17-10-2022
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210mm

Neo-Sedil™ Tablets / Oral Solution
(Levocetirizine Dihydrochloride)

QUALITATIVE AND QUANTITATIVE COMPOSITION

Neo-Sedil™ 5mg Tablets
Each film coated tablet contains:
Levocetirizine Dihydrochloride MS.....5mg

Neo-Sedil™ Oral Solution
Each 5ml contains:
Levocetirizine Dihydrochloride MS.....2.5mg

PHARMACEUTICAL FORM
Tablet / Oral Solution

CLINICAL PARTICULARS
THERAPEUTIC INDICATIONS:
Neo-Sedil™ is indicated for:
- The relief of symptoms associated with seasonal allergic rhinitis in adults and children 2 years of age and older.
- The relief of symptoms associated with perennial allergic rhinitis in adults and children 6 months of age and older.
- The treatment of the uncomplicated skin manifestations of chronic idiopathic urticaria in adults and children 6 months of age and older.

POSOLOGY AND METHOD OF ADMINISTRATION:
Posology: Adults and adolescents 12 years and above:
Tablet: The daily recommended dose is 5mg (1 tablet).
Oral Solution: The daily recommended dose is 5mg (10ml).
Elderly: Adjustment of the dose is recommended in elderly patients with moderate to severe renal impairment.

Renal impairment:
The dosing intervals must be individualized according to renal function.

Dosing adjustments for patients with impaired renal function:

Group	Creatinine clearance (ml/min)	Dosage and frequency
Normal	≥ 80	5mg once daily
Mild	50 – 79	5mg once daily
Moderate	30 – 49	5mg once every 2 days
Severe	< 30	5mg once every 3 days
End-stage renal disease - Patients undergoing dialysis	< 10	Contraindicated

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.

Hepatic impairment:
No dose adjustment is needed in patients with solely hepatic impairment.

Paediatric population:
Children 6 months to 5 years of age: 1.25mg (2.5ml) in the evening.
Children 6 to 11 years of age: 2.5mg (5ml) in the evening.

OR
As directed by the physician

Method of Administration:
The film-coated tablet must be taken orally, swallowed whole with liquid and may be taken with or without food. It is recommended to take the daily dose in one single intake.
The appropriate volume of oral solution should be measured and poured in a spoon, may be taken with or without food.

Duration of use: Intermittent allergic rhinitis (symptoms experienced for less than four days a week or for less than four weeks a year) has to be treated according to the disease and its history; it can be stopped once the symptoms have disappeared and can be restarted again when symptoms reappear.
In case of persistent allergic rhinitis (symptoms experienced for more than four days a week or for more than four weeks a year), continuous therapy can be proposed to the patient during the period of exposure to allergens.
In chronic urticaria and chronic allergic rhinitis, there is clinical experience of use of cetirizine (racemate) for up to one year.

CONTRAINDICATIONS:
- Hypersensitivity to the active substance, to cetirizine, to hydroxyzine, to any other piperazine derivatives.
- Severe renal impairment at less than 10ml/min creatinine clearance.

SPECIAL WARNINGS AND PRECAUTIONS:
- Precaution is recommended with concurrent intake of alcohol.
- Caution should be taken in patients with epilepsy and patients at risk of convulsion as levocetirizine may cause seizure aggravation.
- Caution should be taken in patients with predisposing factors of urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as levocetirizine may increase the risk of urinary retention.
- Response to allergy skin tests are inhibited by antihistamines and a wash-out period (of 3 days) is required before performing them.
- Pruritus may occur when levocetirizine 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.
- **For Oral Solution:** Patients with rare hereditary problems of fructose intolerance should not take this medicine.
- **For Tablets:** Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Paediatric population:
Limited data is available to support the administration of levocetirizine to infants and toddlers less than 2 years of age.

This medicine contains less than 1mmol sodium (23mg) per ml that is to say essentially 'sodium-free'.

INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION:
No clinically relevant adverse interactions (with antipyrine, azithromycin, cimetidine, diazepam, erythromycin, glipizide, ketoconazole and pseudoephedrine).
A small decrease in the clearance of cetirizine (16%) was observed in a multiple dose study with theophylline (400mg once a day); while the disposition of theophylline was not altered by concomitant cetirizine administration.
In a known multiple dose study of ritonavir (600mg twice daily) and cetirizine (10mg daily), the extent of exposure to cetirizine was increased by about 40% while the disposition of ritonavir was slightly altered (-11%) further to concomitant cetirizine administration.
The extent of absorption of levocetirizine is not reduced with food, although the rate of absorption is decreased.
In sensitive patients, the concurrent administration of cetirizine or levocetirizine and alcohol or other CNS depressants may cause additional reductions in alertness and impairment of performance.

FERTILITY, PREGNANCY AND LACTATION:
Fertility: No clinical data are available.
Pregnancy: The use of levocetirizine may be considered during pregnancy, if necessary.
Breast-feeding: Caution should be exercised when prescribing levocetirizine to lactating women.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES:
Patients intending to drive, engage in potentially hazardous activities or operate machinery should take their response to the medicinal product into account.

