Flohale HFA Inhaler

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Flohale HFA Inhaler

1. NAME OF THE MEDICINAL PRODUCT:

Fluticasone Propionate Inhalation

Flohale HFA Inhaler

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:

Flohale 50 HFA Inhaler
Each metered dose contains:
Fluticasone Propionate BP…… 50 mcg
Suspended in Propellant HFA 134a……q.s.

Flohale 125 HFA Inhaler
Each metered dose contains:
Fluticasone Propionate BP…… 125 mcg
Suspended in Propellant HFA 134a……q.s.

Flohale 250 HFA Inhaler
Each metered dose contains:
Fluticasone Propionate BP…… 250 mcg
Suspended in Propellant HFA 134a……q.s.

For full list excipient see section 6.1

3. PHARMACEUTICAL FORM:
Pressurized Aerosol for inhalation

4. CLINICAL PARTICULARS:

4.1 Therapeutic indications:
Fluticasone propionate given by inhalation offers prophylactic treatment for asthma.

Adults:
Mild asthma: Patients requiring intermittent symptomatic bronchodilator asthma medication on a regular daily basis.

Moderate asthma: Patients with unstable or worsening asthma despite prophylactic therapy or bronchodilator alone.

Severe asthma: Patients with severe chronic asthma and those who are dependent on systemic corticosteroids for adequate control of symptoms. On introduction of inhaled fluticasone propionate many of these patients may be able to reduce significantly, or to eliminate, their requirement for oral corticosteroids.

Children:
Any child who requires prophylactic medication, including patients not controlled on currently available prophylactic medication.

4.2 Posology and method of administration:
Patients should be made aware of the prophylactic nature of therapy with inhaled fluticasone propionate and that it should be taken regularly even when they are asymptomatic.

If patients find that relief with short-acting bronchodilator treatment becomes less effective or they need more inhalations than usual, medical attention must be sought.

Fluticasone propionate inhaler is for oral inhalation use only. Fluticasone propionate inhaler may be used with a spacer device by patients who find it difficult to synchronise aerosol actuation with inspiration of breath.

Patients should be made aware of the prophylactic nature of therapy with fluticasone propionate inhaler and that it should be taken regularly even when they are asymptomatic. The onset of therapeutic effect is within 4 to 7 days.

Adults and children over 16 years: 100 to 1,000 micrograms twice daily, usually as two twice daily inhalations.

Prescribers should be aware that fluticasone propionate is as effective as other inhaled steroids approximately at half the microgram daily dose. For example, a 100mcg of fluticasone propionate is approximately equivalent to 200 mcg dose of beclometasone dipropionate (CFC containing) or budesonide.

Due to the risk of systemic effects, doses above 500 micrograms twice daily should be prescribed only for adult patients with severe asthma where additional clinical benefit is expected, demonstrated by either an improvement in pulmonary function and/or symptom control, or by a reduction in oral corticosteroid therapy (see section 4.4 and section 4.8).

Patients should be given a starting dose of inhaled fluticasone propionate which is appropriate to the severity of their disease.

The dose may be increased until control is achieved or reduced to the minimum effective dose, according to the individual response.

Typical Adult Starting Doses:
For patients with mild asthma, a typical starting dose is 100 micrograms twice daily. In moderate and more severe asthma, starting doses may need to be 250 to 500 micrograms twice daily. Where additional clinical benefit is expected, doses of up to 1000 micrograms twice daily may be used. Initiation of such doses should be prescribed only by a specialist in the management of asthma (such as a consultant physician or general practitioner with appropriate experience).

The dose should be titrated down to the lowest dose at which effective control of asthma is maintained

Typical starting doses for children over 4years of age:
50 to 100 micrograms twice daily.

Many children's asthma will be well controlled using the 50 to 100 micrograms twice daily dosing regime. For those patients, whose asthma is not sufficiently controlled, additional benefit may be obtained by increasing the dose up to 200 micrograms twice daily.

The maximum licensed dose in children is 200 micrograms twice daily.

Flohale 125 and 250 mcg inhaler are not recommended for children below 16 years of age.

The starting dose should be appropriate to the severity of the disease. The dose should be titrated down to the lowest dose at which effective control of asthma is maintained.

Administration of doses above 1000 micrograms (500 micrograms twice daily) should be via a spacer device to help reduce side-effects in the mouth and throat. (See section 4.4)

Special patient groups:
There is no need to adjust the dose in elderly patients or those with hepatic or renal impairment.

Use of a spacer device with Flohale inhaler is recommended in patients who have, or are likely to have difficulties to coordinate actuation with inspiration.

