SUMMARY OF PRODUCT CHARACTERISTICS (SPC)

Name of the medicinal product

Lorine 1mg/ml Syrup

Qualitative and quantitative composition

Lorine Syrup: Each 5ml contains 5mg Micronized Loratadine as an active ingredient.

The quantity of lactose monohydrate in the Lorine 10 mg tablet composition is 71.3 mg.

Pharmaceutical form

Lorine syrup: Clear, colorless to light-yellow syrup; free from foreign matter.

Clinical particulars

Therapeutic indications

Lorine is indicated for the symptomatic treatment of allergic rhinitis and chronic idiopathic urticaria.

Posology and method of administration

Adults and children over 12 years of age:

10mg once daily (one tablet once daily).

The syrup may be taken without regard to mealtime.C*hildren 2 to 12 years of age are dosed by weight:*

Body weight more than 30kg: 10 mg once daily.

Body weight 30kg or less: 5 ml (5 mg) of the syrup once daily.

The 10mg strength tablet is not appropriate in children with a body weight less than 30kg. Efficacy and safety of Lorine in children under 2 years of age has not been established.

Patients with severe liver impairment should be administered a lower initial dose because they have reduced clearance of Loratadine. An initial dose of 10mg every other day is recommended for adults and children weighing more than 30kg. No dosage adjustments are required in the elderly or in patients with renal insufficiency.

4.3 Contraindications

Lorine syrup are contraindicated in patients who are hypersensitive to the active substance or to any of the excipients in these formulations

4.4 Special warnings and precautions for use

Lorine syrup should be administered with caution in patients with severe liver impairment (see section 4.2).

Lorine syrup contain lactose; thus patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take thismedicine.

The administration of Lorine Tablets should be discontinued at least 48 hours before skin Tests since antihistamines may prevent or reduce otherwise positive reactions to dermal reactivity index.

4.5 Interaction with other medicinal products and other forms of interaction

When administered concomitantly with alcohol, Lorine Tablets have 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.

4.6 Fertility, Pregnancy and lactation

Loratadine was not teratogenic in animal studies. The safe use of Loratadine during pregnancy hasnot been established. The use of Lorine Tablets during pregnancy is therefore not recommended. Loratadine is excreted in breast milk, therefore the use of Loratadine is not recommended in breastfeeding women.

4.7 Effects on ability to drive and use machines

In clinical trials that assessed driving ability, no impairment occurred in patients receiving Loratadine. 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

Adverse reactions based on all clinical trials with Moxifloxacin 400 mg (oral and sequential therapy) sorted by frequencies are listed below:

Apart from nausea and diarrhoea all adverse reactions were observed at frequencies below 3%.

Within each frequency grouping, undesirable effects are presented in order of decreasing seriousness. Frequencies are defined as:

- 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)

Immune system disorders	Anaphylaxis
Nervous system disorders	Dizziness
Cardiac disorders	Tachycardia, palpitation
Gastrointestinal disorders	Nausea, dry mouth, gastritis
Hepatobiliary disorders	Abnormal hepatic function
Skin and subcutaneous tissue disorders	Rash, alopecia
General disorders and administration siteconditions	Fatigue

4.9 Overdose

Over dosage with Loratadine increased the occurrence of anticholinergic symptoms. Somnolence, tachycardia, and headache have been reported with overdoses.

In the event of overdose, general symptomatic and supportive measures are to be instituted and maintained for as long as necessary. Administration of activated charcoal as a slurry with water may be attempted. 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.

Pharmacological properties

Pharmacodynamic properties

Pharmacotherapeutic group: antihistamines – H_1 antagonist, ATC code: R06A X13.
Loratadine, the active ingredient in Lorine, is a tricyclic antihistamine with selective, peripheralH_1 receptor activity.

Loratadine has no clinically significant sedative or anticholinergic properties in the majority ofthe 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 H_2-receptor activity. It does not inhibit norepinephrine uptake and has practically no influence on cardiovascular function or on intrinsic cardiac pacemaker activity.

Pharmacokinetic properties

After oral administration, Loratadine is rapidly and well absorbed and undergoes an extensive first pass metabolism, mainly by CYP3A4 and CYP2D6. The major metabolite-desloratadine (DL)- is pharmacologically active and responsible for a large part of the clinical effect. Loratadine and DL achieve maximum plasma concentrations (T_{max}) between 1-1.5 hours and 1.5-3.7 hours after administration, respectively.

Increase in plasma concentrations of loratadine has been reported after concomitant use with ketoconazole, erythromycin, and cimetidine in controlled trials, but without clinically significant changes (including electrocardiographic).

Loratadine is highly bound (97% to 99%) and its active metabolite moderately bound (73% to 76%) to plasma proteins.

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

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 the active form, as loratadine or DL.

The bioavailability parameters of loratadine and of the active metabolite are dose proportional.

The pharmacokinetic profile of loratadine and its metabolites is comparable in healthy adult volunteers and in healthy geriatric volunteers.

Concomitant ingestion of food can delay slightly the absorption of loratadine but without influencing the clinical effect.

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

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 metabolite were 24 hours and 37 hours, respectively, and increased with increasing severity of liver disease. Loratadine and its active metabolite are excreted in the breast milk of lactating women.

Preclinical safety data

Preclinical data reveal no special hazard 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.

List of excipients

- Lorine tablets: maize starch, lactose, magnesium stearate.
- Lorine syrup: citric acid monohydrate, peach flavour, glycerol, propylene glycol, sodium benzoate, sucrose granular and purified water.
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Incompatibilities

Not Applicable.

Shelf life

3 years (36 months).
In use instructions
For Lorine syrup: this medicine will be expired after 30 days from the first opening.

Special precautions for storage

Store below 30ºC. Protect from excessive moisture.

Nature and contents of container

- Bottle: 100 ml amber glass bottle
- Cap: Child Resistant Cap (CRC)

Special precautions for disposal and other handling

None

Marketing authorisation holder

SPIMACO
Al Qassim pharmaceutical plant Saudi Pharmaceutical Industries & Medical Appliance Corporation

Marketing authorisation number(s)

TAN 21 HM 0482

Date of first authorisation/renewal of the authorisation

26/11/2021

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