

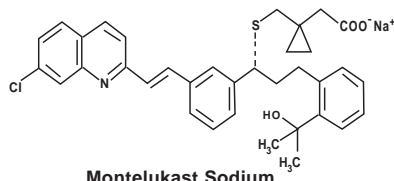
Montiget[®]

(Montelukast Sodium USP)

Film-coated Tablets, Chewable Tablets and Pediatric Granules.

DESCRIPTION

MONTIGET (Montelukast Sodium) is a selective and orally active leukotriene receptor antagonist that inhibits the cysteinyl leukotriene CysLT1 receptor, stimulation of which by circulating leukotrienes is thought to play a role in the pathogenesis of asthma. It suppresses both early and late bronchoconstrictor responses to inhaled antigens or irritants, but is not suitable for the management of acute attacks of asthma. Montelukast Sodium is described chemically as [*R*-(*E*)]-1-[[[1-[3-[2-(7-chloro-2-quinolinyl)ethenyl]phenyl]-3-[2-(1-hydroxy-1-methylethyl)propyl]thio]methyl]cyclopropaneacetic acid, monosodium salt. The molecular formula is C₃₅H₃₅ClNNaO₃S and the structural formula is:



Montiget Chewable Tablets 4mg is available as light pink to pink round biconvex shaped tablet engraved "GETZ" on one side and plain on other side.

Montiget Chewable Tablets 5mg is available as white round biconvex shaped tablet engraved "GETZ" on one side and plain on other side. Montiget Tablets 10mg is available as cream to light yellow colored, square shaped, film-coated tablets, having bisect line on one side and plain on other side. The scoring on the tablet is non-functional. Montiget Pediatric granules is available as white to off white granular powder.

QUALITATIVE & QUANTITATIVE COMPOSITION

MONTIGET (Montelukast Sodium) is available for oral administration as:

1. MONTIGET (Montelukast Sodium) Pediatric Granules 4mg
Each sachet contains:
Montelukast Sodium USP equivalent to
Montelukast...4mg
2. MONTIGET (Montelukast Sodium) Chewable Tablets 4mg
Each chewable tablet contains:
Montelukast Sodium USP equivalent to
Montelukast...4mg
3. MONTIGET (Montelukast Sodium) Chewable Tablets 5mg
Each chewable tablet contains:
Montelukast Sodium USP equivalent to
Montelukast...5mg
4. MONTIGET (Montelukast Sodium) Film-coated Tablets 10mg
Each film-coated tablet contains
Montelukast Sodium USP equivalent to
Montelukast...10mg

CLINICAL PHARMACOLOGY

Mechanism of Action

MONTIGET (Montelukast Sodium) is a competitive, selective and orally active leukotriene D4 (cysteinyl leukotriene CysLT1) receptor antagonist. The cysteinyl leukotrienes (LTC₄, LTD₄, LTE₄) are products of arachidonic acid metabolism and are released from various cells, including mast cells and eosinophils. These eicosanoids bind to cysteinyl leukotriene (CysLT) receptors. Binding of cysteinyl leukotrienes to leukotriene receptors has been correlated with the pathophysiology of asthma, including airway edema, smooth muscle contraction, and altered cellular activity associated with the inflammatory process, factors that contribute to the signs and symptoms of asthma. Thus, montelukast sodium inhibits physiologic actions of LTD₄ at the CysLT1 receptors, without any agonist activity.

Pharmacokinetics

Absorption:

Montelukast Sodium is rapidly absorbed following oral administration. Peak plasma concentrations of montelukast sodium are achieved in 2 to 4 hours after oral administration. The mean oral bioavailability is 64%.

Distribution:

Montelukast Sodium is more than 99% bound to plasma proteins. The mean plasma half-life of montelukast sodium ranged from 2.7 to 5.5 hours in healthy young adults. The pharmacokinetics of montelukast sodium is nearly linear for oral doses up to 50mg.

Metabolism:

Montelukast Sodium is extensively metabolized in the liver by cytochrome P450 isoenzymes CYP3A4, CYP2A6 and CYP2C9. Therapeutic plasma concentrations of montelukast sodium do not inhibit cytochromes P450 3A4, 2C9, 1A2, 2A6, 2C19, or 2D6.

Elimination:

The plasma clearance of montelukast sodium averages 45mL/min in healthy adults. Montelukast Sodium and its metabolites are excreted principally in the feces via the bile.

Special Populations:

Elderly, Pediatric, males, females, and patients with renal insufficiency have similar plasma pharmacokinetic profiles as young adults.