A suitable spacer device can be used (depending on National Guidance). Limited data are available that demonstrate an increase in systemic exposure when different spacer devices are used (see section 4.4).

Patients should be instructed in the proper use and care of their inhaler and spacer and their technique checked to ensure optimum delivery of the inhaled drug to the lungs. **Patients should continue to use the same make of spacer device as switching between spacer devices can result in changes in the dose delivered to the lungs (see section 4.4).**

Re-titration to the lowest effective dose should always follow the introduction or change of a spacer device.

Instructions for use
It is important that you know how to use your inhaler properly. Your doctor, nurse or pharmacist will show you how to use your inhaler correctly and will check regularly that you are using your inhaler correctly. You must follow their instructions carefully, so that you know how, when and how many puffs to inhale and how often you must use your inhaler. The instructions should be on the pharmacist's label and are given in this leaflet. If you are not sure what to do or have problems inhaling then ask your doctor, nurse or pharmacist for advice. Carefully read the instructions for use in the Patient information leaflet.

Instructions for Using Flohale inhaler with spacer device
If you or your child find it difficult to use the Flohale inhaler, either your doctor or other healthcare provider may recommend using a spacer device with your inhaler. Your doctor, nurse, pharmacist or other healthcare provider should show you how to use the spacer device with your inhaler and how to care for your spacer device and will answer any questions you may have. It is important that if you are using a spacer device with your inhaler that you do not stop using it without talking to your doctor or nurse first. It is also important that you do not change the type of spacer device that you use without talking to your doctor. If you stop using a spacer device or change the type of spacer device that you use your doctor may need to change the dose of medicine required to control your asthma. Always talk to your doctor before making any changes to your asthma treatment.

Note: It is important to instruct the patient to:
- Carefully read the instructions for use in the instruction leaflet, which is packed with each spacer device.

On actuation of the aerosol the dose is released into the inhalation chamber. The inhalation chamber is then emptied by two slow deep breaths. Young children may need to breathe 5-10 times through the mouthpiece. For further doses the procedure is repeated. It is important to explain that when a small child is using the spacer device a parent or care should hold and support the spacer device in the child's mouth to ensure that the child breathes through the spacer device properly. For young children who are unable to breathe through the mouthpiece, a face mask can be used. Compatible face masks are available separately and care should be taken to ensure a good fit is achieved.

4.3 Contraindications:
Hypersensitivity to the active substance or any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use:
The management of asthma should follow a stepwise programme, and patient response should be monitored clinically and by lung function tests.

Patients' inhaler technique should be checked regularly to make sure that inhaler actuation is synchronised with inspiration to ensure optimum delivery to the lungs. During inhalation, the patient should preferably sit or stand. The inhaler has been designed for use in a vertical position.

Sudden and progressive deterioration in asthma control is potentially life-threatening and consideration should be given to increasing corticosteroid dosage. In patients considered at risk, daily peak flow monitoring may be instituted.

Fluticasone propionate inhaler is not designed to relieve acute symptoms for which an inhaled short-acting bronchodilator is required. Patients should be advised to have such rescue medication available.

Severe asthma requires regular medical assessment, including lung-function testing, as patients are at risk of severe attacks and even death. Increasing use of short-acting inhaled β_2-agonists to relieve symptoms indicates deterioration of asthma control. If patients find that short-acting relief bronchodilator treatment becomes less effective, or they need more inhalations than usual, medical attention must be sought. In this situation patients should be reassessed and consideration given to the need for increased anti-inflammatory therapy (e.g. higher doses of inhaled corticosteroids or a course of oral corticosteroids). Severe exacerbations of asthma must be treated in the normal way.

There have been very rare reports of increases in blood glucose levels, in patients with or without a history of diabetes mellitus (See section 4.8). This should be considered in particular when prescribing to patients with a history of diabetes mellitus.

As with other inhalation therapy, paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. Fluticasone propionate inhaler should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary.

Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods. These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, decrease in bone mineral density, cataract and glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). It is important therefore that the dose of inhaled corticosteroid is reviewed regularly and reduced to the lowest dose at which effective control of asthma is maintained.

Prolonged treatment with high doses of inhaled corticosteroids may result in adrenal suppression and acute adrenal crisis. Children aged < 16 years taking higher than licensed doses of fluticasone (typically ≥ 1000mcg/day) may be at particular risk. Situations, which could potentially trigger acute adrenal crisis, include trauma, surgery, infection or any rapid reduction in dosage. Presenting symptoms are typically vague and may include anorexia, abdominal pain, weight loss, tiredness, headache, nausea, vomiting, decreased level of consciousness, hypoglycaemia, and seizures. Additional systemic corticosteroid cover should be considered during periods of stress or elective surgery.

