Countries: Malaysia

630 mm

210 mm

For the use of a Registered Medical Practitioner or a Hospital only

Biladrive-20

Bilastine Tablets 20 mg

COMPOSITION
Each uncoated tablet contains:
Bilastine 20 mg

LIST OF EXCIPIENTS:
Microcrystalline Cellulose (Vivapur 102)
Sodium starch glycolate (primojel)
Silica, colloidal Anhydrous (Aerosil 200)
Magnesium Stearate

AVAILABLE FORM:
White to off-white, oval shaped tablets with breakline on one side and plain on other side packed in Aluminium-Aluminium blister.
The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

PHARMACOLOGICAL PROPERTIES
Pharmacodynamic properties
Pharmacotherapeutic group: Antihistamines for systemic use, other antihistamines for systemic use.
ATC code: R06AX29.

Mechanism of action
Bilastine is a non-sedating, long-acting histamine antagonist with selective peripheral H1 receptor antagonist affinity and no affinity for muscarinic receptors.
Bilastine inhibited histamine-induced wheal and flare skin reactions for 24 hours following single doses.

Clinical efficacy and safety
In clinical trials performed in adult and adolescent patients with allergic rhinoconjunctivitis (seasonal and perennial), bilastine 20 mg, administered once daily for 14-28 days, was effective in relieving symptoms such as sneezing, nasal discharge, nasal itching, nasal congestion, ocular itching, tearing and ocular redness. Bilastine effectively controlled symptoms for 24 hours. In two clinical trials performed in patients with chronic idiopathic urticaria, bilastine 20 mg, administered once daily for 28 days was effective in relieving the itching intensity and the number and size of wheals, as well as the patients discomfort due to urticaria. Patients improved their sleep conditions and their quality of life.
No clinically relevant prolongation of QTc interval or any other cardiovascular effect has been observed in the clinical trials performed with bilastine, even at doses of 200 mg daily (10 times the clinical dose) for 7 days in 9 subjects, or even when coadministered with P-gp inhibitors, such as ketoconazole (24 subjects) and erythromycin (24 subjects). Additionally, a thorough QT study including 30 volunteers has been performed.
Bilastine at doses of up to 40 mg q.d. did not affect psychomotor performance in clinical trials and did not affect driving performance in a standard driving test.
Elderly patients (≥ 65 years) included in phase II and III studies showed no difference in efficacy or safety with respect to younger patients.

Paediatric population
No differences in efficacy and safety between adults and adolescents were seen.

Pharmacokinetic properties
Absorption
Bilastine is rapidly absorbed after oral administration with a time to maximum plasma concentration of around 1.3 hours. No accumulation was observed. The mean value of Bilastine oral bioavailability is 61%.

Distribution
In vitro and in *vivo* studies have shown that bilastine is a substrate of Pgp (see section Interaction with ketoconazole, erythromycin and diltiazem) and OATP (see section Interaction with grapefruit juice). Bilastine does not appear to be a substrate of the transporter BCRP or renal transporters OCT2, OAT1 and OAT3. Based on in vitro studies, Bilastine is not expected to inhibit the following transporters in the systemic circulation: P-gp, MRP2, BCRP, BSEP, OATP1B1, OATP1B3, OATP2B1, OAT1, OAT3, OCT1, OCT2, and NTCP, since only mild inhibition was detected for P-gp, OATP2B1 and OCT1, with an estimated IC50 ≥ 300 µM, much higher than the calculated clinical plasma C_{max} and therefore these interactions will not be clinically relevant. However, based on these results inhibition by bilastine of transporters present in the intestinal mucosa, e.g. P-gp, cannot be excluded.

At therapeutic doses Bilastine is 84-90% bound to plasma proteins.

Biotransformation
Bilastine did not induce or inhibit activity of CYP450 isoenzymes in in vitro studies.

Elimination
In a mass balance study performed in healthy adult volunteers, after administration of a single dose of 20 mg ^{14}C-bilastine, almost 95% of the administered dose was recovered in urine (28.3%) and faeces (66.5%) as unchanged bilastine, confirming that bilastine is not significantly metabolized in humans. The mean elimination half-life calculated in healthy volunteers was 14.5 h.

Linearity
Bilastine presents linear pharmacokinetics in the dose range studied (5 to 220 mg), with a low interindividual variability.

Renal impairment
Pharmacokinetic changes are not expected to have a clinically relevant influence on the safety of bilastine, since Bilastine plasma levels in patients with renal impairment are still within the safety range of bilastine.

