SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the Medicinal Product

Kipel – 10 [Montelukast sodium chewable Tablets 10 mg]

2. Qualitative and quantitative composition Qualitative Declaration:

Montelukast sodium tablet 4 mg contains: *Each uncoated chewable tablet contains:* Montelukast Sodium Ph.Eur.
Equivalent to Montelukast.....4 mg

Montelukast sodium tablet 5 mg contains: *Each uncoated chewable tablet contains:* Montelukast Sodium Ph.Eur.
Equivalent to Montelukast.....5 mg

Montelukast sodium tablet 10 mg contains: *Each uncoated chewable tablet contains:* Montelukast Sodium Ph.Eur.
Equivalent to Montelukast.....10 mg

Excipient with known effect: 149.12 mg Lactose Sodium

For the full list of excipients, see section 6.1.

3. Pharmaceutical Form

KIPEL 4: White to off white, pinapple flavoured, sweet round shaped biconvex chewable tablets.

KIPEL 5: White to off white shaped uncoated tablets.

KIPEL10: Pale yellow coloured round shaped biconvex, smooth film coated tablets having bisecting line on one side of the tablet, with white to off white coloured core.

4. Clinical Particulars

4.1 Therapeutic Indications

Asthma - Montelukast is indicated for the prophylaxis and chronic treatment of asthma in adults and pediatric patients 12 months of age and older.

Exercise-Induced Bronchoconstriction - Montelukast is indicated for prevention of exercise-induced bronchoconstriction in patients 15 years of age and older.

Allergic Rhinitis - Montelukast is indicated for the relief of symptoms of allergic rhinitis (seasonal allergic rhinitis in adults and pediatric patients 2 years of age and older, &perennial allergic rhinitis in adults and pediatric patients 6 months of age & older).

4.2 Posology and method of administration Asthma

Montelukast should be taken once daily in the evening. The following doses are recommended:

For adults and adolescents 15 years of age and older: one 10-mg tablet. For pediatric patients 6 to 14 years of age: one 5-mg chewable tablet. For pediatric patients 2 to 5 years of age: one 4-mg chewable tablet.

Safety and effectiveness in pediatric patients less than 12 months of age with asthma have not been established.

There have been no clinical trials in patients with asthma to evaluate the relative efficacy of morning versus evening dosing. The pharmacokinetics of montelukast are similar whether dosed in the morning or evening. Efficacy has been demonstrated for asthma when montelukast was administered in the evening without regard to time of food ingestion.

Exercise-Induced Bronchoconstriction (EIB) in patients 15 Years of Age and Older
For prevention of EIB, a single 10 mg dose of montelukast should be taken at least 2 hours before exercise. An additional dose should not be taken within 24 hours of a previous dose. Patients already taking montelukast daily for another indication (including chronic asthma) should not take an additional dose to prevent EIB. All patients should have available for rescue a short-acting β-agonist. Safety and effectiveness in patients younger than 15 years of age have not been established. Daily administration of montelukast for the chronic treatment of asthma has not been established to prevent acute episodes of EIB.

Allergic Rhinitis
For allergic rhinitis, montelukast should be taken once daily. Efficacy was demonstrated for seasonal allergic rhinitis when montelukast was administered in the morning or the evening without regard to time of food ingestion. The time of administration may be individualized to suit patient needs.

The following doses for the treatment of symptoms of seasonal allergic rhinitis are recommended:

For adults and adolescents 15 years of age and older: one 10-mg tablet. For pediatric patients 6 to 14 years of age: one 5-mg chewable tablet. For pediatric patients 2 to 5 years of age: one 4-mg chewable tablet.

Safety and effectiveness in pediatric patients younger than 2 years of age with seasonal allergic rhinitis have not been established.

Asthma and Allergic Rhinitis
Patients with both asthma and allergic rhinitis should take only one montelukast dose daily in the evening.

4.3 Contraindications
Hypersensitivity to any component of this product.

4.4 Special Warnings and Precautions for Use
Warning: This medicine contains lactose. Patients with rare hereditary problems of

galactose intolerance, total lactase deficiency or glucose –galactose malabsorption should not take medicine.

4.5 Drug Interactions

No dose adjustment is needed when montelukast is co-administered with theophylline, prednisone, prednisolone, oral contraceptives, terfenadine, digoxin, warfarin, thyroid hormones, sedative hypnotics, non-steroidal anti-inflammatory agents, benzodiazepines, decongestants, and Cytochrome P450 (CYP) enzyme inducers.

4.6 Pregnancy and Lactation

There are no adequate and well-controlled studies in pregnant women. Montelukast should be used during pregnancy only if clearly needed.

4.7 Effects on Ability to Drive and Use Machines

There is no evidence that Montelukast affects the ability to drive and use machines.

4.8 Undesirable Effects

Common adverse reactions are headache, influenza, abdominal pain, cough, dyspepsia, increase in ALT, asthenia/fatigue, dizziness, fever, gastroenteritis, dental pain, nasal congestion, rash, increase in AST, pyuria.

The following additional adverse reactions have been reported:

Blood and lymphatic system disorders: increased bleeding tendency

Immune system disorders: hypersensitivity reactions including anaphylaxis, very rarely hepatic eosinophilic infiltration

Psychiatric disorders: agitation including aggressive behavior or hostility, anxiousness, depression, dream abnormalities, hallucinations, insomnia, irritability, restlessness, somnambulism, suicidal thinking and behavior (including suicide), tremor.

Nervous system disorders: drowsiness, paraesthesia/hypoesthesia, seizures

Cardiac disorders: palpitations

Respiratory, thoracic and mediastinal disorders: epistaxis

Gastrointestinal disorders: diarrhea, dyspepsia, nausea, very rarely pancreatitis, vomiting.

