PROFESSIONAL INFORMATION FOR FEXXTAB 120 and 180

SCHEDULING STATUS

S1

1. NAME OF THE MEDICINE

FEXXTAB 120 film coated tablets

FEXXTAB 180 film coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

FEXXTAB 120: Each film coated tablet contains 120 mg fexofenadine hydrochloride.

FEXXTAB 180: Each film coated tablet contains 180 mg fexofenadine hydrochloride.

FEXXTAB 120 contains sugar (lactose, 191,34 mg).

FEXXTAB 180 contains sugar (lactose, 287,00 mg).

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

FEXXTAB 120: Peach coloured, oblong shaped, biconvex film coated tablets with both sides plain.

FEXXTAB 180: Peach coloured, oblong shaped, biconvex film coated tablets with both sides plain.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

FEXXTAB 120 is indicated for the relief of symptoms associated with seasonal allergic rhinitis (SAR).

FEXXTAB 180 is indicated for the relief of symptoms associated with chronic idiopathic urticaria (CIU).

4.2 Posology and method of administration

Posology:

Adults and children aged 12 years and over:

Seasonal allergic rhinitis (SAR): One 120 mg tablet daily.

Chronic idiopathic urticaria (CIU): One 180 mg tablet daily.

Children under 12 years of age:

The efficacy and safety of FEXXTAB has not been studied in children under the age of 12.

Special risk groups:

See sections 4.4 and 5.2.

Method of administration:

FEXXTAB is for oral administration.

The tablets should be swallowed with liquid and should not be chewed. FEXXTAB should not be broken because the coating is intended to ensure a prolonged release.

4.3 Contraindications

- FEXXTAB is contraindicated in patients with known hypersensitivity to fexofenadine hydrochloride or any of the excipients of FEXXTAB (see section 6.1).
- There is no experience with FEXXTAB in pregnant women. FEXXTAB should not be taken during pregnancy or by mothers breastfeeding their babies.

4.4 Special warnings and precautions for use

There is only limited data for the use of FEXXTAB in elderly and renally or hepatically impaired patients. FEXXTAB should be administered with care in these special risk groups.

Patients with a history of or ongoing cardiovascular disease should be warned that, antihistamines as a medicine class, have been associated with the adverse reactions, tachycardia and palpitations (see section 4.8).

Paediatric population:

The efficacy and safety of FEXXTAB has not been studied in children under the age of 12 years.

Excipient warnings:

FEXXTAB contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take FEXXTAB.

4.5 Interaction with other medicines and other forms of interaction

Fexofenadine, as in FEXXTAB does not undergo hepatic biotransformation and therefore will not interact with other medicines through hepatic mechanisms. Co-administration of fexofenadine as in FEXXTAB with erythromycin or ketoconazole has been found to result in 2 – 3 times increase in the level of fexofenadine in plasma. The changes were not accompanied by any effects on the QT interval and were not associated with any increase in adverse events compared to the medicines given individually.

A drug-drug interaction study showed that co-administration of apalutamide (a weak inducer of P-gp) and a single oral dose of 30 mg fexofenadine resulted in a 30 % decrease in area under the curve (AUC) of fexofenadine.

It was reported that animal studies have shown that the increase in plasma levels of fexofenadine as in FEXXTAB, observed after co-administration of erythromycin or ketoconazole, appears to be due to an increase in gastrointestinal absorption and

either a decrease in biliary excretion or gastrointestinal secretion, respectively.

No interaction between fexofenadine, as in FEXXTAB, and omeprazole was observed. However, the administration of an antacid containing aluminium and magnesium hydroxide gels 15 minutes prior to fexofenadine hydrochloride, as in FEXXTAB, caused a reduction in bioavailability, most likely due to binding in the gastrointestinal tract. It is advisable to leave 2 hours between administration of FEXXTAB and aluminium and magnesium hydroxide containing antacids.

4.6 Fertility, pregnancy and lactation

Pregnancy:

There is no experience with fexofenadine as in FEXXTAB in pregnant women.
Therefore, FEXXTAB should not be taken during pregnancy (see section 4.3).
Limited animal studies do not indicate direct or indirect harmful effects with respect to effects on pregnancy, embryonal/foetal development, parturition or postnatal development (see section 5.3).

Breastfeeding:

There are no data on the content of human milk after administering fexofenadine hydrochloride. However, when terfenadine was administered to nursing mothers fexofenadine was found to cross into human breast milk. Therefore, FEXXTAB should not be taken by mothers breastfeeding their babies (see section 4.3).

Fertility:

No human data on the effect of fexofenadine hydrochloride on fertility are available.
In mice, there was no effect on fertility with fexofenadine hydrochloride treatment (see section 5.3).