It is recommended that the height of children receiving prolonged treatment with inhaled corticosteroids is regularly monitored. If growth is slowed, therapy should be reviewed with the aim of reducing the dose of inhaled corticosteroid, if possible, to the lowest dose at which effective control of asthma is maintained. In addition, consideration should be given to referring the patient to a paediatric respiratory specialist.

Certain individuals can show greater susceptibility to the effects of inhaled corticosteroid than do most patients.

Administration of high doses, above 1000 mcg daily is recommended through a spacer to reduce side effects in the mouth and throat. However, as systemic absorption is largely through the lungs, the use of a spacer plus metered dose inhaler may increase drug delivery to the lungs. It should be noted that this could potentially lead to an increase in the risk of systemic adverse effects. A lower dose may be required (See section 4.2).

The benefits of inhaled fluticasone propionate should minimise the need for oral steroids. However, patients transferred from oral steroids, remain at risk of impaired adrenal reserve for a considerable time after transferring to inhaled fluticasone propionate. The possibility of adverse effects may persist for some time. These patients may require specialised advice to determine the extent of adrenal impairment before elective procedures. The possibility of residual impaired adrenal response should always be considered in emergency (medical or surgical) and elective situations likely to produce stress, and appropriate corticosteroid treatment considered.

Lack of response or severe exacerbations of asthma should be treated by increasing the dose of inhaled fluticasone propionate and, if necessary, by giving a systemic steroid and/or an antibiotic if there is an infection.

Replacement of systemic steroid treatment with inhaled therapy sometimes unmasks allergies such as allergic rhinitis or eczema previously controlled by the systemic drug. These allergies should be symptomatically treated with antihistamine and/or topical preparations, including topical steroids.

As with all inhaled corticosteroids, special care is necessary in patients with active or quiescent pulmonary tuberculosis.

Treatment with fluticasone propionate inhaler should not be stopped abruptly.

For the transfer of patients being treated with oral corticosteroids:

The transfer of oral steroid-dependent patients to fluticasone propionate inhaler and their subsequent management needs special care as recovery from impaired adrenocortical function, caused by prolonged systemic steroid therapy, may take a considerable time.

Patients who have been treated with systemic steroids for long periods of time or at a high dose may have adrenocortical suppression. With 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 is 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 10mg daily or less, the decrements in dose should not be greater than 1mg per day, at not less than weekly

PACKAGE LEAFLET: INFORMATION FOR THE USER

Flohale 50 HFA Inhaler

Flohale 125 HFA Inhaler

Flohale 250 HFA Inhaler

(Fluticasone Propionate Inhalation 50, 125 and 250 mcg/dose)

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, nurse or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, take to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What Flohale inhaler is and what it is used for
Fluticasone propionate belongs to a group of medicines called corticosteroids (often just called steroids). A very small dose of steroid is needed when it is inhaled. This is because it is inhaled straight to your lungs.

Flohale inhaler works by reducing swelling and irritation in the lungs. It has what is called an 'anti-inflammatory action'.

Flohale inhaler helps to prevent asthma attacks in people who need regular treatment. This is why it is sometimes called a 'preventer'. It needs to be used regularly, every day.

Flohale inhaler will not help treat sudden asthma attacks where you feel breathless.
- A different medicine is used for treating sudden attacks (called a 'reliever').
- If you have more than one medicine, be careful not to confuse them.

2. What you need to know before you use Flohale inhaler
Do not use
- if you are allergic to fluticasone propionate or the other ingredients of this medicine (listed in section 6).

Warnings and Precautions
Talk to your doctor, nurse or pharmacist before taking Flohale inhaler if:
- you have ever been treated for tuberculosis (TB).
- you are using Flohale inhaler at the same time as taking steroid tablets. Also if you have just finished taking steroid tablets. In both cases, you should carry a steroid warning card until your doctor tells you not to carry one.

If you are not sure if any of the above applies to you, talk to your doctor, nurse or pharmacist before using Flohale inhaler

Other medicines and Flohale inhaler
Tell your doctor, nurse or pharmacist if you are taking or have recently taken or might take any other medicines, including medicines obtained without a prescription. This includes herbal medicines. Remember to take this medicine with you if you have to go into hospital.

In particular tell your doctor or pharmacist if you are taking any of the following:
- a type of antiviral medicine known as a 'protease inhibitor' (such as ritonavir)
- medicines used to treat fungal infections (such as ketoconazole).

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Flohale inhaler

Using Flohale inhaler with food and drink
You can use Flohale inhaler at any time of day, with or without food.

Pregnancy and breast-feeding
If you are pregnant or breast-feeding, think you may be pregnant, or are planning to have a baby, ask your doctor for advice before taking this medicine.

