### Core Safety Profile

<table>
<thead>
<tr>
<th>Active substance:</th>
<th>Ebastine</th>
</tr>
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<tbody>
<tr>
<td>Pharmaceutical form(s)/strength:</td>
<td>10 and 20 mg tablets</td>
</tr>
<tr>
<td>P-RMS:</td>
<td>DK/H/PSUR/0043/001</td>
</tr>
<tr>
<td>Date of FAR:</td>
<td>15.07.2011</td>
</tr>
</tbody>
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4.2 **Posology**

**Special populations**

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

Treatment may be prolonged until symptoms disappear.

4.3 **Contraindications**

Known hypersensitivity to ebastine or any excipients.

4.4 **Special warnings and precautions**

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

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

*Option 1 only relevant for ebastine tablets:*

Ebastine tablets contain lactose and should not be given to persons suffering from rare diseases like galactose intolerance, congenital galactosemia, glucose-galactose malabsorption or lactase deficiency.

*Option 2 only relevant for ebastine oral solution:*

Ebastine oral solution contains sorbitol. This medication should not be used in case of congenital intolerance to fructose. Methyl p-hydroxybenzoate and propyl p-hydroxybenzoate may cause allergy.

4.5 **Interactions**

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 rifampin. 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.
4.6  Fertility, pregnancy and lactation

Fertility
There are no fertility data with ebastine in humans.

Pregnancy
There are 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. As a precautionary measure, it is preferable to avoid the use of ebastine during pregnancy.

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

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 table below lists the adverse reactions from clinical trials and post-marketing experience following the convention: 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) and very rare (< 1/10,000).

<table>
<thead>
<tr>
<th>Psychiatric disorders</th>
<th>Very rare: nervousness, insomnia</th>
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</table>
| Nervous system disorders | Rare: somnolence  
|                        | Very rare: dizziness, hypoesthesia, headache |
| Cardiac disorders      | Very rare: palpitations, tachycardia |
| Gastrointestinal disorders | Rare: dry mouth  
|                        | Very rare: vomiting, abdominal pain, nausea, dyspepsia |
| Hepatobiliary disorders | Very rare: liver function test abnormal |
| Skin and subcutaneous disorders | Very rare: urticaria, rash, dermatitis |
| Reproductive system disorders | Very rare: menstrual disorders |
| General disorders      | Very rare: oedema, asthenia |
4.9 Overdose

In studies conducted at a high dosage, no clinically meaningful signs or symptoms were observed up to 100 mg given once-daily.

There is no specific antidote for ebastine. Gastric lavage, monitoring of vital functions including ECG and symptomatic treatment should be carried out.