**ANNEX I**

**SUMMARY OF PRODUCT CHARACTERISTICS**

## 1. NAME OF THE MEDICINAL PRODUCT

Desloratadine Actavis 5 mg film-coated tablets

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 5 mg desloratadine.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Film-coated tablet (tablet).

Blue coloured, round, with diameter of 6 mm, biconvex, film-coated tablets with the marking 'LT' engraved on one side.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

Desloratadine Actavis is indicated in adults and adolescents aged 12 years and older for the relief of symptoms associated with:
- allergic rhinitis (see section 5.1)
- urticaria (see section 5.1)

### 4.2 Posology and method of administration

Posology
*Adults and adolescents (12 years of age and over)*
The recommended dose of Desloratadine Actavis is one tablet once a day.

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 patient's disease history and the treatment could be discontinued after symptoms are resolved and reinitiated upon their reappearance. In persistent allergic rhinitis (presence of symptoms for 4 days or more per week and for more than 4 weeks), continued treatment may be proposed to the patients during the allergen exposure periods.

*Paediatric population*
There is limited clinical trial efficacy experience with the use of desloratadine in adolescents 12 through 17 years of age (see sections 4.8 and 5.1).

The safety and efficacy of Desloratadine Actavis 5 mg film-coated tablets in children below the age of 12 years have not been established.

Method of administration
Oral use.
The dose can be taken with or without food.

### 4.3 Contraindications

Hypersensitivity to the active substance, to any of the excipients listed in section 6.1, or to loratadine.

## 4.4 Special warnings and precautions for use

In the case of severe renal insufficiency, desloratadine should be used with caution (see section 5.2).

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

## 4.5 Interaction with other medicinal products and other forms of interaction

No clinically relevant interactions were observed in clinical trials with desloratadine tablets in which erythromycin or ketoconazole were co-administered (see section 5.1).

Paediatric population
Interaction studies have only been performed in adults.

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.

## 4.6 Fertility, pregnancy and lactation

Pregnancy
A large amount of data on pregnant women (more than 1,000 pregnancy outcomes) indicate no malformative nor foeto/ neonatal toxicity of desloratadine. 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 desloratadine during pregnancy.

Breast-feeding
Desloratadine has been identified in breastfed newborns/infants of treated women. The effect of desloratadine on newborns/infants is unknown. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from desloratadine therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility
There are no data available on male and female fertility.

## 4.7 Effects on ability to drive and use machines

Desloratadine has no or negligible influence on the ability to drive and use machines based on clinical trials. Patients should be informed that most people do not experience drowsiness. Nevertheless, as there is individual variation in response to all medicinal products, it is recommended that patients are advised not to engage in activities requiring mental alertness, such as driving a car or using machines, until they have established their own response to the medicinal product.

## 4.8 Undesirable effects

Summary of the safety profile
In clinical trials in a range of indications including allergic rhinitis and chronic idiopathic urticaria, at the recommended dose of 5 mg daily, undesirable effects with desloratadine were reported in 3% of patients in excess of those treated with placebo. The most frequent of adverse reactions reported in excess of placebo were fatigue (1.2%), dry mouth (0.8%) and headache (0.6%).

Paediatric population
In a clinical trial with 578 adolescent patients, 12 through 17 years of age, the most common adverse event was headache; this occurred in 5.9 % of patients treated with desloratadine and 6.9 % of patients receiving placebo.

Tabulated list of adverse reactions
The frequency of the clinical trial adverse reactions reported in excess of placebo and other undesirable effects reported during the post-marketing period are listed in the following table. Frequencies are defined as very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (< 1/10,000) and not known (cannot be estimated from the available data).

| System Organ Class | Frequency | Adverse reactions seen with desloratadine |
|---|---|---|
| **Metabolism and nutrition disorders** | Not known | Increased appetite |
| **Psychiatric disorders** | Very rare<br>Not known | Hallucinations<br>Abnormal behaviour, aggression, depressed mood |
| **Nervous system disorders** | Common<br>Very rare | Headache<br>Dizziness, somnolence, insomnia, psychomotor hyperactivity, seizures |
| **Eye disorders** | Not known | Eye dryness |
| **Cardiac disorders** | Very rare<br>Not known | Tachycardia, palpitations<br>QT prolongation |
| **Gastrointestinal disorders** | Common<br>Very rare | Dry mouth<br>Abdominal pain, nausea, vomiting, dyspepsia, diarrhoea |
| **Hepatobiliary disorders** | Very rare<br><br>Not known | Elevations of liver enzymes, increased bilirubin, hepatitis<br>Jaundice |
| **Skin and subcutaneous tissue disorders** | Not known | Photosensitivity |
| **Musculoskeletal and connective tissue disorders** | Very rare | Myalgia |
| **General disorders and administration site conditions** | Common<br>Very rare<br><br><br>Not known | Fatigue<br>Hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, pruritus, rash, and urticaria)<br>Asthenia |
| **Investigations** | Not known | Weight increased |

