

Telfast®-D

*Fexofenadine HCl 60 mg and pseudoephedrine HCl 120 mg
Extended-Release Tablets*

DESCRIPTION

TELFAST-D (fexofenadine hydrochloride and pseudoephedrine hydrochloride) Extended-Release Tablets for oral administration contain 60 mg fexofenadine hydrochloride for immediate release and 120 mg pseudoephedrine hydrochloride for extended release. Tablets also contain as excipients: microcrystalline cellulose, pregelatinized starch, croscarmellose sodium, magnesium stearate, carnauba wax, stearic acid, colloidal silicon dioxide, and Opadry YS-1-7006.

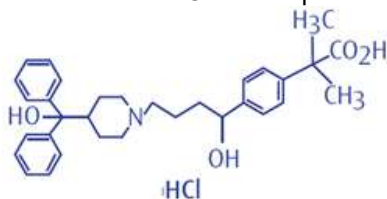
Fexofenadine is the carboxylic acid metabolite of terfenadine. It is an orally-active non-sedating histamine H₁-receptor antagonist that is administered as the hydrochloride salt in TELFAST-D. The chemical name is benzeneacetic acid, 4-[1-hydroxy-4-[4-(hydroxydiphenylmethyl)-1-piperidiny]butyl]- α,α -dimethyl-, hydrochloride.

Fexofenadine occurs as a fine white to off-white powder. It is freely soluble in methanol, soluble in ethanol, slightly soluble in water (3.6 mg/mL) and only very slightly soluble in chloroform and hexane.

Pseudoephedrine hydrochloride is a white or off-white crystal or powder and is an orally active sympathomimetic amine which exerts a decongestant action on the nasal mucosa.

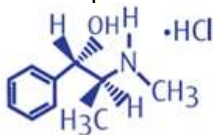
Chemical structure

Fexofenadine HCl is an equimolar mixture of two enantiomers. It has the following structure:



The molecular formula is C₃₂H₃₉NO₄•HCl and the molecular weight is 538.13.

Pseudoephedrine HCl has the following structure



The molecular formula is C₁₀H₁₆ClNO and the molecular weight is 201.69.

CAS number

Fexofenadine hydrochloride: 153439-40-8

Pseudoephedrine hydrochloride: 345-78-8

CLINICAL PHARMACOLOGY**Mechanism of Action**

Fexofenadine hydrochloride, the major active metabolite of terfenadine, is an antihistamine with selective peripheral H₁-receptor antagonist activity. Fexofenadine hydrochloride inhibited antigen-induced bronchospasm in sensitized guinea pigs and histamine release from peritoneal mast cells in rats. In laboratory animals, no anticholinergic or α 1-adrenergic-receptor blocking effects were observed. Moreover, no sedative or other central nervous system effects were observed. Radiolabeled tissue distribution studies in rats indicated that fexofenadine does not cross the blood-brain barrier.

The antihistaminic effects of fexofenadine have been demonstrated in animal systems *in vitro* and *in vivo*. Oral administration of fexofenadine to guinea pigs indicated that fexofenadine antagonised histamine-

induced skin wheals in a dose-dependent manner. Fexofenadine and terfenadine antagonised the contractile effects of histamine in the guinea pig ileum in vitro. In this model fexofenadine was found to be a more selective histamine antagonist than terfenadine.

Pseudoephedrine hydrochloride is an orally active sympathomimetic amine and exerts a decongestant action on the nasal mucosa. Pseudoephedrine hydrochloride is recognized as an effective agent for the relief of nasal congestion due to allergic rhinitis. Pseudoephedrine produces peripheral effects similar to those of ephedrine and central effects similar to, but less intense than, amphetamines. It has the potential for excitatory side effects. At the recommended oral dose, it has little or no pressor effect in normotensive adults.

Pharmacokinetics

The pharmacokinetics of fexofenadine hydrochloride in subjects with seasonal allergic rhinitis were similar to those in healthy volunteers.

Absorption

The pharmacokinetics of fexofenadine hydrochloride and pseudoephedrine hydrochloride when administered separately have been well characterized. Fexofenadine pharmacokinetics were linear for oral doses of fexofenadine hydrochloride up to a total daily dose of 240 mg (120 mg twice daily). Peak fexofenadine plasma concentrations were similar between adolescent (12-16 years of age) and adult subject.

The bioavailability of fexofenadine hydrochloride and pseudoephedrine hydrochloride from TELFAST-D Extended-Release Tablets is similar to that achieved with separate administration of the components.

Co-administration of fexofenadine and pseudoephedrine does not significantly affect the bioavailability of either component.

