and 15 mg (2,5 mL) twice daily for patients 6 months to less than 2 years of age.

For paediatric patients with decreased renal function, the recommended starting doses of TELFAST SUSPENSION are 30 mg (5 mL) once daily for patients 2 to 11 years of age and 15 mg (2,5 mL), once daily for patients 6 months to less than 2 years of age (see section 5.2).

Method of administration

For oral use.

Shake bottle well, before each use.

4.3 Contraindications

Hypersensitivity to fexofenadine hydrochloride or any excipients listed in section 6.1.

4.4 Special warnings and precautions for use

There is only limited data for the use in elderly and renally or hepatically impaired adult patients. Fexofenadine hydrochloride should be administered with care in these special risk groups. The safety and efficacy of fexofenadine hydrochloride in renally or hepatically impaired children have not been established.

Sodium

TELFAST SUSPENSION contains less than 1 mmol sodium (23 mg) per 5 mL, that is to say essentially “sodium-free”.

Sucrose

TELFAST SUSPENSION contains sucrose. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take TELFAST SUSPENSION.

Propylene glycol

Co-administration of TELFAST SUSPENSION with any substrate for alcohol dehydrogenase such as ethanol may induce adverse effects in children less than 5 years old.

4.5 Interaction with other medicines and other forms of interaction

Erythromycin and ketoconazole

Co-administration of TELFAST SUSPENSION with either ketoconazole or erythromycin led to increased plasma concentrations of fexofenadine. Fexofenadine had no effect on the pharmacokinetics of either erythromycin or ketoconazole.

Animal studies have shown that the increase in plasma levels of fexofenadine observed after co-administration of erythromycin or ketoconazole appears to be due to an increase in gastrointestinal absorption and either a decrease in biliary excretion or gastrointestinal secretion, respectively.

Antacids

Administration of TELFAST SUSPENSION within 15 minutes of an aluminium and magnesium containing antacid decreased fexofenadine AUC by 41 % and C_{max} by 43 %. TELFAST SUSPENSION should not be taken closely in time with aluminium and magnesium containing antacids.

Fruit juices

Fruit juices such as grapefruit, orange and apple may reduce the bioavailability and exposure of fexofenadine. This is based on the results from 3 clinical studies using histamine induced skin wheals and flares coupled with population pharmacokinetic analysis. The size of wheal and flare were significantly larger when fexofenadine hydrochloride was administered with either grapefruit or orange juices compared to water. Based on the literature reports, the same effects may be extrapolated to other fruit juices such as apple juice. The clinical significance of these observations is unknown. In addition, based on the population pharmacokinetics analysis of the combined data from grapefruit and orange juices studies with the data from a bioequivalence study, the bioavailability of fexofenadine was reduced by 36 %. Therefore, to maximize the effects of fexofenadine, it is recommended that TELFAST SUSPENSION should be taken with water (see sections 4.2 and 5.2).

4.6 Fertility, pregnancy and lactation

Pregnancy

The safety of TELFAST SUSPENSION in pregnancy and lactation has not been established.

Breastfeeding

It is not known if fexofenadine is excreted in human milk. There are no adequate and well-controlled studies in women during lactation. Because many medicines are excreted in human milk, caution should be exercised when TELFAST SUSPENSION is administered to a nursing woman.

4.7 Effects on ability to drive and use machines

On the basis of the pharmacodynamic profile and reported adverse reactions it is unlikely that TELFAST SUSPENSION will produce an effect on the ability to drive or use machines. However, patients who experience drowsiness, dizziness or fatigue should refrain from driving, engaging in potentially hazardous activities or operating machinery.

4.8 Undesirable effects

The following frequency rating has been used, where relevant:

Very common: (>1/10); common: (>1/100, ≤1/10); uncommon: (> 1/1000, ≤ 1/100); rare: (> 1/10 000, ≤ 1/1000); very rare: (≤1/10 000), including 'isolated reports'.

Side effects:

In controlled clinical trials in children aged 6 to 11 years, the most commonly reported adverse reaction considered at least possibly related to TELFAST SUSPENSION by the investigator was headache (1,0 %). The incidence of this event was similar to placebo.

Nervous system disorders:

Common: Headache

In controlled clinical trials involving paediatric patients 6 months to 5 years of age, there were no unexpected adverse events in patients treated with TELFAST SUSPENSION.