Paediatric population
Other undesirable effects reported during the post-marketing period in paediatric patients with an unknown frequency included QT prolongation, arrhythmia, bradycardia, abnormal behaviour, and aggression.

A retrospective observational safety study indicated an increased incidence of new-onset seizure in patients 0 to 19 years of age when receiving desloratadine compared with periods not receiving desloratadine. Among children 0-4 years old, the adjusted absolute increase was 37.5 (95% Confidence Interval (CI) 10.5-64.5) per 100,000 person years (PY) with a background rate of new onset seizure of 80.3 per 100,000 PY. Among patients 5-19 years of age, the adjusted absolute increase was 11.3 (95% CI 2.3-20.2) per 100,000 PY with a background rate of 36.4 per 100,000 PY. (See section 4.4.)

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

## 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.

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.

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.

Paediatric population
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.

# 5. PHARMACOLOGICAL PROPERTIES

## 5.1 Pharmacodynamic properties

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

Mechanism of action
Desloratadine is a non-sedating, long-acting histamine antagonist with selective peripheral $H_1$-receptor antagonist activity. After oral administration, desloratadine selectively blocks peripheral histamine $H_1$-receptors because the substance is excluded from entry to the central nervous system.

Desloratadine has demonstrated anti-allergic properties from *in vitro* studies. These include inhibiting the release of pro-inflammatory cytokines such as IL-4, IL-6, IL-8, and IL-13 from human mast cells/basophils, as well as inhibition of the expression of the adhesion molecule P-selectin on endothelial cells. The clinical relevance of these observations remains to be confirmed.

Clinical efficacy and safety
In a multiple dose clinical trial, in which up to 20 mg of desloratadine was administered daily for 14 days, no statistically or clinically relevant cardiovascular effect was observed. In a clinical pharmacology trial, in which desloratadine was administered at a dose of 45 mg daily (nine times the clinical dose) for ten days, no prolongation of QTc interval was seen.

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

Desloratadine does not readily penetrate the central nervous system. In controlled clinical trials, at the recommended dose of 5 mg daily, there was no excess incidence of somnolence as compared to placebo. Desloratadine given at a single daily dose of 7.5 mg did not affect psychomotor performance in clinical trials. In a single dose study performed in adults, desloratadine 5 mg did not affect standard

measures of flight performance including exacerbation of subjective sleepiness or tasks related to flying.

In clinical pharmacology trials, co-administration with alcohol did not increase the alcohol-induced impairment in performance or increase in sleepiness. No significant differences were found in the psychomotor test results between desloratadine and placebo groups, whether administered alone or with alcohol.

In patients with allergic rhinitis, desloratadine was effective in relieving symptoms such as sneezing, nasal discharge and itching, as well as ocular itching, tearing and redness, and itching of palate. Desloratadine effectively controlled symptoms for 24 hours.

Paediatric population
The efficacy of desloratadine tablets has not been clearly demonstrated in trials with adolescent patients 12 through 17 years of age.

In addition to the established classifications of seasonal and perennial, allergic rhinitis can alternatively be classified as intermittent allergic rhinitis and persistent allergic rhinitis according to the duration of symptoms. Intermittent allergic rhinitis is defined as the presence of symptoms for less than 4 days per week or for less than 4 weeks. Persistent allergic rhinitis is defined as the presence of symptoms for 4 days or more per week and for more than 4 weeks.

Desloratadine was effective in alleviating the burden of seasonal allergic rhinitis as shown by the total score of the rhino-conjunctivitis quality of life questionnaire. The greatest amelioration was seen in the domains of practical problems and daily activities limited by symptoms.

Chronic idiopathic urticaria was studied as a clinical model for urticarial conditions, since the underlying pathophysiology is similar, regardless of etiology, and because chronic patients can be more easily recruited prospectively. Since histamine release is a causal factor in all urticarial diseases, desloratadine is expected to be effective in providing symptomatic relief for other urticarial conditions, in addition to chronic idiopathic urticaria, as advised in clinical guidelines.

