COMMON TECHNICAL DOCUMENT

LORANAX (Loratadine Tablets BP 10 mg)

1.3.1 SUMMARY OF PRODUCT CHARACTERISTICS

1. **Product Name**: **LORANAX** (Loratadine Tablets BP 10 mg)

2. **Composition:**
   Each uncoated Tablet contains:

   Loratadine BP……10 mg

   Excipients……Q.S

3. **Qualitative & Quantitative Formula:**

Sr. No	Name of Raw Material	Spec	Label claim / tab	Qty per tablet (mg)	% Over age	Qty per tablet with Overages	Std. Qty for 5.0 Lac
1.	**Loratadine**	BP	10.0 MG	10.00 MG		10.00 MG	5.000 KG
2.	*Maize Starch	BP		99.50 MG	8%	107.46 MG	53.730 MG
3.	**Lactose	BP		140.0 MG	3%	144.20 MG	72.100 KG
4.	** Microcrystalline Cellulose	BP		15.00 MG	2%	15.30 MG	7.650 KG
5.	P.V.P.K-30%	BP		6.00 MG		6.00 MG	3.000 KG
6.	Maize Starch (F/P)	BP		15.00 MG		15.00 MG	7.500 KG
	Purified Water	BP					Q.S
7.	Talcum	BP		4.50 MG		4.50 MG	2.250 KG
8.	Magnesium Stearate	BP		3.00 MG		3.00 MG	1.500 KG
9.	Cross Carmellose Sodium	BP		6.00 MG		6.00 MG	3.000 KG
10.	Colloidal Silicon Dioxide	BP		1.00 MG		1.00 MG	0.500 KG
	Avg. wt. of tablet		**Total**	**300 MG**		**300.0 MG**	**150.0 KG**

4.1 Therapeutic Indications

Loranax is indicated for the following:

Loratadine Tablets are indicated for the symptomatic treatment of allergic rhinitis and chronic idiopathic urticaria.

4.2 Dosage and administration:

Posology

Adults and children over 12 years of age:

10 mg once daily. The tablet may be taken without regard to meal time.

Children 2 to 12 years of age with:

Body weight more than 30 kg: 10 mg once daily.

Body weight 30 kg or less: These tablets are not suitable in children with a body weight less than 30 kg.

Efficacy and safety of Loratadine Tablets in children under 2 years of age has not been established.

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

No dosage adjustments are required in the elderly or in patients with renal insufficiency.

Method of administration - For oral administration.

4.3 CONTRA-INDICATIONS

Hypersensitivity to the active substance or to any of the excipients in the formulation.

4.4 Special Warnings and Precautions for Use

Loratadine Tablets should be administered with caution in patients with severe liver impairment. This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. The administration of Loratadine Tablets should be discontinued at least 48 hours before skin tests since antihistamines may prevent or reduce otherwise positive reactions to dermal reactivity index.

4.5 Interaction with other medicinal products and other forms of interaction

When administered concomitantly with alcohol, Loratadine Tablets have 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, which may cause an increase in adverse events.

4.6 Fertility, pregnancy and lactation

Pregnancy: A large amount of data on pregnant women (more than 1000 exposed outcomes) indicate no malformative nor foeto/ neonatal toxicity of loratadine. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of loratadine during pregnancy.

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

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 experienced drowsiness, which may affect their ability to drive or use machines.

4.8 OVERDOSAGE

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. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antihistamines – H_1 antagonist.

ATC code: R06A X13.

Loratadine, the active ingredient in Loratadine Tablets, is a tricyclic antihistamine with selective, peripheral H_1-receptor activity.

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.

5.2 Pharmacokinetic properties

After oral administration, loratadine is rapidly and well absorbed and undergoes 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. 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). Loratadine is highly bound (97% to 99%) and its active metabolite moderately bound (73% to 76%) to plasma proteins. 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. 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. The bioavailability parameters of loratadine and of the active metabolite are dose proportional. The pharmacokinetic profile of loratadine and its

metabolites is comparable in healthy adult volunteers and in healthy geriatric volunteers. Concomitant ingestion of food can delay slightly the absorption of loratadine but without influencing the clinical effect.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. In 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.

5.3 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. PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS:

Lactose Monohydrate
Maize Starch
Colloidal silicon dioxide
Sodium starch glycolate
Cross Carmellose Sodium
Magnesium Stearate
Talcum
Purified water
P.V.P.K-30
Microcrystalline cellulose

6.2 Shelf Life

3 years from the date of Manufacture.

6.3 Special Precautions for Storage

The product should be stored in a cool dry place.

Protected from moisture and excessive heat.

Temperature not exceeding 30°C.

Keep all medicines out of reach of children.

6.4 Nature and Contents of Container

Blister Pack of 10 Tablets.

6.5 Special Precautions for Disposal and Other Handling

No special requirements

7. MARKETING AUTHORISATION HOLDER

RELAX BIOTECH PVT. LTD.

8. MARKETING AUTHORISATION NUMBER(S)

None

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Not applicable