Summary of product characteristics (SMPC)

1. NAME OF THE MEDICINALPRODUCT

Afrab Loratadine 5mg/5ml Syrup

2. QUALITATIVE AND QUANTITATIVECOMPOSITION

Each 5ml contains loratadine 5mg

{For a full list of excipients, see section 6.1}

3. PHARMACEUTICAL FORM

A golden,yellow syrup with a characteristic sweet taste.

4. Clinical particulars

4.1 Therapeutic indications

Afrab Loratadine 5mg/5ml syrup is used for the symptomatic relief of allergic conditions such as sneezing, rhinorrhea and itching, and ocular itching and burning. Also indicated for the relief of chronic urticaria and other allergic dermatological disorders.

4.2 Posology and method of administration

Posology

Paediatric population

Children 2 to 5 years: 5ml once daily.

Adult and children over 5 years: 10ml once daily.

Efficacy and safety of Loratadine 5mg/5ml Syrup in children under 2 years of age has not been established.

Patients with severe liver impairment

Patients with severe liver impairment should be administered a lower initial dose because they may have reduced clearance of loratadine. An initial dose of 10mg every other day is recommended for adults and children weighing more than 30kg, and for children weighing 30kg or less, 5ml (5mg) every other day is recommended.

Patients with severe renal impairment

No dosage adjustments of Afrab Loratadine 5mg/5ml Syrup are required in the elderly or in

patients with renal insufficiency.

Elderly

No dosage adjustments of Afrab Loratadine 5mg/5ml Syrup are required in the elderly.

Method of administration
Oral administration only.

4.3 Contraindications

Afrab Loratadine 5mg/5ml Syrup is contraindicated in patients who are hypersensitive to the active substance or to any of the excipients in this formulation (see section 6.1).

4.4 Special warnings and precautions for use

Afrab Loratadine 5mg/5ml Syrup should be administered with caution in patients with severe liver impairment (see section 4.2).
Patients sensitive to one of the antihistamines may be sensitive to others.

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

When administered concomitantly with alcohol, Afrab Loratadine 5mg/5ml Syrup has no potentiating effects as measured by psychomotor performance studies.

Potential interaction may occur with all known inhibitors of CYP3A4 or CYP2D6 resulting in elevated levels of loratadine (see section 5.2), which may cause an increase in adverse events.

Increase in plasma concentrations of loratadine has been reported after concomitant use with ketoconazole, erythromycin, and cimetidine in controlled trials, but without clinically significant changes (including electrocardiographic).

Paediatric population

Interaction studies have only been performed in adults.

4.6 Pregnancy and Lactation

Pregnancy

A large amount of data on pregnant women (more than 1000 exposed outcomes) indicate no malformative nor feto/neonatal toxicity of loratadine. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3). As a precautionary measure, it is preferable to avoid the use of Afrab Loratadine 5mg/5ml Syrup during pregnancy.

Lactation

Loratadine is excreted in breast milk, therefore the use of Afrab loratadine is not recommended in breast-feeding women.

Fertility

There are no data available on male and female fertility.

4.7 Effects on ability to drive and use machines

In clinical trials that assessed driving ability, no impairment occurred in patients receiving loratadine. However, patients should be informed that very rarely some people experience drowsiness, which may affect their ability to drive or use machines**.**

4.8 Undesirable effects

Sedation and anti cholinergic effects are not likely. Headache, nausea and fatigue have been reported. Those that have been reported rarely include hair loss, changes in liver function and severe allergic reactions.

Paediatric population

In clinical trials in a paediatric population children aged 2 through 12 years, common adverse reactions reported in excess of placebo were headache (2.7%), nervousness (2.3%), and fatigue (1%)

4.9 Overdose

Overdosage with loratadine increased the occurrence of anticholinergic symptoms. Somnolence, tachycardia, and headache have been reported with overdoses.

In the event of overdose, general symptomatic and supportive measures are to be instituted and maintained for as long as necessary. Administration of activated charcoal as a slurry with water may be attempted. Gastric lavage may be considered. Loratadine is not removed by haemodialysis and it is not known if loratadine is removed by peritoneal dialysis. Medical monitoring of the patient is to be continued after emergency treatment.

