ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

ALISADE 27.5 micrograms/spray
nasal spray suspension

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each spray actuation delivers 27.5 micrograms of fluticasone furoate.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Nasal spray, suspension.

White suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Adults, adolescents (12 years and over) and children (6 – 11 years)

Alisade is indicated for the treatment of:
• the symptoms of allergic rhinitis

4.2 Posology and method of administration

Fluticasone furoate nasal spray is for administration by the intranasal route only.

For full therapeutic benefit regular, scheduled usage is recommended. Onset of action has been observed as early as 8 hours after initial administration. However, it may take several days of treatment to achieve maximum benefit, and the patient should be informed that their symptoms will improve with continuous regular use (see section 5.1). The duration of treatment should be restricted to the period that corresponds to allergenic exposure.

Adults and Adolescents (12 years and over)
The recommended starting dose is two spray actuations (27.5 micrograms of fluticasone furoate per spray actuation) in each nostril once daily (total daily dose, 110 micrograms).

Once adequate control of symptoms is achieved, dose reduction to one spray actuation in each nostril (total daily dose 55 micrograms) may be effective for maintenance.
The dose should be titrated to the lowest dose at which effective control of symptoms is maintained.

Children (6 to 11 years of age)
The recommended starting dose is one spray actuation (27.5 micrograms of fluticasone furoate per spray actuation) in each nostril once daily (total daily dose, 55 micrograms).

Patients not adequately responding to one spray actuation in each nostril once daily (total daily dose, 55 micrograms) may use two spray actuations in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved, dose reduction to one spray actuation in each nostril once daily (total daily dose, 55 micrograms) is recommended.

Children under 6 years of age: The experience in children under the age of 6 years is limited (see section 5.1 and 5.2). Safety and efficacy in this group has not been well established.

Elderly Patients: No dose adjustment is required in this population (see section 5.2).

Renal Impaired Patients: No dose adjustment is required in this population (see section 5.2).

Hepatic Impaired Patients: No dose adjustment is required in mild to moderate hepatic impairment. There are no data in patients with severe hepatic impairment (see section 4.4 and 5.2).

The intranasal device should be shaken before use. The device is primed by pressing the mist release button for at least six spray actuations (until a fine mist is seen), whilst holding the device upright. Re-priming (approximately 6 sprays until a fine mist is seen) is only necessary if the cap is left off for 5 days or the intranasal device has not been used for 30 days or more.
The device should be cleaned after each use and the cap replaced.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients of Alisade.

4.4 Special warnings and precautions for use

Fluticasone furoate undergoes extensive first-pass metabolism, therefore the systemic exposure of intranasal fluticasone furoate in patients with severe liver disease is likely to be increased. This may result in a higher frequency of systemic adverse events (see section 4.2 and 5.2). Caution is advised when treating these patients.

Ritonavir
Concomitant administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate (see section 4.5).

Systemic effects of nasal corticosteroid may occur, particularly at high doses prescribed for prolonged periods. These effects vary between patients and different corticosteroids (see section 5.2).

Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used, then additional systemic corticosteroid cover should be considered during periods of stress or elective surgery. Fluticasone furoate 110 micrograms once daily was not associated with hypothalamic-pituitary-adrenal (HPA) axis suppression in adult, adolescent or paediatric subjects. However the dose of intranasal fluticasone furoate should be reduced to the lowest dose at which effective control of the symptoms of rhinitis is maintained. As with all intranasal corticosteroids, the total systemic burden of corticosteroids should be considered whenever other forms of corticosteroid treatment are prescribed concurrently.

Growth retardation has been reported in children receiving some 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 corticosteroid if possible, to the lowest dose at which effective control of symptoms is maintained. In addition, consideration should be given to referring the patient to a paediatric specialist (see section 5.1).

If there is any reason to believe that adrenal function is impaired, care must be taken when transferring patients from systemic steroid treatment to fluticasone furoate.

