CTD MODULE 1 ADMINISTRATIVE INFORMATION AND PRODUCT INFORMATION	
Product Name :	**CETRIREN TABLETS (Cetirizine Hydrochloride 10mg)**

1.5 Product Information: CETRIREN TEBLETS

1.5.1 Prescribing information (Summary of products characteristics):

1.6 1. Name of the Medicinal Product: CETRIREN TEBLETS

Strength: Each film coated tablet contains Cetirizine Hydrochloride BP 10 mg
Pharmaceutical form: Oral Tablets

2. Qualitative and Quantitative composition:

Qualitative composition and Quantitative composition:

Component and quality standard (and grade, if applicable)	**Function**	**Strength (label claim)**			
		Each film coated tablet contains Cetirizine Hydrochloride BP 10 mg			
		Quantity in mg per tablet	**%**	**Quantity in Kg per 2,500,000 tablets**	**%**
Contents of **CETRIREN TABLETS**					
Cetirizine Hydrochloride	Active	10.000	7.50	25.000	7.50
Lactose anhydrous	Diluent	60.900	45.66	152.250	45.66
Maize starch (mixing)	Diluent	20.204	15.15	50.510	15.15
Dicalcium phosphate	Disintegrant	19.896	14.92	49.740	14.92
Maize starch (paste)	Binding agent	4.98	3.73	12.450	3.73
Povidone - K30	Disintegrant	2.000	1.50	5.000	1.50
Sodium methyl paraben	Preservative	0.200	0.15	0.500	0.15
Sodium propyl paraben	Preservative	0.100	0.07	0.250	0.07
Purified talc	Glidant	2.000	1.50	5.000	1.50
Sodium starch glycollate	Disintegrant	2.700	2.02	6.750	2.02
Magnesium stearate	Lubricant	2.000	1.50	5.000	1.50
Novomix white	Colorant	8.400	6.30	21.00	6.30
Purified water	Solvent	---	---	286.500L	---
Total	NA	133.38	100.0	333.45	100.0

3. Pharmaceutical form: Oral Tablets

4. Clinical particular's:

4.1 Therapeutic indication:

Cetirizine hydrochloride 10 mg film-coated tablets are indicated in adults and paediatric patients 6 years and above:

- for the relief of nasal and ocular symptoms of seasonal and perennial allergic rhinitis.
- for the relief of symptoms of chronic idiopathic urticaria.

4.2 Posology and method of administration:

Posology

10 mg once daily (1 tablet).

Special population:

Elderly

Data do not suggest that the dose needs to be reduced in elderly subjects provided that the renal function is normal.

Renal impairment: There are no data to document the efficacy/safety ratio in patients with renal impairment. Since cetirizine is mainly excreted via renal route (see section 5.2), in cases no alternative treatment can be used, the dosing intervals must be individualized according to renal function. Refer to the following table and adjust the dose as indicated. To use this dosing table, an estimate of the patient's creatinine clearance (CL_{cr}) in ml/min is needed. The CL_{cr} (ml/min) may be estimated from serum creatinine (mg/dl) determination using the following formula:

$$CL_{cr} = \frac{[140\text{-age (years)}] \times \text{weight (kg)}}{72 \times \text{serum creatinine (mg/dl)}} \quad (\times 0.85 \text{ for women})$$

Dosing adjustments for adult patients with impaired renal function

Group	**Creatinine clearance (ml/min)**	**Dosage and frequency**
Normal	≥80	10 mg once daily
Mild	50 – 79	10 mg once daily
Moderate	30 – 49	5 mg once daily
Severe	<30	5 mg once every 2 days
End-stage renal disease- Patients undergoing dialysis	< 10	Contra-indicated

Hepatic impairment:
No dose adjustment is needed in patients with solely hepatic impairment. In patients with hepatic impairment and renal impairment, adjustment of the dose is recommended (see Patients with moderate to severe renal impairment above).
Paediatric population
The tablet formulation should not be used in children under 6 years of age as it does not allow the necessary dose adjustments.
Children aged from 6 to 12 years: 5 mg twice daily (a half tablet twice daily).
Adolescents above 12 years: 10 mg once daily (1 tablet).
In paediatric patients suffering from renal impairment, the dose will have to be adjusted on an individual basis taking into account the renal clearance, age and body weight of the patient.
Method of administration
The tablets need to be swallowed with a glass of liquid.

Method of Administration: Oral route.

4.3 Contraindication:

Hypersensitivity to the active substance, to any of the excipients listed in section 6.1, to hydroxyzine or to any piperazine derivatives.