4.7 Effects on ability to drive and use machines

Fexofenadine as in FEXXTAB lacks significant sedative effects. Patients should,

however, be warned that a small number of individuals may experience sedation. It is therefore advisable to determine individual response before driving or performing complicated tasks. This effect may be compounded by simultaneous intake of alcohol or other central nervous system depressants.

4.8 Undesirable effects

Tabulated list of adverse reactions:

System Organ Class	**Frequency**	**Side effects**
Immune system disorders	Less frequent	Hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnoea, flushing and systemic anaphylaxis
Psychiatric disorders	Less frequent	Nervousness and sleep disorders or paranoia (nightmares/excessive dreaming)
Nervous system disorders	Frequent Less frequent	Headache, drowsiness, dizziness Insomnia
Eye disorders	Frequency unknown	Blurred vision
Cardiac disorders	Frequency unknown	Tachycardia, palpitations
Gastrointestinal disorders	Frequent Frequency unknown	Nausea Diarrhoea
Skin and subcutaneous tissue disorders	Less frequent	Rash, urticaria, pruritus
General disorders	Less frequent	Fatigue

and administration site conditions		

Reporting of suspected adverse reactions:

Reporting of suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA 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

Symptoms:

Most reports of fexofenadine hydrochloride, as in FEXXTAB overdose contain limited information. However, dizziness, drowsiness, and dry mouth have been reported.

Treatment:

Standard measures should be considered to remove any unabsorbed medicine. Symptomatic and supportive treatment is recommended. Haemodialysis does not effectively remove fexofenadine hydrochloride from blood.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Category and class: A 5.7.1 Antihistaminics

Pharmacotherapeutic group: Antihistamines for systemic use, ATC code: R06A X26

Fexofenadine hydrochloride is a pharmacologically active metabolite of terfenadine and is a non-sedating, selective histamine H1-receptor antagonist.

Fexofenadine exhibits an antihistaminic effect beginning within one hour, achieving maximum effect at 6 hours and lasting 24 hours. There was no evidence of tolerance to these effects after 28 days of dosing.

5.2 Pharmacokinetic Properties

Absorption

Fexofenadine is absorbed into the body following oral administration, with T_{max} occurring at approximately 1 - 3 hours post dose. The mean C_{max} value was approximately 427 ng/mL and 494 ng/mL following the administration of a 120 mg and 180 mg dose once daily, respectively.

Distribution

Fexofenadine is 60 - 70 % plasma protein bound.

Biotransformation and elimination

Fexofenadine undergoes negligible metabolism, as it was the only major compound identified in urine and faeces of animals and man. The plasma concentration profiles of fexofenadine follow a bi-exponential decline, with a terminal elimination half-life ranging from 11 to 15 hours after multiple dosing. The single and multiple dose pharmacokinetics of fexofenadine are linear between 40 mg and 240 mg, taken daily. The major route of elimination is believed to be via biliary excretion, while up to 10 % of ingested dose is excreted unchanged through the urine.

Special populations

Effect of age:

It was reported that, in older subjects (≥ 65 years old), peak plasma levels of fexofenadine were 99 % greater than those observed in normal volunteers (< 65 years old). Mean elimination half-lives were similar to those observed in normal volunteers.

Renally impaired:

It was reported that, in patients with mild (creatinine clearance 41 - 80 mL/min) to severe (creatinine clearance 11 - 40 mL/min) renal impairment, peak plasma levels of fexofenadine were 87 % and 111 % greater, respectively, and mean elimination half-lives were 59 % and 72 % longer, respectively, than observed in normal volunteers. Peak plasma levels in patients on dialysis (creatinine clearance ≤ 10 mL/min) were 82 % greater and half-life was 31 % longer than observed in normal volunteers.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Colloidal anhydrous silica

Croscarmellose sodium

Lactose

Magnesium stearate

Povidone

Pregelatinised maize starch

Film tablet coating

Opadry Pink containing hypromellose, titanium dioxide, macrogol, iron oxide yellow and iron oxide red.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

48 months.

6.4 Special precautions for storage

Store at or below 30 °C.

Protect from light and moisture.

6.5 Nature and contents of container

Blister strips of rigid, PVC film coated with clear PVdC and printed aluminium foil.

Three blister strips containing 10 tablets each are packed in an outer carton.

Pack size: 10 and 30 film coated tablets.

6.6 Special precautions for disposal and other handling

No special precautions.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Forrester Pharma (Pty) Ltd

2 Waterford Mews

Waterford Place

Century City

7441

Cape Town

South Africa

8. REGISTRATION NUMBERS

FEXXTAB 120: 50/5.7.1/0726

FEXXTAB 180: 50/5.7.1/0727

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of registration: 16 August 2022

10. DATE OF REVISION OF THE TEXT

20 June 2024