Nasal and inhaled corticosteriods may result in the development of glaucoma and/or cataracts. Therefore close monitoring is warranted in patients with a change in vision or with a history if increased pressure, glaucoma and/or cataracts.

Alisade contains benzalkonium chloride. It may cause irritation of the nasal mucosa.

4.5 Interaction with other medicinal products and other forms of interaction

Fluticasone furoate is rapidly cleared by extensive first pass metabolism mediated by the cytochrome P450 3A4.

Based on data with another glucocorticoid (fluticasone propionate), that is metabolised by CYP3A4, co-administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate.

Caution is recommended when co-administering fluticasone furoate with potent CYP3A4 inhibitors as an increase in systemic exposure cannot be ruled out. In a drug interaction study of intranasal fluticasone furoate with the potent CYP3A4 inhibitor ketoconazole there were more subjects with measurable fluticasone furoate concentrations in the ketoconazole group (6 of the 20 subjects) compared to placebo (1 out of 20 subjects). This small increase in exposure did not result in a statistically significant difference in 24 hour serum cortisol levels between the two groups (see section 4.4).

The enzyme induction and inhibition data suggest that there is no theoretical basis for anticipating metabolic interactions between fluticasone furoate and the cytochrome P450 mediated metabolism of other compounds at clinically relevant intranasal doses. Therefore, no clinical studies have been conducted to investigate interactions of fluticasone furoate on other drugs.

4.6 Pregnancy and lactation

There are no adequate data from the use of fluticasone furoate in pregnant women. In animal studies glucocorticoids have been shown to induce malformations including cleft palate and intra-uterine growth retardation. This is not likely to be relevant for humans given recommended nasal doses which results in minimal systemic exposure (see section 5.2). Fluticasone furoate should be used in pregnancy only if the benefits to the mother outweigh the potential risks to the foetus or child.

It is unknown whether nasal administered fluticasone furoate is excreted in human breast milk. Administration of fluticasone furoate to women who are breastfeeding should only be considered if the expected benefit to the mother is greater than any possible risk to the child.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed as fluticasone furoate is not expected to affect this ability.

4.8 Undesirable effects

Data from large clinical trials were used to determine the frequency of adverse reactions.
The following convention has been used for the classification of frequencies: Very common ≥1/10; Common ≥1/100 to <1/10; Uncommon ≥1/1000 to <1/100; Rare ≥1/10,000 to <1/1000; Very rare <1/10,000.

Immune system disorders	
Rare	Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria.
Respiratory, thoracic and mediastinal disorders	
Very common	*Epistaxis
Common	Nasal ulceration

*Epistaxis was generally mild to moderate in intensity. In adults and adolescents, the incidence of epistaxis was higher in longer-term use (more than 6 weeks) than in short-term use (up to 6 weeks). In paediatric clinical studies of up to 12 weeks duration the incidence of epistaxis was similar between patients receiving fluticasone furoate and patients receiving placebo.

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

4.9 Overdose

In a bioavailability study, intranasal doses of up to 2640 micrograms per day were administered over three days with no adverse systemic effects observed (see section 5.2).
Acute overdose is unlikely to require any therapy other than observation.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Corticosteroids. ATC code: R01AD12

Fluticasone furoate is a synthetic trifluorinated corticosteroid that possesses a very high affinity for the glucocorticoid receptor and has a potent anti-inflammatory action.

Clinical experience:
Seasonal Allergic Rhinitis in adults and adolescents
Compared with placebo, fluticasone furoate nasal spray 110 micrograms once daily significantly improved nasal symptoms (comprising rhinorrhoea, nasal congestion, sneezing and nasal itching) and ocular symptoms (comprising itching/burning, tearing/watering and redness of the eyes) in all 4 studies. Efficacy was maintained over the full 24-hours dosing period with once daily administration.

