

(Montelukast Tablet BP/Chewable Tablet BP/Granules BP)

COMPOSITION

LUNGAIR 4mg Sachet: Each sachet (Granules) contains: Montelukast Sodium BP equivalent to Montelukast ... 4mg. [BP Specs.]

LUNGAIR 4mg Tablet: Each chewable tablet contains: Montelukast Sodium BP equivalent to Montelukast ... 4mg. [BP Specs.]

LUNGAIR 5mg Tablet: Each chewable tablet contains:

Montelukast Sodium BP equivalent to Montelukast ... 5mg. [BP Specs.]

LUNGAIR 10mg Tablet: Each film coated tablet contains: Montelukast Sodium BP equivalent to Montelukast ... 10mg. [BP Specs.]

MECHANISM OF ACTION: Selective leukotriene receptor antagonist that inhibits the cysteinyl leukotriene receptor. Cysteinyl leukotrienes and leukotriene receptor occupation have been correlated with the pathophysiology of asthma, including airway edema, smooth muscle contraction, and altered cellular activity associated with the inflammatory process, which contribute to the signs and symptoms of asthma.

PHARMACOKINETICS: Peak plasma concentrations of Montelukast are achieved in PHARMACOKINE IICS: Peak plasma concentrations of Montelukast are achieved in 2 to 4 hours after oral administration. The mean oral bioavailability is 64%. Montelukast is more than 99% bound to plasma proteins. It is extensively metabolized in the liver by cytochrome P450 isoenzymes CYP3A4, CYP2A6 & CYP2C9 and is excreted principally in the feces via the bile. Metabolism is reduced and the elimination half-life prolonged in patients with mild to moderate hepatic impairment.

INDICATIONS: LUNGAIR is indicated in adult and paediatric patients 2 years of age and older for the prophylaxis and chronic treatment of asthma, including the prevention and older for the prophylaxis and circlottic realitient of assimila, including the prevention of day- and night-time symptoms and the prevention of exercise-induced bronchospasm. Lungar is indicated for the relief of symptoms of allergic rhinitis (seasonal allergic rhinitis in adults and paediatric patients 2 years of age and older, and perennial allergic rhinitis in adults and paediatric patients 6 months of age and older).

DOSAGE AND ADMINISTRATION: Montelukast should be taken once daily. For DOSAGE AND ADMINISTRATION: Montelukast should be taken once daily. For asthma, the dose should be taken in the evening. For allergic rhinitis, the time of administration may be individualised to suit patient needs. Patients with both asthma and allergic rhinitis should take only one 10mg tablet daily in the evening. Adults 15 Years of Age and Older with Asthma and/or Allergic Rhinitis: The dosage for adults 15 years of age and older is one tablet 10mg daily. Exercise-Induced Bronchoconstriction (EIB) in Patients 15 Years of Age and Older: For prevention of EIB, a single dose of Montelukast 10mg tablet should be taken at least 2 hours before exercise. Paediatric Patients 6 to 14 Years of Age with Asthma and/or Allergic Rhinitis: The dosage for paediatric patients 6 to 14 years of age is one 5mg chewable tablet daily.

The dosage for paediatric patients 6 to 14 years of age is one 5mg chewable tablet disk. Paediatric Patients 2 to 5 Years of Age with Asthma and/or Allergic Rhinitis: The dosage for paediatric patients 2 to 5 years of age is one 4mg chewable tablet/one 4mg

Paediatric Patients 6 to 23 months of Age: The dosage for paediatric patients 6 months of age and older is one 4mg sachet.

GENERAL INSTRUCTIONS: The therapeutic effect of Montelukast on parameters of asthma control occurs within one day. Montelukast tablets can be taken with or without food. Patients should be advised to continue taking Montelukast while their asthma is controlled, as well as during periods of worsening asthma. No dosage adjustment is necessary for paediatric patients, for the elderly, for patients with renal insufficiency, or mild to moderate hepatic impairment.

Method of Administration of LUNGAR Sachets:

LUNGAR granules can be administered either directly in the mouth, or mixed with a spoonful of cold or room temperature soft food (e.g. applesauce, ice cream, carrots and rice). The sachet should not be opened until ready to use. After opening the sachet, the full dose of granules must be administered immediately (within 15 minutes). If mixed with food, granules must not be stored for future use. Lungar granules are not intended to be dissolved in liquid for administration. However, liquids may be taken subsequent to administration.

LUNGAR granules can be administered without regard to the timing of food ingestion. Interaction with Other Drugs for Asthma: Montelukast can be added to a patient's existing treatment regimen for asthma.

Reduction in Concomitant Therapy of Asthma:

Bronchodilator treatments: Montelukast can be added to the existing treatment regimen 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 Montelukast 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. In some patients, the dose of inhaled corticosteroids can be tapered off completely.

Montelukast should not be abruptly substituted for inhaled corticosteroids. CONTRA-INDICATIONS: Hypersensitivity to any component of this product. CONTRA-INDICATIONS: Hypersensitivity to any component of this product. WARNINGS AND PRECAUTIONS: The efficacy of oral Montelukast for the treatment of acute asthma attacks has not been established. Therefore, oral Montelukast should not be used to treat acute asthma attacks. Patients should be advised to have appropriate rescue medication available. While the dose of concomitant inhaled corticosteroid may be reduced gradually under medical supervision; Montelukast should not be abruptly substituted for inhaled or oral corticosteroids. The reduction is systemic corticosteroid dose in patients receiving anti-asthma agents including leukotriene receptor antagonists has been followed in rare cases by the occurrence of one or more of the following: eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy sometimes diagnosed as Churg-Strauss syndrome, a systemic eosinophilic vasculitis. Although a causal relationship with leukotriene receptor antagonism has not been established, caution and appropriate

with leukotriene receptor antagonism has not been established, caution and appropriate clinical monitoring are recommended when systemic corticosteroid reduction is considered in patients receiving Montelukast.

Pregnancy: Montelukast should not be used during pregnancy until clearly needed.

Nursing Mothers: It is not known if Montelukast is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Montelukast is given to a nursing mother.

SIDE EFFECTS: Montelukast has been generally well tolerated. Side effects usually are mild, generally do not require discontinuation of therapy. The overall incidence of side effects reported with Montelukast is comparable to placebo. Some of the common side effects include, asthenia, dyspepsia, disziness, headache, nasal congestion, cough, and flu like symptoms. In children observed side effects include, diarrhea, laryngitis, nausea etc.

INSTRUCTIONS: Store below 30°C. Protect from heat, light and moisture. Keep out

PRESENTATION:

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LUNGAIR sachets 4mg is available in the pack of 14 sachets.
LUNGAIR chewable tablets 4mg is available in the pack of 7'sx2 Alu Alu blister strips.
LUNGAIR chewable tablets 5mg is available in the pack of 7'sx2 Alu Alu blister strips.
LUNGAIR film coated tablets 10mg is available in the pack of 7'sx2 Alu Alu blister strips.





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