

NEW ZEALAND DATA SHEET

LORA-TABS® ALLERGY & HAYFEVER

1. Product Name

LORA-TABS ALLERGY & HAYFEVER, 10 mg, tablet.

2. Qualitative and Quantitative Composition

Each tablet contains 10 mg of loratadine.

Excipients with known effect.

The quantity of lactose monohydrate in the loratadine 10 mg tablet composition is 35 mg.

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form

White to off white coloured oval shaped biconvex uncoated tablets with breakline and 10 on one side and plain on the other side.

The tablet can be divided into equal doses.

4. Clinical Particulars

4.1 *Therapeutic indications*

LORA-TABS ALLERGY & HAYFEVER tablets are indicated for the relief of:

- Symptoms associated with seasonal and perennial allergic rhinitis, such as sneezing, nasal discharge and itching, and ocular itching and burning.
- Symptoms and signs of chronic urticaria and other allergic dermatological disorders.

Onset of action occurs rapidly after oral administration. Symptom relief will begin in as little as 10 to 20 minutes after the first dose, with a mean onset of relief obtainable in 27 minutes in patients receiving 10 mg of loratadine. By 45 minutes, all patients should experience relief.

4.2 *Dose and method of administration*

Dose

Adults and children 12 years of age and over:

One LORA-TABS ALLERGY & HAYFEVER tablet once daily.

Special populations

Paediatric

Children 2-12 years of age:

Bodyweight > 30 kg: one tablet once daily

Bodyweight < 30 kg: ½ tablet once daily.

4.3 Contraindications

Hypersensitivity or idiosyncrasy to loratadine, desloratadine or to any of the excipients listed in section 6.1

4.4 Special warnings and precautions for use

Do not exceed the recommended dose.

Loratadine is no more likely than placebo to cause sedation. However, individual response should be determined before driving or performing tasks requiring alertness.

Safety and efficacy of loratadine in children younger than 2 years of age has not yet been established. No data is available.

Patients with severe liver impairment should be administered a lower dose because they may have reduced clearance of loratadine; an initial dose of 5 mg once daily or 10 mg every second day is recommended.

This medicinal product contains lactose; thus patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicines and other forms of interaction

When administered concomitantly with alcohol, loratadine 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 clinical trials, but without clinically significant changes (including electrocardiographic).

Laboratory test interactions

Loratadine should be discontinued approximately 48 hours prior to skin testing procedures since antihistamines may prevent or diminish otherwise positive reactions to dermal reactivity indicators.

4.6 Fertility, 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 LORA-TABS ALLERGY & HAYFEVER tablets during pregnancy.

Breast-feeding

Since loratadine is excreted in breast milk and because of the increased risk of antihistamines for infants, particularly newborns and premature infants, the use of LORA-TABS ALLERGY & HAYFEVER tablets 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 studies that assessed driving ability, no impairment was observed in patients receiving loratadine. LORA-TABS ALLERGY & HAYFEVER tablets have no or negligible influence on the ability to drive and use machines. 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

Summary of the safety profile

In clinical trials involving adults and adolescents in a range of indications including allergic rhinitis (AR) and chronic idiopathic urticarial (CIU), at the recommended dose of 10mg daily, adverse reactions with loratadine were reported in 2% of patients in excess of those treated with placebo. The most frequent adverse reactions reported in excess of placebo were somnolence (1.2%), headache (0.6%), increased appetite (0.5%) and insomnia (0.1%). In these trials, loratadine has shown no clinically significant sedative or anticholinergic properties.

List of adverse reactions

The following adverse reactions reported during those studies and during the post-marketing period are listed in the following table by system organ class. Frequencies are defined as very common ($\geq 1/10$), common ($\geq 1/100$ to $< 1/10$), uncommon ($\geq 1/1,000$ to $< 1/100$), rare ($\geq 1/10,000$ to $< 1/1,000$), very rare ($< 1/10,000$) and not known (cannot be estimated from the available data).

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

System organ class	Frequency	Adverse experience term
Immune system disorders	Very Rare	Hypersensitivity reactions (including angioedema and anaphylaxis)
Nervous system disorders	Very Rare	Dizziness, convulsion, sedation
Cardiac disorders	Very Rare	Tachycardia, palpitation
Gastrointestinal disorders	Very Rare	Nausea, dry mouth, gastritis
Hepatobiliary disorders	Very Rare	Abnormal hepatic function
Skin and subcutaneous tissue disorders	Very Rare	Rash, alopecia
General disorders and administration site conditions	Very Rare	Fatigue
Investigations	Not known	Weight increase

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%).

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 <https://nzphvc.otago.ac.nz/reporting/>.

