PACKAGE INSERT FOR

FLOMIST (AQUEOUS NASAL SPRAY)

SCHEDULING STATUS:

S2

PROPRIETARY NAME (AND DOSAGE FORM):

FLOMIST (Aqueous nasal spray)

COMPOSITION:

FLOMIST is an aqueous suspension of fluticasone propionate 0,05 % *m/v*. Each metered spray delivered contains 50 µg of fluticasone propionate.

Inactive ingredients are carboxymethyl cellulose sodium, glycerine, microcrystalline cellulose, and polysorbate 80.

Preservatives: Benzalkonium chloride 0,01 % *m/v*

Phenylethyl alcohol 0,25 % *v/v*

Inactive ingredients include glycerine, microcrystalline cellulose and carboxymethyl cellulose sodium (Avicel RC 591), polysorbate 80.

PHARMACOLOGICAL CLASSIFICATION:

A. 21.5.1 Corticosteroids and analogues.

PHARMACOLOGICAL ACTION:

Fluticasone propionate is a corticosteroid with potent *in vitro* glucocorticoid activity.

Pharmacokinetics:

Systemic absorption is variable. The plasma elimination half-life is approximately 3 hours. The average volume of distribution is about 4,2 litres per kilogram body weight. Plasma protein binding of fluticasone is approximately 91 %. Fluticasone is eliminated primarily in the faeces as the parent drug and as metabolites. Renal elimination accounts for less than 5 %.

INDICATIONS:

FLOMIST is indicated for prophylaxis and treatment of the symptoms of seasonal allergic rhinitis (hay fever) in adults and children over 12 years of age.

CONTRAINDICATIONS:

Hypersensitivity to fluticasone or to any of the ingredients of **FLOMIST**.

WARNINGS AND SPECIAL PRECAUTIONS:

Infection of the nasal airways is not a specific contraindication to treatment with **FLOMIST**, but should be treated appropriately.

The full benefit of **FLOMIST** may only be achieved after several days of treatment (see **"DOSAGE AND DIRECTIONS FOR USE"**).

If there is any reason to suspect impaired adrenal function, transferral of patients from systemic steroid treatment to **FLOMIST** should be done with great care.

FLOMIST may cause hypothalamic-pituitary-adrenal (HPA) axis suppression if higher dosages than recommended are given.

Appropriate additional therapy may be necessary, particularly to control eye symptoms, to counter a heavy challenge of summer allergens.

Systemic corticosteroid effects may occur in patients on **FLOMIST** treatment. Patients transferred from other intranasal steroids or oral steroids remain at risk of impaired adrenal reserve for a considerable time after transferring to **FLOMIST**.

Patients weaned off oral steroids, whose adrenocortical function is still impaired, should carry a steroid warning card indicating that they may need supplementary systemic steroids during a period of stress, e.g., worsening of allergic rhinitis, chest infections, major intercurrent illness, surgery, trauma, etc.

In rare cases intranasal therapy may unmask underlying eosinophilic conditions (e.g., Churg Strauss syndrome). These cases have usually been associated with reduction or withdrawal of oral corticosteroid therapy. A direct causal relationship has not been established.

Similarly replacement of systemic steroid treatment with intranasal therapy may unmask allergies, such as allergic asthma or eczema, previously controlled by the systemic medicine. These allergic conditions should be appropriately treated.

Systemic effects may occur with **FLOMIST**, particularly at high doses prescribed for long periods; these effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include adrenal suppression, growth retardation in children and adolescents, decrease in bone mineral density, cataract, and glaucoma. It is important, therefore, that the dose of **FLOMIST** is titrated to the lowest dose at which effective control is maintained.

It is recommended that the height of children receiving prolonged treatment with **FLOMIST** is regularly monitored.

Patients in a medical or surgical emergency, who require high doses of intranasal steroids and / or intermittent treatment with oral steroids, are at risk of adrenal insufficiency.

The extent of adrenal impairment may require specialist advice before elective procedures. The possibility of residual impaired adrenal response should always be borne in mind in emergency and elective situations likely to produce stress and appropriate corticosteroid treatment must be considered.

In children taking recommended doses of intranasal **FLOMIST**, adrenal function and adrenal reserve usually remain within the normal range. However, the possible effects of previous or intermittent treatment with oral steroids should not be discounted.

Patients on corticosteroid therapy may have adrenocortical suppression.

INTERACTIONS:

Concurrent use of cytochrome P450 3A4 enzyme inhibitors may cause increased plasma concentrations of **FLOMIST**.

PREGNANCY AND LACTATION:

Safety and efficacy in pregnancy and lactation have not been established.

As corticosteroids are teratogenic in animals, and intranasal corticosteroids are absorbed, teratogenicity in humans following intranasal application cannot be excluded.

DOSAGE AND DIRECTIONS FOR USE:

Shake the container gently before use.

FLOMIST should be administered by intranasal route.

Patients should be informed of the prophylactic nature of therapy with intranasal fluticasone propionate and that it should be taken regularly even when they are asymptomatic.

As maximum relief may only be obtained after 3 to 4 days after initiation of treatment, it is important to explain to the patient not to expect an immediate effect.

