

PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

Allerbas Allergy 10 mg (film coated tablet)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film coated tablet contains 10 mg of ebastine.

Excipients with known effect:

Each film coated tablet contains sugar: 62 mg lactose

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets (tablets)

White lenticular

4. CLINICAL PARTICULARS

4.1 Therapeutic indications:

Allerbas Allergy 10 mg is indicated for the symptomatic treatment of allergic rhinitis (seasonal and perennial) and idiopathic chronic urticaria.

4.2 Posology and method of administration:

Posology

Adults and children over 12 years old:

The recommended dose is 10 mg of Allerbas Allergy once daily.

Special populations

Elderly patients

No dose adjustment is necessary.

Renal impairment

No dose adjustment is necessary.

Hepatic impairment

No dose adjustment is necessary.

Paediatric population

The safety and efficacy of Allerbas Allergy 10 mg in children under 12 years have not been established.

Method of administration:

Allerbas Allergy 10 mg is for oral administration with a glass of water and may be taken with or without food.

4.3 Contraindications:

Hypersensitivity to ebastine or any of the excipients listed in section 6.1

The safety of Allerbas Allergy 10 mg during pregnancy and lactation has not been established (see section 4.6).

The safety and efficacy of Allerbas Allergy 10 mg in children under 12 years have not been established.

4.4 Special warnings and precautions for use:

Allerbas Allergy 10 mg lacks significant sedative effects.

Administer with caution in patients with known cardiac risk such as QT prolongation, hypokalaemia or concomitant treatment with medicines that increase the QT interval or inhibit the CYP3A4 enzyme, such as azole antifungals and macrolide antibiotics (see section 4.5).

Since Allerbas Allergy 10 mg achieves its therapeutic effect between 1 and 3 hours after administration, it should not be used in acute allergic emergencies.

In patients with severe hepatic impairment the daily dose should not exceed 10 mg.

Warning about excipients:

Allerbas Allergy 10 mg contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption problems should not take this medicine.

4.5 Interaction with other medicines and other forms of interaction:

The interaction of ebastine in combination with ketoconazole or erythromycin (both compounds produce an increase in the QTc interval) has been studied. With both combinations a pharmacokinetic and pharmacodynamic interaction has been observed, leading to an increase in plasma levels of ebastine; the increase in QTc was approximately 18 – 19 ms (4,7 – 5 %) higher than that observed with ketoconazole or erythromycin alone. Therefore, it is recommended that Allerbas Allergy 10 mg be administered with caution to patients undergoing concomitant treatment with ketoconazole and erythromycin.

When Allerbas Allergy 10 mg is given with food, both plasma levels and AUC of the main ebastine metabolite increase by 1,5 to 2 times. This increase does not change the Tmax. The administration of Allerbas Allergy 10 mg with food does not modify its clinical effect.

Ebastine, as contained in [PRODUCT NAME], can interfere with the results of allergic skin tests, so it is advisable not to perform these tests until 5-7 days after treatment has been discontinued.

Allerbas Allergy 10 mg can enhance the effects of other antihistamines.

4.6 Fertility, pregnancy and lactation:

Pregnancy

The safety of Allerbas Allergy 10 mg for use in pregnancy has not been established.

Studies in animals do not indicate direct or indirect harmful effects with reference to foetal or embryonic development, the course of gestation or peri- and post-natal development. Nor have teratogenic effects in animals been identified. However, there have been no controlled studies in pregnant women.

Therefore, Allerbas Allergy 10 mg should only be used during pregnancy when clearly necessary.

Breast-feeding

It is not known whether ebastine is excreted in breast milk, so Allerbas Allergy 10 mg should not be used during lactation.

4.7 Effects on the ability to drive and use machines:

Allerbas Allergy 10 mg lacks significant sedative effects. Patients should, however, be warned that a small number of individuals may experience sedation. This effect may be compounded by the simultaneous intake of alcohol or other central nervous system depressants. Patients should therefore be advised to determine individual response before driving or performing complicated tasks.