Fexofenadine hydrochloride was rapidly absorbed following single-dose administration of the 60 mg fexofenadine hydrochloride/120 mg pseudoephedrine hydrochloride tablet with median time to mean maximum fexofenadine plasma concentration of 191 ng/mL occurring 2 hours post-dose. Pseudoephedrine hydrochloride produced a mean single-dose pseudoephedrine peak plasma concentration of 206 ng/mL which occurred 6 hours post-dose. Following multiple dosing to steady-state, a fexofenadine peak concentration of 255 ng/mL was observed 2 hours post-dose. Following multiple dosing to steady-state, a pseudoephedrine peak concentration of 411 ng/mL was observed 5 hours post-dose. The administration of TELFAST-D with a high fat meal decreased the bioavailability of fexofenadine by approximately 50% (AUC 42% and C_{max} 46%). Time to maximum concentration (T_{max}) was delayed by 50%. The rate or extent of pseudoephedrine absorption was not affected by food. Therefore.

TELFASD-D should be taken on an empty stomach with water (see DOSAGE AND ADMINISTRATION).

Distribution

Fexofenadine is 60% to 70% bound to plasma proteins, primarily albumin and α 1-acid glycoprotein. The protein binding of pseudoephedrine in humans is not known. Pseudoephedrine hydrochloride is extensively distributed into extravascular sites (apparent volume of distribution between 2.6 and 3.5 L/kg).

Metabolism

Approximately 5% of the total dose of fexofenadine hydrochloride and less than 1% of the total oral dose of pseudoephedrine hydrochloride were eliminated by hepatic metabolism.

Elimination

The mean elimination half-life of fexofenadine was 14.4 hours following administration of 60 mg fexofenadine hydrochloride, twice-daily, to steady state in healthy volunteers. Human mass balance studies documented a recovery of approximately 80% and 11% of the [14C] fexofenadine hydrochloride dose in the feces and urine, respectively.

Because the absolute bioavailability of fexofenadine hydrochloride has not been established, it is unknown if the fecal component is primarily unabsorbed drug or the result of biliary excretion.

Pseudoephedrine has been shown to have a mean elimination half-life of 4-6 hours which is dependent on urine pH. The elimination half-life is decreased at urine pH lower than 6 and may be increased at urine pH higher than 8.

Special Populations

Pharmacokinetics in special populations (for renal, hepatic impairment, and age), obtained after a single dose of 80 mg fexofenadine hydrochloride, were compared to those from healthy subjects in a separate study of similar design.

Effect of Age. In older subjects (≥ 65 years old), peak plasma levels of fexofenadine were 99% greater than those observed in younger subjects (< 65 years old). Mean fexofenadine elimination half-lives were similar to those observed in younger subjects.

Renally Impaired. In subjects with mild (creatinine clearance 41-80 mL/min) to severe (creatinine clearance 11-40 mL/min) renal impairment, peak plasma levels of fexofenadine were 87% and 111% greater, respectively, and mean elimination half-lives were 59% and 72% longer, respectively, than observed in healthy volunteers. Peak plasma levels in subjects on dialysis (creatinine clearance ≤ 10 mL/min) were 82% greater and half-life was 31% longer than observed in healthy volunteers.

No data are available on the pharmacokinetics of pseudoephedrine in renally-impaired subjects. However, most of the oral dose of pseudoephedrine hydrochloride (43-96%) is excreted unchanged in the urine. A decrease in renal function is, therefore, likely to decrease the clearance of pseudoephedrine significantly, thus prolonging the half-life and resulting in accumulation.

Based on increases in bioavailability and half-life of fexofenadine hydrochloride and pseudoephedrine hydrochloride, a dose of one tablet once daily is recommended as the starting dose in patients with decreased renal function (see DOSAGE AND ADMINISTRATION).

Hepatically Impaired. The pharmacokinetics of fexofenadine hydrochloride in subjects with hepatic disease did not differ substantially from that observed in healthy volunteers. The effect on pseudoephedrine pharmacokinetics is unknown.

Effect of Gender. Across several trials, no clinically significant gender-related differences were observed in the pharmacokinetics of fexofenadine hydrochloride.

Pharmacodynamics

Wheal and Flare. Human histamine skin wheal and flare studies following single and twice daily doses of 20 mg and 40 mg fexofenadine hydrochloride demonstrated that the drug exhibits an antihistamine effect by 1 hour, achieves maximum effect at 2-3 hours, and an effect is still seen at 12 hours. There was no evidence of tolerance to these effects after 28 days of dosing. The clinical significance of these observations is unknown.