Driving and using machines
Flohale inhaler is not likely to affect you being able to drive or use any tools or machines.

3. How to use Flohale inhaler
Fluticasone propionate inhaler comes in different strengths. Your doctor will have decided which strength you need. Always use Flohale inhaler exactly as your doctor has told you. Check with your doctor, nurse or pharmacist if you are not sure.

Using this medicine
- Make sure that you can use it properly.
- Instructions on how to use the inhaler are given as a step-by-step guide.
- If you are over 16 years of age and are on higher doses (above 1,000 micrograms daily) you should take your medicine via the spacer device to help reduce side-effects in the mouth and throat. Your doctor, nurse or pharmacist will be able to advise you about this.
- Some people find it difficult to release a puff of medicine just after they start to breathe in, The spacer device to help reduce side-effects in the mouth and throat. Your doctor, nurse or pharmacist will be able to advise you about this.
- **It takes a few days for this medicine to work and it is very important that you use it regularly**.

Adults and Children over 16 years of age
Mild asthma
- The usual starting dose is 100 micrograms twice a day.

Moderate to severe asthma
- The usual starting dose is 250 to 500 micrograms twice a day.
- The most taken should be 1000 micrograms twice a day.

Children (4 to 16 years of age)
- The usual starting dose is 50 micrograms twice a day.
- The most taken should be 200 micrograms twice a day.

Flohale 50 micrograms is not recommended for children below 4 years of age
Flohale 250 inhaler is not recommended for children below 16 years of age.

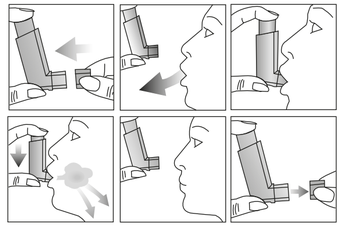
It is recommended that children being treated with steroids, including fluticasone propionate inhaler have their height checked regularly by their doctor.

Your doctor may give you a Flohale inhaler of a higher strength if your dose is increased.

If you are using high doses of an inhaled steroid for a long time you may sometimes need extra steroids for example during stressful circumstances such as a road traffic accident or before an operation. Your doctor may decide to give you extra steroid medicines during this time.

Patients who have been on high doses of steroids, including Flohale inhaler for a long time, must not stop taking their medicine suddenly without talking to their doctor. Suddenly stopping treatment can make you feel unwell and may cause symptoms such as vomiting, drowsiness, nausea, headache, tiredness, loss of appetite, low blood sugar level and fitting.

Instructions for use
It is important that you know how to use your inhaler properly. Your doctor, nurse or pharmacist will show you how to use your inhaler correctly and will check regularly that you are using your inhaler correctly. You must follow their instructions carefully, so that you know how, when and how many puffs to inhale and how often you must use your inhaler. The instructions should be on the pharmacist's label and are given in this leaflet. If you are not sure what to do or have problems inhaling then ask your doctor, nurse or pharmacist for advice.



1. To remove the mouthpiece cover, hold between the thumb and forefinger, squeeze gently and pull apart as shown. Check inside and outside to make sure that the mouthpiece is clean, and that there are no foreign objects.

Testing Your Inhaler: If the inhaler is new or if it has not been used for three days or more, one puff should be released into the air to make sure that it works.
2. Hold the inhaler upright as shown, with your thumb on the base, below the mouthpiece. Breathe out as far as is comfortable.
3. Place the mouthpiece in your mouth between your teeth and close your lips around it but do not bite it.
4. Just after starting to breathe in through your mouth press down on the top of the inhaler to release a puff while still breathing in steadily and deeply
5. Hold your breath; take the inhaler from your mouth and your finger from the top of the inhaler. Continue holding your breath for a few seconds or as long as is comfortable. Breathe out slowly.
6. If you are to take another puff, keep the inhaler upright and wait about half a minute before repeating steps 2 to 5.
7. After use always replace the mouthpiece cover to keep out dust and fluff. Replace firmly and snap into position.

Important: Do not rush steps 2, 3, 4 and 5.
It is important that you start to breathe in as slowly as possible just before operating the inhaler. Practice in front of a mirror for the first few times.

If you see 'mist' coming from the top of the inhaler or the sides of your mouth, product will not get into your lungs as it should. Take another puff, carefully following the instructions from Step 2 onwards.

People with weak hands may find it easier to hold the inhaler with both hands. Put the two forefingers on top of the inhaler and both thumbs on the bottom below the mouthpiece.

If you find it difficult to operate the inhaler while starting to breathe in you may use the spacer device. Ask your doctor, pharmacist or a nurse about this device.

