

## SUMMARY OF PRODUCT CHARACTERISTICS

### 1. NAME OF THE MEDICINAL PRODUCT

Ebastine Sandoz 10 mg orodispersible tablets

Ebastine Sandoz 20 mg orodispersible tablets

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each orodispersible tablet contains 10 mg of ebastine.

Excipients with known effect:

Each orodispersible tablet contains 28.2 mg of lactose (as monohydrate) and 2.5 mg of aspartame (E 951).

Each orodispersible tablet contains 20 mg of ebastine.

Excipients with known effect:

Each orodispersible tablet contains 56.4 mg of lactose (as monohydrate) and 5 mg of aspartame (E 951).

For the full list of excipients, see section 6.1.

### 3. PHARMACEUTICAL FORM

Orodispersible tablet.

*10 mg orodispersible tablets:*

White, biconvex, round tablets, approximately 6.7 mm in diameter, embossed 'E10' on one side, plain on the other.

*20 mg orodispersible tablets:*

White, biconvex, round tablets, approximately 9.2 mm in diameter, embossed 'E20' on one side, plain on the other.

### 4. CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

Symptomatic treatment of seasonal and perennial allergic rhinitis or rhinoconjunctivitis.

<10 mg strength only>:

Urticaria.

## 4.2 Posology and method of administration

### Posology

#### *Allergic rhinitis/rhinoconjunctivitis*

For children 12 years of age and above and adults the following dose recommendations apply: 10 mg ebastine once daily. In cases of severe symptoms the dose may be increased to 20 mg ebastine once daily.

<10 mg strength only>:

#### *Urticaria*

For adults above 18 years of age the following dose recommendations apply: 10 mg ebastine once daily.

#### *Paediatric population*

The safety and efficacy of Ebastine Sandoz in children under the age of 12 years have not been established.

### Special populations

In patients with mild, moderate or severe renal impairment or mild to moderate hepatic impairment it is not necessary to adjust dose. There is no experience with doses over 10 mg in patients with severe hepatic impairment; therefore the dose should not exceed 10 mg in patients with severe hepatic impairment.

### Method of administration

For oral administration.

The orodispersible tablet should be placed on the tongue where it will disperse: no water or other fluid is required.

Ebastine can be taken at meal times or independently of meals.

Ebastine Sandoz cannot be combined with other antihistamines. Do not exceed the recommended dose.

### Duration of use

Treatment may be prolonged until symptoms disappear.

The physician decides on the duration of use.

## 4.3 Contraindications

Hypersensitivity to the active substance or to any of the other excipients listed in section 6.1

## 4.4 Special warnings and precautions for use

Long-term treatment with Ebastine Sandoz may lead to an increased risk of caries in some patients resulting from dryness in the mouth. Patients should therefore be instructed about the importance of meticulous dental hygiene.

Since there is a pharmacokinetic interaction with antimycotics of the imidazol type, like ketoconazole and itraconazole, or macrolid antibiotics, like erythromycin, or with protease inhibitors and antituberculosis agents, like rifampicin (see section 4.5) care should be taken when prescribing ebastine with medicinal products belonging to such groups.

Ebastine should be used with caution in patients with severe hepatic impairment (see section 4.2).

[Nationally completed name] contains lactose, aspartame and sodium

This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

This medicinal product contains aspartame (E 951). Aspartame is a source of phenylalanine. It may be harmful for patients with phenylketonuria.

This medicinal product contains less than 1 mmol sodium (23 mg) per orodispersible tablet, that is to say essentially 'sodium-free'.

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

Pharmacokinetic interactions have been observed when ebastine is given with ketoconazole or itraconazole and erythromycin. These interactions resulted in increased plasma concentrations of ebastine and to a lesser extent of carebastine which were, nevertheless, not associated with any clinically significant pharmacodynamic consequences.

Pharmacokinetic interactions have been observed when ebastine is given with rifampicin. These interactions could result in lower plasma concentrations and reduced antihistamine effects.

No interactions have been reported between ebastine and theophylline, warfarin, cimetidine, diazepam and alcohol.

The administration of ebastine with food does not cause a modification in its clinical effect.

Ebastine Sandoz can potentiate the effects of other antihistamines

#### **4.6 Fertility, pregnancy and lactation**

##### **Pregnancy**

There are no or limited amount of data from the use of ebastine in pregnant women. 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 ebastine during pregnancy.

##### **Breastfeeding**

It is not known whether the active substance is excreted in human milk. High protein binding (>97%) of ebastine and its main metabolite, carebastine, suggest no excretion of the medicinal product into breast milk. As a precautionary measure, it is preferable to avoid the use of ebastine during lactation.

##### **Fertility**

There are no fertility data with ebastine in humans.

#### **4.7 Effects on ability to drive and use machines**

In humans, the psychomotor function has been investigated extensively and no effect was found. Ebastine at recommended therapeutic doses does not affect the ability to drive or operate machines. However, in sensitive subjects who react unusually to ebastine, it is advisable to know the individual reactions before a patient drives or carries out complicated activities: somnolence or dizziness may occur (see section 4.8).

#### **4.8 Undesirable effects**

In a pooled analysis of placebo-controlled clinical trials with 5,708 patients on ebastine, the most commonly reported adverse reactions were dry mouth and somnolence.

ADRs reported in clinical trials in children (n=460) were similar to those observed in adults.

The following frequency conventions are taken as the basis of the description of adverse events: very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1,000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $1/1,000$ ), very rare ( $< 1/10,000$ ), and not known (cannot be estimated from the available data).