5. PHARMACOLOGICALPROPERTIES

5.1 Pharmacodynamics properties

Pharmacotherapeutic group: anti histamines – H_1 antagonist, ATC code: R06A X13.

Mechanism of action

Loratadine, the active ingredient in Loratadine 5mg/5ml Syrup, is a tricyclic antihistamine with selective, peripheral H_1-receptor activity.

Pharmacodynamic effects

Loratadine has no clinically significant sedative or anticholinergic properties in the majority of the population and when used at the recommended dosage. During long-term treatment there were no clinically significant changes in vital signs, laboratory test values, physical examinations or electrocardiograms.

Loratadine has no significant H_2-receptor activity. It does not inhibit norepinephrine uptake and has practically no influence on cardiovascular function or on intrinsic cardiac pacemaker activity.

5.1 Pharmacokinetic properties

Absorption:

After oral administration, loratadine is rapidly and well absorbed and undergoes an extensive first pass metabolism, mainly by CYP3A4 and CYP2D6. The major metabolite-desloratadine (DL)- is pharmacologically active and responsible for a large part of the clinical effect. Loratadine and DL achieve maximum plasma concentrations (T_{max}) between 1-1.5 hours and 1.5-3.7 hours after administration, respectively.

Distribution:

In healthy subjects, plasma distribution half-lives of loratadine and its active metabolite are approximately 1 and 2 hours, respectively. The mean elimination half lives in healthy adult subjects were 8.4 hours (range=3 to 20 hours) for loratadine and 28 hours (range-8.8 to 92 hours for the major active metabolite).

Metabolism and Elimination:

Loratadine is highly bound (97% to 99%) and its active metabolite moderately bound (73% to 76%) to plasma proteins.

Approximately 40% of the dose is excreted in the urine and 42% in the faeces over a 10 day period and mainly in the form of conjugated metabolites. Approximately 27% of the dose is eliminated in the urine during the first 24 hours. Less than 1% of the active substance is excreted unchanged in active form, as loratadine or DL.

Special Population:

In patients with chronic renal impairment, both the AUC and peak plasma levels (C_{max}) increased for loratadine and its metabolite as compared to the AUCs and peak plasma levels (C_{max}) of patients with normal renal function. The mean elimination half-lives of loratadine and its metabolite were not significantly different from that observed in normal subjects. Haemodialysis does not have an effect on the pharmacokinetics of loratadine or its active metabolite in subjects with chronic renal impairment.

patients with chronic alcoholic liver disease, the AUC and peak plasma levels (C_{max}) of loratadine were double while the pharmacokinetic profile of the active metabolite was not significantly changed from that in patients with normal liver function. The elimination half-lives for loratadine and its metabolite were 24 hours and 37 hours, respectively, and increased with increasing severity of liver disease.

Loratadine and its active metabolite are excreted in the breast milk of lactating women

5.2 Preclinical safety data

Preclinical data reveal no special hazard based on conventional studies of safety, pharmacology, repeated dose toxicity, genotoxicity and carcinogenic potential.

In reproductive toxicity studies, no teratogenic effects were observed. However, prolonged parturition and reduced viability of offspring were observed in rats at plasma levels (AUC) 10 times higher than those achieved with clinical doses.

6. PHARMACEUTICALPARTICULARS

6.1 List of excipients

Propylene glycol, Glycerine,Sodium citrate, Citric acid,Sorbitol liquid 70%, Disodium EDTA,Sodium CMC, Saccharin Sodium, Tartrazine yellow colour, Tartrazine orange colour,Lemon lime flavor,Bronopol,Povidone PVK-30, Methyl paraben,Propyl paraben,

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

6.4 Special precautions for storage

Store below 30°

6.5 Nature and contents of container

60ml & 100ml amber PET bottle

6.6 Special precautions for disposal

No special requirements.

Any unused product or waste material should be disposed of in accordance with local requirement.

6.7 APPLICANT/MANUFACTURER

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