In adults, the following adverse events have been reported in clinical trials, with an incidence similar to that observed with placebo:

Nervous system disorders:

Common: Headache, drowsiness, dizziness

Gastrointestinal disorders:

Common: Nausea

General disorders and administration site conditions:

Uncommon: Fatigue

In adults, the following adverse events have been reported during controlled clinical trials with incidences less than 1 % or in post-marketing surveillance:

Immune system disorders:

Rare: Hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnoea, flushing and systemic anaphylaxis.

Nervous system disorders:

Uncommon: Insomnia, nervousness, sleep disorders or paroniria

Skin and subcutaneous tissue disorders:

Rare: Rash, urticaria, pruritus

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of this medicine is important. It allows continued monitoring of the benefit/risk balance of this medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA 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 of overdose

Dizziness, drowsiness, and dry mouth have been reported with overdoses of fexofenadine hydrochloride. Single doses of fexofenadine hydrochloride up to 800 mg (6 healthy subjects at this dose level), and doses up to 690 mg twice daily for 1 month (3 healthy subjects at this dose level) or 240 mg once daily for 1 year (234 healthy subjects at this dose level) were administered without the development of clinically significant adverse events as compared to placebo.

Treatment of overdose

Standard measures should be considered to remove any unabsorbed medicine.
Symptomatic and supportive treatment is recommended. Haemodialysis does not effectively remove fexofenadine from blood.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 5.7.1 Antihistaminics.

Pharmacotherapeutic group: Other antihistamines for systemic use, ATC code: R06AX26.

Mechanism of action

Fexofenadine hydrochloride, the major active metabolite of terfenadine, is a non-sedating antihistamine with selective peripheral H1-receptor antagonist activity.
Fexofenadine hydrochloride exhibits an antihistamine effect by 1 hour, achieves maximum effect at 2 to 3 hours, and an effect is still seen at 12 hours. There was no evidence of tolerance to these effects after 28 days of dosing.
Histamine skin wheal and flare studies in 7 to 12 year old subjects showed that following a single dose of 30 or 60 mg, antihistamine effect was observed at 1 hour and reached a maximum by 3 hours. Greater than 49 % inhibition of wheal area, and 74 % inhibition of flare area were maintained for 8 hours following the 30 and 60 mg dose.

Effects on QTc:

No statistically significant increase in mean QTc interval compared to placebo was observed in 714 subjects with seasonal allergic rhinitis given fexofenadine hydrochloride capsules in doses of 60 to 240 mg twice daily for 2 weeks. Paediatric subjects from 2 placebo-controlled trials (n=855) treated with up to 60 mg fexofenadine hydrochloride twice daily demonstrated no significant treatment- or dose-related increases in QTc. In subjects with chronic idiopathic urticaria, there were no clinically relevant differences for any ECG intervals, including QTc, between those treated with fexofenadine hydrochloride 180 mg once daily (n=163) and those treated with placebo (n=91) for 4 weeks.

5.2 Pharmacokinetic properties

The pharmacokinetics of fexofenadine hydrochloride in subjects with seasonal allergic rhinitis and subjects with chronic urticaria were similar to those in healthy subjects.

Absorption

Fexofenadine hydrochloride was rapidly absorbed following oral administration of a single dose of two 60 mg capsules to healthy male subjects with a mean time to maximum plasma concentration occurring at 2,6 hours post-dose. After administration of a single 60 mg capsule to healthy subjects, the mean maximum plasma concentration (C_{max}) was 131 ng/mL. Following single dose oral administrations of either the 60 and 180 mg tablet to healthy adult male subjects, mean C_{max} were 142 and 494 ng/mL, respectively. The tablet formulations are bioequivalent to the capsule when administered at equal doses. Fexofenadine hydrochloride pharmacokinetics are linear for oral doses up to a total daily dose of 240 mg (120 mg twice daily). The administration of the 60 mg capsule contents mixed with applesauce did not have a significant effect on the pharmacokinetics of fexofenadine in adults. Co-administration of 180 mg fexofenadine hydrochloride tablet with a high fat meal decreased the mean area under the curve (AUC) and (C_{max}) of fexofenadine by 21 and 20 % respectively.

A dose of 5 mL of TELFAST SUSPENSION containing 30 mg of fexofenadine hydrochloride is bioequivalent to a 30 mg dose of TELFAST JUNIOR tablets.

