PROFESSIONAL INFORMATION

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

DESEBLOK 5 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each DESEBLOK 5 mg tablet contains 5 mg desloratadine.

Sugar free.

For full list of excipients see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets.

Blue, round, biconvex film-coated tablets.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

DESEBLOK 5 mg is indicated for the relief of symptoms associated with allergic rhinitis.

DESEBLOK 5 mg is also indicated for the short-term relief of symptoms associated with chronic idiopathic urticaria.

4.2 Posology and method of administration

Posology

Adults and adolescents (≥ 12 years of age):

One DESEBLOK 5 mg film-coated tablet once a day regardless of mealtime for relief of symptoms associated with allergic rhinitis (during intermittent and persistent rhinitis) and chronic idiopathic urticaria.

Intermittent allergic rhinitis (presence of symptoms for less than 4 days per week or for less than 4 weeks) should be managed in accordance with the evaluation of the patient's disease history. Treatment can be discontinued after symptoms are resolved and reinitiated upon their reappearance.

In persistent allergic rhinitis (presence of symptoms for more than 4 days or more per week or for more than 4 weeks), continued treatment may be proposed to patients during allergen exposure periods.

Improvement of symptoms associated with seasonal allergic rhinitis, usually becomes noticeable within 1 – 2 hours after administration of DESEBLOK 5 mg.

Method of administration

For oral use with or without food.

4.3 Contraindications

Hypersensitivity to desloratadine or to any of the other inactive ingredients (see section 6.1).

4.4 Special warnings and precautions for use

In the case of severe renal insufficiency, DESEBLOK 5 mg should be taken with caution (see section 5.2).

DESEBLOK 5 mg should be taken with caution in patients with medical or family history of seizures, and mainly young children (see section 4.8), being more susceptible to develop new seizures with desloratadine, as in DESEBLOK 5 mg treatment. Healthcare providers may consider discontinuing desloratadine in patients who experience a seizure while on treatment.

Special Precautions

Safety and efficacy of DESEBLOK 5 mg in children under 12 years of age have not been established.

Safety and efficacy of desloratadine have not been established for treatment periods in excess of 4 weeks.

4.5 Interactions with other medicines and other forms of interaction

Co-administration of desloratadine, as contained in DESEBLOK 5 mg, with ketoconazole increases the maximum desloratadine concentration (C_{max}) by 45 % and the area under the time concentration curve (AUC) by 37 %.

Co-administration of desloratadine, as contained in DESEBLOK 5 mg, with erythromycin increased the C_{max} of desloratadine by 24 % and the AUC by 14 %.

Co-administration of desloratadine, as contained in DESEBLOK 5 mg, with azithromycin resulted in an increase of both C_{max} (31 %) and AUC (12 %) of azithromycin.

The increase in C_{max} and AUC of desloratadine, as contained in DESEBLOK 5 mg, when co-administered with either ketoconazole or erythromycin did not cause any clinical relevant adverse events in the populations studied.

Co-administration of cimetidine with desloratadine, as contained in DESEBLOK 5 mg, did not significantly affect the pharmacokinetics of desloratadine.

Co-administration of fluoxetine with desloratadine, as contained in DESEBLOK 5 mg, caused an increase in the C_{max} of desloratadine by 15 % and an increase of 13 % in AUC and 17 % in C_{max} of 3-OH desloratadine respectively.

The C_{max} 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, as contained in DESEBLOK 5 mg, and fluoxetine.

No clinically relevant changes in desloratadine plasma concentrations were observed in multiple-dose ketoconazole and cimetidine interaction trials.

In a clinical pharmacology trial, desloratadine tablets 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.

Paediatric population

Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Pregnancy

Desloratadine, as in DESEBLOK 5 mg, were not found to be teratogenic in animal studies.

The safe use of DESEBLOK 5 mg during pregnancy has not been established and is therefore not recommended.

Breastfeeding

Desloratadine is excreted into breast milk, therefore the use of DESEBLOK 5 mg is not recommended in breastfeeding woman.

Fertility

There are no data available on male and female fertility.

4.7 Effects on ability to drive and use machines

Desloratadine, as in DESEBLOK 5 mg can cause dizziness and somnolence.