Hepatic impairment
There are no pharmacokinetic data in subjects with hepatic impairment. Bilastine is not metabolized in human. Since the results of the renal impairment study indicate renal elimination to be a major contributor in the elimination, biliary excretion is expected to be only marginally involved in the elimination of bilastine. Changes in liver function are not expected to have a clinically relevant influence on bilastine pharmacokinetics.

Elderly
Only limited pharmacokinetic data are available in subjects older than 65 years. No statistically significant differences have been observed with regard to PK of bilastine in elderly aged over 65 years compared to adult population aged between 18 to 35 years.

Paediatric population
No pharmacokinetic data are available in adolescents (12 years to 17 years) as the extrapolation from adult data was deemed appropriate for this product.

INDICATION
Symptomatic treatment of allergic rhino-conjunctivitis (seasonal and perennial) and urticaria. Biladrive-20 is indicated in adults and adolescents (12 years of age and over).

DOSAGE AND ADMINISTRATION
Posology
Adults and adolescents (12 years of age and over)
20 mg Biladrive (1 tablet) once daily for the relief of symptoms of allergic rhinoconjunctivitis (SAR and PAR) and urticaria.
The tablet should be taken one hour before or two hours after intake of food or fruit juice.

Duration of treatment
For allergic rhino-conjunctivitis the treatment should be limited to the period of exposure to allergens. For seasonal allergic rhinitis treatment could be discontinued after the symptoms have resolved and reinitiated upon their reappearance. In perennial allergic rhinitis continued treatment may be proposed to the patients during the allergen exposure periods. For urticaria the duration of treatment depends on the type, duration and course of the complaints.

Special populations
Elderly
No dosage adjustments are required in elderly patients (see sections Pharmacodynamic and Pharmacokinetic properties).

Renal impairment
Studies conducted in adults in special risk groups (renally impaired patients) indicate that it is not necessary to adjust the dose of bilastine in adults (see section Pharmacokinetic properties).

Hepatic impairment
There is no clinical experience in adult patients with hepatic impairment. However, since bilastine is not metabolized and is eliminated as unchanged in urine and feces, hepatic impairment is not expected to increase systemic exposure above the safety margin in adult patients. Therefore, no dosage adjustment is required in adult patients with hepatic impairment. (see section Pharmacokinetic properties)

Paediatric population
Biladrive-20 is not indicated for children under 12 years of age. For summary of safety profile in children under 12 years of age, please refer to the package insert of other bilastine products intended for paediatric use for more information.

Method of administration:
Oral use.
The tablet is to be swallowed with water. It is recommended to take the daily dose in one single intake.

CONTRAINDICATION
Hypersensitivity to the active substance or to any of the excipients listed in list of excipients.

WARNINGS & PRECAUTIONS
Paediatric population
For summary of safety profile in children under 12 years of age, please refer to the package insert of Bilastine 10mg orodispersible tablets or Bilastine 2.5 mg/ml oral solution for more information.
In patients with moderate or severe renal impairment coadministration of bilastine with P-glycoprotein inhibitors, such as e.g, ketoconazole, erythromycin, cyclosporine, ritonavir or diltiazem, may increase plasmatic levels of bilastine and therefore increase the risk of adverse effects of bilastine. Therefore, coadministration of bilastine and P-glycoprotein inhibitors should be avoided in patients with moderate or severe renal impairment.

DRUG INTERACTIONS :
Interaction studies have only been performed in adults and are summarised below.
Interaction with food: Food significantly reduces the oral bioavailability of bilastine by 30%.

Interaction with grapefruit juice: Concomitant intake of bilastine 20 mg and grapefruit juice decreased bilastine bioavailability by 30%. This effect may also apply to other fruit juices. The degree of bioavailability decrease may vary between producers and fruits. The mechanism for this interaction is an inhibition of OATP1A2, an uptake transporter for which bilastine is a substrate (see section Pharmacokinetic properties). Medicinal products that are substrates or inhibitors of OATP1A2, such as ritonavir or rifampicin, may likewise have the potential to decrease plasma concentrations of bilastine.

