Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Flixrelief 120 mg film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 120 mg of fexofenadine hydrochloride, equivalent to 112 mg of fexofenadine.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Film coated tablet.

Peach-coloured, oblong, biconvex (15.3 mm in length and 6.8 mm in width) film-coated tablet.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Flixrelief 120mg Film Coated Tablets is indicated in adults and children aged 12 years and above forthe relief of symptoms associated with allergic rhinitis.

4.2 Posology and method of administration

Posology

Adults
The recommended dose of fexofenadine hydrochloride for adults is 120 mg once daily taken before a meal.

Fexofenadine is a pharmacologically active metabolite of terfenadine.

Paedriatric population

Children aged 12 and over:
The recommended dose of fexofenadine hydrochloride for children aged 12 years and above is 120 mg once daily taken before a meal.

Children under 12 years of age:
The safety and efficacy of fexofenadine hydrochloride 120 mg have not been studied in children under 12 years of age.

Special populations
Studies conducted in special risk groups (elderly and patients with renal or hepatic impairment) have shown that no dose adjustment of fexofenadine hydrochloride is necessary in these patients.

4.3 Contraindications

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

4.4 Special warnings and precautions for use

There is only limited data in the elderly and patients with renal or hepatic impairment. Fexofenadine hydrochloride should be administered with caution in these special patient groups (see section 4.2).

Patients who have or have had cardiovascular disease should be warned, that antihistamines as a class of medicinal products have been associated with the adverse reactions, tachycardia and palpitations (see section 4.8).

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

4.5 Interaction with other medicinal products and other forms of interaction

Fexofenadine does not undergo hepatic biotransformation and therefore will not interact with other medicinal products through hepatic mechanisms.

Fexofenadine is a P-glycoprotein (P-gp) and organic-anion-transport polypeptide (OATP) substrate. Concomitant use of fexofenadine with P-gp inhibitors or inducers can affect the exposure to fexofenadine. Co-administration of fexofenadine hydrochloride with P-gp inhibitors, erythromycin or ketoconazole, has been found to result in a 2-3-times increase in the level of fexofenadine in plasma. These changes were not accompanied by any effect on the QT interval and were associated with any increase in adverse reactions compared to the medicinal product given singly.

A clinical drug-drug interaction study showed that co-administration of apalutamide (a weak inducer of P-gp) and a single oral dose of 30 mg fexofenadine resulted in a 30% decrease in AUC of fexofenadine.

No interaction between fexofenadine and omeprazole was observed. However, the administration of an antacid containing aluminium and magnesium hydroxide gels 15 minutes prior to fexofenadine hydrochloride cause a reduction in bioavailability, most likely due to binding in the gastrointestinal tract. It is advisable to leave 2 hours between administration of fexofenadine hydrochloride and aluminium and magnesium hydroxide containing antacids.

4.6 Fertility, pregnancy and lactation

Pregnancy
There is no adequate data from the use of fexofenadine hydrochloride in pregnant women.

Limited animal studies do not indicate any direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development (see section 5.3). Fexofenadine hydrochloride should not be used during pregnancy unless clearly necessary.

Breastfeeding
There are no data on the content in breast milk following administration of fexofenadine hydrochloride. However, fexofenadine has been found in breast milk after terfenadine was given to breastfeeding mothers. Therefore, fexofenadine hydrochloride is not recommended in mothers who are breast-feeding their infants.

Fertility
No human data on the effects of fexofenadine hydrochloride on fertility are available. In mice, fexofenadine hydrochloride treatment had no effect on fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

Based on the pharmacodynamic profile and adverse reactions reported, fexofenadine hydrochloride is unlikely to affect the ability to drive and use machines.
In objective tests, <invented name> has been shown to have no significant effects on the functioning of the central nervous system. This means that patients may drive or perform tasks that require concentration. However, in order to identify sensitive individuals who react abnormally to the medicine, it is recommended to monitor the patient's reaction to the medicine before driving or undertaking any complex tasks.

4.8 Undesirable effects

The following frequencies are used, where applicable:
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) and not known (cannot be estimated from available data).
Within each frequency grouping, adverse reactions are listed in in order of decreasing seriousness.

The following side effects have been reported in clinical trials in adults with an incidence similar to that observed for placebo:

Frequency Organ class	Common	Uncommon
Nervous system disorders	Headache, drowsiness, dizziness.	
Gastrointestinal disorders	Nausea.	
General disorders and administration site conidtions		Fatigue.

The following side effects have been reported during post-marketing surveillance in adults:

Frequency Organ class	Not known (cannot be estimated from the available data)
Immune system disorders	Hypersensitivity reactions with manifestations such as angioedema, tightness in the chest, dyspnoea, flushing and systemic anaphylaxis.
Psychiatric disorders	Insomnia, nervousness, sleep disturbances or nightmares/excessive dreaming (paraoniria).
Cardiac disorders	Tachycardia, palpitations.
Gastrointestinal disorders	Diarrhoea.
Skin and subcutaneous tissue disorders	Rash, urticaria, pruritus.
Eye disorders	Blurred vision.

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 HPRA Pharmacovigilance, Website: www.hpra.ie.