It is recommended that patients be advised not to engage in activities requiring mental alertness, such as driving a vehicle or using machines, until they have established their own response to DESEBLOK 5 mg

4.8 Undesirable effects

System organ class	Frequency	Adverse reactions

Immune system disorders	Less frequent	Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritus, rash and urticaria)
Metabolism and nutrition disorders	Frequency unknown	Increased appetite
Psychiatric disorders	Less frequent Frequency unknown	Hallucinations Abnormal behaviour, aggression
Nervous system disorders	Frequent Less frequent	Headache Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures
Cardiac disorders	Less frequent Frequency unknown	Tachycardia, palpitations QT prolongation
Gastrointestinal disorders	Frequent Less frequent	Dry mouth Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea
Hepatobiliary disorders	Less frequent Frequency unknown	Elevations of liver enzymes, increased bilirubin, hepatitis Jaundice
Skin and subcutaneous tissue disorders	Frequency unknown	Photosensitivity
Musculoskeletal and connective tissue disorders	Less frequent	Myalgia
General disorders and administration site conditions	Frequent Frequency unknown	Fatigue Asthenia

Investigations	Frequency unknown	Increase in body mass

Paediatric population

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 of suspected adverse reactions after authorisation of DESEBLOK 5 mg is important. It allows continued monitoring of the benefit/risk balance of DESEBLOK 5 mg. Health care providers are asked to report any suspected adverse reactions via the "6.04 Adverse Drug Reactions Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

The adverse event profile associated with overdosage, as seen during post-marketing use, is similar to that seen with therapeutic doses, but the magnitude of the effects can be higher.

Symptoms

Based on a multiple dose clinical trial, in which up to 45 mg of desloratadine was administered (nine times the clinical dose), no clinically relevant effects were observed.

Treatment

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

5.1 Pharmacodynamic properties

Category and class: A 5.7.1 Antihistaminics.

Pharmacotherapeutic group: antihistamines – H_1 antagonist, ATC code: R06A X27

Desloratadine is a non-sedating long-acting histamine antagonist with selective peripheral H_1-receptor antagonist activity. Desloratadine has demonstrated anti-allergic, antihistaminic and anti-inflammatory activity.

After oral administration, desloratadine selectively blocks peripheral histamine H_1-receptors. It does not readily penetrate into the central nervous system.

In addition to antihistaminic activity, desloratadine has demonstrated anti-allergic and anti-inflammatory activity from numerous *in-vitro* (mainly conducted on cells of human origin) and *in vivo* studies. These studies have shown that desloratadine inhibits the broad cascade of events that initiate and propagate allergic inflammation.

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. The bioavailability of desloratadine was dose proportional over the range of 5 mg to 20 mg.

Distribution

Desloratadine is moderately bound (83 to 87 %) to plasma proteins. There is no evidence of clinically relevant medicine 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 yet been identified, and therefore some interactions with other medicines cannot be fully excluded. *In vivo* studies with specific inhibitors of CYP3A4 and CYP2D6 have shown that these enzymes are not important in the metabolism of desloratadine. Desloratadine does not inhibit CYP3A4 or CYP2D6 and is neither a substrate nor an inhibitor of P-glycoprotein.

Elimination

In a single-dose trial using a 7,5 mg dose of desloratadine, there was no effect of food (high-fat, high energy breakfast) on the disposition of desloratadine. In another study, grapefruit juice had no effect on the disposition of desloratadine.

Special patient 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 the single-dose study, the exposure to desloratadine was approximately 2 and 2,5-fold greater in subjects with mild to moderate and severe CRI, respectively, than in healthy subjects. In the multiple-dose study, steady state was reached after Day 11, and compared to healthy subjects the exposure to desloratadine was ~1,5-fold greater in subjects with mild to moderate CRI and ~2,5-fold greater in subjects with severe CRI. 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

Microcrystalline cellulose, partially gelatinized maize starch, magnesium stearate, silica colloidal anhydrous.

Film-coating: Opadry blue 03A30735.

6.2 Incompatibilities

Not applicable.

6.3 Shelf-life

3 years

6.4 Special precautions for storage

Store at or below 30 °C in the original package, protected from light.

Do not remove the blisters from the carton until required for use.

6.5 Nature and contents of container

PVC/PE/PVDC Aluminium blisters strips or PVC/PCTFE Aluminium blister strips packed into an outer cardboard carton containing 10, 28 or 30 tablets.

Not all pack sizes are marketed at any one time.

6.6 Special precautions for disposal and other handling

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Smart Pharmaceuticals (Pty) Ltd

247 Voortrekker Road

Kraaifontein, Cape Town

7570

8. REGISTRATION NUMBER

47/5.7.1./1172

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

12 April 2022

10. DATE OF REVISION OF THE TEXT

12 April 2022

DES5/PI/A