*Immune system disorders*

Rare: Hypersensitivity reactions (such as anaphylaxis and angioedema)

*Metabolism and nutrition disorders*

Not known: Increased appetite

*Psychiatric disorders*

Rare: Nervousness, insomnia

*Nervous system disorders*

Very common: Headache

Common: Somnolence

Rare: Dizziness, dysaesthesia, hypoesthesia, dysgeusia

*Cardiac disorders*

Rare: Tachycardia, palpitations

*Gastrointestinal disorders*

Common: Dry mouth

Rare: Nausea, abdominal pain, dyspepsia, vomiting

*Hepatobiliary disorders*

Rare: Hepatitis, cholestasis, liver function test abnormal (transaminases, gamma-GT, alkaline phosphatase and bilirubin increased)

*Skin and subcutaneous tissue disorders*

Rare: Urticaria, rash, dermatitis

*Reproductive system and breast disorders*

Rare: Menstrual disorders

*General disorders*

Rare: Oedema, asthenia

*Investigations*

Not known: Weight increased

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 ***[to be completed nationally]***

## 4.9 Overdose

### Toxicity

30 mg given to a 2-year-old did not cause any symptoms after administration of carbon. 400 mg given to an 18-year-old caused mild intoxication, 600 mg given to a 14-year-old and 900 mg given to an adult caused mild to moderate intoxication.

### Symptoms

In studies with a high dose, no clinically significant signs or symptoms were observed up to 100 mg given once-daily. Fatigue, dry mouth and accommodative disorders were observed at doses of 300-500 mg. Possible cardiovascular effects at high doses.

### Treatment

There is no specific antidote for ebastine. Gastric lavage, monitoring of vital functions including ECG, should continue until complete recovery and for at least 48 hours and symptomatic treatment should be carried out. Intensive care may be required in the event of central nervous symptoms developing.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antihistamines for systemic use, Other antihistamines for systemic use  
ATC code: R06AX22

Ebastine is a potent, highly selective antagonist of the histamine H<sub>1</sub> receptor with prolonged effects and no anticholinergic effects.

### Clinical properties

Wheal tests revealed a statistically and clinically significant antihistamine effect commencing 1 hour after administration and lasting more than 24 hours.

Following administration at the recommended doses in healthy volunteers, no prolongation of the QT interval or other undesirable cardiac effects were observed in specific studies on the cardiac effects of ebastine.

While no effect of ebastine overdose on the QTc interval was observed with overdoses of up to 60 mg daily, overdoses of 100 mg daily produced a statistically significant, but clinically irrelevant increase of 10 ms (2.7%).

### 5.2 Pharmacokinetic properties

Ebastine is rapidly absorbed and undergoes extensive first-pass metabolism after oral administration. It is almost totally converted to the active metabolite carebastine. After an oral dose of 10 mg ebastine, maximum plasma levels of 80 to 100 ng/ml carebastine were observed after 2.6 to 4 hours. After a single oral dose of 20 mg ebastine, mean peak plasma levels of the metabolite, carebastine of 195 ng/ml occur after 3 to 6 hours. The half-life of the metabolite is 15-19 hours, 66% of which is excreted in the urine in the form of conjugated metabolites. After repeated administration of a daily dose of 10 mg, steady-state with plasma levels of 130-160 ng/ml is reached after 3 to 5 days.

More than 95% of both ebastine and carebastine is bound to plasma proteins.

*In vitro* studies on human hepatic microsomes show that ebastine is metabolised to carebastine predominantly via the CYP450 (2J2, 4F12 and 3A4) enzyme systems. After concomitant

administration of ketoconazole or erythromycin (both inhibitors of CYP450 3A4) significant increases in plasma ebastine and carebastine concentrations were observed (see section 4.5).

In elderly patients, no changes in pharmacokinetics were observed compared with young adults.

In patients with mild, moderate or severe renal insufficiency and in patients with mild to moderate hepatic insufficiency treated with daily doses of 20 mg ebastine, the plasma concentrations of ebastine and carebastine on the first and fifth day of treatment were similar to those obtained in healthy volunteers.

In patients with renal insufficiency, the elimination half-life of the metabolite, carebastine is prolonged to 23-26 hours. In patients with hepatic insufficiency, the half-life is 27 hours.

For ebastine film-coated tablets, in cases of concomitant food intake there is a 1.5- to 2.0-fold rise in the plasma level of carebastine, the active principal metabolite of ebastine, and a 50% increase in the AUC, while  $T_{max}$  remains unchanged. However, the clinical efficacy is not affected.

### **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**

Cellulose microcrystalline  
Lactose monohydrate  
Maize starch  
Croscarmellose sodium  
Aspartame (E 951)  
Peppermint flavour  
Silica colloidal anhydrous  
Magnesium stearate

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

3 years

### **6.4 Special precautions for storage**

Store in the original package in order to protect from light.

### **6.5 Nature and contents of container**

The orodispersible tablets are packed in OPA/Alu/PVC/Alu blisters and inserted in a carton.

Pack sizes:

*10 mg orodispersible tablets:*

10, 20, 30, 40, 50, 90, 98 and 100 orodispersible tablets

*20 mg orodispersible tablets:*

10, 15, 20, 30, 40, 50, 98 and 100 orodispersible tablets

Not all pack sizes may be marketed.

#### **6.6 Special precautions for disposal and other handling**

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

### **7. MARKETING AUTHORISATION HOLDER**

[To be completed nationally]

### **8. MARKETING AUTHORISATION NUMBER(S)**

[To be completed nationally]

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

Date of first authorisation: {DD month YYYY}

Date of latest renewal: {DD month YYYY}

[To be completed nationally]

### **10. DATE OF REVISION OF THE TEXT**

31 March 2026