PROFESSIONAL INFORMATION

SCHEDULING STATUS

S1

1. NAME OF THE MEDICINE

TEXAMER Film coated tablets.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film coated tablet contains 5 mg Levocetirizine dihydrochloride.

Each tablet contains sugar (lactose monohydrate 92,50 mg).

For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Film coated tablets.

White, round, biconvex film coated tablets, 7 mm in diameter, with bevelled edges.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

TEXAMER is indicated for the relief of symptoms associated with the following allergic conditions:

- Seasonal allergic rhinitis
- Perennial allergic rhinitis
- Chronic idiopathic urticaria

Safety and efficacy have not been demonstrated beyond six weeks.

PROFESSIONAL INFORMATION

4.2 Posology and method of administration

Adults or children 12 years of age or older

The daily recommended dose is one 5 mg tablet.

Special populations

Adults with renal impairment

The dosing intervals must be individualised according to renal function. Use the table below to adjust the dosage intervals as indicated.

The patient's creatinine clearance (CLcr) can be estimated from the serum creatinine determination using the modified formula of Cockroft and Gault:

CLcr (ml/min) =

$$\frac{(140 - \text{age in years}) \times \text{weight in kg}}{\text{Serum creatinine } (\mu\text{mol/l})} \times (0{,}85 \text{ for women})$$

Dosage in patients with renal impairment		
Normal	≥ 80 ml/min	5 mg once daily
Mild impairment	50 - 79 ml/min	5 mg once daily
Moderate impairment	30 to 49 ml/min	5 mg every second day
Severe impairment	< 30 ml/min	5 mg every third day
End stage renal disease/ receiving dialysis	< 10 ml/min	Contraindicated

PROFESSIONAL INFORMATION

Patients with hepatic impairment

No dosage adjustment is needed in patients with hepatic impairment.

In patients with hepatic impairment and renal impairment, adjustment of the dose is recommended (see Adults with renal impairment above).

Elderly

Adjustment of the dose is recommended in elderly patients with moderate to severe renal impairment (refer to Patients with renal impairment above).

Paediatric population

Children 6 - 12 years

The recommended daily dose is 5 mg once daily.

Children 2 - 6 years

TEXAMER film coated tablets should not be used in children aged 2 - 6 years, as no adjusted dosage is possible with the film-coated tablet formulation (see section 4.3 and 4.4).

Children aged less than 2 years

TEXAMER film coated tablets is contraindicated in children aged less than 2 years (see section 4.3 and 4.4).

In paediatric patients suffering from renal impairment

The dose will have to be adjusted on an individual basis taking into account the renal clearance of the patient and his/her body weight. There are no specific data for children with renal impairment.

Duration of use

Intermittent allergic rhinitis (symptoms < 4 days/week or during less than 4 weeks) has to be treated according to the disease and its history; therapy can be halted upon disappearance of symptoms and restarted again when symptoms reappear. In case of persistent allergic rhinitis (symptoms > 4 days/week or during more than 4 weeks), continuous therapy can be proposed to the patient during the period of exposure to allergens. Clinical experience is currently available for a 6-month treatment period.

Method of administration

The film coated tablet must be taken orally, swallowed with liquid and may be taken with or without food. It is recommended to take the daily dose in one single intake.

Missed dose

Doctors should advise patients who forget to take TEXAMER to take a dose as soon as possible and then continue with the normal dose. Patients should not take a double dose to compensate for the missed dose.

4.3 Contraindications

- Hypersensitivity to levocetirizine, to cetirizine, to hydroxyzine, to any piperazine derivative or to any of the ingredients of TEXAMER (see section 6.1)
- patients with severe renal impairment at less than 10 mL/min creatinine clearance and

patients undergoing dialysis

- in infants and children under 2 years as safety and efficacy have not been demonstrated (see section 4.2 and 4.4)
- in children from ages 2 - 6 years as no dosage adjustment is possible with the film coated tablet formulation (see section 4.2 and 4.4)
- pregnancy and lactation.

