Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Tilade CFC-Free Inhaler 2mg per actuation pressurised inhalation suspension

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

One metered dose (ex-valve) contains 2mg neodocromil sodium.

For a full list of Excipients, see 6.1

3 PHARMACEUTICAL FORM

Pressurised container fitted with a metering valve containing an off-white to pale yellow pressurised inhalation suspension.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Tilade CFC-Free is recommended for the treatment of bronchial asthma where regular preventative anti-inflammatory therapy is indicated and, in particular, in patients whose asthma is not adequately controlled by bronchodilators alone.

4.2 Posology and method of administration

For inhalation use.

Adults, including the elderly and children over 6 years of age.
The initial dose is 4 mg (2 metered doses) four times daily. Once control of symptoms has been achieved it may be possible to reduce the dose to a maintenance dose of 4mg (2 metered doses) twice daily.

Tilade CFC-Free is intended for regular daily use and should not be used for the relief of symptoms in an acute attack.

Tilade CFC-Free is not recommended for use in children 6 years of age and younger.

Concomitant Bronchodilator Therapy
Where a concomitant inhaled bronchodilator is prescribed it is recommended that this be administered prior to Tilade CFC-Free.

Concomitant Steroid Therapy
In patients currently treated with steroids, the addition of Tilade CFC-Free to the regimen may make it possible to reduce the maintenance dose of steroids, or discontinue steroid therapy completely. The patient must be carefully supervised while the steroid dose is reduced; a rate of 10% weekly is suggested.

If a reduction of a steroid dose has been possible, Tilade CFC-Free should not be withdrawn until steroid cover has been re-instituted.

Method of Administration
If the inhaler is new, it should be primed by actuating 4 times prior to use. If not used for more than 3 days, additional priming with 1-2 actuations is advised.

The inhaler should be well shaken and the mouthpiece cover removed. The mouthpiece of the inhaler should be placed in the mouth and the lips closed around it prior to the patient beginning to breathe in. The patient should then be instructed to breathe in slowly and deeply through the mouth and as inhalation begins the aerosol should be actuated by pressing the can down firmly with the first finger whilst continuing to breathe in. The breath should then be held for 10 seconds before exhaling into the air. To avoid condensation of moisture in the inhaler and blocking of the spray, exhalation through the inhaler should be avoided. If the patient needs two metered doses they should be instructed to wait for about one minute before repeating the metered dose. The mouthpiece cover should be replaced following use. To prevent excessive accumulation of powder the plastic body, consisting of the adapter, mouthpiece and mouthpiece cover, should be rinsed in hand hot water twice a week and then thoroughly dried.

4.3 Contraindications

Tilade CFC-Free is contraindicated in patients with known hypersensitivity to nedocromil sodium or to any of the other constituents.

4.4 Special warnings and precautions for use

Tilade CFC-Free must not be used for the relief of an acute attack of bronchospasm.

Since therapy is prophylactic, it is important that Tilade CFC-Free be used regularly, every day, in those patients who benefit, even if they become asymptomatic. The patient should also be advised that because several doses may be needed to establish benefit, relief may not be apparent immediately, but may take some weeks to develop.

Patients should be advised to have relief medication available (such as an inhaled short-acting bronchodilator) to relieve symptoms of acute asthma, and must be instructed to seek medical attention if their relief medication becomes less effective, or if more metered doses than usual are required to control symptoms.

In those cases where corticosteroid therapy has been reduced or discontinued, such therapy may need to be increased or be re-instated if symptoms of asthma worsen - particularly during periods of stress, such as infection, illness, trauma, severe antigen challenge. Alternative therapeutic management may also need to be considered.

Withdrawal of Tilade CFC-Free therapy
If it is necessary to withdraw this treatment, it should be done progressively over a period of one week. Symptoms of asthma may reoccur.

4.5 Interaction with other medicinal products and other forms of interaction

None known.

4.6 Fertility, pregnancy and lactation

Administration of drugs during pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. As with all medications caution should be exercised especially during the first trimester of pregnancy.

There is no information on the use of nedocromil sodium formulated with propellant HFA-227 or with propellant HFA-227 alone in human pregnancy. However studies of HFA-227 administered to pregnant and lactating animals have not revealed any special risk and cumulative clinical experience with nedocromil sodium formulated with CFC propellants would suggest that nedocromil sodium has no adverse effects on foetal development. Nedocromil sodium formulated with propellant HFA-227 (in Tilade CFC-Free) should only be used in pregnancy where there is a clear need.