Effects on QTc. In dogs (30 mg/kg orally twice daily for 5 days) and rabbits (10 mg/kg intravenously over 1 hour), fexofenadine hydrochloride did not prolong QTc at plasma concentrations that were at least 17 and 38 times, respectively, the therapeutic plasma concentrations in man (based on a 60 mg twice daily fexofenadine hydrochloride dose). No effect was observed on calcium channel current, delayed K⁺ channel current, or action potential duration in guinea pig myocytes, Na⁺ current in rat neonatal myocytes, or on the delayed rectifier K⁺ channel cloned from human heart at concentrations up to 1×10^{-5} M of fexofenadine. This concentration was at least 21 times the therapeutic plasma concentration in man (based on a 60 mg twice daily fexofenadine hydrochloride dose).

No statistically significant increase in mean QTc interval compared to placebo was observed in 714 subjects with seasonal allergic rhinitis given fexofenadine hydrochloride capsules in doses of 60 mg to 240 mg twice daily for 2 weeks or in 40 healthy volunteers given fexofenadine hydrochloride as an oral solution at doses up to 400 mg twice daily for 6 days.

A 1-year study designed to evaluate safety and tolerability of 240 mg of fexofenadine hydrochloride (n=240) compared to placebo (n=237) in healthy volunteers, did not reveal a statistically significant increase in the mean QTc interval for the fexofenadine hydrochloride treated group when evaluated pretreatment and after 1, 2, 3, 6, 9, and 12 months of treatment.

Administration of the 60 mg fexofenadine hydrochloride/120 mg pseudoephedrine hydrochloride combination tablet for approximately 2 weeks to 213 subjects with seasonal allergic rhinitis demonstrated no statistically significant increase in the mean QTc interval compared to fexofenadine hydrochloride administered alone (60 mg twice daily, n=215), or compared to pseudoephedrine hydrochloride (120 mg twice daily, n=215) administered alone.

Clinical Studies

In a 2-week, multicenter, randomized, double-blind, active-controlled trial in subjects 12-65 years of age with seasonal allergic rhinitis due to ragweed allergy (n=651), the 60 mg fexofenadine hydrochloride/120 mg pseudoephedrine hydrochloride combination tablet administered twice daily significantly reduced the intensity of sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes, and nasal congestion.

In three, 2-week, multicenter, randomized, double-blind, placebo-controlled trials in subjects 12-68 years of age with seasonal allergic rhinitis (n=1634), fexofenadine hydrochloride 60 mg twice daily significantly reduced total symptom scores (the sum of the individual scores for sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes) compared to placebo. Statistically significant reductions in symptom scores were observed following the first 60 mg dose, with the effect maintained throughout the 12-hour interval. In general, there was no additional reduction in total symptom scores with higher doses of fexofenadine hydrochloride up to 240 mg twice daily. Although the number of subjects in some of the subgroups was small, there were no significant differences in the effect of fexofenadine hydrochloride across subgroups of subjects defined by gender, age, and race. Onset of action for reduction in total symptom scores, excluding nasal congestion, was observed at 60 minutes compared to placebo following a single 60 mg fexofenadine hydrochloride dose administered to subjects with seasonal allergic rhinitis who were exposed to ragweed pollen in an environmental exposure unit.

INDICATIONS

TELFAS-D is indicated for the relief of symptoms associated with seasonal allergic rhinitis in adults and children 12 years of age and older. Symptoms treated effectively include sneezing, rhinorrhea, itchy nose/palate/ and/or throat, itchy/watery/red eyes, and nasal congestion.

TELFAS-D should be administered when both the antihistaminic properties of fexofenadine hydrochloride and the nasal decongestant properties of pseudoephedrine hydrochloride are desired.

CONTRAINDICATIONS

TELFAS-D is contraindicated in patients with known hypersensitivity to any of its ingredients. Due to its pseudoephedrine component, TELFAS-D is contraindicated in patients with narrow-angle glaucoma or urinary retention, severe acute or chronic kidney disease/renal failure, and in patients receiving monoamine oxidase (MAO) inhibitor therapy or within fourteen (14) days of stopping such treatment (see DRUG INTERACTIONS section). It is also contraindicated in patients with severe or uncontrolled hypertension, or severe coronary artery disease, and in those who have shown idiosyncrasy to its components, to adrenergic agents, or to other drugs of similar chemical structures. Manifestations of patient idiosyncrasy to adrenergic agents include: insomnia, dizziness, weakness, tremor, or arrhythmias. It is contraindicated in patients with urinary retention related to urethroprostatic disorders, with a history of seizures and patients using other vasoconstrictor agents used as nasal decongestants, whether administered orally or nasally.