4.4 Special warnings and precautions for use

Alcohol

Caution is recommended with intake of alcohol (see section 4.5).

TEXAMER 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 (see section 4.5). It is therefore advisable to determine individual response before driving or performing complicated tasks.

Risk of urinary retention

TEXAMER may increase the risk of urinary retention, caution should therefore be taken in patients with predisposing factors of urinary retention (e.g. spinal cord lesion, prostatic hyperplasia).

Risk of seizure aggravation

Caution should be taken in patients with epilepsy and patients at risk of convulsion as TEXAMER may cause seizure aggravation.

Skin allergy tests

PROFESSIONAL INFORMATION

Response to allergy skin tests are inhibited by antihistamines and a wash-out period (of 3 days) is required before performing them.

Treatment withdrawal

Pruritus may occur when TEXAMER is stopped even if those symptoms were not present before treatment initiation. The symptoms may resolve spontaneously. In some cases, the symptoms may be intense and may require treatment to be restarted. The symptoms should resolve when the treatment is restarted.

Information on excipients of TEXAMER

TEXAMER contains lactose. Patients with the rare hereditary conditions of galactose intolerance e.g. galactosaemia, total lactase deficiency or glucose-galactose malabsorption should not take TEXAMER.

Paediatric population

Children aged less than 6 years

TEXAMER film coated tablets are not indicated in patients under 6 years of age as this formulation does not allow for appropriate dose adaptation (see section 4.2 and 4.3).

4.5 Interaction with other medicines and other forms of interaction

No interactions / studies have been performed with levocetirizine, including no studies with CYP3A4 inducers.

Studies with ketoconazole, erythromycin, azithromycin, cimetidine, glipizide, diazepam and

pseudoephedrine and the racemate compound cetirizine have shown no evidence of clinically relevant adverse interactions.

Alcohol

It is advisable to avoid excessive alcohol consumption, especially in sensitive patients, as simultaneous intake of TEXAMER and alcohol or other CNS depressants may increase the CNS depressant effects, including additional reductions in alertness and impairment of performance.

Theophylline

Decreases the clearance of levocetirizine with 16 %, whilst the disposition of theophylline is not altered by concomitant levocetirizine administration.

Ritonavir

In a multiple dose study of ritonavir (600 mg twice daily) and levocetirizine (10 mg daily) the extent of exposure to levocetirizine was increased by about 40 % while the disposition of ritonavir was decreased by 11 %.

Food

The extent of absorption of TEXAMER is not reduced with food, although the rate of absorption is decreased.

4.6 Fertility, pregnancy and lactation

PROFESSIONAL INFORMATION

Pregnancy

TEXAMER is contraindicated in pregnancy as safety has not been demonstrated.

Breastfeeding

TEXAMER is contraindicated in women who are breastfeeding their babies, since the active ingredient is excreted in breastmilk.

Fertility

No clinical data are available.

4.7 Effects on ability to drive and use machines

Comparative clinical trials have revealed no evidence that levocetirizine at the recommended dose impairs mental alertness, reactivity or the ability to drive and use machines.

Some patients could experience somnolence, fatigue and asthenia during therapy with TEXAMER. Therefore, patients intending to drive, engage in potentially hazardous activities or operate machinery should take their response to TEXAMER into account.

4.8 Undesirable effects

System Organ Class	**Frequency**	**Side effects**
Immune system disorders	Frequency unknown	Hypersensitivity reactions including anaphylaxis* and angioedema
Metabolism and nutrition disorders	Frequency unknown	Increased appetite*, increased weight*
Psychiatric disorders	Frequent Frequency unknown	Sleep disorders Aggression*, agitation*, hallucinations*, depression*, suicidal ideation*, nightmare