Interaction with ketoconazole or erythromycin: Concomitant intake of bilastine 20 mg o.d. and ketoconazole 400 mg o.d. or erythromycin 500 mg t.i.d. increased bilastine AUC 2-fold and C_{max} 2-3 fold. These changes can be explained by interaction with intestinal efflux transporters, since Bilastine is substrate for P-gp and not metabolised (see section Pharmacokinetic properties).
These changes do not appear to affect the safety profile of Bilastine and ketoconazole or erythromycin, respectively.
Other medicinal products that are substrates or inhibitors of P-gp, such as cyclosporine, may likewise have the potential to increase plasma concentrations of bilastine.

Interaction with diltiazem: Concomitant intake of bilastine 20 mg o.d. and diltiazem 60 mg o.d. increased Cmax of bilastine by 50%. This effect can be explained by interaction with intestinal efflux transporters (see section Pharmacokinetic properties), and does not appear to affect the safety profile of bilastine.

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Interaction with alcohol: The psychomotor performance after concomitant intake of alcohol and 20 mg bilastine o.d. was similar to that observed after intake of alcohol and placebo.

Interaction with lorazepam: Concomitant intake of bilastine 20 mg o.d. and lorazepam 3 mg o.d. for 8 days did not potentiate the depressant CNS effects of lorazepam.

This medicine contain less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium free'

Paediatric population

Interaction studies have only been performed in adults.

FERTILITY, PREGNANCY AND LACTATION

Pregnancy: There are no or limited amount of data from the use of bilastine in pregnant women.

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity, parturition or postnatal development. As a precautionary measure, it is preferable to avoid the use of Bilastine during pregnancy.

Breast-feeding : The excretion of bilastine in milk has not been studied in humans. Available pharmacokinetic data in animals have shown excretion of bilastine in milk. A decision on whether to continue / discontinue breast-feeding or to discontinue/abstain from Bilastine must be made taking into account the benefit of breast-feeding for the child and the benefit of bilastine therapy for the mother.

Fertility: There are no or limited amount of clinical data. A study in rats did not indicate any negative effect on fertility

Effects on ability to drive and use machines

A study performed in adults to assess the effects of bilastine on the ability to drive demonstrated that treatment with 20 mg did not affect the driving performance. However, as the individual response to the medicinal product may vary, patients should be advised not to drive or use machines until they have established their own response to bilastine.

UNDESIRABLE EFFECTS:

Tabulated summary of adverse reactions in adult and adolescent patients

ADRs at least possibly related to bilastine and reported in more than 0.1% of the patients receiving 20 mg Bilastine during the clinical development (N=1697) are tabulated below.

Frequencies are assigned 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)

Rare, very rare and reactions with unknown frequency have not been included in the table