Patients with severe renal impairment with a creatinine clearance below 10 ml/min.

4.4 Special warning and precaution for use:

At therapeutic doses, no clinically significant interactions have been demonstrated with alcohol (for a blood alcohol level of 0.5 g/l). Nevertheless, precaution is recommended if alcohol is taken concomitantly.
Caution should be taken in patients with predisposition factors of urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as cetirizine may increase the risk of urinary retention.
Caution is recommended in epileptic patients and patients at risk of convulsions.
Response to allergy skin tests are inhibited by antihistamines and a wash-out period (of 3 days) is required before performing them.
Pruritus and/or urticaria may occur when cetirizine is stopped, even if those symptoms were not present before treatment initiation. In some cases, the symptoms may be intense and may require treatment to be restarted. The symptoms should resolve when the treatment is restarted.
Paediatric population

The use of the film-coated tablet formulation is not recommended in children aged less than 6 years since this formulation does not allow for appropriate dose adaptation. It is recommended to use a paediatric formulation of cetirizine.
Cetirizine 10 mg film-coated tablets contains lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take cetirizine film-coated tablets.
Cetrizine contains Sodium
This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium free'.

4.5 Interactions with other medicinal products and other forms of interactions:

Due to the pharmacokinetic, pharmacodynamic and tolerance profile of cetirizine, no interactions are expected with this antihistamine. Actually, neither pharmacodynamic nor significant pharmacokinetic interaction was reported in drug-drug interactions studies performed, notably with pseudoephedrine or theophylline (400 mg/day).

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

In sensitive patients, the concurrent use of alcohol or other CNS depressants may cause additional reductions in alertness and impairment of performance, although cetirizine does not potentiate the effect of alcohol (0.5 g/L blood levels).

Additional information on special populations:

Not Applicable

Pediatric population:

Not Applicable

4.6 Fertility, pregnancy and lactation:

Pregnancy
For cetirizine prospectively collected data on pregnancy outcomes do not suggest potential for maternal or foetal/embryonic toxicity above background rates.
Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/fetal development, parturition or postnatal development. Caution should be exercised when prescribing to pregnant women.

Breast-feeding
Cetirizine passes into breast milk. A risk of side effects in breastfed infants cannot be excluded. Cetirizine is excreted in human milk at concentrations representing 25% to 90% of those measured in plasma, depending on sampling time after administration. Therefore, caution should be exercised when prescribing cetirizine to lactating women.

Fertility
Limited data is available on human fertility but no safety concern has been identified. Animal data show no safety concern for human reproduction.

4.7 Effects on ability to drive and use machines:
Objective measurements of driving ability, sleep latency and assembly line performance have not demonstrated any clinically relevant effects at the recommended dose of 10 mg. However, patients who experience somnolence should refrain from driving, engaging in potentially hazardous activities or operating machinery. They should not exceed the recommended dose and should take their response to the medicinal product into account.

4.8 Undesirable effects:
Clinical studies

• *Overview*

Clinical studies have shown that cetirizine at the recommended dosage has minor undesirable effects on the CNS, including somnolence, fatigue, dizziness and headache. In some cases, paradoxical CNS stimulation has been reported.

Although cetirizine is a selective antagonist of peripheral H_1-receptors and is relatively free of anticholinergic activity, isolated cases of micturition difficulty, eye accommodation disorders and dry mouth have been reported.

Instances of abnormal hepatic function with elevated hepatic enzymes accompanied by elevated bilirubin have been reported. Mostly this resolves upon discontinuation of the treatment with cetirizine dihydrochloride.

• *Listing of ADRs*

Double blind controlled clinical trials comparing cetirizine to placebo or other antihistamines at the recommended dosage (10 mg daily for cetirizine), of which quantified safety data are available, included more than 3200 subjects exposed to cetirizine.

From this pooling, the following adverse reactions were reported for cetirizine 10 mg in the placebo-controlled trials at rates of 1.0% or greater:

Adverse reactions (WHO-ART)	**Cetirizine 10 mg (n= 3260)**	**Placebo (n= 3061)**
General disorders and administration site conditions		

Fatigue	1.63%	0.95%
Nervous system disorders		
Dizziness	1.10%	0.98%
Headache	7.42%	8.07%
Gastro-intestinal disorders		
Abdominal pain	0.98%	1.08%
Dry mouth	2.09%	0.82%
Nausea	1.07%	1.14%
Psychiatric disorders		
Somnolence	9.63%	5.00%
Respiratory, thoracic and mediastinal disorders		
Pharyngitis	1.29%	1.34%

Although statistically more common than under placebo, somnolence was mild to moderate in the majority of cases. Objective tests as demonstrated by other studies have demonstrated that usual daily activities are unaffected at the recommended daily dose in healthy young volunteers.

