IRISH MEDICINES BOARD ACTS 1995 AND 2006

MEDICINAL PRODUCTS(CONTROL OF PLACING ON THE MARKET)REGULATIONS,2007

(S.I. No.540 of 2007)

PPA1473/016/001
Case No: 2059693

The Irish Medicines Board in exercise of the powers conferred on it by the above mentioned Regulations hereby grants to

McDowell Pharmaceuticals

4 Altona Road, **Lisburn**, **N. Ireland**, **BT27 5QB**

an authorisation, subject to the provisions of the said Regulations, in respect of the product

Beconase 50 micrograms Aqueous Nasal Spray

The particulars of which are set out in Part I and Part II of the attached Schedule. The authorisation is also subject to the general conditions as may be specified in the said Regulations as listed on the reverse of this document.

This authorisation, unless previously revoked, shall continue in force from **24/04/2009**.

Signed on behalf of the Irish Medicines Board this

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A person authorised in that behalf by the said Board.

Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Beconase 50 micrograms Aqueous Nasal Spray

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 100mg spray contains beclomethasone dipropionate monohydrate equivalent to 50 micrograms of beclomethasone dipropionate.
Excipients: Contains benzalkonium chloride
For a full list of excipients, see 6.1.

3 PHARMACEUTICAL FORM

Nasal spray, suspension (short term: Nasal spray)

Product imported from the UK:
An aqueous, white, opaque, suspension.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

For the prophylaxis and treatment of perennial and seasonal allergic and vasomotor rhinitis.
Beconase can significantly delay the recurrence of nasal polyps after nasal polypectomy. Where polyps do recur, Beconase can suppress their increase in size.

4.2 Posology and method of administration

Beconase is for administration by the intranasal route only.
Adults and Children over 6 years of age:
Two applications to each nostril twice daily. In some patients a single application into each nostril three or four times daily may be preferred.
The total daily dose should not usually exceed 400 micrograms (8 sprays).

Children under 6 years:
There is insufficient clinical data to recommend use.
Beconase Aqueous Nasal Spray has a dust cap which protects the nozzle and keeps it clean. Remember to take this off before using the spray. Replace the dust cap after use.

A new spray, or one which has not been used for a few days, may not work the first time. You may need to 'prime' the bottle by pumping the spray a few times until a fine mist is produced. To do this, hold the bottle as shown. Put your forefinger and middle finger either side of the nozzle and your thumb underneath the bottle. Keeping your thumb still, press down with your fingers to pump the spray.

Hold the nozzle pointing away from you while you are doing this.

If the spray still doesn't work and you think it may be blocked, clean it as follows.

NEVER try to unblock it or enlarge the tiny spray hole with a pin or other sharp object because this will destroy the spray mechanism.
To clean the spray:

1. Take the dust cap off.

2. Press upwards on the white collar to release the nozzle.

3. Soak the nozzle and dust cap in warm water for a few minutes and then rinse under a running tap.

4. Shake off the excess water and allow to dry in a warm, NOT HOT place.

5. Re-fit the nozzle.

6. 'Prime' the bottle if necessary by pumping the spray a few times until the fine mist is produced.

Your nasal spray should be cleaned at least once a week or more if it gets blocked.

Using the spray:

1. Shake the bottle and remove the dust cap.

2. Blow your nose gently.

3. Close one nostril as shown and put the nozzle in the other nostril. Tilt your head forward slightly and keep the bottle upright. Hold the bottle as shown.

4. Start to breathe in slowly through your nose. WHILE YOU ARE BREATHING IN squirt a spray of fine mist into your nostril by pressing down firmly with your fingers.

5. Breathe out through your mouth. Repeat step 4 to take a second spray in the same nostril.

6. Remove the nozzle from this nostril and breathe out through your mouth.

7. Repeat steps 3 to 6 for the other nostril.

After using the spray:

Wipe the nozzle carefully with a clean tissue or handkerchief, and replace the dust cap.

4.3 Contraindications

Beconase Aqueous Nasal Spray is contraindicated in patients with a hypersensitivity to any of its components.

4.4 Special warnings and precautions for use

The use of beclomethasone dipropionate locally in the nasopharynx may result in the development of local monilial infections.
The use of the preparation should be avoided in the presence of untreated infections.
If patients are on systemic corticosteroid therapy, great care should be taken during the transfer of the patient to small beclomethasone therapy in case there is impairment of adrenal function.

Occasionally sneezing attacks may follow use.
Infections of the nasal passages and paranasal sinuses should be appropriately treated but do not constitute a specific contra-indication to treatment with Beconase Aqueous Nasal Spray.

If recommended doses of intranasal beclomethasone are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapies, systemic effects may occur, including reduction in growth velocity.

Although Beconase Aqueous Nasal Spray will control seasonal allergic rhinitis in most cases, an abnormally heavy challenge of summer allergens may in certain instances necessitate appropriate additional therapy particularly to control eye symptoms.

For full therapeutic benefit, regular usage is essential.

Particular care should be taken to minimise use of topical corticosteroids in patients with immunosuppression.
Experience of the safety of long-term use of topical corticosteroids is not yet established.
Particular caution is required in patients with a history of, or existent tuberculosis.