WARNINGS

Posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS).

Cases of PRES and RCVS have been reported with the use of pseudoephedrine-containing products (see ADVERSE REACTIONS). The risk is increased in patients with severe or uncontrolled hypertension, or with severe acute or chronic kidney disease/renal failure (see CONTRAINDICATIONS).

Pseudoephedrine should be discontinued and immediate medical assistance sought if the following symptoms occur: sudden severe headache or thunderclap headache, nausea, vomiting, confusion, seizures and/or visual disturbances. Most reported cases of PRES and RCVS resolved following discontinuation and appropriate treatment.

Sympathomimetic amines should be used with caution in patients with hypertension, diabetes mellitus, ischemic heart disease, increased intraocular pressure, hyperthyroidism, renal impairment, or prostatic hypertrophy, hyperreactivity to ephedrine, stroke and psychosis. (see CONTRAINDICATIONS). Sympathomimetic amines may produce central nervous system stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Treatment should be discontinued if patients develop:

- Hypertension
- Tachycardia, palpitations, cardiac arrhythmias
- Any neurological symptoms such as onset or worsening of headache

Neurological and psychiatric symptoms and irregular heartbeat have been reported after systemic administration of vasoconstrictors, especially with overdose (see section OVERDOSAGE).

Risk of abuse:

Pseudoephedrine carries the risk of abuse. Increased doses may ultimately produce toxicity.

Continuous use can lead to tolerance resulting in an increased risk of overdosing.

The recommended maximum dose and treatment duration should not be exceeded (see DOSAGE AND ADMINISTRATION).

PRECAUTIONS

General

Patients with decreased renal function should be given a lower initial dose (one tablet per day) because they have reduced elimination of fexofenadine and pseudoephedrine (see CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION).

Use in renal impairment

Pseudoephedrine is contraindicated for use in patients with severe acute or chronic kidney disease/renal failure (see section CONTRAINDICATIONS).

Pseudoephedrine should be used with caution in patients with renal disease as up to 90% of pseudoephedrine is excreted unchanged in the urine.

Use in the elderly

Clinical studies of TELFAST-D did not include sufficient numbers of subjects aged 65 and older to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger subjects, although the elderly are more likely to have adverse reactions to sympathomimetic amines. The pseudoephedrine component of TELFAST-D is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function. Elderly patients may be more sensitive to the effects on the CNS.

Pediatric Use

Safety and effectiveness of TELFAST-D in children below the age of 12 years have not been established. In addition, the doses of the individual components in TELFAST-D exceed the recommended individual doses for pediatric patients under 12 years of age. TELFAST-D is not recommended for pediatric patients under 12 years of age.

Effects on laboratory tests

Related to Pseudoephedrine component

Athletes should be informed that treatment with pseudoephedrine hydrochloride can lead to positive results in doping tests.

Interference with serological testing

Pseudoephedrine has the potential to reduce iobenguane i-131 uptake in neuroendocrine tumors, thus interfering with scintigraphy.

Information for Patients

Patients taking TELFAST-D tablets should receive the following information: TELFAST-D tablets are prescribed for the relief of symptoms of seasonal allergic rhinitis. Patients should be instructed to take TELFAST-D tablets only as prescribed. Do not exceed the recommended dose. If nervousness, dizziness, or sleeplessness occur, discontinue use and consult the doctor. Patients should also be advised against the concurrent use of TELFAST-D tablets with other antihistamines and decongestants.

The product should not be used by patients who are hypersensitive to it or to any of its ingredients. Due to its pseudoephedrine component, this product should not be used by patients with narrow-angle glaucoma, urinary retention, or by patients receiving a monoamine oxidase (MAO) inhibitor or within 14 days of stopping use of MAO inhibitor. It also should not be used by patients with severe hypertension or severe coronary artery disease.

Patients should be told that this product should be used in pregnancy or lactation only if the potential benefit justifies the potential risk to the fetus or nursing infant. Patients should be advised to take the tablet on an empty stomach with water. Patients should be directed to swallow the tablet whole. Patients should be cautioned not to break or chew the tablet. Patients should also be instructed to store the medication in a tightly closed container in a cool, dry place, away from children.

Patients should be told that the inactive ingredients may occasionally be eliminated in the feces in a form that may resemble the original tablet (see DOSAGE AND ADMINISTRATION).

DRUG INTERACTIONS

Fexofenadine hydrochloride and pseudoephedrine hydrochloride do not influence the pharmacokinetics of each other when administered concomitantly.