In two placebo-controlled six week trials in patients with chronic idiopathic urticaria, desloratadine was effective in relieving pruritus and decreasing the size and number of hives by the end of the first dosing interval. In each trial, the effects were sustained over the 24 hour dosing interval. As with other antihistamine trials in chronic idiopathic urticaria, the minority of patients who were identified as non-responsive to antihistamines was excluded. An improvement in pruritus of more than 50% was observed in 55% of patients treated with desloratadine compared with 19% of patients treated with placebo. Treatment with desloratadine also significantly reduced interference with sleep and daytime function, as measured by a four-point scale used to assess these variables.

## 5.2 Pharmacokinetic properties

Absorption
Desloratadine plasma concentrations can be detected within 30 minutes of 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.

In a pharmacokinetic trial in which patient demographics were comparable to those of the general seasonal allergic rhinitis population, 4% of the subjects achieved a higher concentration of desloratadine. This percentage may vary according to ethnic background. Maximum desloratadine concentration was about 3-fold higher at approximately 7 hours with a terminal phase half-life of approximately 89 hours. The safety profile of these subjects was not different from that of the general population.

Distribution
Desloratadine is moderately bound (83 % - 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 been identified yet, and therefore, some interactions with other medicinal products cannot be fully excluded. Desloratadine does not inhibit CYP3A4 *in vivo*, and *in vitro* studies have shown that the medicinal product does not inhibit 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 caloric breakfast) on the disposition of desloratadine. In another study, grapefruit juice had no effect on the disposition of desloratadine.

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 $C_{max}$) of desloratadine and 3-hydroxydesloratadine were not clinically relevant.

### 5.3 Preclinical safety data

Desloratadine is the primary active metabolite of loratadine. Non-clinical studies conducted with desloratadine and loratadine demonstrated that there are no qualitative or quantitative differences in the toxicity profile of desloratadine and loratadine at comparable levels of exposure to desloratadine.

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, toxicity to reproduction and development. The lack of carcinogenic potential was demonstrated in studies conducted with desloratadine and loratadine.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

*Tablet core:*
Microcrystalline cellulose
Starch, pregelatinised
Mannitol
Talc
Magnesium stearate

*Tablet coating:*
Hypromellose 6cP
Titanium dioxide (E171)
Macrogol 6000
Indigo carmine aluminum lake (E132)

## 6.2 Incompatibilities

Not applicable.

## 6.3 Shelf life

3 years

## 6.4 Special precautions for storage

*Blisters:*
This medicinal product does not require any special storage conditions.

*Bottles:*
This medicinal product does not require any special temperature storage conditions.
Keep the bottle tightly closed in order to protect from light.

## 6.5 Nature and contents of container

OPA/Aluminium/PVC–Aluminium blisters.
Pack sizes: 7, 10, 14, 20, 21, 30, 50, 90 and 100 tablets.

Polyethylene bottles containing a desiccant and closed with a polyethylene cap.
Pack sizes: 30 and 100 tablets.

Not all pack sizes may be marketed.

## 6.6 Special precautions for disposal

No special requirements.

# 7. MARKETING AUTHORISATION HOLDER

Actavis Group PTC ehf.
Dalshraun 1
220 Hafnarfjörður
Iceland

# 8. MARKETING AUTHORISATION NUMBER(S)

EU/1/11/745/001
EU/1/11/745/002
EU/1/11/745/003
EU/1/11/745/004
EU/1/11/745/005
EU/1/11/745/006
EU/1/11/745/007
EU/1/11/745/008
EU/1/11/745/009
EU/1/11/745/010
EU/1/11/745/011

## 9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 13.01.2012
Date of latest renewal: 11.11.2016

## 10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu

# ANNEX II

**A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE**

**B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

**C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

**D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

## A. MANUFACTURERS RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturers responsible for batch release

Actavis Ltd.
BLB 015-016 Bulebel Industrial Estate
Zejtun ZTN 3000
Malta

or

Balkanpharma-Dupnitsa AD
3 Samokovsko Shosse Str.
2600 Dupnitsa
Bulgaria

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

## B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

## C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

## D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

Not applicable.