On the basis of animal studies and its physicochemical properties it is considered that only negligible amounts of nedocromil sodium may pass into human breast milk. There is no evidence to suggest that the use of nedocromil sodium during breast-feeding has any undesirable effects on the baby.

However there is no experience to date with nedocromil sodium formulated with propellant HFA-227 or with propellant HFA-227 alone during lactation in female patients with asthma. Nedocromil sodium formulated with propellant HFA-227 (as in Tilade CFC-Free) should only be used in lactation where there is a clear need and its use should be restricted to those situations where it is felt that the expected benefit to the mother is likely to outweigh any potential risk to the neonate.

4.7 Effects on ability to drive and use machines

Tilade CFC- Free has no known effect on ability to drive or operate machinery.

4.8 Undesirable effects

The principal side effects reported are headache and upper gastrointestinal tract symptoms (nausea, vomiting, dyspepsia and abdominal pain). Throat irritation and pharyngitis may also occur. These are usually mild and transient. Rare occurrences of unusual or unpleasant taste have been reported. In common with other inhaled medications Tilade CFC-Free may produce cough or bronchospasm.

As with other inhalation therapy, paradoxical bronchospasm may occur with an immediate increase in wheezing, dyspnoea and/or tightness in the chest following administration. This requires immediate treatment with a fast-acting inhaled bronchodilator and immediate medical attention must be sought straightaway. Therapy with Tilade CFC-Free should be discontinued immediately and alternative treatment instituted.

4.9 Overdose

Animal studies have not shown evidence of toxic effects of nedocromil sodium even at high dosage, nor have extended human studies revealed any safety hazard with the drug. Overdosage is therefore unlikely to cause problems, but if suspected, treatment should be supportive and directed to the control of the relevant symptoms.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Tilade CFC-Free contains nedocromil sodium, a non-steroidal agent, which has anti-inflammatory properties when administered topically in the lung. In-vivo, ex-vivo and in-vitro studies have shown that nedocromil sodium has beneficial effects on cellular, humoral and neuronal mechanisms thought to be involved in the inflammation of bronchial asthma. In the treatment of bronchial asthma, nedocromil sodium reduces bronchospasm, cough and bronchial hyperreactivity and improves objective measurements of lung function.

5.2 Pharmacokinetic properties

After inhalation of nedocromil sodium (in common with other drugs inhaled using an MDI) a small fraction (generally 10%) reaches the lungs, while a major portion of the dose is deposited in the mouth or oropharynx and swallowed. The oral absorption of nedocromil sodium from the gastrointestinal tract is low, being approximately 2% of an orally administered dose. Hence, nedocromil sodium measured in plasma following inhalation is considered to represent mainly the drug absorbed by the airways. After inhalation, plasma concentrations of nedocromil sodium reach a maximum within one hour post-dosing and decline with a half-life of 1-2 hours.

Nedocromil sodium is moderately (80%) and reversibly bound to human plasma proteins, and is not metabolised in man or animals. In man nedocromil sodium is excreted unchanged in the urine (approximately 70%) and in faeces (approximately 30%). The plasma profiles of nedocromil sodium are similar following inhalation of TILADE®, TILADE Mint®, or TILADE CFC-Free, and are also similar in healthy volunteers and in asthmatic patients.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential and toxicity to reproduction.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

1, 1, 1, 2, 3, 3, 3, - heptafluoropropane (HFA-227)
Povidone K30
Macrogol 600
Levomenthol

6.2 Incompatibilities

Not applicable

6.3 Shelf life

2 years

6.4 Special precautions for storage

The canister contains a pressurised liquid. Do not expose to temperatures higher than 50°C.

Do not pierce the canister.

6.5 Nature and contents of container

The aluminium can is fitted with a metered valve which delivers 112 metered doses each containing 2mg of nedocromil sodium.

Tilade CFC-Free Inhaler: The cartoned pack consists of;
an aerosol canister and a plastic body consisting of an adaptor, mouthpiece and mouthpiece cover.
an aerosol canister and two plastic bodies, each consisting of an adaptor, mouthpiece and mouthpiece cover.

6.6 Special precautions for disposal and other handling

Not applicable.

7 MARKETING AUTHORISATION HOLDER

Sanofi-Aventis Ireland Ltd. T/A SANOFI
Citywest Business Campus
Dublin 24
Ireland

8 MARKETING AUTHORISATION NUMBER

PA540/130/2

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of First Authorisation: 23 November 2007

10 DATE OF REVISION OF THE TEXT

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