Following oral administration of a 30 mg dose of TELFAST SUSPENSION to healthy adult subjects, the mean C_{max} was 118,0 ng/mL and occurred at approximately 1,0 hour. The administration of 30 mg TELFAST SUSPENSION with a high fat meal decreased the AUC and the mean C_{max} by approximately 30 and 47 %, respectively in healthy adult subjects.

Distribution

Fexofenadine hydrochloride is 60 % to 70 % bound to plasma proteins, primarily albumin and 1-acid glycoprotein.

Biotransformation

Approximately 5 % of the total dose of fexofenadine hydrochloride was eliminated by hepatic metabolism.

Elimination

The mean elimination half-life of fexofenadine was 14,4 hours following administration of 60 mg twice daily in healthy subjects. Excretion is mainly in through the faeces with only about 10 % being excreted unchanged in the urine.

Human mass balance studies documented a recovery of approximately 80 % and 11 % of the [14C] fexofenadine hydrochloride dose in the faeces and urine, respectively. Because the absolute bioavailability of fexofenadine hydrochloride has not been established, it is unknown if the faecal component represents primarily unabsorbed medicine or the result of biliary excretion.

Special populations

Patients with renal impairment

In adult patients with mild to moderate (creatinine clearance 41-80 mL/min) and severe (creatinine clearance 11 – 40 mL/min) renal impairment, peak plasma concentrations of fexofenadine were 87 % and 111 % greater, respectively, and mean elimination half-lives were 59 % and 72 % longer, respectively, than observed in healthy subjects. Peak plasma concentrations in patients on dialysis (creatinine clearance ≤ 10 mL/min) were 82 % greater and half-life was 31 % longer than observed in healthy subjects. Based on increases in bioavailability and half-life, a dose of 60 mg once daily is recommended as the starting dose in adult patients with decreased renal function. For paediatric patients with decreased renal function, the recommended starting dose of fexofenadine is 30 mg once daily for patients 2 to 11 years of age and 15 mg once daily for patients 6 months to less than 2 years of age (see section 4.2).

Patients with hepatic impairment

The pharmacokinetics of fexofenadine in subjects with hepatic disease did not differ substantially from that observed in healthy subjects.

Elderly population

In older subjects (≥ 65 years old), peak plasma levels of fexofenadine were 99 % greater than those observed in younger subjects (< 65 years old). Mean fexofenadine elimination half-lives were similar to those observed in younger subjects.

Paediatric population

A population pharmacokinetic analysis was performed with data from 77 paediatric subjects (6 months to 12 years of age) with allergic rhinitis and 136 adult subjects. The individual apparent oral clearance estimates of fexofenadine were on average 44 % and 36 % lower in paediatric subjects 6 to 12 years (n=14) and 2 to 5 years of age (n=21), respectively, compared to adult subjects.

Administration of a 15 mg dose of fexofenadine hydrochloride to paediatric subjects 6 months to less than 2 years of age and a 30 mg dose to paediatric patients 2 to 11 years of age produced exposures comparable to those seen with a dose of 60 mg administered to adults.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Artificial raspberry cream flavour

Edetate disodium dihydrate

Poloxamer 407

Potassium sorbate

Propylene glycol

Sodium phosphate dibasic heptahydrate

Sodium phosphate monobasic monohydrate

Sucrose

Titanium dioxide

Xanthan gum

Xylitol.

6.2 Incompatibilities

None known.

6.3 Shelf life

24 months.

6.4 Special precautions for storage

Store at or below 25 °C.

Keep well closed.

Shake the bottle well, before each use.

6.5 Nature and contents of container

TELFAST SUSPENSION is available in amber PET bottles with an opaque white polypropylene, child-resistant screw closure with a foam liner and induction inner seal. The bottle has a printed label and is packed in a printed outer carton. TELFAST SUSPENSION is available in the following sizes:

- 60 mL bottle containing 30 mL suspension
- 120 mL bottle containing 60 mL suspension
- 180 mL bottle containing 150 mL suspension
- 360 mL bottle containing 300 mL suspension

6.6 Special precautions for disposal and other handling

None.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Opella Healthcare South Africa (Pty) Ltd

Hertford Office Park

Building I, 4th Floor

90 Bekker Road

Midrand

1685

8. REGISTRATION NUMBER

42/5.7.1/0339

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

11 February 2011

10. DATE OF REVISION OF THE TEXT

30 November 2022