**ANNEX III**

**LABELLING AND PACKAGE LEAFLET**

# A. LABELLING

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**BLISTER CARTON**

## 1. NAME OF THE MEDICINAL PRODUCT

Desloratadine Actavis 5 mg film-coated tablets
desloratadine

## 2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 5 mg desloratadine.

## 3. LIST OF EXCIPIENTS

## 4. PHARMACEUTICAL FORM AND CONTENTS

7 film-coated tablets
10 film-coated tablets
14 film-coated tablets
20 film-coated tablets
21 film-coated tablets
30 film-coated tablets
50 film-coated tablets
90 film-coated tablets
100 film-coated tablets

## 5. METHOD AND ROUTE(S) OF ADMINISTRATION

Swallow the tablet whole with water.
Read the package leaflet before use.
Oral use

## 6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

## 7. OTHER SPECIAL WARNING(S), IF NECESSARY

## 8. EXPIRY DATE

EXP

## 9. SPECIAL STORAGE CONDITIONS

## 10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

## 11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Actavis Group PTC ehf.
220 Hafnarfjörður
Iceland

## 12. MARKETING AUTHORISATION NUMBER(S)

EU/1/11/745/001 7 film-coated tablets
EU/1/11/745/002 10 film-coated tablets
EU/1/11/745/003 14 film-coated tablets
EU/1/11/745/004 20 film-coated tablets
EU/1/11/745/005 21 film-coated tablets
EU/1/11/745/006 30 film-coated tablets
EU/1/11/745/007 50 film-coated tablets
EU/1/11/745/008 90 film-coated tablets
EU/1/11/745/009 100 film-coated tablets

## 13. BATCH NUMBER

Lot

## 14. GENERAL CLASSIFICATION FOR SUPPLY

## 15. INSTRUCTIONS ON USE

## 16. INFORMATION IN BRAILLE

desloratadine actavis 5 mg

## 17. UNIQUE IDENTIFIER – 2D BARCODE

<2D barcode carrying the unique identifier included.>

<Not applicable.>

## 18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

< PC: {number}
SN: {number}
NN: {number} >

<Not applicable.>

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**BLISTER**

## 1. NAME OF THE MEDICINAL PRODUCT

Desloratadine Actavis 5 mg film-coated tablets
desloratadine

## 2. NAME OF THE MARKETING AUTHORISATION HOLDER

[Actavis Group PTC ehf. Logo]

## 3. EXPIRY DATE

EXP

## 4. BATCH NUMBER

Lot

## 5. OTHER

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**BOTTLE CARTON**

## 1. NAME OF THE MEDICINAL PRODUCT

Desloratadine Actavis 5 mg film-coated tablets
desloratadine

## 2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 5 mg desloratadine.

## 3. LIST OF EXCIPIENTS

## 4. PHARMACEUTICAL FORM AND CONTENTS

30 film-coated tablets
100 film-coated tablets

## 5. METHOD AND ROUTE(S) OF ADMINISTRATION

Swallow the tablet whole with water.
Read the package leaflet before use.
Oral use

## 6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

## 7. OTHER SPECIAL WARNING(S), IF NECESSARY

Do not swallow the desiccant.

## 8. EXPIRY DATE

EXP

## 9. SPECIAL STORAGE CONDITIONS

Keep the bottle tightly closed in order to protect from light.

## 10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS

**OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

## 11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Actavis Group PTC ehf.
220 Hafnarfjörður
Iceland

## 12. MARKETING AUTHORISATION NUMBER(S)

EU/1/11/745/010 30 film-coated tablets
EU/1/11/745/011 100 film-coated tablets

## 13. BATCH NUMBER

Lot

## 14. GENERAL CLASSIFICATION FOR SUPPLY

## 15. INSTRUCTIONS ON USE

## 16. INFORMATION IN BRAILLE

desloratadine actavis 5 mg

## 17. UNIQUE IDENTIFIER – 2D BARCODE

<2D barcode carrying the unique identifier included.>

<Not applicable.>

## 18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

< PC: {number}
SN: {number}
NN: {number} >

<Not applicable.>

**PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING**

**BOTTLE LABEL**

## 1. NAME OF THE MEDICINAL PRODUCT

Desloratadine Actavis 5 mg film-coated tablets
desloratadine

## 2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 5 mg desloratadine.

## 3. LIST OF EXCIPIENTS

## 4. PHARMACEUTICAL FORM AND CONTENTS

30 tablets
100 tablets

## 5. METHOD AND ROUTE(S) OF ADMINISTRATION

Swallow the tablet whole with water.
Read the package leaflet before use.
Oral use

## 6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

## 7. OTHER SPECIAL WARNING(S), IF NECESSARY

Do not swallow the desiccant.