System Organ Class		Bilastine 20mg N=1697	All Bilastine Doses N = 2525	Placebo N = 1362
Frequency	**Adverse reaction**			
Infections and infestations				
Uncommon	Oral herpes	2 (0.12%)	2 (0.08%)	0 (0.0%)
Metabolism and nutrition disorders				
Uncommon	Increased appetite	10 (0.59%)	11 (0.44%)	7 (0.51%)
Psychiatric disorders				
Uncommon	Anxiety	6 (0.35%)	8 (0.32%)	0 (0.0%)
	Insomnia	2 (0.12%)	4 (0.16%)	0 (0.0%)
Nervous system disorders				
Common	Somnolence	52 (3.06%)	82 (3.25%)	39 (2.86%)
	Headache	68 (4.01%)	90 (3.56%)	46 (3.38%)
Uncommon	Dizziness	14 (0.83%)	23 (0.91%)	8 (0.59%)
Ear and labyrinth disorders				
Uncommon	Tinnitus	2 (0.12%)	2 (0.08%)	0 (0.0%)
	Vertigo	3 (0.18%)	3 (0.12%)	0 (0.0%)
Cardiac disorders				
Uncommon	Right bundle branch block	4 (0.24%)	5 (0.20%)	3 (0.22%)
	Sinus arrhythmia	5 (0.30%)	5 (0.20%)	1 (0.07%)
	Electrocardiogram QT prolonged	9 (0.53%)	10 (0.40%)	5 (0.37%)
	Other ECG abnormalities	7 (0.41%)	11 (0.44%)	2 (0.15%)
Respiratory, thoracic and mediastinal disorders				
Uncommon	Dyspnoea	2 (0.12%)	2 (0.08%)	0 (0.0%)
	Nasal discomfort	2 (0.12%)	2 (0.08%)	0 (0.0%)
	Nasal dryness	3 (0.18%)	6 (0.24%)	4 (0.29%)
Gastrointestinal disorders				
Uncommon	Upper abdominal pain	11 (0.65%)	14 (0.55%)	6 (0.44%)
	Abdominal pain	5 (0.30%)	5 (0.20%)	4 (0.29%)
	Nausea	7 (0.41%)	10 (0.40%)	14 (1.03%)
	Stomach discomfort	3 (0.18%)	4 (0.16%)	0 (0.0%)
	Diarrhoea	4 (0.24%)	6 (0.24%)	3 (0.22%)
	Dry mouth	2 (0.12%)	6 (0.24%)	5 (0.37%)
	Dyspepsia	2 (0.12%)	4 (0.16%)	4 (0.29%)
	Gastritis	4 (0.24%)	4 (0.16%)	0 (0.0%)
Skin and subcutaneous tissue disorders				
Uncommon	Pruritus	2 (0.12%)	4 (0.16%)	2 (0.15%)
General disorders and administration site conditions				
Uncommon	Fatigue	14 (0.83%)	19 (0.75%)	18 (1.32%)
	Thirst	3 (0.18%)	4 (0.16%)	1 (0.07%)
	Improved pre-existing condition	2 (0.12%)	2 (0.08%)	1 (0.07%)
	Pyrexia	2 (0.12%)	3 (0.12%)	1 (0.07%)
	Asthenia	3 (0.18%)	4 (0.16%)	5 (0.37%)
Investigations				
Uncommon	Increased gammaglu-tamyltran-sferase	7 (0.41%)	8 (0.32%)	2 (0.15%)
	Alanine aminotrans-ferase increased	5 (0.30%)	5 (0.20%)	3 (0.22%)
	Aspartate aminotran-sferase increased	3 (0.18%)	3 (0.12%)	3 (0.22%)
	Blood creatinine increased	2 (0.12%)	2 (0.08%)	0 (0.0%)
	Blood triglicerides increased	2 (0.12%)	2 (0.08%)	3 (0.22%)
	Increased weight	8 (0.47%)	12 (0.48%)	2 (0.15%)

Frequency not known (cannot be estimated from the available data): Palpitations, tachycardia, and hypersensitivity reactions (such as anaphylaxis, angioedema, dyspnoea, rash, localized oedema/local swelling, and erythema), and vomiting have been observed during the post-marketing period.

Description of selected adverse reactions in adult and adolescent patients

Somnolence, headache, dizziness and fatigue were observed either in patients treated with bilastine 20 mg or with placebo. The frequency reported was 3.06 % vs. 2.86% for somnolence; 4.01% vs. 3.38% for headache; 0.83% vs. 0.59% for dizziness, and 0.83% vs. 1.32% for fatigue.

Paediatric population

During the clinical development the frequency, type and severity of adverse reactions in adolescents (12 years to 17 years) were the same as observed in adults.

OVERDOSE:

After administration of bilastine at doses 10 to 11 times the therapeutic dose (220 mg as single dose or 200 mg/day for 7 days) to 26 adult healthy volunteers, frequency of treatment emergent adverse events was two times higher than with placebo. The adverse reactions most frequently reported were dizziness, headache and nausea. No serious adverse events and no significant prolongation in the QTc interval were reported. The information collected in the post-marketing surveillance is consistent with that reported in clinical trials.

Critical evaluation of Bilastine's multiple dose (100 mg x 4 days) effect on ventricular repolarization by a "thorough QT/QTc cross-over study" involving 30 adult healthy volunteers did not show significant QTc prolongation.

There are no data for overdose in children.

In the event of overdose symptomatic and supportive treatment is recommended.

There is no known specific antidote to Bilastine.

MANUFACTURING DETAILS

Presentation :

3X10 Alu Alu Blister Pack.

5X10 Alu Alu Blister Pack.

Not all pack sizes may be marketed.

Storage:

- Keep out of reach of children.
- Do not store above 30°C.

Shelf Life: Refer Carton

MEGA We care

Product Registration Holder in Malaysia:
MEGA LIFESCIENCES SDN BHD
B-28-02, The Ascent, Paradigm.
No.1, Jalan SS7/26A, Kelana Jaya, 47301 Petaling Jaya,
Selangor, Malaysia.

Manufactured by :
ATHENA DRUG DELIVERY SOLUTIONS PVT. LTD.
Plot no. A-1 to A-5, MIDC, Chemical Zone,
Ambernath (W), Thane 421501, Maharashtra State, INDIA.

Date of Revision : August 2026

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