Paediatric population

Adverse reactions at rates of 1% or greater in children aged from 6 months to 12 years, included in placebo-controlled clinical trials are:

Adverse reactions (WHO-ART)	Cetirizine (n= 1656)	Placebo (n= 1294)
Gastro-intestinal disorders		
Diarrhoea	1.0%	0.6%
Psychiatric disorders		
Somnolence	1.8%	1.4%
Respiratory , thoracic and mediastinal disorders		
Rhinitis	1.4%	1.1%
General disorders and administration site conditions		
Fatigue	1.0%	0.3%

Post-marketing experience

In addition to the adverse reactions reported during clinical studies and listed above, the following undesirable effects have been reported in post-marketing experience.

Undesirable effects are described according to MedDRA System Organ Class and by estimated frequency based on post-marketing experience.

Frequencies are defined as follows: 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), not known (cannot be estimated from the available data).

Blood and lymphatic disorders:

Very rare: thrombocytopenia

Immune system disorders

Rare: hypersensitivity

Very rare: anaphylactic shock

Metabolism and nutrition disorders:

Not known: increased appetite

Psychiatric disorders:

Uncommon: agitation

Rare: aggression, confusion, depression, hallucination, insomnia

Very rare: tics

Not known: suicidal ideation, nightmare

Nervous system disorders:

Uncommon: paraesthesia

Rare: convulsions,

Very rare: dysgeusia, syncope, tremor, dystonia, dyskinesia

Not known: amnesia, memory impairment

Eye disorders:

Very rare: accommodation disorder, blurred vision, oculogyration

Ear and labyrinth disorders:

Not known: vertigo

Cardiac disorders:

Rare: tachycardia

Gastrointestinal disorders:

Uncommon: diarrhoea

Hepato-billiary disorders:

Rare: hepatic function abnormal (increased transaminases, alkaline phosphatase, γ-GT and bilirubin)

Skin and subcutaneous tissue disorders:

Uncommon: pruritus, rash

Rare: urticaria.

Very rare: angioneurotic oedema, fixed drug eruption

Not known: acute generalized exanthematous pustulosis

Musculoskeletal and connective tissue disorders

Not known: arthralgia

Renal and urinary disorders:

Very rare: dysuria, enuresis

Not known: urinary retention

General disorders and administration site conditions:

Uncommon: asthenia, malaise

Rare: oedema

Investigations:

Rare: weight increased

Description of selected adverse reactions

After discontinuation of cetirizine, pruritus (intense itching) and/or urticaria have been reported.

4.9 Overdose and Treatment:

Symptoms:

Symptoms observed after an overdose of cetirizine are mainly associated with CNS effects or with effects that could suggest an anticholinergic effect.

Adverse events reported after an intake of at least 5 times the recommended daily dose are: confusion, diarrhoea, dizziness, fatigue, headache, malaise, mydriasis, pruritus, restlessness, sedation, somnolence, stupor, tachycardia, tremor, and urinary retention.

Management:

There is no known specific antidote to cetirizine.

Should overdose occur, symptomatic or supportive treatment is recommended. Gastric lavage may be considered shortly after ingestion of the drug.

Cetirizine is not effectively removed by haemodialysis.

5. Pharmacological Properties:

5.1 Pharmacodynamic properties:

Pharmacotherapeutic group: Antihistamine for systemic use, Piperazine derivatives, ATC code: R06AE07.

Mechanism of action:

Cetirizine a human metabolite of hydroxyzine, is a potent and selective antagonist of peripheral H_1-receptors. *In vitro* receptors binding studies have shown no measurable affinity for other than H_1-receptors.

Pharmacodynamic effects:

In addition to its anti-H_1 effect, cetirizine was shown to display anti-allergic activities: at a dose of 10 mg once or twice daily, it inhibits the late phase recruitment of eosinophils, in the skin and conjunctiva of atopic subjects submitted to allergen challenge.

Clinical efficacy and safety:

Studies in healthy volunteers show that cetirizine, at doses of 5 and 10 mg strongly inhibits the wheal and flare reactions induced by very high concentrations of histamine into the skin, but the correlation with efficacy is not established.

In a six-week, placebo-controlled study of 186 patients with allergic rhinitis and concomitant mild to moderate asthma, cetirizine 10 mg once daily improved rhinitis symptoms and did not alter pulmonary function. This study supports the safety of administering cetirizine to allergic patients with mild to moderate asthma.

