Levocetirizine should only be used during pregnancy when clearly needed. Caution should be observed in epileptic patients and patients at risk of convulsions. Depressants should be avoided. Concomitant use of levocetirizine with alcohol or other central nervous system (CNS) depressants should be avoided. Children 6 months to 11 years of age with renal impairment should use levocetirizine with caution. Breastfeeding is not recommended.

In humans, the extent of levocetirizine metabolism is less than 14% of the dose. Therefore, it is not expected to have a clinically relevant interaction when administered with theophylline. Theophylline disposition is not altered but this may cause decreased clearance (i.e., additional reduction in alertness, additional impairment of CNS performance).

The plasma elimination half-life of levocetirizine is approximately 1 to 3 hours following oral administration. Food has no effect on the extent of exposure of levocetirizine, but time to peak concentrations are seen at 0.5 hour for oral solution and 0.9 hour for tablets following oral administration. Differences in peak plasma concentrations (Cmax) and area under the plasma concentration-time curve (AUC) were similar following single dose and multiple dose administration in healthy volunteers. In patients with end-stage renal disease (creatinine clearance < 10 mL/min) or undergoing hemodialysis, the AUC is increased by 1.4- to 5.7-fold compared to patients with normal renal function. The plasma elimination half-life is increased by 1.4- to 5.7-fold compared to patients with normal renal function.

Levocetirizine is mainly excreted by the kidneys and the risk of adverse effects may be greater in patients with renal impairment. Levocetirizine is not removed by dialysis. The area under the plasma concentration-time curve (AUC) is increased by 1.4- to 5.7-fold compared to patients with normal renal function. The plasma elimination half-life is increased by 1.4- to 5.7-fold compared to patients with normal renal function.

Children: levocetirizine is not recommended in children less than 1 year of age and those with a body weight less than 10 kg. Levocetirizine is to be administered only under medical supervision with caution in children 1 to 18 years of age with renal impairment.

Overdose: Symptoms of levocetirizine overdose in adults may include drowsiness. In children, symptoms may include somnolence, fatigue, headache, myoclonus, orofacial dyskinesia, paresthesia, seizure, syncope, tic, tremor, and other neurological disorders. The most frequently reported adverse effects with levocetirizine include diarrhea, constipation, palpitations, tachycardia, and other cardiovascular disorders. The most frequently reported adverse effects with levocetirizine include diarrhea, constipation, palpitations, tachycardia, and other cardiovascular disorders. The most frequently reported adverse effects with levocetirizine include diarrhea, constipation, palpitations, tachycardia, and other cardiovascular disorders. The most frequently reported adverse effects with levocetirizine include diarrhea, constipation, palpitations, tachycardia, and other cardiovascular disorders.

Levocetirizine is a histamine H1-receptor antagonist. It selectively antagonizes histamine H1-receptors. Levocetirizine has greater and more consistent inhibition of histamine-induced wheal and flare. Compared with other antihistamines (e.g., desloratadine, fexofenadine, loratadine), it exhibits greater and more consistent inhibition of histamine-induced sneezing, increased nasal airway resistance, and skin wheal and flare. Levocetirizine (at half of cetirizine dosage) appears to be as potent as cetirizine in inhibiting histamine-induced wheal and flare. Levocetirizine is a histamine H1-receptor antagonist. It selectively antagonizes histamine H1-receptors. Levocetirizine has greater and more consistent inhibition of histamine-induced wheal and flare. Compared with other antihistamines (e.g., desloratadine, fexofenadine, loratadine), it exhibits greater and more consistent inhibition of histamine-induced wheal and flare.

Levocetirizine is not recommended in children less than 1 year of age and those with a body weight less than 10 kg. Levocetirizine is to be administered only under medical supervision with caution in children 1 to 18 years of age with renal impairment.