Fexofenadine has been shown to exhibit minimal (ca. 5%) metabolism. However, co- administration of fexofenadine hydrochloride with either ketoconazole or erythromycin led to increased plasma concentrations of fexofenadine. The changes were not accompanied by any effects on the QT interval and were not associated with any increase in adverse events compared to the drugs given singly. Fexofenadine had no effect on the pharmacokinetics of either erythromycin or ketoconazole. In 2 separate studies, fexofenadine hydrochloride 120 mg twice daily (twice the recommended dose) was co-administered with erythromycin 500 mg every 8 hours or ketoconazole 400 mg once daily under steady-state conditions to healthy volunteers (n=24, each study). No differences in adverse events or QTc interval were observed when subjects were administered fexofenadine hydrochloride alone or in combination with either erythromycin or ketoconazole. The findings of these studies are summarized in the following table.

Effects on Steady-State Fexofenadine Pharmacokinetics After 7 Days of Co-Administration with Fexofenadine Hydrochloride 120 mg Every 12 Hours (Two times the recommended twice daily dose) in Healthy Volunteers (n=24)		
Concomitant Drug	C _{max, SS} (Peak plasma concentration)	AUC _{SS} (0-12h) (Extent of systemic exposure)
Erythromycin (500 mg every 8 hrs)	+ 82%	+ 109%
Ketoconazole (400 mg once daily)	+ 135%	+ 164%

The changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials.

The mechanism of these interactions has been evaluated in in vitro, in situ, and in vivo animal models. These studies indicate that ketoconazole or erythromycin co-administration enhances fexofenadine gastrointestinal absorption. This observed increase in the bioavailability of fexofenadine may be due to transport-related effects, such as p-glycoprotein. In vivo animal studies also suggest that in addition to enhancing absorption, ketoconazole decreases fexofenadine gastrointestinal secretion, while erythromycin may also decrease biliary excretion.

Due to the pseudoephedrine component, TELFAST-D is contraindicated in patients taking monoamine oxidase inhibitors and for 14 days after stopping use of an MAO inhibitor. Concomitant use of pseudoephedrine with monoamine oxidase inhibitors (MAOI) may lead to paroxysmal hypertension and hyperthermia, which can be fatal. A clinical drug-drug interaction study showed that co-administration of apalutamide (a weak inducer of P-glycoprotein) and a single oral dose of 30 mg fexofenadine resulted in a 30 % decrease in AUC of fexofenadine. Concomitant use with antihypertensive drugs which interfere with sympathetic activity (e.g., methyldopa, mecamlamine, and reserpine) may reduce their antihypertensive effects. Increased ectopic pacemaker activity can occur when pseudoephedrine is used concomitantly with digitalis. Concomitant use of pseudoephedrine with digitalis, quinidine or tricyclic antidepressants may increase risk of arrhythmia.

Care should be taken in the administration of TELFAST-D concomitantly with other sympathomimetic amines or vasoconstrictor agents because combined effects on the cardiovascular system may be harmful to the patient (see WARNINGS).

Concomitant use of pseudoephedrine with tricyclic antidepressants may diminish or enhance the effect of pseudoephedrine.

Drug Interactions with Antacids

Administration of 120 mg of fexofenadine hydrochloride (2 x 60 mg capsule) within 15 minutes of an aluminum and magnesium containing antacid (Maalox®) decreased fexofenadine AUC by 41% and C_{max} by 43%. TELFAST-D should not be taken closely in time with aluminum and magnesium containing antacids.

Interactions with Fruit Juices

Fruit juices such as grapefruit, orange and apple may reduce the bioavailability and exposure of fexofenadine. This is based on the results from 3 clinical studies using histamine induced skin wheals and flares coupled with population pharmacokinetic analysis. The size of wheal and flare were significantly larger when fexofenadine hydrochloride was administered with either grapefruit or orange juices compared to water. Based on the literature reports, the same effects may be extrapolated to other fruit juices such as apple juice. The clinical significance of these observations is unknown. In addition, based on the population pharmacokinetics analysis of the combined data from grapefruit and orange juices studies with the data from a bioequivalence study, the bioavailability of fexofenadine was reduced by 36%. Therefore, to maximize the effects of fexofenadine, it is recommended that TELFAST-D should be taken with water (see DOSAGE AND ADMINISTRATION).

PRECLINICAL SAFETY DATA

Genotoxicity

Fexofenadine showed no genotoxic activity in a series of assays for gene mutations and chromosomal damage.

Carcinogenicity

There are no studies evaluating the carcinogenic or mutagenic potential of TELFAST-D.