Tell your doctor, nurse or pharmacist if you have any difficulties.

Cleaning: It is important to clean your inhaler at least once a week, to stop it blocking up.
- Pull the metal canister out of the plastic case of the inhaler and remove the mouthpiece cover.
- Rinse the plastic case and the mouthpiece cover in warm water. If you use a mild liquid detergent, rinse carefully with clean water before drying. Do not put the metal canister into water.
- Leave to dry thoroughly in a warm place. Avoid excessive heat.
- Replace the canister and mouthpiece cover.

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It is important that you also read the Package leaflet which is supplied with your spacer device and that you follow the instructions on how to use the spacer and on how to clean it, carefully.

Instructions for Using Flohale inhaler with spacer device

If you or your child find it difficult to use the **Flohale inhaler**, either your doctor or other healthcare provider may recommend using a spacer device with your inhaler. Your doctor, nurse, pharmacist or other healthcare provider should show you how to use the spacer device with your inhaler and how to care for your spacer device and will answer any questions you may have. It is important that if you are using a spacer device with your inhaler that you do not stop using it without talking to your doctor or nurse first. It is also important that you do not change the type of spacer device that you use without talking to your doctor. If you stop using a spacer device or change the type of spacer device that you use your doctor may need to change the dose of medicine required to control your asthma. Always talk to your doctor before making any changes to your asthma treatment.
Note: It is important to instruct the patient to:

- Carefully read the instructions for use in the instruction leaflet, which is packed with each spacer device.

On actuation of the aerosol the dose is released into the inhalation chamber. The inhalation chamber is then emptied by two slow deep breaths.

If you use more Flohale inhaler than you should
If you use more than you should, **talk to your doctor as soon as possible**.
It is important that you take your dose as stated on the pharmacist's label or as advised by your doctor. You should not increase or decrease your dose without seeking medical advice.

If you forget to use Flohale inhaler
- Take the next dose when it is due.
- Do not take a double dose to make up for the forgotten dose.

If you stop using Flohale inhaler
- **Do not stop treatment** even if you feel better unless told to do so by your doctor.

If you have any further questions on the use of this product, ask your doctor, nurse or pharmacist.

4. Possible side effects
Like all medicines, Flohale inhaler can cause side effects, although not everybody gets them.

If you notice any of the following serious side effects, stop using this medicine and talk to your doctor straight away. You may need urgent medical treatment.
- allergic reactions (affects less than 1 in 100 people) – the signs include skin rashes, redness, itching or weals like nettle rash or hives
- severe allergic reactions (may affect up to 1 in 10,000 people) – the signs include swelling of your face, lips, mouth, tongue or throat which may cause difficulty in swallowing or breathing, itchy rash, feeling faint and light headed and collapse
- your breathing or wheezing gets worse straight after using your inhaler.

Other side effects include:

Very common (affects more than 1 in 10 people)
- thrush in the mouth and throat

Common (affects less than 1 in 10 people)
- sore tongue or throat
- hoarseness of voice

Problems with your mouth and throat can be reduced by doing certain things straight after inhaling your dose. These are brushing your teeth, rinsing your mouth or gargling with water and spitting it out. Tell your doctor if you have these problems with your mouth or throat, but do not stop treatment unless you are told to.

The following side effects have also been reported in patients with Chronic Obstructive Pulmonary Disease (COPD):
- Pneumonia and bronchitis (lung infection). Tell your doctor if you notice any of the following symptoms: increased sputum production, change in sputum colour, fever, chills, increased cough, increased breathing problems
- Bruising.

Rare (may affect up to 1 in 1,000 people)
- thrush (candidiasis) in the oesophagus

Very rare (may affect up to 1 in 10,000 people)
- sleeping problems or feeling worried, over-excited and irritable. These effects are more likely to occur in young people.
- joint pains
- indigestion
- level of sugar (glucose) in your blood may be increased.
- the way steroids are produced by your body may be affected when using fluticasone propionate inhaler. This is more likely to happen if you use high doses for a long period of time (e.g. 400 micrograms daily in children).

This can cause:
- young people to grow more slowly.
- something called 'Cushing's syndrome'. This happens when you have too much steroid in your body and it can cause thinning of your bones and eye problems (such as cataracts and glaucoma which is high pressure in the eye).

Your doctor will help stop this happening by making sure you use the lowest dose of steroid which controls your symptoms.
Although the frequency is not known, the following side effects may also occur:

- depression, feeling restless or nervous. These effects are more likely to occur in children.
- nosebleeds

Talk to your doctor as soon as possible if:
- after 7 days of using Flohale inhaler your shortness of breath or wheezing does not get better, or gets worse.
- you or your child is on high doses of inhaled steroid and become unwell with vague symptoms such as tummy ache, sickness, diarrhoea, headache or drowsiness. This can happen during an infection such as a viral infection or stomach upset. It is important that your steroid is not stopped suddenly as this could make your asthma worse and could also cause problems with the body's hormones.