4.9 Overdose

Dizziness, drowsiness, fatigue and dry mouth have been reported with overdose of fexofenadine hydrochloride. Single doses up to 800 mg and doses up to 690 mg twice daily for 1 month, or 240 mg once daily for 1 year, have been administered to healthy adult subjects without the occurrence of clinically significant adverse events as compared to placebo. The maximum tolerated dose of fexofenadine hydrochloride has not been established.

The usual precautions should be considered to remove any unabsorbed medicinal product. Symptomatic and supportive treatment is recommended. Fexofenadine hydrochloride cannot be effectively removed from the blood by haemodialysis.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic classification: Antihistamines for systemic use
ATC code: R06AX26.

Mechanism of action

Fexofenadine hydrochloride is a non-sedating H1 antihistamine. Fexofenadine is a pharmacologically active metabolite of terfenadine.

Clinical efficacy and safety
In human histamine wheal and flare studies following administration of fexofenadine hydrochloride once and twice daily, the medicinal product was shown to exert an antihistamine effect occurring within 1 hour, achieving maximum at 6 hours and lasting for 24 hours. There was no evidence of tolerance development to these effects after 28 days of administration. A positive dose-response relationship was observed between oral doses of 10 mg to 130 mg. In this model of antihistamine activity, it was found that it required doses of at least 130 mg to achieve a constant effect over 24 hours. The maximum inhibition of swelling and redness of the skin was greater than 80%. Clinical studies conducted in patients with seasonal allergic rhinitis have shown that a dose of 120 mg is sufficient for 24 hours of effect.

No significant differences in QTc intervals were observed in patients with seasonal allergic rhinitis who received up to 240 mg fexofenadine hydrochloride twice daily for 2 weeks compared to placebo. Nor were significant changes in QTc intervals observed in healthy subjects who received up to 60 mg fexofenadine hydrochloride twice daily for 6 months, 400 mg twice daily for 6.5 days, and 240 mg once daily for 1 year, compared to placebo. Fexofenadine at concentrations 32 times higher than the therapeutic level in humans had no effect on the delayed rectifier K+ channel cloned from the human heart.

Fexofenadine hydrochloride (5-10 mg/kg orally) inhibited antigen-induced bronchospasms in sensitised guinea pigs, and at subtherapeutic concentrations (10-100 µm) it inhibited histamine release from peritoneal mast cells.

5.2 Pharmacokinetic properties

Absorption
After oral administration, fexofenadine hydrochloride is rapidly absorbed into the body. T_{max} occurs approximately 1-3 hours after administration. The mean C_{max} was approximately 427 ng/ml after administration of 120 mg once daily.

Distribution
Fexofenadine is 60-70% plasma protein bound.

Biotransformation and elimination
Fexofenadine undergoes negligible metabolism (hepatic or non-hepatic), being the only significant substance identified in animal and human faeces. The plasma concentration profiles of fexofenadine follow a bi-exponential decline with a terminal half-life ranging from 11 to 15 hours after repeated dosing. The single and multiple dose pharmacokinetics of fexofenadine are linear at oral doses up to 120 mg twice daily. At a dose of 240 mg twice daily, a slightly more than proportional increase (8.8%) was seen in the steady-state area below the curve, suggesting that the pharmacokinetics of fexofenadine are virtually linear at daily intake of these doses between 40 and 240 mg. The major route of elimination is assumed to occur via biliary excretion, while up to 10% of the administered dose is excreted unchanged in the urine.

5.3 Preclinical safety data

Dogs tolerated doses of 450 mg/kg administered twice daily for 6 months and showed no evidence of toxicity except for occasional vomiting. In single-dose studies in dogs and rodents, no significant treatment-related findings were observed at subsequent autopsy.

Studies with radiolabelled fexofenadine used in tissue studies on rats indicated that fexofenadine did not cross the blood-brain barrier.

It has been demonstrated in various *in vitro* and *in vivo* mutagenicity teststhat fexofenadine hydrochloride is not mutagenic.

The carcinogenic potential of fexofenadine hydrochloride was assessed based on terfenadine studies and supporting pharmacokinetic studies showing exposure to fexofenadine hydrochloride (via plasma AUC values). No evidence of carcinogenicity was observed in rats and mice given terfenadine (up to 150 mg/kg/day).

In a reproductive toxicity study in mice, fexofenadine hydrochloride did not impair fertility, was not teratogenic and did not impair pre- or postnatal development.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core:
Microcrystalline Cellulose
Croscarmellose Sodium
Maize Starch
Povidone K-30
Magnesium stearate

Tablet coating:
Hypromellose 2910 (6 mPas) (E464)
Titanium dioxide (E171)
Macrogol 400
Macrogol 4000
Iron oxide red (E172)
Iron oxide yellow (E172)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

4 years

6.4 Special precautions for storage

Keep the blister in the outer carton in order to protect from light and moisture.

6.5 Nature and contents of container

PVC/PVDC/Alu blisters of 2, 7, 10, 15, 20, 30 film-coated tablets.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal

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

7 MARKETING AUTHORISATION HOLDER

Haleon Ireland Limited
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Dungarvan
X35 Y983
Co. Waterford
Ireland

8 MARKETING AUTHORISATION NUMBER

PA0678/163/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 28th August 2026

10 DATE OF REVISION OF THE TEXT