The carcinogenic potential and reproductive toxicity of fexofenadine HCl were assessed using terfenadine studies. No evidence of carcinogenicity was observed when mice and rats were given daily oral doses of 50 and 150 mg/kg of terfenadine for 18 and 24 months, respectively; these doses resulted in plasma AUC values of fexofenadine that were two to four times the human therapeutic value (based on a 60 mg twice daily fexofenadine HCl dose).

FERTILITY, PREGNANCY AND LACTATION

Effects on fertility

In rat fertility studies, dose-related reductions in implants and increases in post implantation losses were observed at oral doses equal to or greater than 150mg/kg of terfenadine respectively; these doses produced plasma AUC values of fexofenadine that were equal to or greater than three times the human therapeutic value respectively (based on a 60mg twice daily fexofenadine HCl dose).

Pregnancy

Teratogenic Effects: Category C. Terfenadine alone was not teratogenic in rats and rabbits at oral doses up to 300 mg/kg; 300 mg/kg of terfenadine produced fexofenadine AUC values that were approximately 4 and 30 times, respectively, the AUC at the maximum recommended human daily oral dose of TELFAST-D.

In mice, no adverse effects and no teratogenic effects during gestation were observed with fexofenadine at dietary doses up to 3730 mg/kg (approximately 15 times the maximum recommended human daily oral dose of TELFAST-D based on comparison of the AUCs).

The combination of terfenadine and pseudoephedrine hydrochloride in a ratio of 1:2 by weight was studied in rats and rabbits. In rats, an oral combination dose of 150/300 mg/kg produced reduced fetal weight and delayed ossification with a finding of wavy ribs. The dose of 150 mg/kg of terfenadine in rats produced an AUC value of fexofenadine that was approximately 4 times the AUC at the maximum recommended human daily oral dose of TELFAST-D. The dose of 300 mg/kg of pseudoephedrine hydrochloride in rats was approximately 10 times the maximum recommended human daily oral dose of TELFAST-D on a mg/m² basis. In rabbits, an oral combination dose of 100/200 mg/kg produced decreased fetal weight. By extrapolation, the AUC of fexofenadine for 100 mg/kg orally of terfenadine was approximately 10 times the AUC at the maximum recommended human daily oral dose of TELFAST-D. The dose of 200 mg/kg of pseudoephedrine hydrochloride was approximately 15 times the maximum recommended human daily oral dose of TELFAST-D on a mg/m² basis.

There are no adequate and well-controlled studies in pregnant women. TELFAST-D should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to an oral dose of 150 mg/kg of terfenadine; this dose produced an AUC of fexofenadine that was approximately 4 times the AUC at the maximum recommended human daily oral dose of TELFAST-D.

Nursing Mothers

It is not known if fexofenadine is excreted in human milk. Because many drugs are excreted in human milk, caution should be used when fexofenadine hydrochloride is administered to a nursing woman.

Fexofenadine is not recommended for nursing women unless, in the physician's judgment, the potential benefit to the patient outweighs the potential risk to the infant. There are no data on the content of human milk after administering fexofenadine. However, when terfenadine was administered to nursing mothers, fexofenadine was found to cross into human breast milk.

Exposure of rats to fexofenadine and terfenadine through the administration of terfenadine at dietary doses of 150 and 300 mg/kg/day throughout pregnancy and lactation (corresponding to systemic exposure at levels (AUC) approximately 3- and 6-fold higher than those anticipated in clinical use) caused decreased pup weight gain and survival. The relative risks of these effects from terfenadine or fexofenadine are unknown. Effects on pups exposed to fexofenadine only during lactation are unknown.

Pseudoephedrine is excreted in breast milk. Pseudoephedrine concentrations in milk are consistently higher than those in plasma. The total amount of drug in milk as judged by AUC is 2 to 3 times greater than the plasma AUC. The fraction of a pseudoephedrine dose excreted in milk is estimated to be 0.4% to 0.7%. A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when TELFAST-D is administered to nursing women.

ADVERSE REACTIONS

In one clinical trial (n=651) in which 215 subjects with seasonal allergic rhinitis received the 60 mg fexofenadine hydrochloride/120 mg pseudoephedrine hydrochloride combination tablet twice daily for up to 2 weeks, adverse events were similar to those reported either in subjects receiving fexofenadine hydrochloride 60 mg alone (n=218 subjects) or in subjects receiving pseudoephedrine hydrochloride 120 mg alone (n=218). A placebo group was not included in this study.

