

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1 NAME OF THE MEDICINAL PRODUCT**

Nasobec Hayfever

Beclometasone Dipropionate Aqueous Nasal Spray

### **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each 100 milligrams spray contains 50 micrograms beclometasone dipropionate.

Excipient(s) with known effect:

Each 100 milligrams contains 0.040 mg benzalkonium chloride.

For the full list of excipients, see section 6.1.

### **3 PHARMACEUTICAL FORM**

Nasal Spray, Suspension.

### **4 CLINICAL PARTICULARS**

#### **4.1 Therapeutic indications**

Beclometasone Dipropionate Aqueous Nasal Spray is indicated for the prophylaxis and treatment of allergic rhinitis. Beclometasone Dipropionate has anti-inflammatory glucocorticoid properties.

#### **4.2 Posology and method of administration**

Beclometasone Dipropionate Aqueous Nasal Spray is for administration by the intranasal route only.

*Adults:* Two sprays twice daily into each nostril (400 micrograms beclometasone dipropionate per day) is the recommended initial dosage. It may be preferable for some patients to administer a single spray into each nostril three or four times daily.

Once control of symptoms has been achieved move the dosage down to one spray twice daily into each nostril (200 micrograms beclometasone dipropionate per day). A dosage regimen of one spray into each nostril morning and evening has been shown to be efficacious in some patients. If symptoms reoccur, patients should revert to the recommended dosage of two sprays into each nostril morning and evening.

The minimum dose should be used at which effective control of symptoms is maintained.

The total dosage for any 24 hour period should not normally exceed eight sprays, i.e. 400 micrograms of beclometasone dipropionate.

For full therapeutic benefit regular usage is essential. The co-operation of the patient should be sought to comply with the regular dosage schedule and it should be explained that maximum relief may not be obtained within the first few applications. It should be made clear to patients that full therapeutic benefit will only be achieved after a few days treatment.

If symptoms have not improved after 14 day's treatment, medical advice must be sought.

Beclometasone Dipropionate Aqueous Nasal Spray should not be used continuously for more than three months without consulting your doctor.

*Elderly:* Dosage as for adults.

*Individuals under the age of eighteen years:* Beclometasone Dipropionate Aqueous Nasal Spray is not indicated for individuals under the age of eighteen years, due to insufficient clinical data.

### **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**

Systemic effects of nasal corticosteroids may occur, particularly at high doses when used for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations. Potential systemic effects may include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, cataract, glaucoma, blurred vision and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children).

Growth retardation has been reported in children receiving nasal corticosteroids at licensed doses. It is recommended that the height of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. If growth is slowed, therapy should be reviewed with the aim of reducing the dose of nasal corticosteroids, if possible, to the lowest dose at which effective control of symptoms is maintained. In addition, consideration should also be given to referring the patient to a paediatric specialist.

Treatment with higher than recommended doses may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used then additional systemic corticosteroids cover should be considered during periods of stress or elective surgery.

Care must be taken while transferring patients from systemic steroid treatment to Beclometasone Dipropionate Aqueous Nasal Spray if there is any reason to suppose that their adrenal function is impaired.

Although Beclometasone Dipropionate 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.

This product should not be used continuously for longer than 3 months without consulting a doctor.

Infections of the nasal passages and paranasal sinuses should be appropriately treated but do not constitute a specific contra-indication to treatment with Beclometasone Dipropionate Aqueous Nasal Spray.

Medical advice should be sought before using Beclometasone Dipropionate Aqueous Nasal Spray in the case of recent injury or surgery to the nose, or problems with ulceration in the nose.

#### Visual disturbances

Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

#### Excipient(s):

##### *Benzalkonium chloride*

Benzalkonium chloride may cause irritation or swelling inside the nose, especially if used for a long time.

Long-term use may cause oedema of the nasal mucosa.

Benzalkonium chloride may cause wheezing and breathing difficulties (bronchospasm), especially if you have asthma.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

Beclometasone is less dependent on CYP3A metabolism than some other corticosteroids, and in general interactions are unlikely; however the possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat) cannot be excluded, and therefore caution and appropriate monitoring is advised with the use of such agents.

#### **4.6 Fertility, pregnancy and lactation**

##### Pregnancy

There is inadequate evidence of safety in human pregnancy. 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 foetus. It should be noted however, that the foetal changes in animals occur after relatively high systemic exposure. Beclometasone Dipropionate Aqueous Nasal Spray delivers beclometasone dipropionate directly to the nasal mucosa and so minimises systemic exposure.

The use of beclometasone dipropionate should be avoided during pregnancy unless thought essential by the doctor.

#### Breast-feeding

No specific studies examining the transference of beclometasone dipropionate into the milk of lactating animals have been performed. It is reasonable to assume that beclometasone dipropionate is secreted in milk but at the dosages used for direct intranasal administration there is low potential for significant levels in breast milk.

In mothers breast feeding their baby the therapeutic benefits of the drug should be weighed against the potential hazards to mother and baby.

Beclometasone Dipropionate Aqueous Nasal Spray should not be used during lactation without consulting a doctor.