4.8 Undesirable effects:

a. Summary of safety profile

Frequently reported adverse reactions during use of ebastine were headache, dry mouth, pharyngitis, rhinitis and asthenia.

b. Tabulated List of adverse reactions

System organ Class	Frequent	Less frequent	Frequency unknown
Infections and Infestations	Pharyngitis, rhinitis	Sinusitis	
Nervous system disorder	Headache, drowsiness		

Gastrointestinal disorders	Dry mouth	Dyspepsia, abdominal pain, nausea	
Psychiatric disorders		Insomnia	
Respiratory, thoracic and mediastinal disorders:		Epistaxis	
Metabolism and nutrition disorders			Increased appetite
Investigations			Weight increased
General disorders and administration site conditions	Asthenia		

Reporting of suspected adverse reaction

Reporting suspected adverse reactions after authorization of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare 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/publication/index/8>

May also report to Adcock Ingram Limited using the following email: Adcock.AEReports@adcock.com

4.9 Overdose:

In studies with high doses, no clinically significant signs or symptoms were observed at doses up to 100 mg once a day. There is no specific antidote for ebastine. Monitoring of vital signs, including ECG and symptomatic treatment are recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties:

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Initial: A.G

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Pharmacotherapeutic group: Antihistamine. Selective histamine H1 receptor antagonist ATC code: R06A X22.

Category and class: A.5.7.1 Medicines affecting autonomic functions – Antihistamines

Ebastine is a long-acting and selective H₁-histamine receptor antagonist.

5.2 Pharmacokinetic properties:

Absorption

After oral administration, ebastine is rapidly absorbed, with significant hepatic first-pass metabolism resulting in the appearance of its active acid metabolite, carebastine.

Distribution, Biotransformation and excretion

After a single oral dose of 10 mg, peak plasma levels of the metabolite are obtained between 2,6 and 4 hours and reach values of 80 to 100 ng/mL. The half-life of the acid metabolite is between 15 and 19 hours, with 66% of the compound excreted in urine, mainly as conjugated metabolites. After repeated administration of 10 mg once daily, steady state was achieved in 3 to 5 days with peak plasma levels between 130 and 160 ng/mL.

In vitro studies with human liver microsomes show that ebastine is metabolised to carebastine by the enzyme CYP3A4. Concomitant administration of ebastine with ketoconazole or erythromycin (both CYP3A4 inhibitors) to healthy volunteers was associated with significantly increased plasma concentrations of ebastine and carebastine, especially with ketoconazole (see section 4.5).

Both ebastine and carebastine show high protein binding, $\geq 95\%$.

No statistically significant differences in the pharmacokinetic profile were observed in elderly compared to young adults.

Plasma concentrations of ebastine and carebastine obtained during the first and fifth day of treatment in patients in studies of mild, moderate or severe renal impairment (daily doses of 20 mg), and in mild, moderate hepatic impairment (both doses 20 mg/day) or severe hepatic impairment (10 mg/day) were similar to those achieved in healthy volunteers, indicating that the

pharmacokinetic profile of ebastine and its metabolite does not undergo significant changes in patients with varying degrees of liver or kidney failure.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose monohydrate

Microcrystalline cellulose

Pregelatinized corn starch

Povidone 30

Polysorbate 80

Magnesium stearate

Hypromellose

Titanium dioxide (E171)

Glycerol triacetate

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

Three years.

6.4 Special precautions for storage

Store at or below 25 °C. Store in the original container.

6.5 Nature and contents of container

Ebastine 10 mg tablets: PVC/Aluminium blister pack containing 20 tablets.

6.6 Special precautions for disposal

None.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Adcock Ingram Limited

1 New Road

Erand Gardens

Midrand

1685

8. REGISTRATION NUMBER

53/5.7.1/0331.330

9. DATE OF FIRST AUTHORIZATION/RENEWAL OF AUTHORIZATION

To be allocated

10. DATE OF REVISION OF THE TEXT

2 May 2023