The percent of subjects who withdrew prematurely because of adverse events was 3.7% for the fexofenadine hydrochloride/ pseudoephedrine hydrochloride combination group, 0.5% for the fexofenadine hydrochloride group, and 4.1% for the pseudoephedrine hydrochloride group. All adverse events that were reported by greater than 1% of subjects who received the recommended daily dose of the fexofenadine hydrochloride/ pseudoephedrine hydrochloride combination are listed in the following table.

Adverse Experiences Reported In One Active-Controlled Seasonal Allergic Rhinitis Clinical Trial at Rates of Greater than 1%			
Adverse Experience	60 mg Fexofenadine Hydrochloride/120 mg Pseudoephedrine Hydrochloride Combination Tablet Twice Daily (n=215)	Fexofenadine Hydrochloride 60 mg Twice Daily (n=218)	Pseudoephedrine Hydrochloride 120 mg Twice Daily (n=218)
Headache	13.0%	11.5%	17.4%
Insomnia	12.6%	3.2%	13.3%
Nausea	7.4%	0.5%	5.0%
Dry Mouth	2.8%	0.5%	5.5%
Dyspepsia	2.8%	0.5%	0.9%
Throat Irritation	2.3%	1.8%	0.5%
Dizziness	1.9%	0.0%	3.2%
Agitation	1.9%	0.0%	1.4%
Back Pain	1.9%	0.5%	0.5%
Palpitation	1.9%	0.0%	0.9%
Nervousness	1.4%	0.5%	1.8%
Anxiety	1.4%	0.0%	1.4%
Upper Respiratory Infection	1.4%	0.9%	0.9%
Abdominal Pain	1.4%	0.5%	0.5%

Many of the adverse events occurring in the fexofenadine hydrochloride/ pseudoephedrine hydrochloride combination group were adverse events also reported predominately in the pseudoephedrine hydrochloride group, such as insomnia, headache, nausea, dry mouth, dizziness, agitation, nervousness, anxiety, and palpitation.

Fexofenadine Hydrochloride

In placebo-controlled clinical trials, which included 2461 subjects receiving fexofenadine hydrochloride at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated subjects. The incidence of adverse events, including drowsiness, was not dose related and was similar across subgroups defined by age, gender, and race. The percent of subjects who withdrew prematurely because of adverse events was 2.2% with fexofenadine hydrochloride vs 3.3% with placebo.

Events that have been reported during controlled clinical trials involving subjects with seasonal allergic rhinitis and chronic idiopathic urticaria at incidences less than 1% and similar to placebo and have been rarely reported during post marketing surveillance include: insomnia, nervousness, and sleep disorders or paroniria. In rare cases, rash, urticaria, pruritus and hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnea, flushing and systemic anaphylaxis have been reported.

Pseudoephedrine Hydrochloride

Pseudoephedrine hydrochloride may cause mild CNS stimulation in hypersensitive patients. Nervousness, excitability, restlessness, dizziness, weakness, or insomnia may occur. Headache, drowsiness, tachycardia, palpitation, pressor activity, cardiac arrhythmias, ischemic colitis and acute generalized exanthematous pustulosis (AGEP) have been reported. Sympathomimetic drugs have also been associated with other untoward effects such as fear, anxiety, tenseness, tremor, hallucinations, seizures, pallor, respiratory difficulty, dysuria, urinary retention and cardiovascular collapse. Manic symptoms such as insomnia, high or irritable mood, inflated self-esteem, increased activity or restlessness, racing thoughts, talking fast, and distractibility have been reported.

Post Marketing

Psychiatric disorders

Frequency not known: Anxiety, agitation, hallucination, nervousness, manic symptoms such as insomnia, high or irritable mood, inflated self-esteem, increased activity or restlessness, racing thoughts, talking fast, and distractibility

Nervous system disorders

Frequency not known: Posterior reversible encephalopathy syndrome (PRES) (see WARNINGS)

Frequency not known: Reversible cerebral vasoconstriction syndrome (RCVS) (see WARNINGS)

Frequency not known: Stroke, headache, seizures, dizziness, somnolence, tremor

Cardiac disorders

Frequency not known: Palpitations, arrhythmia, tachycardia

Vascular disorders

Frequency not known: Hypertension

Gastrointestinal disorders

Frequency not known: Nausea, vomiting, dry mouth, decreased appetite, ischemic colitis

Immune system disorders

Frequency not known: Hypersensitivity reactions

Respiratory, thoracic and mediastinal disorders

Frequency not known: Dyspnea

Skin and subcutaneous tissue disorders

Frequency not known: Rash, urticaria, pruritus, hyperhidrosis, acute generalized exanthematous pustulosis (AGEP)

Renal and urinary disorders

Frequency not known: Dysuria, urinary retention

General disorders and administration site

Frequency not known: Thirst, fatigue, asthenia, chest pain

OVERDOSAGE

Most reports of fexofenadine hydrochloride overdose contain limited information. However, dizziness, drowsiness, and dry mouth have been reported. Single doses of fexofenadine hydrochloride up to 800 mg (6 healthy volunteers at this dose level), doses up to 690 mg twice daily for one month (3 healthy volunteers at this dose level), and four times daily doses of 240 mg for one year were administered without the development of clinically significant adverse events. The maximum tolerated dose of fexofenadine was not established.