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.
By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Flohale inhaler
- Keep out of the reach and sight of children.
- Clean your inhaler on a weekly basis and if it becomes blocked as described under 'Cleaning',
- Do not use Flohale inhaler after the expiry date, which is stated on the label and carton after 'EXP'. The expiry date refers to the last day of that month.
- Do not store above 30°C (86°F). Do not refrigerate or freeze. Protect from frost and direct sunlight.
- If the inhaler gets very cold, take the metal canister out of the plastic case and warm it in your hands for a few minutes before use. Never use anything else to warm it up.
- The metal canister is pressurised. Do not puncture, break or burn it even when apparently empty.
- Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.
- If you are told to stop taking this medicine, return the inhaler to your pharmacist to be destroyed.

6. Contents of the pack and other information

What Flohale inhaler contains
- The active substance is fluticasone propionate
- The other ingredients are tetrafluoroethane (HFA-134a Propellant).

What Flohale inhaler looks like and contents of the pack
- Flohale HFA Inhaler comprises an aluminium alloy can sealed with a metering valve, actuator and dust cap.
- Each inhaler delivers 120 metered doses/actuations.

Marketing Authorisation Holder:
Cipla Ltd. India

Leaflet Revised: February 2017

Cipla

intervals. For maintenance doses of prednisolone in excess of 10mg daily, it may be appropriate to employ cautiously, larger decrements in dose at weekly intervals.

Some patients feel unwell in a non-specific way during the withdrawal phase despite maintenance or even improvement of the respiratory function. They should be encouraged to persevere with inhaled fluticasone propionate and to continue withdrawal of systemic steroid, unless there are objective signs of adrenal insufficiency.

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

Ritonavir can greatly increase the concentration of fluticasone propionate in plasma. Therefore, concomitant use should be avoided, unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side-effects. There is also an increased risk of systemic side effects when combining fluticasone propionate with other potent CYP3A inhibitors (see section 4.5).

4.5 Interaction with other medicinal products and other forms of interaction:
Under normal circumstances, low plasma concentrations of fluticasone propionate are achieved after inhaled dosing, due to extensive first pass metabolism and high systemic clearance mediated by cytochrome P450 3A4 in the gut and liver. Hence, clinically significant drug interactions mediated by fluticasone propionate are unlikely.

In an interaction study in healthy subjects with intranasal fluticasone propionate, ritonavir (a highly potent cytochrome P450 3A4 inhibitor) 100 mg b.i.d. increased the fluticasone propionate plasma concentrations several hundred fold, resulting in markedly reduced serum cortisol concentrations. Information about this interaction is lacking for inhaled fluticasone propionate, but a marked increase in fluticasone propionate plasma levels is expected. Cases of Cushing's syndrome and adrenal suppression have been reported. The combination should be avoided unless the benefit outweighs the increased risk of systemic glucocorticoid side-effects.

In a small study in healthy volunteers, the slightly less potent CYP3A inhibitor ketoconazole increased the exposure of fluticasone propionate after a single inhalation by 150%. This resulted in a greater reduction of plasma cortisol as compared with fluticasone propionate alone. Co-treatment with other potent CYP3A inhibitors, such as itraconazole, is also expected to increase the systemic fluticasone propionate exposure and the risk of systemic side-effects. Caution is recommended and long-term treatment with such drugs should, if possible, be avoided.

Studies have shown that other inhibitors of cytochrome P450 3A4 produce negligible (erythromycin) and minor (ketoconazole) increases in systemic exposure to fluticasone propionate without notable reductions in serum cortisol concentrations. Nevertheless, care is advised when co-administering potent cytochrome P450 3A4 inhibitors (e.g.ketoconazole) as there is potential for increased systemic exposure to fluticasone propionate.

4.6 Pregnancy and lactation:

Pregnancy
There is inadequate evidence of safety of fluticasone propionate in human pregnancy. Data on a limited number (200) of exposed pregnancies indicate no adverse effects of fluticasone propionate inhaler on pregnancy or the health of the foetus/new born child. To date no other relevant epidemiological data are available. Administration of corticosteroids to pregnant animals can cause abnormalities of fetal development, including cleft palate and intra-uterine growth retardation. There may therefore be a very small risk of such effects in the human fetus. It should be noted, however, that the fetal changes in animals occur after relatively high systemic exposure. Because fluticasone propionate inhaler delivers fluticasone propionate directly to the lungs by the inhaled route it avoids the high level of exposure that occurs when corticosteroids are given by systemic routes. Administration of fluticasone propionate during pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the fetus.

