Approved Professional Information for:

AERZIT 2,5 mg Syrup

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

AERZIT 2,5 mg syrup

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 mL of syrup contains 2,5 mg desloratadine.

Contains sweeteners.

Each 5 mL of syrup 2,5 mg contains 10 mg of Sucralose and 750 mg of Sorbitol.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Syrup

Clear, colourless solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

AERZIT is indicated for the relief of symptoms associated with allergic rhinitis (AR).

AERZIT is also indicated for the short-term relief of symptoms associated with chronic idiopathic urticaria (CIU).

4.2 Posology and method of administration

Posology

Children 2 to 5 years of age*:*

2,5 mL (1,25 mg) AERZIT syrup once a day.

Children 6 to 11 years of age:

5 mL (2,5 mg) AERZIT syrup once a day.

Adults and adolescents (12 years of age and over):

10 mL (5 mg) AERZIT syrup once a day.

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 excipients listed in section 6.1, or to loratadine.

4.4 Special warnings and precautions for use

AERZIT 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.

Paediatric population

In children below 2 years of age, the diagnosis of allergic rhinitis is particularly difficult to distinguish from other forms of rhinitis. The absence of upper respiratory tract infection or structural abnormalities, as well as patient history, physical examinations, and appropriate laboratory and skin tests should be considered.

Approximately 6 % of adults and children 2 to 11 years old are phenotypic poor metabolisers of desloratadine and exhibit a higher exposure (see section 5.2). The safety of desloratadine, as in AERZIT in children 2 to 11 years of age who are poor metabolisers, is the same as in children who are normal metabolisers. The effects of desloratadine in poor metabolisers < 2 years of age have not been studied.

In the case of severe renal insufficiency, AERZIT should be used with caution (see section 5.2).

Excipients: sucralose

Each 5 mL of AERZIT 2,5 mg contains 10 mg of Sucralose.

Excipients: sorbitol (E420)

AERZIT contains 150 mg sorbitol per mL.

The additive effect of concomitantly administered products containing sorbitol (or fructose) and dietary intake of sorbitol (or fructose) should be taken into account.

The content of sorbitol in medicines for oral use may affect the bioavailability of other medicines for oral use administered concomitantly.

Excipients: propylene glycol (E 1520)

AERZIT contains 150 mg of Propylene glycol per mL.

4.5 Interaction with other medicines and other forms of interaction

No clinically relevant interactions were observed in clinical trials with Desloratadine tablets in which erythromycin or ketoconazole were co-administered (see section 5.1).

There was no effect of food or grapefruit juice on the disposition of desloratadine.

Co-administration of desloratadine with azithromycin resulted in an increase of both Cmax (31 %) and AUC (12 %) of azithromycin.

Co-administration of fluoxetine with desloratadine caused an increase in the Cmax of desloratadine by 15 % and an increase of 13 % in AUC and 17 % in Cmax of 3-OH desloratadine respectively.

The Cmax and AUC of fluoxetine were reduced by 9 % and 11 % respectively. The corresponding mean parameters of norfluoxetine increased by 23 % and 18 % respectively with co-administration of
desloratadine and fluoxetine.

Paediatric population

Interaction studies have only been performed in adults.
In a clinical pharmacology trial, desloratadine taken concomitantly with alcohol did not potentiate the performance impairing effects of alcohol (see section 5.1). However, cases of alcohol intolerance and intoxication have been reported during post-marketing use. Therefore, caution is recommended if alcohol is taken concomitantly.

4.6 Fertility, pregnancy and lactation

Pregnancy

The safe use of AERZIT syrup during pregnancy has not been established. The use of AERZIT syrup during pregnancy is therefore not recommended.
Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

Breastfeeding

Desloratadine is excreted into breast milk, therefore the use of [PRODUCT NAME] syrup is not recommended in mothers who are breastfeeding their infants.

The effect of desloratadine on newborns/infants is unknown.

4.7 Effects on ability to drive and use machines

AERZIT syrup has no or negligible influence on the ability to drive a vehicle or operate machines. However, a small number of individuals may experience dizziness or sedation (see section 4.8). Patients should be advised to take special care when performing tasks requiring their attention, until they are reasonably certain that their performance is not affected by AERZIT.

4.8 Undesirable effects

Summary of the safety profile

Paediatric population

The most frequently occurring adverse event reported was headache.

Adults and adolescents

The most frequently occurring adverse events reported were fatigue, dry mouth and headache.