4.9 Overdose

Overdosage with loratadine increased the occurrence of anticholinergic symptoms. Somnolence, tachycardia and headache have been reported with overdoses. In volunteer studies, single doses of up to 160 mg have been administered without any untoward effects. In the event of overdosage, until further experience is obtained, it is recommended that supportive and symptomatic treatment be started immediately and maintained for as long as necessary. Consider standard measures to remove and unabsorbed medicine in the stomach, such as absorption by activated charcoal administered as a slurry with water. 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. For further advice on management of overdose please contact the National Poisons Information Centre (0800 POISON or 0800 764 766).

5. Pharmacological Properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antihistamines – H₁ antagonist

ATC code: R06AX13

Mechanism of action

LORA-TABS ALLERGY & HAYFEVER is a potent long-acting, non-sedating, tricyclic antihistamine, with selective peripheral H₁-receptor antagonistic activity. Loratadine does not readily penetrate into the CNS. Loratadine exhibits greater affinity for peripheral H₁-receptors than for central H₁-receptors. These properties account for the observed lack of sedation.

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 H₂-receptor activity. It does not inhibit norepinephrine uptake and has practically no influence on cardiovascular function or on intrinsic cardiac pacemaker activity.

Human histamine skin wheal studies following a single 10 mg dose has shown that the antihistamine effects are seen within 1-3 hours reaching a peak at 8-12 hours and lasting in excess of 24 hours. There was no evidence of tolerance to this effect after 28 days of dosing with loratadine.

Clinical efficacy and safety

Over 10,000 subjects (12 years and older) have been treated with loratadine 10 mg tablets in controlled clinical trials. Loratadine 10 mg tablets once daily was superior to placebo and similar to clemastine in improving the effects on nasal and non-nasal symptoms of AR. In these studies, somnolence occurred less frequently with loratadine than with clemastine and about the same frequency as terfenadine and placebo.

Among these subjects (12 years and older), 1000 subjects with CIU were enrolled in placebo controlled studies. A once daily 10 mg dose of loratadine was superior to placebo in the management of CIU as demonstrated by the reduction of associated itching, erythema and hives. In these studies, the incidence of somnolence with loratadine was similar to placebo.

5.2 Pharmacokinetic properties

Absorption

Loratadine is rapidly and well absorbed. Concomitant ingestion of food can delay slightly the absorption of loratadine but without influencing the clinical effect. The bioavailability parameters of loratadine and of the active metabolite are dose proportional.

Distribution

In man, loratadine is extensively bound to plasma protein (97% to 99%) and its active major metabolite desloratadine (DL, SCH 34117) moderately bound (73% to 76%).

In healthy subjects, plasma distribution half-lives of loratadine and its active metabolite are approximately 1 and 2 hours, respectively.

Biotransformation

The medicine undergoes an extensive first pass metabolism, mainly by CYP3A4 and CYP2D6. It has a major pharmacologically active metabolite (DL, SCH 34117) which is responsible for a large part of the clinical effects; this metabolite corresponds to 1% to 2% of the dose. Loratadine and DL achieve maximum plasma concentrations (T_{max}) between 1–1.5 hours and 1.5–3.7 hours after administration, respectively.

Elimination

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 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.

Renal impairment

In patients with chronic renal impairment, both the AUC and peak plasma levels (C_{max}) increased for loratadine and its active 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 active 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.

Hepatic 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 active metabolite were 24 hours and 37 hours, respectively, and increased with increasing severity of liver disease.

Elderly

The pharmacokinetic profile of loratadine and its active metabolite is comparable in healthy volunteers and in healthy geriatric volunteers.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans 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. Loratadine does not exhibit anticholinergic activity in animals.

6. Pharmaceutical Particulars

6.1 *List of excipients*

Each LORA-TABS ALLERGY & HAYFEVER tablet contains the following excipients:

- colloidal anhydrous silica
- lactose monohydrate
- magnesium stearate
- maize starch
- sodium lauryl sulfate
- sodium starch glycolate
- purified water

6.2 *Incompatibilities*

Not applicable.

6.3 *Shelf life*

3 years

6.4 *Special precautions for storage*

Store at or below 30°C.

6.5 *Nature and contents of container*

Blister pack, PVC/Al. Pack-sizes of 10, 30, 60, 90, 100 or 1000 tablets.

Not all pack sizes may be marketed.

6.6 *Special precautions for disposal*

Not applicable.

7. Medicines Schedule

Pharmacy Medicine

8. Sponsor Details

Arrotex Pharmaceuticals (NZ) Limited
c/o Quigg Partners
Level 7, The Bayleys Building
36 Brandon Street
Wellington 6011

9. Date of First Approval

4 March 2010

10. Date of Revision of the Text

05 November 2024

Summary table of changes

Section	Summary of new information
8	Change of sponsor.