Cataracts have been associated with systemic steroid therapy. There have been rare reports of cataracts developing in patients who have been using intranasal or inhaled corticosteroids for prolonged periods, although together causes, including exposure to systemic steroids, cannot be excluded.

4.5 Interaction with other medicinal products and other forms of interaction

Not applicable.

4.6 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.
There is inadequate evidence of safety of beclomethasone dipropionate in human pregnancy. In animal reproduction studies, adverse effects typical of potent corticosteroids are only seen at high systemic exposure levels; direct intranasal application ensures minimal systemic exposure.

Lactation:

No specific studies examining the transference of beclomethasone dipropionate into the milk of lactating animals have been performed. It is reasonable to assume that beclomethasone dipropionate is secreted in milk but at the dosages used for direct intranasal application, there is low potential for significant levels in breast milk. The use of beclomethasone dipropionate in mothers breast-feeding their babies require that the therapeutic benefits of the drug be weighed against the potential hazards to the mother and baby.

4.7 Effects on ability to drive and use machines

Not applicable.

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) and very rare (<1/10,000) 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. In assigning adverse event frequencies, the background rates in placebo groups were not taken into account, since these rates were generally comparable to those in the active treatment group.

Immune system disorders

Very rare: Hypersensitivity reactions including rashes, urticaria, pruritis, erythema and oedema of the eyes, face, lips

and throat, anaphylactoid/anaphylactic reactions, bronchospasm.

Nervous system disorders

Common: Unpleasant taste, unpleasant smell.
As with other nasal sprays, unpleasant taste and smell have been reported.

Eye disorders

Very rare: Glaucoma, raised intraocular pressure, cataract.

Respiratory, thoracic and mediastinal disorders

Common: Epistaxis, nasal dryness, nasal irritation, throat dryness, throat irritation.
Very rare: Nasal septal perforation.
As with other nasal sprays, dryness and irritation of the nose and throat, and epistaxis have been reported. Nasal septal perforation has also been reported following the use of intranasal corticosteroids.

4.9 Overdose

The only harmful effect that follows inhalation of larger amounts of the drug over a short period is suppression of hypothalamic-pituitary-adrenal (HPA) function. No specific emergency action need be taken. Treatment with Beconase Aqueous Nasal Spray should be continued at the recommended dose. HPA function recovers in a day or two.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Following topical administration beclomethasone 17, 21-dipropionate (BDP) produces potent anti-inflammatory and vaso-constrictor effects.
BDP is a pro-drug with weak glucocorticoid receptor binding affinity. It is hydrolysed via esterase enzymes to the active metabolite beclomethasone-17-monopropionate (B-17-MP), which has high topical anti-inflammatory activity. Beclomethasone dipropionate offers a preventative background treatment for hayfever when taken prior to allergen challenge. After which with regular use, BDP can continue to prevent allergy symptoms from re-appearing by reducing the sensitivity of nasal membranes.

5.2 Pharmacokinetic properties

Absorption

Following intranasal administration of BDP the systemic absorption was assessed by measuring the plasma concentrations of its active metabolite B-17-MP, for which the absolute bioavailability following intranasal administration is 44%.
Following oral administration of BDP the systemic absorption was also assessed by measuring the plasma concentrations of its active metabolite B-17-MP, for which the absolute bioavailability following oral administration is 41%.

Metabolism

BDP is cleared very rapidly from the circulation and plasma concentrations are undetectable (< 50 pg/ml) following oral or intranasal dosing. Metabolism is mediated via esterase enzymes found in most tissues. The main product of metabolism is the active metabolite (B-17-MP).

Minor inactive metabolites, beclomethasone-21-monopropionate (B-21-MP) and beclomethasone (BOH), are also

formed but these contribute little to systemic exposure.

Distribution

The tissue distribution at steady-state for BDP is moderate (20l) but more extensive for B-17-MP (424l). Plasma protein binding is moderately high (87%).

Elimination

The elimination of BDP and B-17-MP are characterised by high plasma clearance (150 and 120l/h) with corresponding terminal elimination half-lives of 0.5h and 2.7h. Following oral administration of tritiated BDP, approximately 60% of the dose was excreted in the faeces within 96 hours mainly as free and conjugated polar metabolites. Approximately 12% of the dose was excreted as free and conjugated polar metabolites in the urine. The renal clearance of BDP and its metabolites is negligible.

5.3 Preclinical safety data

There is no additional information of relevance to the prescriber.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium carboxymethylcellulose
Microcrystalline cellulose
Dextrose
Benzalkonium chloride
Phenylethyl alcohol
Polysorbate 80
Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

The shelf-life expiry date of this product shall be the date shown on the container and outer package of the product on the market in the country of origin
Discard 3 months after first using spray.

6.4 Special precautions for storage

Do not store above 30°C.
Do not refrigerate**.**
Keep container in the outer carton to protect from light.

6.5 Nature and contents of container

A 30ml polypropylene bottle fitted with a tamper-resistant metering atomising pump in an over-labelled outer carton. Each bottle delivers 200 sprays.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements

7 Parallel Product Authorisation Holder

McDowell Pharmaceuticals
4 Altona Road
Lisburn
N. Ireland
BT27 5QB

8 Parallel Product Authorisation Number

PPA 1473/16/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 24th April 2009

10 DATE OF REVISION OF THE TEXT