Adults and children over 12 years of age:

Prophylaxis and treatment of seasonal allergic rhinitis:

Two sprays into each nostril once daily, preferably in the morning. The maximum daily dose should not exceed two sprays into each nostril once daily, i.e. a total of 4 sprays per day. Treatment with **FLOMIST** should not continue for more than 6 months without consultation with a medical practitioner.

There is no need to adjust the dose in elderly patients.

For the transfer of patients being treated with oral corticosteroids:

Patients who have been treated with systemic steroids for long periods of time, or at a high dose, may have adrenocortical suppression.

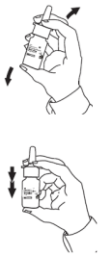
In these patients adrenocortical function should be monitored regularly and their dose of systemic steroid reduced cautiously.

After approximately a week, gradual withdrawal of the systemic steroid may be commenced. Decrements in dosages should be appropriate to the level of maintenance systemic steroid, and introduced at not less than weekly intervals. For maintenance doses of prednisolone (or equivalent) of 10 mg daily or less, the decrements in dose should not be greater than 1 mg per day, at not less than weekly intervals. For maintenance doses of prednisolone in excess of 10 mg daily, it may be appropriate to cautiously employ larger decrements in dose (e.g. 2,5 mg/day) at weekly intervals. In some patients on oral corticosteroids the dose reduction or replacement with intranasal corticosteroids may not be possible.

Some patients feel unwell in a non-specific way during the withdrawal phase despite maintenance or even improvement of respiratory function. They should be

encouraged to persevere with **FLOMIST** and to continue withdrawal of the systemic steroid, unless there are objective signs of adrenal insufficiency.

Directions for use:



1. Shake the container gently, then remove the dust cap.
2. Hold the container, as shown, with your forefinger and middle finger on either side of the nozzle and your thumb underneath the bottle.
3. Before using **FLOMIST** for the first time, or if it has not been used for a long time, shake the bottle, press several times until a fine uniform mist comes out of the nozzle.
4. Blow your nose gently.
5. Close one nostril and insert the nozzle in the other nostril, as shown. Tilt your head slightly forward, keeping the nozzle in the upright position.



6. Start to inhale through your nose and, while breathing in, press down to release a spray.
7. Breathe out through your mouth. Repeat steps 6 and 7 if another spray is required.

8. Repeat steps 5, 6 and 7 for the other nostril.
9. Wipe the nozzle with a clean cloth, replace the dust cap and store in an upright position.

Cleansing:

FLOMIST should be cleaned regularly (at least once a week).

1. Remove the dust cap and detach the nasal applicator (nozzle) from the bottle by pushing it upwards.
2. Wash the nasal applicator and dust cap in warm water.
3. Shake off excess water and allow to air dry completely (avoid excessive heat).
4. Replace the nozzle and dust cap.
5. If the nozzle becomes blocked, soak in warm water, rinse under a cold tap, allow to dry and refit. Do not use a pin or other sharp object to unblock the nozzle.

SIDE-EFFECTS:

Immune system disorders:

Less frequent:	Hypersensitivity reactions, including oedema of the face or tongue and skin rash, have been reported. Anaphylaxis/anaphylactic reactions and bronchospasm have been reported less frequently.

Nervous system disorders:

Frequent: Headache and dizziness have been reported.

Eye disorders:

Less frequent: Ocular hypertension, ophthalmic changes (blindness, blurred vision, eye pain, dry and irritated eyes).

Respiratory, thoracic and mediastinal disorders:

Frequent: Burning, dryness and irritation of the nose and throat (mild and transient).

Less frequent: Bronchial asthma, cough, and bronchitis.

Crusting inside the nose or epistaxis, sore throat, ulceration of the nasal mucosa, nasal candidiasis, pharyngeal candidiasis, flu-like symptoms, runny nose and sneezing. Nasal septal perforation has been reported in extremely rare instances following the use of intranasal corticosteroids.

The following side-effects have been reported and frequencies are unknown:

Unpleasant taste and smell.

Gastrointestinal system disorders:

Less frequent: Abdominal pain, diarrhoea, nausea and vomiting.

General disorders:

Less frequent: Fever.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Chronic - Prolonged use of **FLOMIST** in daily doses in excess of 2 mg may result in adrenal suppression. Monitoring of adrenal reserve may be necessary. Treatment with **FLOMIST** should be continued at a dose sufficient to control allergic rhinitis.

Acute - Temporary suppression of adrenal function may occur when **FLOMIST** is used at dosages in excess of those recommended. Treatment with **FLOMIST** should be continued at a dose sufficient to control allergic rhinitis. Recovery of adrenal function could be verified by measuring plasma cortisol.

IDENTIFICATION:

White, uniform, homogenous suspension.

PRESENTATION:

FLOMIST is supplied in an amber glass vial (15 ml), USP Type I, with a crimped, metering nasal spray assembly and a white dust cover. Each container delivers approximately 120 metered sprays, when used as recommended.

STORAGE INSTRUCTIONS:

Store at or below 25 °C.

Protect from light.

KEEP OUT OF THE REACH OF CHILDREN.

REGISTRATION NUMBER:

37/21.5.1/0289

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

CIPLA MEDPRO (PTY) LTD

Building 9

Parc du Cap

Mispel Street

Bellville

7530

RSA

DATE OF PUBLICATION OF THIS PACKAGE INSERT:

August 2010