Lactation
The secretion of fluticasone propionate in human breast milk has not been investigated. Subcutaneous administration of fluticasone propionate to lactating laboratory rats produced measurable plasma levels and evidence of fluticasone propionate in the milk. However, plasma levels in humans after inhalation at recommended doses are likely to be low. When fluticasone propionate is used in breast-feeding mothers the therapeutic benefits must be weighed against the potential hazards to mother and baby.

4,7 Effects on ability to drive and use machines
Fluticasone propionate is unlikely to produce an effect.

4.8 Undesirable effects:
Adverse events are listed below by system organ class and frequency. Frequencies are defined as: very common (≥1/10), common (≥1/100 and <1/10), uncommon (≥1/1000 and <1/100), rare (≥ 1/10,000 and <1/1000), very rare (<1/10,000) and not known (cannot be estimated from the available data) including isolated reports. Very common, common and uncommon events were generally determined from clinical trial data. Rare and very rare events were generally determined from spontaneous data.

System Organ Class	Adverse Event	Frequency
Infections & Infestations	Candidiasis of the mouth and throat Pneumonia (in COPD patients) Oesophageal candidiasis	Very Common Common Rare
Immune System Disorders	Hypersensitivity reactions with the following manifestations:	
	Cutaneous hypersensitivity reactions	Uncommon
	Angioedema (mainly facial and oropharyngeal oedema)	Very Rare
	Respiratory symptoms (dyspnoea and/ or bronchospasm),	Very Rare
	Anaphylactic reactions	Very Rare
Endocrine Disorders	Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, decreased bone mineral density, cataract, glaucoma	Very Rare
Metabolism & Nutrition Disorders	Hyperglycaemia (see section 4.4)	Very Rare
Psychiatric Disorders	Anxiety, sleep disorders, behavioural changes, including hyperactivity and irritability (predominantly in children) Depression, aggression (predominantly in children)	Very Rare Not known
Respiratory, Thoracic & Mediastinal Disorders	Hoarseness/dysphonia Paradoxical bronchospasm Epistaxis	Common Very Rare Unknown
Gastrointestinal Disorders	Dyspepsia	Very Rare
Skin & Subcutaneous Tissue Disorders	Contusions	Common
Musculoskeletal & Connective Tissue Disorder	Arthralgia	Very Rare

Hoarseness and candidiasis of the mouth and throat (thrush) occurs in some patients. Such patients may find it helpful to rinse out their mouth with water after using the inhaler. Symptomatic candidiasis can be treated with topical anti-fungal therapy whilst still continuing with fluticasone propionate.

Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation, decreased bone mineral density, cataract, glaucoma (see section 4.4).

As with other inhalation therapy, paradoxical bronchospasm may occur (see section 4.4). This should be treated immediately with a fast-acting inhaled bronchodilator. Fluticasone propionate should be discontinued immediately, the patient assessed, and if necessary alternative therapy instituted.

There was an increased reporting of pneumonia in studies of patients with COPD receiving fluticasone propionate 500 micrograms. Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of pneumonia and exacerbation frequently overlap.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

4.9 Overdose:
Acute: Inhalation of the drug in doses in excess of those recommended may lead to temporary suppression of adrenal function. This does not necessitate emergency action being taken. In these patients treatment with fluticasone propionate by inhalation should be continued at a dose sufficient to control asthma adrenal function recovers in a few days and can be verified by measuring plasma cortisol.

If higher than approved doses are continued over prolonged periods, significant adrenocortical suppression is possible. There have been very rare reports of acute adrenal crisis occurring in children exposed to higher than approved doses (typically 1000 micrograms daily and above), over prolonged periods (several months or years); observed features included hypoglycaemia and sequelae of decreased consciousness and/or convulsions. Situations which could potentially trigger acute adrenal crisis include exposure to trauma, surgery, infection or any rapid reduction in dosage.

Chronic: refer to section 4.4: risk of adrenal suppression. Monitoring of adrenal reserve may be indicated. Treatment with inhaled fluticasone propionate should be continued at a dose sufficient to control asthma.

Treatment
Patients receiving higher than approved doses should be managed closely and the dose reduced gradually.

5. PHARMACOLOGICAL PROPERTIES:

5.1 Pharmacodynamic properties:
Fluticasone propionate given by inhalation at recommended doses has a potent glucocorticoid anti-inflammatory action within the lungs, resulting in a reduction of both symptoms and exacerbations of asthma, with a lower incidence and severity of adverse effects than those observed when corticosteroids are administered systemically.