In a placebo-controlled study, cetirizine given at the high daily dose of 60mg for seven days did not cause statistically significant prolongation of QT interval.

At the recommended dosage, cetirizine has demonstrated that it improves the quality of life of patients with perennial and seasonal allergic rhinitis.

Paediatric population

In a 35-day study in children aged 5 to 12, no tolerance to the antihistaminic effect (suppression of wheal and flare) of cetirizine was found. When a treatment with cetirizine is stopped after repeated administration, the skin recovers its normal reactivity to histamine within 3 days.

5.2 Pharmacokinetic properties:

Absorption

The steady-state peak plasma concentrations is approximately 300 ng/ml and is achieved within 1.0 ± 0.5 h. The distribution of pharmacokinetic parameters such as peak plasma concentration (Cmax) and area under curve (AUC), is unimodal.

The extent of absorption of cetirizine is not reduced with food, although the rate of absorption is decreased. The extent of bioavailability is similar when cetirizine is given as solutions, capsules or tablets.

Distribution

The apparent volume of distribution is 0.50 l/kg. Plasma protein binding of cetirizine is 93 ± 0.3%. Cetirizine does not modify the protein binding of warfarin.

Biotransformation

Cetirizine does not undergo extensive first pass metabolism.

Elimination

The terminal half-life is approximately 10 hours and no accumulation is observed for cetirizine following daily doses of 10 mg for 10 days. About two third of the dose are excreted unchanged in urine.

Linearity/Non-linearity

Cetirizine exhibits linear kinetics over the range of 5 to 60mg.

Renal impairment: The pharmacokinetics of the drug wassimilar in patients with mild impairment (creatinine clearance higher than 40ml/min) and healthy volunteers. Patients with moderate renal impairment had a 3-fold increase in half-life and a 70% decrease in clearance compared to healthy volunteers.

Patients on haemodialysis (creatinine clearance less than 7 ml/min) given a single oral 10 mg dose of cetirizine had a 3-fold increase in half-life and a 70% decrease in clearance compared to normals. Cetirizine was poorly cleared by haemodialysis. Dosing adjustment is necessary in patients with moderate or severe renal impairment (see section 4.2).

Hepatic impairment: Patients with chronic liver diseases (hepatocellular, cholestatic, and biliary cirrhosis) given 10 or 20 mg of cetirizine as a single dose had a 50% increase in half-life along with a 40% decrease in clearance compared to healthy subjects.

Dosing adjustment is only necessary in hepatically impaired patients if concomitant renal impairment is present.

Elderly:

Following a single 10 mg oral dose, half-life increased by about 50 % and clearance decreased by 40 % in 16 elderly subjects compared to the younger subjects. The decrease in

cetirizine clearance in these elderly volunteers appeared to be related to their decreased renal function.

Paediatric population: The half-life of cetirizine was about 6 hours in children of 6-12 years and 5 hours in children 2-6 years. In infants and toddlers aged 6 to 24 months, it is reduced to 3.1 hours.

5.3 Preclinical safety data:

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.

6. Pharmaceutical Particulars:

6.1 List of excipients

Cetriren tablets contains the following excipients:
Lactose anhydrous, Dicalcium phosphate, Maize starch, Povidone - K30, Sodium methyl paraben, Sodium propyl paraben, Purified talc, Sodium starch glycollate, Magnesium stearate, Novomix white, Purified water.

6.2 Incompatibilities

None known

6.3 Shelf life

24 Months

6.4 Special precaution for storage

Store in a cool and dry place. Protect from light. Keep out of reach of children.

6.5 Nature and contents of container

Aluminium/ transparent PVC blister of 10 tablet and 10 of such blister is packed in a unit box with pack insert.

6.6 Special precautions for disposal

No special precaution

7. MARKETING AUTHORISATION HOLDER AND MANUFACTURING SITE ADDRESSES:

Marketing Authorization Holder:
Rene Industries Ltd
Address: PO Box 6034, Plot No.680, Kamuli, Kireka, Kampala, Uganda.

Manufactured by:
Rene Industries Ltd
Address: PO Box 6034, Plot No.680, Kamuli, Kireka, Kampala, Uganda.

8. MARKETING AUTHORISATION NUMBER:

Not Applicable

9. DATE OF FIRST REGISTRATION/RENEWAL OF THE REGISTRATION:

Not Applicable

10. DATE OF REVISION OF THE TEXT:

Not Applicable

11. DOSIMETRY (IF APPLICABLE):

Not Applicable

12. INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS (IF APPLICABLE):

Not Applicable