Onset of therapeutic benefit was observed as early as 8 hours after initial administration, with further improvement observed for several days afterwards.
Fluticasone furoate nasal spray significantly improved the patients' perception of overall response to therapy, and the patients' disease-related quality of life (Rhinoconjunctivitis Quality of Life Questionnaire – RQLQ), in all 4 studies.

Perennial Allergic Rhinitis in adults and adolescents:
Fluticasone furoate nasal spray 110 micrograms once daily significantly improved nasal symptoms as well as patients' perception of overall response to therapy compared to placebo in three studies.
Fluticasone furoate nasal spray 110 micrograms once daily significantly improved ocular symptoms as well as improving patients' disease-related quality of life (RQLQ) compared to placebo in one study.
Efficacy was maintained over the full 24-hour dosing period with once daily administration.

Seasonal and perennial allergic rhinitis in children:
The paediatric posology is based on assessment of the efficacy data across the allergic rhinitis population in children.
In seasonal allergic rhinitis, fluticasone furoate nasal spray 110 micrograms once daily was effective but no significant differences were observed between fluticasone furoate nasal spray 55 micrograms once daily and placebo on any endpoint.
In perennial allergic rhinitis, fluticasone furoate nasal spray 55 micrograms once daily exhibited a more consistent efficacy profile than fluticasone furoate nasal spray 110 micrograms once daily over 4 weeks' treatment. Post-hoc analysis over 6 and 12 weeks in the same study, as well as 6-week HPA axis safety study, supported the efficacy of fluticasone furoate nasal spray 110 micrograms once daily.

A 6-week study that assessed the effect of fluticasone furoate nasal spray 110 micrograms once daily on adrenal function in children aged 2 to 11 years showed that there was no significant effect on 24-hour serum cortisol profiles, compared with placebo.
Results from a placebo-controlled knemometry study of fluticasone furoate nasal spray 110 micrograms once daily revealed no clinically relevant effects on short-term lower leg growth rate in children (6 to 11 years).

Seasonal and perennial allergic rhinitis in children (under 6 years):
Safety and efficacy studies were performed in a total of 271 patients from 2 to 5 years of age in both seasonal and perennial allergic rhinitis, of whom 176 were exposed to fluticasone furoate.
Safety and efficacy in this group has not been well established.

5.2 Pharmacokinetic properties

Absorption: Fluticasone furoate undergoes incomplete absorption and extensive first-pass metabolism in the liver and gut resulting in negligible systemic exposure. The intranasal dosing of 110 micrograms once daily does not typically result in measurable plasma concentrations (<10 pg/ml). The absolute bioavailability for intranasal fluticasone furoate is 0.50 %, such that less than 1 microgram of fluticasone furoate would be systemically available after administration of 110 micrograms (see section 4.9).

Distribution: The plasma protein binding of fluticasone furoate is greater than 99 %. Fluticasone furoate is widely distributed with volume of distribution at steady-state of, on average, 608 l.

Metabolism: Fluticasone furoate is rapidly cleared (total plasma clearance of 58.7 l/h) from systemic circulation principally by hepatic metabolism to an inactive 17β-carboxylic metabolite (GW694301X), by the cytochrome P450 enzyme CYP3A4. The principal route of metabolism was hydrolysis of the S-fluoromethyl carbothioate function to form the 17β-carboxylic acid metabolite. In vivo studies have revealed no evidence of cleavage of the furoate moiety to form fluticasone.

Elimination: Elimination was primarily via the faecal route following oral and intravenous administration indicative of excretion of fluticasone furoate and its metabolites via the bile. Following intravenous administration, the elimination phase half-life averaged 15.1 hours. Urinary excretion accounted for approximately 1 % and 2 % of the orally and intravenously administered dose, respectively.