Hepatobiliary disorders: rare cases of cholestatic hepatitis, hepatocellular liver injury, and mixed-pattern liver injury have been reported in patients treated with montelukast. Most of these occurred in combination with other confounding factors such as use of other medications, or when montelukast was administered to patients who had underlying potential for liver disease such as alcohol use or other forms of hepatitis.

Skin and subcutaneous tissue disorders: angioedema, bruising, erythema nodosum, pruritus, urticaria.

Musculoskeletal and connective tissue disorders: arthralgia, myalgia including muscle cramps.

General disorders and administration site conditions: edema
In rare cases, patients with asthma on therapy with montelukast may present with systemic eosinophilia, sometimes presenting with clinical features of vasculitis consistent with Churg- Strauss syndrome, a condition which is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction of oral corticosteroid therapy. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal association between montelukast and these underlying conditions has not been established.

4.9 Overdose
No specific information is available on the treatment of overdosage with montelukast. The most frequently occurring adverse experiences were consistent with the safety profile of montelukast and included abdominal pain, somnolence, thirst, headache, vomiting and psychomotor hyperactivity.

5. Pharmacological properties

5.1 Pharmacodynamic Properties Mechanism of action:
The cysteinyl leukotrienes (LTC4, LTD4, and LTE4) are products of arachidonic acid metabolism and are released from various cells, including mast cells and eosinophils. These eicosanoids bind to cysteinyl leukotriene (CysLT) receptors. The CysLT type-1 (CysLT1) receptor is found in the human airway (including airway smooth muscle cells and airway macrophages) and on other pro-inflammatory cells (including eosinophils and certain myeloid stem cells). CysLTs have been correlated with the pathophysiology of asthma and allergic rhinitis. In asthma, leukotriene-mediated effects include airway edema, smooth muscle contraction, and altered cellular activity associated with the inflammatory process. In allergic rhinitis, CysLTs are released from the nasal mucosa after allergen exposure during both early-and late -phase reactions and are associated with symptoms of allergic rhinitis. Intranasal challenge with CysLTs has been shown to increase nasal airway resistance and symptoms of nasal obstruction.

Montelukast is an orally active compound that binds with high affinity and selectivity to the CysLT1 receptor (in preference to other pharmacologically important airway receptors, such as the prostanoid, cholinergic, or β-adrenergic receptor). Montelukast inhibits physiologic actions of LTD4 at the CysLT1 receptor without any agonist activity. Montelukast causes inhibition of airway cysteinyl leukotriene receptors as demonstrated by the ability to inhibit bronchoconstriction due to inhaled LTD4 in asthmatics.

5.2 Pharmacokinetic Properties Absorption

For the 5-mg chewable tablet, the mean Cmax is achieved in 2 to 2.5 hours after administration to adults in the fasted state. The mean oral bioavailability is 73% in the fasted state versus 63% when administered with a standard meal in the morning.

Distribution

Montelukast is more than 99% bound to plasma proteins. The steady state volume of distribution of montelukast averages 8 to 11 liters.

Metabolism

Montelukast is extensively metabolized. In studies with therapeutic doses, plasma concentrations of metabolites of montelukast are undetectable at steady state in adults and pediatric patients.

Elimination

The plasma clearance of montelukast averages 45 mL/min in healthy adults. Following an oral dose of radiolabeled montelukast, 86% of the radioactivity was recovered in 5- day fecal collections and <0.2% was recovered in urine. Coupled with estimates of montelukast oral bioavailability, this indicates that montelukast and its metabolites are excreted almost exclusively via the bile.

In several studies, the mean plasma half-life of montelukast ranges from 2.7 to 5.5 hours in healthy young adults. The pharmacokinetics of montelukast are nearly linear for oral doses up to 50 mg. During once-daily dosing with 10-mg montelukast, there is little accumulation of the parent drug in plasma (14%).

5.3 Preclinical safety Data

Not available.

6. Pharmaceutical Particulars

6.1 List of Excipients

KIPEL 4 AND KIPEL 5

Lactose anhydrous (20mg/Kipel 4, 25mg/Kipel 5) USP/NF, Mannitol (DC grade) USP/NF, Hydroxy propyl cellulose USP/NF, Sodium starch gycollate USP/NF, Aspartame USP/NF, Trusil Pineapple flavor, Colloidal silicon dioxide USP/NF, Magnesium stearate USP/NF.

KIPEL 10:

Lactose Anhydrous (149.12mg/tablet) USP/NF, Maize Starch (Corn Starch), Hydroxy Propyl Cellulose USP/NF, Sodium Starch Glycolate, Colloidal silicon dioxide USP/NF, Magnesium stearate USP/NF.

Coating Tablet Instacoat Universal Yellow IC-U-5855: Hypromellose, Polyethylene Glycol, Talc, Titanium Dioxide, Iron oxide yellow, Purified Water USP.

Warning: This medicine contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose –galactose malabsorption should not take medicine.

6.2 Incompatibilities
Not applicable.

6.3 Shelf Life
24 months

6.4 Storage
Keep out of reach of children; Protect form light and moisture; Store below 30°C in a dry place.

6.5 Nature and Contents of Container
Alu-Alu blister of 3 x 10's

6.6 Special precautions for disposal and other handling
Any unused medicinal product or waste material should be disposed of in accordance with localrequirements.

7. Marketing Authorization Holder
Mega Lifesciences (Australia) Pty Limited,
60, National Avenue Se Business Park, Pakenham, VIC 3810,
AUSTRALIA.

8. Marketing Authorization Numbers
TZ 14 H 0158

9. Date of first authorization / renewal of the authorization
04/05/2019

10. Date of revision of the text