For the pseudoephedrine hydrochloride component of TELFAST-D, information on acute overdose is limited to the marketing history of pseudoephedrine hydrochloride. The expected pharmacological effects in cases

of overdose would be caused by the sympathomimetic properties of pseudoephedrine affecting the nervous, psychiatric and cardiac systems.

In large doses, sympathomimetics may give rise to giddiness, headache, nausea, vomiting, sweating, thirst, hypertension, tachycardia, precordial pain, irritability, convulsions, palpitations, difficulty in micturition, muscular weakness and tenseness, anxiety, restlessness, and insomnia. Many patients can present a toxic psychosis with delusions and hallucinations. Some may develop cardiac arrhythmias, circulatory collapse, convulsions, coma, and respiratory failure. Necessary measures should be taken to maintain and support respiration and circulation. Gastric lavage should be performed if indicated. Convulsions should be controlled with an anticonvulsant. Catheterisation of the bladder may be necessary. Alpha-Adrenergic blockade may be required to treat hypertensive crises and beta-adrenergic blockade for the control of supraventricular dysrhythmias. The elimination of pseudoephedrine can be accelerated by acid diuresis or by dialysis.

In the event of overdose, consider standard measures to remove any unabsorbed drug. Symptomatic and supportive treatment is recommended. Following administration of terfenadine, hemodialysis did not effectively remove fexofenadine, the major active metabolite of terfenadine, from blood (up to 1.7% removed). The effect of hemodialysis on the removal of pseudoephedrine is unknown. Excretion of pseudoephedrine is increased by lowering the pH of the urine. If sympathomimetic amines are necessary, caution should be used in the presence of pseudoephedrine.

No deaths occurred in mature mice and rats at oral doses of fexofenadine hydrochloride up to 5000 mg/kg (approximately 170 and 340 times, respectively, the maximum recommended human daily oral dose of TELFAST-D on a mg/m² basis.) The median oral lethal dose in newborn rats was 438 mg/kg (approximately 30 times the maximum recommended human daily oral dose of TELFAST-D on a mg/m² basis). In dogs, no evidence of toxicity was observed at oral doses up to 2000 mg/kg (approximately 450 times the maximum recommended human daily oral dose on a mg/m² basis). The oral median lethal dose of pseudoephedrine hydrochloride in rats was 1674 mg/kg (approximately 55 times the maximum recommended human daily oral dose of TELFAST-D on a mg/m² basis).

DOSAGE AND ADMINISTRATION

The recommended dose of TELFAST-D Extended-Release Tablets is ONE tablet twice daily administered on an empty stomach with water for adults and children 12 years of age and older. It is recommended that the administration of TELFAST-D with food should be avoided. A dose of one tablet once daily is recommended as the starting dose in patients with decreased renal function. (See CLINICAL PHARMACOLOGY and PRECAUTIONS.)

TELFASD-D must be swallowed whole and never crushed or chewed. Occasionally, the inactive ingredients of TELFAST-D may be eliminated in the feces in a form that may resemble the original tablet. (See PRECAUTIONS, Information for Patients.)

STORAGE

Store below 30°C

Keep medicine out of reach of children

Expiry date: Do not use later than the date of expiry

Presentation

TELFASD-D is a two-layer tablet, one white layer and one tan layer with a clear film coating on the tablet. The tablets are engraved with "06/012D" on the white layer.

Box contains 10 blisters x 10 tablets

Box contains 5 blisters x 10 tablets

Box contains 3 blisters x 10 tablets

Box contains 2 blisters x 10 tablets

Box contains 1 blister x 10 tablets

Not all pack size is marketed.

MANUFACTURE

Manufactured by:

Opella Healthcare International SAS,
56, Route de Choisy, 60200 Compiègne.

Packaged by:

PT Kalventis Sinergi Farma,
Jl. Jend. A. Yani, Pulo Mas, Jakarta 13210,
Indonesia

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Opella.