PROFESSIONAL INFORMATION

Nervous system disorders	Frequent Frequency unknown	Headache, somnolence Convulsions*, paraesthesia*, dizziness*, syncope*, tremor*, dysgeusia*
Eye disorders	Frequency unknown	Visual disturbances*, blurred vision*, oculogyration
Ear and labyrinth disorders	Frequency unknown	Vertigo*
Cardiac disorders	Frequency unknown	Palpitations*, tachycardia*
Respiratory, thoracic and mediastinal disorders	Frequent Frequency unknown	Pharyngitis, nasopharyngitis Dyspnoea*
Gastrointestinal disorders	Frequent Less frequent Frequency unknown	Dry mouth, diarrhoea, constipation Nausea, gastro-intestinal discomfort, abdominal pain Vomiting*
Hepatobiliary disorders	Frequency unknown	Hepatitis*, abnormal liver function tests*
Skin and subcutaneous tissue disorders	Less frequent Frequency unknown	Hypersensitivity skin reactions, urticaria, pruritus, Fixed drug eruptions*, angioneurotic oedema*, pruritus*, rash*, urticaria*
Musculoskeletal, connective tissue and bone disorders	Frequency unknown	Myalgia*, arthralgia
Renal and urinary disorders	Frequency unknown	Urinary retention*, dysuria*

General disorders and administrative site conditions	Frequent Less frequent Frequency unknown	Fatigue Asthenia, malaise Oedema*

*Post marketing

a. Description of selected adverse reactions

After TEXAMER discontinuation, pruritus has been reported (see section 4.4).

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 requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.
An email can be sent directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

4.9 Overdose

Signs and symptoms:

Symptoms of overdose may include drowsiness in adults.

Overdosage in children may produce agitation and restlessness followed by drowsiness.

Management of overdose:

There is no known specific antidote to TEXAMER. Should overdose occur, symptomatic and supportive treatment is recommended. Levocetirizine is not effectively removed by haemodialysis. Further management should be as clinically indicated or as recommended by the national poisons centre, where available.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: antihistamine for systemic use, piperazine derivatives

ATC code: R06AE09

Pharmacological classification: A 5.7.1 Antihistaminic

Mechanism of action

Levocetirizine, the R-enantiomer of cetirizine, is a histamine H_1 receptor antagonist.

5.2 Pharmacokinetic properties

Absorption:

Levocetirizine is absorbed after oral administration with peak blood levels reached 0,9 hours after oral administration.

Distribution:

Levocetirizine is 90 % bound to human plasma proteins.

Biotransformation:

The extent of metabolism is less than 14 % of the dose.

Elimination:

The plasma half-life is approximately 8 hours in adults. The half-life is shorter in small children. The main route of excretion is via urine, accounting for approximately 85 % of the dose. Approximately 13 % is excreted in the faeces.

Linearity/non-linearity:

Plasma levels rise in a linear manner between 2,5 mg and 20 mg.

5.3 Preclinical safety data

Not applicable

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet Cores:

Colloidal silica anhydrous

Lactose monohydrate

Magnesium stearate

Microcrystalline cellulose

Film coating – Opadry white:

Hypromellose 6cP

Lactose monohydrate

Macrogol 3000

Titanium dioxide

Triacetin.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Store at or below 30 °C.

Protect from moisture.

Keep blister strip in outer carton until required for use.

6.5 Nature and contents of container

- OPA/Al/PVC and aluminium foil blister strips.
- 7 or 10 tablets are packed into a blister strip.
- 1 blister strip of 7 tablets is packed into an outer carton.
- 1 or 3 blister strips of 10 tablets are packed into an outer carton

Not all pack sizes and pack types are marketed.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION

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PROFESSIONAL INFORMATION

8. REGISTRATION NUMBER(S)

A45/5.7.1/1064

9. DATE OF FIRST AUTHORISATION

Date of registration: 16 February 2017

10. DATE OF REVISION OF THE TEXT

04 March 2025

NAM NS1 19/5.7.1/0012

MOZ M5817

ZAM POM 051/018

ZIM P.P 2021/5/6100