#### **4.7 Effects on ability to drive and use machines**

Not relevant.

#### **4.8 Undesirable effects**

Adverse reactions listed below are based on clinical trials and classified according to MedDRA frequency and System Organ class. Frequency categories are defined as according to the following convention: Very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1,000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $< 1/1,000$ ), very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data).

| System Organ Class       | Adverse Event                             | Frequency |
|--------------------------|---|-----------|
| Immune System Disorders  | Hypersensitivity reactions including:     |           |
|                          | Rashes, urticaria, pruritis, erythema.    | common    |
|                          | Oedema of the eyes, face, lips and throat | Very rare |
|                          | Dyspnoea and/or bronchospasm              | Very rare |
|                          | Anaphylactoid/anaphylactic reactions      | Very rare |
| Nervous system disorders | Unpleasant taste, unpleasant smell.       | Common    |
| Eye disorders            | Blurred vision (see also section 4.4)     | Rare      |

|   |   |           |
|---|---|-----------|
|   | Glaucoma, raised intraocular pressure, cataract                               | Very rare |
|   | Central serous retinopathy  | Not known |
| Respiratory, thoracic & tediastinal disorders | Epistaxis, nasal dryness, nasal irritation, throat dryness, throat irritation | Common    |
|   | Nasal septum perforation.   | Very Rare |

Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods.

Blood stained crusts in the nose can occur when taking nasal sprays but these conditions are not progressive and are seldom troublesome.

Widespread use of beclometasone dipropionate for a decade has shown no serious local damage to mucous membranes.

#### 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. Healthcare professionals are asked to report any suspected adverse reactions via Yellow Card Scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store.

#### **4.9 Overdose**

The only harmful effect that follows inhalation of large amounts of the drug over a short time period is suppression of hypothalamic-pituitary adrenal (HPA) function. No special emergency action need be taken. HPA function recovers in a day or two after discontinuation of treatment with Beclometasone Dipropionate Aqueous Nasal Spray.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Following topical administration, beclometasone 17,21-dipropionate (BDP) produces potent anti-inflammatory and vasoconstrictor effects.

BDP is a pro-drug with weak corticosteroid receptor binding affinity. It is hydrolysed via esterase enzymes to the highly active metabolite beclometasone -17-monopropionate (B-17-MP), which has high topical anti-inflammatory activity.

Beclometasone 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 reappearing.

## **5.2 Pharmacokinetic properties**

### Absorption

Following intranasal administration of BDP in healthy males, 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% (95% CI 28%, 70%). After intranasal administration, <1% of the dose is absorbed by the nasal mucosa. The remainder, after being cleared from the nose, either by drainage or mucociliary clearance, is available for absorption from the gastrointestinal tract. Plasma B-17-MP is almost entirely due to conversion of BDP absorbed from the swallowed dose.

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% (95% CI 27%, 62%).

Following an oral dose, B-17-MP is absorbed slowly with peak plasma levels reached 3-5 hours after dosing.

### Distribution

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

### Biotransformation

BDP is cleared very rapidly from the circulation and plasma concentrations are undetectable (< 50pg/ml) following oral or intranasal dosing. There is rapid metabolism of the majority of the swallowed portion of BDP during its first passage through the liver. The main product of metabolism is the active metabolite (B-17-MP). Minor inactive metabolites, beclometasone -21-monopropionate (B-21-MP) and beclometasone (BOH), are also formed but these contribute little to systemic exposure.

### 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.

## **5.3 Preclinical safety data**

No clinically relevant findings were observed in preclinical studies. See sections 4.3 to 4.9 above.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Benzalkonium Chloride Solution  
Phenylethyl alcohol  
Polysorbate 80  
Glucose  
Microcrystalline cellulose and carmellose sodium  
Hydrochloride Acid (if necessary – to adjust pH)  
Purified Water

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

Three years unopened.  
Use within three months of first opening.

### **6.4 Special precautions for storage**

Store below 30°C.  
Protect from light. Keep bottle in the outer carton.  
Do not refrigerate.  
Discard three months after first using the spray.

### **6.5 Nature and contents of container**

Beclometasone Dipropionate Aqueous Nasal Spray is supplied in two pack sizes as follows:-  
(a) Polyethylene bottles of 15ml capacity containing a nominal 100 doses.  
(b) High density Polyethylene bottles of 30ml capacity containing a nominal 180 doses.

Each bottle is fitted with a metering pump with a built in nasal adaptor designed to deliver a nominal 100 milligrams of suspension per spray.

### **6.6 Special precautions for disposal**

Not applicable.

## **7 MARKETING AUTHORISATION HOLDER**

Teva UK Limited,  
Ridings Point,  
Whistler Drive,  
Castleford,

WF10 5HX,  
United Kingdom

**8      MARKETING AUTHORISATION NUMBER(S)**

PL 00289/1607

**9      DATE OF FIRST AUTHORISATION/RENEWAL OF THE  
AUTHORISATION**

15<sup>th</sup> August 1996

**10     DATE OF REVISION OF THE TEXT**

22/07/2023