System Organ Class	**Frequency**		
	Frequent	**Less Frequent**	**Not known**
Metabolism and nutrition disorders			Increased appetite
Psychiatric disorders		Hallucinations	Abnormal behaviour, aggression
Nervous system disorders	Headache Insomnia (children less than 2 years)	Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures	
Cardiac disorders		Tachycardia, palpitations	QT prolongation

Gastrointestinal disorders	Dry mouth Diarrhoea (Children less than 2 years)	Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea	
Hepatobiliary disorders		Elevations of liver enzymes, increased bilirubin, hepatitis	Jaundice
Skin and subcutaneous tissue disorders			Photosensitivity
Musculoskeletal and connective tissue disorders		Myalgia	
General disorders and administration site conditions	Fatigue Fever (Children less than 2 years)	Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritus, rash and urticaria)	Asthenia
Investigations			Increase in body mass

Post-marketing studies

Other undesirable effects reported during the post-marketing period in paediatric patients with an unknown frequency included QT prolongation, dysrhythmia, bradycardia, abnormal behaviour and aggression.

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. Healthcare professionals 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

In the event of overdose, consider standard measures to remove unabsorbed active substance.

Symptomatic and supportive treatment is recommended.

Desloratadine is not eliminated by haemodialysis; it is not known if it is eliminated by peritoneal dialysis.

5. PHARMACOLOGICAL PROPERTIES

Category and Class: A.5.7.1 Antihistaminics

Pharmacotherapeutic group: antihistamines – H_1 antagonist

ATC Code: R06A X27

5.1 Pharmacodynamic properties

Desloratadine is a non-sedating long-acting histamine antagonist with selective peripheral H_1-receptor antagonist activity. After oral administration, desloratadine selectively blocks peripheral histamine H1-receptors because the substance is excluded from entry to the central nervous system.

Desloratadine has demonstrated anti-allergic, antihistaminic, and anti-inflammatory activity. These include inhibiting the release of pro-inflammatory cytokines such as IL-4, IL-6, IL-8 and IL-13 from human mast cells/basophils, as well as inhibition of the expression of the adhesion molecule P-selectin on endothelial cells. The clinical relevance of these observations remains to be confirmed.

5.2 Pharmacokinetic properties

Absorption

Desloratadine plasma concentrations can be detected within 30 minutes of desloratadine administration. Desloratadine is well absorbed with maximum concentration achieved after approximately 3 hours; the terminal phase half-life is approximately 27 hours. The degree of accumulation of desloratadine was consistent with its half-life (approximately 27 hours) and a once daily dosing frequency. In adults and adolescents, the bioavailability of desloratadine was 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 drug accumulation following once daily dosing of desloratadine (5 mg to 20 mg) for 14 days.

Biotransformation

The enzyme responsible for the metabolism of desloratadine has not been identified yet, and therefore, 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 medicinal product does not inhibit CYP2D6 and is neither a substrate nor an inhibitor of P-glycoprotein.

Elimination

In a single dose crossover trial using a 7,5 mg dose of desloratadine, the tablet and syrup formulations were bioequivalent and not effected by the presence of food (high-fat, high caloric breakfast). In another study, grapefruit juice had no effect on the disposition of desloratadine.

Paediatric population

In separate single dose studies, at the recommended doses, paediatric patients had comparable AUC and C_{max} values of desloratadine to those in adults who received a 5 mg dose of desloratadine syrup.

Special populations

Renally impaired patients

The pharmacokinetics of desloratadine in patients with chronic renal insufficiency (CRI) was compared with that of healthy subjects in one single-dose study and one multiple-dose study.. In both studies, changes in exposure (AUC and Cmax) of desloratadine and 3-hydroxydesloratadine were not clinically relevant.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Citric acid

Hypromellose

Propylene glycol

Purified water

Sodium citrate

Sorbitol liquid (non-crystallizing)

Sucralose

Tutti frutti

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

After first opening use within 2 months.

6.4 Special precautions for storage

Store at or below 30 °C.

Store in the original container.

6.5 Nature and contents of container

Type III amber glass bottles with a white polypropylene child resistant (C/R) screw closure.

The bottles are packed into cardboard boxes.

Pack Sizes: 60 mL, 120 mL and 150 mL.`

All packages are supplied with a measuring spoon marked for doses of 2,5 mL and 5 mL or an oral measuring syringe of a final volume of 5 mL marked on every 0,5 mL.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements for disposal.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Austell Pharmaceuticals (Pty) Ltd

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8. REGISTRATION NUMBER

47/5.7.1/0741

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25 January 2022

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