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UNDESIRABLE EFFECTS:
Adverse reactions from post-marketing experience are per system organ class and per frequency:

- **Immune system disorders:** ***Not known:*** Hypersensitivity including anaphylaxis.
- **Metabolism and nutrition disorders:** ***Not known:*** Increased appetite.
- **Psychiatric disorders:** ***Not known:*** Aggression, agitation, hallucination, depression, insomnia, suicidal ideation, nightmare.
- **Nervous system disorders:** ***Not known:*** Convulsion, paresthesia, dizziness, syncope, tremor, dysgeusia.
- **Ear and labyrinth disorders:** ***Not known:*** Vertigo.
- **Eyes disorders:** ***Not known:*** Visual disturbances, blurred vision, oculogyration.
- **Cardiac disorders:** ***Not known:*** Palpitations, tachycardia.
- **Respiratory, thoracic and mediastinal disorders:** ***Not known:*** Dyspnoea.
- **Gastrointestinal disorders:** ***Not known:*** Nausea, vomiting, diarrhoea.
- **Hepatobiliary disorders:** ***Not known:*** Hepatitis.
- **Renal and urinary disorders:** ***Not known:*** Dysuria, urinary retention.
- **Skin and subcutaneous tissue disorders:** ***Not known:*** Angioneurotic oedema, fixed drug eruption, pruritus, rash, urticaria.
- **Musculoskeletal, connective tissues, and bone disorders:** ***Not known:*** Myalgia, arthralgia.
- **General disorders and administration site conditions:** ***Not known:*** Oedema.
- **Investigations;** ***Not known:*** Weight increased, abnormal liver function tests.
- Methyl parahydroxybenzoate and propyl parahydroxybenzoate may cause allergic reactions (possibly delayed).
- After levocetirizine discontinuation, pruritus has been reported.

OVERDOSE:
There is no known specific antidote to levocetirizine. Should overdose occur, symptomatic or supportive treatment is recommended. Gastric lavage may be considered shortly after ingestion of the drug. Levocetirizine is not effectively removed by haemodialysis.

PHARMACOLOGICAL PROPERTIES

PHARMACODYNAMICS PROPERTIES:
Pharmacotherapeutic group: Antihistamines for systemic use, piperazine derivatives.
ATC code: R06A E09.

Mechanism of action: Levocetirizine, the (R) enantiomer of cetirizine, is a potent and selective antagonist of peripheral H1-receptors. Levocetirizine dissociates from H1-receptors with a half-life of 115 ± 38 minutes. After single administration, levocetirizine shows a receptor occupancy of 90% at 4 hours and 57% at 24 hours.
Pharmacodynamic studies in healthy volunteers demonstrate that, at half the dose, levocetirizine has comparable activity to cetirizine, both in the skin and in the nose.

PHARMACOKINETIC PROPERTIES:
The pharmacokinetics of levocetirizine are linear with dose- and time-independent with low inter-subject variability.

Absorption: Levocetirizine is rapidly and extensively absorbed following oral administration. In adults, peak plasma concentrations are achieved 0.9 hours after dosing. Steady state is achieved after two days. Peak concentrations are typically 270ng/ml and 308ng/ml following a single and a repeated 5mg o.d. dose, respectively. The extent of absorption is dose-independent and is not altered by food, but the peak concentration is reduced and delayed.

Distribution: In humans, levocetirizine is 90% bound to plasma proteins. The distribution of levocetirizine is restrictive, as the volume of distribution is 0.4l/kg.

Biotransformation: Levocetirizine had no effect on the activities of CYP isoenzymes 1A2, 2C9, 2C19, 2D6, 2E1 and 3A4 at concentrations well above peak concentrations achieved following a 5mg oral dose. Due to its low metabolism and absence of metabolic inhibition potential, the interaction of levocetirizine with other substances, or vice-versa, is unlikely.

Elimination: The plasma half-life in adults is 7.9 ± 1.9 hours. The half-life is shorter in small children. The mean apparent total body clearance in adults is 0.63ml/min/kg. The major route of excretion of levocetirizine and metabolites is via urine, accounting for a mean of 85.4% of the dose. Excretion via feces accounts for only 12.9% of the dose. Levocetirizine is excreted both by glomerular filtration and active tubular secretion.

Special population:
Renal impairment: The apparent body clearance of levocetirizine is correlated to the creatinine clearance. It is therefore, recommended to adjust the dosing intervals of levocetirizine, based on creatinine clearance in patients with moderate and severe renal impairment.
Elderly: Limited pharmacokinetic data are available in elderly subjects.

SHELF LIFE
See expiry on the pack.

AVAILABILITY
Neo-Sedil™ 5mg tablets in a pack of 20's
Neo-Sedil™ Oral solution in a pack of 90ml

INSTRUCTIONS
Dosage: As advised by the physician.
To be sold on the prescription of a registered medical practitioner only.
Keep out of the reach of children.
For Tablets: Avoid exposure to heat, light and humidity. Store between 15 to 30°C.
For Oral Solution: Do not store over 30°C, and protect from heat, light and freezing.

Improper storage may deteriorate the medicine.

For Oral Solution: Medicine should not be used if container is leaking or it contains undissolved particle(s).

نیو-سیڈِل ٹیبلٹ/اورل سلوشن

(لیووسیٹریزین ڈائی ہائیڈروکلورائیڈ)

ہدایات: خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
صرف رجسٹرڈ ڈاکٹر کے نسخے کے مطابق فروخت کریں۔
بچوں کی پہنچ سے دور رکھیں۔
برائے ٹیبلٹ: دوا گرمی، روشنی اور نمی سے محفوظ ۱۵ سے ۳۰ ڈگری
سینٹی گریڈ کے درمیان میں رکھیں۔
برائے اورل سلوشن: دوا کو ۳۰ ڈگری سینٹی گریڈ سے زیادہ درجہ حرارت پر نہ رکھیں،
گرمی، روشنی اور منجمد ہونے سے محفوظ رکھیں۔
ورنہ دوا خراب ہو جائیگی۔
برائے اورل سلوشن: دوا کے ایک ہونے، یا اس میں کوئی غیر حل پزیر شے
نظر آنے کی صورت میں ہرگز استعمال نہ کریں۔

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