

## Name(s)

- **Generic:** loratadine (lor AT a deen) | **Brand:** Claritin, Alavert

## Therapeutic Category

- Antihistamine | H1-Receptor Antagonist | Second Generation Antihistamine | Piperidine Derivative

## Indication(s)

1. **Allergic rhinitis or Conjunctivitis:** Treats both nasal and non-nasal symptoms caused by seasonal allergies.
2. **Urticaria:** Treats itching caused by urticaria (hives).

## Dosage Form & Strength

- **Capsule:** 10 mg | **Solution:** 5 mg/5 mL | **Syrup:** 5 mg/ 5 mL
- **Tablet:** 10 mg | **Chewable Tablet:** 5 mg | **Disintegrating Tablet:** 5 mg, 10 mg

## Dosing by Indication

- Dosing for **Allergic rhinitis or Conjunctivitis** in **Adults:** 10 mg po qd OR 5 mg po bid. Max dose of 10 mg/day.
- Dosing for **acute and chronic Urticaria** in **Adults:** 10 mg po qd and may increase to 10 mg po bid if uncontrolled at lower dosing; however it is important to note that the higher dosing of 10 mg bid has limited data supporting the benefits.
- Dosing for **Allergic symptoms and Hay fever** in **Pediatrics:**
  - **Children ≥2 to <6 years of age** (liquid or chewable tablets): 5 mg po qd.
  - **Children ≥6 years of age to Adolescents** (liquid, capsule, tablet, chewable tablet, disintegrating): 5 mg po bid OR 10 mg po qd.
- Dosing for **Urticaria** in **Pediatrics:**
  - **Children ≥2 to <6 years of age:** 5 mg po qd.
  - **Children ≥6 years of age to Adolescents:** 10 mg po qd.

## Mechanism of Action & Pharmacology

- **MOA:** Selective H1-receptor antagonist. Long-acting tricyclic antihistamine.
- **Absorption:** Rapid | **Distribution:** 119 L/kg and selectively binds to the H1 receptors w/ no entry into the CNS. | **Metabolism:** Hepatically metabolized via the CYP2D6 and 3A4 pathway to an active metabolite; specifically descarboethoxyloratadine | **Excretion:** 40% in urine and 40% in feces | **Onset of Action:** 1-3 hours w/ the peak effect occurring around 8-12 hours. | **Time to Peak:** Loratadine in ~1.3 hours, the active metabolite in ~2.3 hours | **Duration of Action:** >24 hours | **Half-Life Elimination:** ~8.4 hours with the variability lying between 3-20 hours as loratadine and 28 hours with the variability lying between 8.8 and 92 hours. Hepatic impairment extends elimination to around 24 hours as loratadine and 37 hours as the active metabolite. | **Protein Binding:** 97-99% as loratadine and 73-76% as the active metabolite

## Special Populations & Considerations

- Dose adjustments should be considered in **elderly** patients those with **renal and hepatic impairment** due to the concentration in the blood plasma (AUC and Cmax) being increased.



- Considered safe in pregnancy when treating allergic rhinitis or urticaria but only when a second generation antihistamine is needed and with the lowest effective dose.

## Side Effects

- Generally limited side effect profile but patients may experience headaches, a sedated state, drowsiness, fatigue, and abdominal distress.

## Drug Interactions

- Do not use with desloratadine and other similar medications.
- Loratadine may increase CNS depressant effects of alcohol and other medications that affect the CNS.
- Loratadine may increase anticholinergic effects of anticholinergic agents such as dicyclomine and amantadine

## Monitoring Parameters

- Level of sedation if noticed.

## Patient Counseling Information

- Used to treat allergy signs and symptoms or to treat hives.
- Can be taken with or without regards to food and meals.
- Generally limited side effect profile but some patients do experience fatigue and headache.

## Reference(s)

- <https://www.drugs.com/ppa/loratadine.html>
- <https://www.webmd.com/drugs/2/drug-73-204/loratadine-oral/loratadine-oral/details>

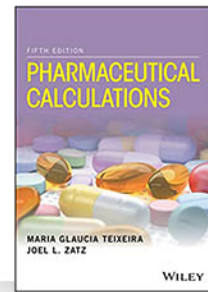
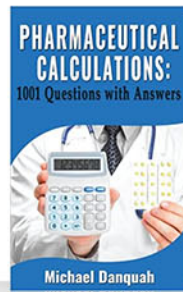


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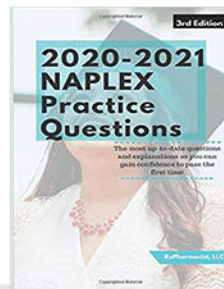
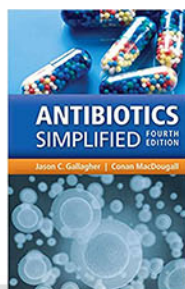
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



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