5.2 Pharmacokinetic properties:
In healthy subjects the mean systemic bioavailability of fluticasone propionate is 28.6%. In patients with asthma (FEV, < 75% predicted) the mean systemic absolute bioavailability was reduced by 62%. Systemic absorption occurs mainly through the lungs and has been shown to be linearly related to dose over the dose range 500 to 2000 micrograms. Absorption is initially rapid then prolonged and the remainder of the dose may be swallowed.

Absolute oral bioavailability is negligible (<1%) due to a combination of incomplete absorption from the GI tract and extensive first-pass metabolism.

87-100% of an oral dose is excreted in the faeces, up to 75% as parent compound. There is also a non-active major metabolite.

After an intravenous dose, fluticasone propionate is extensively distributed in the body. The very high clearance rate indicates extensive hepatic clearance.

5,3 Preclinical safety data:
Toxicology has shown only those class effects typical of potent corticosteroids, and these only at doses greatly in excess of that proposed for therapeutic use. No novel effects were identified in repeat dose toxicity tests, reproductive studies or teratology studies. Fluticasone propionate is devoid of mutagenic activity *in vitro* and *in vivo* and showed no tumorigenic potential in rodents. It is both non-irritant and non-sensitising in animal models.

The non-CFC propellant, HFA 134a, has been shown to have no toxic effect at very high vapour concentrations, far in excess of those likely to be experienced by patients, in a wide range of animal species exposed daily for periods of two years.

The use of HFA 134a as a propellant has not altered the toxicity profile of fluticasone propionate compared to that using the conventional CFC propellant.

6 PHARMACEUTICAL PARTICULARS:

6,1 List of excipients
Tetrafluoroethane (HFA-134a Propellant).

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
24 months

6,4 Special precautions for storage
Do not store above 30°C (86°F). Do not refrigerate or freeze. Protect from frost and direct sunlight.

As with most medicines in pressurised canisters, the therapeutic effect of this medication may decrease when the canister is cold.

The canister should not be punctured, broken or burnt even when apparently empty.
Replace the mouthpiece cover firmly and snap into position.

6.5 Nature and contents of container
Aluminium pouch containing Silica gel bag and a labelled Aluminium container fitted with a suitable metering valve and a plastic actuator. Each container is filled to deliver 120 metered doses.

6.6 Instructions for use, handling and disposal
The aerosol spray is inhaled through the mouth into the lungs. After shaking the inhaler the patient should exhale, the mouthpiece should be placed in the mouth and the lips closed around it. The actuator is depressed to release a spray, which must coincide with inspiration of breath.

For detailed instructions for use refer to the Patient Information Leaflet in every pack.

7 MARKETING AUTHORISATION HOLDER
Cipla Ltd. India

8 MARKETING AUTHORISATION NUMBER (S)
Flohale-125:124832682901440 3
Flohale-250: 137929186156576 5

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
17/10/2016

10 DATE OF REVISION OF THE TEXT
February 2017

Cipla

21062742

PACKAGING DEVELOPMENT

Product Name: Flohale Inhaler	**Material No.:** 21062742	**Version:** 01	**Item:** Leaflet	**Co-ordinator:** Shilpa	**Artist:** Vaibhav	**Date:** 15-5-17
Colours: BLUE WOOL TEST VALUE 5-8 (LIGHT FASTENING DATA) ■ **Black**				**INK:** Oil based Ink from DIC OR MICRO		
Design: Booklet	**Reference: New**			**Software:** Illustrator CC		
Fonts: ——	**Links:** NA					
Actual Size: 455 x 270 mm	**Size after folding: 65 x 30 mm**	**Pharmacode : 344_mini**	**Grain Direction :** Parallel to length			**Screen : #** __
Material: 40 GSM ITC Paper with perforated tape printed with "↑Tear Here↑"			**Varnish:**	**Artwork Print Size:** ☐ **actual** ☐ **scaled**		
Path: PC: F:\Vaibhav\April 2017 to March 2018\Shilpa\21062742 Flohale Inhaler Leaflet Iran.ai						

- **Instructions / Remark:**
- Any deviation must be brought to the notice of packaging development co-ordinator immediately.
- For any clarification, please contact packaging development co-ordinator immediately.
  NO CHANGES IN ARTWORK SHOULD BE DONE BY THE PRINTER
- The printer should verify the e-proof against the approved artwork before submitting for approval and the e-proof should have printer details .

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Pharma Code	☐	☐		
2D Code	☐	☐		
QR Code	☐	☐		
Bar Code	☐	☐		
Artwork	☐	☐		
Spell check	☐	☐		