Hepatic Insufficiency:

Patients with mild-to-moderate hepatic insufficiency and clinical evidence of cirrhosis has evidence of decreased metabolism and prolonged elimination half life of montelukast sodium resulting in 41% higher mean montelukast sodium area under the plasma concentration curve (AUC) following a single 10mg dose. No dosage adjustment is required in patients with mild-to-moderate hepatic insufficiency.

Pediatric Patients

In children 6 to 11 months of age, the systemic exposure to montelukast and the variability of plasma montelukast concentrations were higher than those observed in adults. Safety and tolerability of montelukast in a single-dose pharmacokinetic study in children 6 to 23 months of age were similar to that of patients two years and above.

THERAPEUTIC INDICATIONS

- Prophylaxis and chronic treatment of asthma in patients 12 months of age and older.
- Relief of symptoms of allergic rhinitis (AR):
 - Seasonal allergic rhinitis (SAR) in patients 2 years of age and older.
 - Perennial allergic rhinitis (PAR) in patients 6 months of age and older.
- Acute prevention of exercise-induced bronchoconstriction (EIB) in patients 15 years of age and older.

DOSAGE AND ADMINISTRATION

The therapeutic effect of montelukast sodium on parameters of asthma control occurs within one day. MONTIGET (Montelukast Sodium) tablets, and Pediatric granules can be taken with or without food. Patients should be advised to continue taking the drug while their asthma is controlled as well as during periods of worsened asthma.

MONTIGET (Montelukast Sodium) should be taken once daily. For asthma, the dose should be taken in the evening. For seasonal allergic rhinitis, the time of administration may be individualized to suit patient needs.

Patients with both asthma and seasonal allergic rhinitis should take only one tablet or sachet daily in the evening.

Adults and Adolescents 15 Years of Age and Older with Asthma or Seasonal/Perennial Allergic Rhinitis:

The dosage for adults and adolescents 15 years of age and older is one 10mg tablet daily.

Pediatric patients 6 to 14 years of age with Asthma or Seasonal/Perennial Allergic Rhinitis:

The dosage for pediatric patients 6 to 14 years of age is one 5mg chewable tablet daily.

Pediatric patients 2 to 5 years of age with Asthma or Seasonal/Perennial Allergic Rhinitis:

The dosage for pediatric patients 2 to 5 years of age is one 4mg chewable tablet or one sachet of 4mg granules.

Pediatric patients 12 to 23 months of age with Asthma:

The dosage for pediatric patients 12 to 23 months of age is one sachet of 4mg oral granules.

Pediatric patients 6 to 23 months of age with Perennial Allergic Rhinitis:

The dosage for pediatric patients 6 to 23 months of age is one sachet of 4mg granules.

Exercise-Induced Bronchoconstriction (EIB) in Patients 15 Years of Age and Older:

For prevention of EIB, a single 10mg dose of MONTIGET (Montelukast Sodium) should be taken at least 2 hours before exercise. An additional dose of MONTIGET (Montelukast Sodium) should not be taken within 24 hours of a previous dose. Patients already taking MONTIGET (Montelukast Sodium) daily for another indication (including chronic asthma) should not take an additional dose to prevent EIB. All patients should have available for rescue a short-acting β -agonist. Safety and effectiveness in patients younger than 15 years of age have not been established. Daily administration of MONTIGET (Montelukast Sodium) for the chronic treatment of asthma has not been established to prevent acute episodes of EIB.

Asthma and Allergic Rhinitis:

Patients with both asthma and allergic rhinitis should take only one MONTIGET (Montelukast Sodium) dose daily in the evening.

Use of MONTIGET (Montelukast Sodium) in relation to other treatment for asthma:

MONTIGET (Montelukast Sodium) can be added to a patient's existing treatment regimen.

Reduction in concomitant therapy

- Bronchodilator Treatment: MONTIGET (Montelukast Sodium) can be added to the treatment of patients who are not adequately controlled on bronchodilator alone. When a clinical response is evident (usually after the first dose), the patient's bronchodilator therapy can be reduced as tolerated.
- Inhaled Corticosteroids: Treatment with MONTIGET (Montelukast Sodium) provides additional clinical benefit to patients treated with inhaled corticosteroids. A reduction in the corticosteroid dose can be made as tolerated. The dose should be reduced gradually with medical supervision. In some patients, the dose of the inhaled corticosteroids can be tapered off completely. MONTIGET (Montelukast Sodium) should not be abruptly substituted for inhaled corticosteroids.