## 8. EXPIRY DATE

EXP

## 9. SPECIAL STORAGE CONDITIONS

Keep the bottle tightly closed in order to protect from light.

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

[Actavis Group PTC ehf. Logo]

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/11/745/010 30 film-coated tablets
EU/1/11/745/011 100 film-coated tablets

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

**B. PACKAGE LEAFLET**

**Package leaflet: Information for the patient**

**Desloratadine Actavis 5 mg film-coated tablets**
desloratadine

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

**What is in this leaflet**


## 1. What Desloratadine Actavis is and what it is used for

**What Desloratadine Actavis is**
Desloratadine Actavis contains desloratadine which is an antihistamine.

**How Desloratadine Actavis works**
Desloratadine Actavis is an antiallergy medicine that does not make you drowsy. It helps control your allergic reaction and its symptoms.

**When Desloratadine Actavis should be used**
Desloratadine Actavis relieves symptoms associated with allergic rhinitis (inflammation of the nasal passages caused by an allergy, for example, hay fever or allergy to dust mites) in adults and adolescents 12 years of age and older. These symptoms include sneezing, runny or itchy nose, itchy palate, and itchy, red or watery eyes.

Desloratadine Actavis is also used to relieve the symptoms associated with urticaria (a skin condition caused by an allergy). These symptoms include itching and hives.

Relief of these symptoms lasts a full day and helps you to resume your normal daily activities and sleep.

## 2. What you need to know before you take Desloratadine Actavis

**Do not take Desloratadine Actavis**
- if you are allergic to desloratadine, or any of the other ingredients of this medicine (listed in section 6) or to loratadine.

**Warnings and precautions**
Talk to your doctor, pharmacist or nurse before taking Desloratadine Actavis:
- if you have poor kidney function.
- if you have medical or familial history of seizures.

**Use in children and adolescents**
Do not give this medicine to children less than 12 years of age.

**Other medicines and Desloratadine Actavis**
There are no known interactions of Desloratadine Actavis with other medicines.
Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

**Desloratadine Actavis with food, drink and alcohol**
Desloratadine Actavis may be taken with or without a meal.
Use caution when taking Desloratadine Actavis with alcohol.

**Pregnancy, breast-feeding and fertility**
If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.
Taking Desloratadine Actavis is not recommended if you are pregnant or nursing a baby.
**Fertility**
There is no data available on male/female fertility.

**Driving and using machines**
At the recommended dose, this medicine is not expected to affect your ability to drive or use machines. Although most people do not experience drowsiness, it is recommended not to engage in activities requiring mental alertness, such as driving a car or operating machinery until you have established your own response to the medicinal product.

## 3. How to take Desloratadine Actavis

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

**Adults and adolescents 12 years of age and over**
The recommended dose is one tablet once a day with water, with or without food.

This medicine is for oral use.
Swallow the tablet whole.

Regarding the duration of treatment, your doctor will determine the type of allergic rhinitis you are suffering from and will determine for how long you should take Desloratadine Actavis.
If your allergic rhinitis is intermittent (presence of symptoms for less than 4 days per week or for less than 4 weeks), your doctor will recommend you a treatment schedule that will depend on the evaluation of the history of your disease.
If your allergic rhinitis is persistent (presence of symptoms for 4 days or more per week and for more than 4 weeks), your doctor may recommend you a longer term treatment.

For urticaria, the duration of treatment may be variable from patient to patient and therefore you should follow the instructions of your doctor.

**If you take more Desloratadine Actavis than you should**
Take Desloratadine Actavis only as it is prescribed for you. No serious problems are expected with accidental overdose. However, if you take more Desloratadine Actavis than you were told to, tell your doctor, pharmacist or nurse immediately.

**If you forget to take Desloratadine Actavis**
If you forget to take your dose on time, take it as soon as possible and then go back to your regular dosing schedule. Do not take a double dose to make up for a forgotten dose.

**If you stop taking Desloratadine Actavis**
If you have any further questions on the use of this medicine, ask your doctor, pharmacist or nurse.

## 4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

During the marketing of desloratadine, cases of severe allergic reactions (difficulty in breathing, wheezing, itching, hives and swelling) have been reported very rarely. If you notice any of these serious side effects, stop taking the medicine and seek urgent medical advice straight away.