Administration of MONTIGET (Montelukast Sodium) Pediatric granules

MONTIGET (Montelukast Sodium) Pediatric granules 4mg can be administered either directly in the mouth, or mixed with a spoonful of cold or room temperature soft foods. The sachet should not be opened until ready to use. After opening the sachet, the full dose (with or without mixing with food) must be administered within 15 minutes. If mixed with food, MONTIGET (Montelukast Sodium) Pediatric granules must not be stored for future use. Discard any unused portion. **MONTIGET (Montelukast Sodium) Pediatric granules are not intended to be dissolved in liquid for administration.** However, liquids may be taken subsequent to administration.

ADVERSE EFFECTS

Montelukast Sodium is generally well tolerated. However, following are the adverse effects reported which usually were mild and did not require discontinuation of therapy.

Most Common:

Stomach pain, stomach or intestinal upset, heartburn, tiredness, fever, stuffy nose, cough, flu, upper respiratory infection, dizziness, headache and rash.

Less Common:

Dry mouth, diarrhea, dyspepsia, nausea, vomiting, hepatic disorders, palpitations, edema, increased bleeding, hypersensitivity reactions (including anaphylaxis, angioedema, and skin reactions), drowsiness, indigestion, tremor, asthenia, dizziness, paraesthesia, hypoesthesia, arthralgia and myalgia.

CONTRAINDICATIONS

Montelukast Sodium is contraindicated in a patient who has shown hypersensitivity to the drug or any of its components. Montelukast sodium is not indicated for use in acute asthma attacks including status asthmaticus.

PRECAUTIONS

General:

- Montelukast Sodium should not be abruptly substituted for inhaled or oral corticosteroids. However the dose of inhaled corticosteroid may be reduced gradually under medical supervision.
- Although a casual relationship with leukotriene receptor antagonism has not been established, caution and appropriate clinical monitoring

is recommended when systemic corticosteroid reduction is considered in patients receiving montelukast sodium.

- Montelukast Sodium should not be used as monotherapy for the treatment and management of exercise-induced asthma. Patients who have exacerbations of asthma after exercise should continue to use their usual regimen of inhaled β -agonists as prophylaxis and should have it available as and when required.
- Montelukast Sodium does not block bronchoconstrictor response to aspirin or non-steroidal anti-inflammatory drugs in aspirin-sensitive asthmatic patients. Such patients should continue to avoid aspirin and other non-steroidal anti-inflammatory drugs.
- Caution should be exercised when using montelukast sodium with bronchodilator therapy. When clinical response is apparent the bronchodilator therapy should be reduced.

Pregnancy

Montelukast Sodium has not been studied in pregnant women. It should be used during pregnancy only if clearly needed.

Nursing Mothers

It is not known if montelukast sodium is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when MONTIGET (Montelukast Sodium) is given to a nursing mother.

Drug Interactions

It is recommended that clinical monitoring, particularly in children, be conducted when potent hepatic enzyme inducers such as phenytoin, phenobarbital, or rifampicin are given with montelukast sodium. No dosage adjustment for MONTIGET (Montelukast Sodium) is recommended. Also, plasma concentration of montelukast reduced by primidone.

OVERDOSAGE

Signs and Symptoms:

The most frequently occurring adverse experiences were consistent with the safety profile of montelukast and included abdominal pain, somnolence, thirst, headache, vomiting, and psychomotor hyperactivity.

Treatment:

No specific information is available on the treatment of overdose with montelukast. In the event of overdose, it is reasonable to employ the usual supportive measures; e.g., remove unabsorbed material from the gastrointestinal tract, employ clinical monitoring, and institute supportive therapy, if required. It is not known whether montelukast is dialysable by peritoneal- or hemo-dialysis.

STORAGE

Store below 30°C.

Protect from sunlight & moisture.

The expiration date refers to the product correctly stored at the required conditions.

HOW SUPPLIED

MONTIGET (Montelukast Sodium) Pediatric Granules 4mg are available in pack of 14 sachets.

MONTIGET (Montelukast Sodium) 4mg is available as pink colour chewable tablets in alu-alu blister packs of 2 x 7's.

MONTIGET (Montelukast Sodium) 5mg is available as white colour chewable tablets in alu-alu blister packs of 2 x 7's.

MONTIGET (Montelukast Sodium) 10mg is available as cream colour film-coated tablets in alu-alu blister packs of 2 x 7's.

Keep out of reach of children

To be sold on prescription of a registered medical practitioner only.

**Please read the contents carefully before use.
This package insert is continually updated from time to time.**



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