In clinical studies in adults, side effects were about the same as with a dummy tablet. However, fatigue, dry mouth and headache were reported more often than with a dummy tablet. In adolescents, headache was the most commonly reported side effect.

In clinical studies with desloratadine, the following side effects were reported as:

Common: the following may affect up to 1 in 10 people
- fatigue
- dry mouth
- headache

Adults
During the marketing of desloratadine, the following side effects were reported as:

Very rare: the following may affect up to 1 in 10,000 people
- severe allergic reactions
- fast heartbeat
- vomiting
- dizziness
- muscle pain
- restlessness with increased body movement
- rash
- stomach ache
- upset stomach
- drowsiness
- hallucinations
- liver inflammation
- pounding or irregular heartbeat
- feeling sick (nausea)
- diarrhoea
- inability to sleep
- seizures
- abnormal liver function tests

Not known: frequency cannot be estimated from the available data
- unusual weakness
- yellowing of the skin and/or eyes
- increased sensitivity of the skin to the sun, even in case of hazy sun, and to UV light, for instance to UV lights of a solarium
- changes in the way the heart beats
- abnormal behaviour
- aggression
- weight increased
- increased appetite
- depressed mood
- dry eyes

Children
Not known: frequency cannot be estimated from the available data
- slow heartbeat
- abnormal behaviour
- change in the way the heart beats
- aggression

**Reporting of side effects**
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting

system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

## 5. How to store Desloratadine Actavis

Keep this medicine out of the sight and reach of children.
Do not use this medicine after the expiry date which is stated on the carton, bottle label and blister after 'EXP'. The expiry date refers to the last day of that month.

*Blisters*:
This medicine does not require any special storage conditions.

*Bottles*:
This medicine does not require any special temperature storage conditions.
Keep the bottle tightly closed in order to protect from light.

Tell your pharmacist if you notice any change in the appearance of the tablets.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

## 6. Contents of the pack and other information

**What Desloratadine Actavis contains**
- The active substance is desloratadine. Each film-coated tablet (tablet) contains 5 mg desloratadine.
- The other ingredients are:
  *Tablet core:* Microcrystalline cellulose, starch (pregelatinised), mannitol, talc, magnesium stearate. *Tablet coating:* Hypromellose 6cP, titanium dioxide (E171), macrogol 6000, indigo carmine aluminum lake (E132).

**What Desloratadine Actavis looks like and contents of the pack**
Blue coloured, round, with diameter of 6 mm, biconvex, film-coated tablets with the marking 'LT' engraved on one side.

Desloratadine Actavis 5 mg film-coated tablets are packed in:
Blister packs: 7, 10, 14, 20, 21, 30, 50, 90 or 100 tablets.

Plastic bottles containing a desiccant and closed with a plastic cap: 30 or 100 tablets.
Do not swallow the desiccant.

Not all pack sizes may be marketed.

**Marketing Authorisation Holder and Manufacturer**

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Actavis Group PTC ehf.
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*Manufacturer*
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Zejtun ZTN 3000
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or

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Detailed information on this medicine is available on the European Medicines Agency web site: http://www.ema.europa.eu.

# ANNEX IV

## Scientific conclusions and grounds for the variation to the terms of the marketing authorisation(s)

**Scientific conclusions**

Taking into account the PRAC Assessment Report on the PSUR(s) for desloratadine, the scientific conclusions of the CHMP are as follows:

In view of available data from the literature including in some cases a close temporal relationship, a positive de-challenge and/or re-challenge and in view of a plausible mechanism of action, the PRAC considers a causal relationship between desloratadine and depressed mood is at least a reasonable possibility. The PRAC concluded that the product information of products containing desloratadine should be amended accordingly.

As described in the literature and signal section of some MAHs, WHO identified a potential safety signal of dry eyes for desloratadine during the reporting period. Based on the anticholinergic properties of desloratadine and strengthened by the reports with a short time to onset and both de- and rechallenges described, the PRAC considers that “eye dryness” should be considered for inclusion in the product labels and patient leaflets.

The CHMP agrees with the scientific conclusions made by the PRAC.

**Grounds for the variation to the terms of the marketing authorisation(s)**

On the basis of the scientific conclusions for desloratadine the CHMP is of the opinion that the benefit-risk balance of the medicinal product(s) containing desloratadine is unchanged subject to the proposed changes to the product information.

The CHMP recommends that the terms of the marketing authorisation(s) should be varied.