Children:
In the majority of patients fluticasone furoate is not quantifiable (< 10 pg/ml) following intranasal dosing of 110 micrograms once daily. Quantifiable levels were observed in 15.1 % of paediatric patients following intranasal dosing of 110 micrograms once daily and only 6.8 % of paediatric patients following 55 micrograms once daily. There was no evidence for higher quantifiable levels of fluticasone furoate in younger children (less than 6 years of age). Median fluticasone furoate concentrations in those subjects with quantifiable levels at 55 micrograms were 18.4 pg/ml and 18.9 pg/ml for 2-5 yrs and 6-11 yrs, respectively. At 110 micrograms, median concentrations in those subjects with quantifiable levels were 14.3 pg/ml and 14.4 pg/ml for 2-5 yrs and 6-11 yrs, respectively. The values are similar to those seen in adults (12+) where median concentrations in those subjects with quantifiable levels were 15.4 pg/ml and 21.8 pg/ml at 55 micrograms and 110 micrograms, respectively.

Elderly:
Only a small number of elderly patients (≥ 65 years, n=23/872; 2.6 %) provided pharmacokinetic data. There was no evidence for a higher incidence of patients with quantifiable fluticasone furoate concentrations in the elderly, when compared with the younger patients.

Renal Impairment:

Fluticasone furoate is not detectable in urine from healthy volunteers after intranasal dosing. Less than 1 % of dose-related material is excreted in urine and therefore renal impairment would not be expected to affect the pharmacokinetics of fluticasone furoate.

Hepatic Impairment:
There are no data with intranasal fluticasone furoate in patients with hepatic impairment. A study of a single 400 microgram dose of orally inhaled fluticasone furoate in patients with moderate hepatic impairment resulted in increased Cmax (42 %) and AUC(0-∞) (172 %) and a modest (on average 23 %) decrease in cortisol levels in patients compared to healthy subjects. From this study the average predicted exposure of 110 micrograms of intranasal fluticasone furoate in patients with moderate hepatic impairment would not be expected to result in suppression of cortisol. Therefore moderate hepatic impairment is not predicted to result in a clinically relevant effect for the normal adult dose. There are no data in patients with severe hepatic impairment. The exposure of fluticasone furoate is likely to be further increased in such patients.

5.3 Preclinical safety data

Findings in general toxicology studies were similar to those observed with other glucocorticoids and are associated with exaggerated pharmacological activity. These findings are not likely to be relevant for humans given recommended nasal doses which results in minimal systemic exposure. No genotoxic effects of fluticasone furoate have been observed in conventional genotoxicity tests. Further, there were no treatment-related increases in the incidence of tumours in two year inhalation studies in rats and mice.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glucose anhydrous
Dispersible cellulose
Polysorbate 80
Benzalkonium chloride
Disodium edetate
Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years
In-use shelf life: 2 months

6.4 Special precautions for storage

Do not refrigerate or freeze.

6.5 Nature and contents of container

Alisade nasal spray is a predominantly off-white plastic device with a dose indicator window, light blue side actuated lever and lid which contains a stopper. The plastic device contains the nasal spray suspension within a Type I amber bottle (glass) fitted with a metering spray pump.

The medicinal product is available in three pack sizes: 30, 60 and 120 sprays.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements.

7. MARKETING AUTHORISATION HOLDER

Glaxo Group Ltd
Greenford, Middlesex, UB6 0NN
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/474/001
EU/1/08/474/002
EU/1/08/474/003

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

06/10/2008

10. DATE OF REVISION OF THE TEXT

{MM/YYYY}

Detailed information on this medicine is available on the European Medicines Agency (EMEA) website:
http://www.emea.europa.eu/

ANNEX II

A. MANUFACTURING AUTHORISATION HOLDER RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OF THE MARKETING AUTHORISATION

A. MANUFACTURING AUTHORISATION HOLDER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

Glaxo Operations UK, Ltd,(trading as Glaxo Wellcome Operations)
Harmire Road
Barnard Castle
County Durham
DL12 8DT

Glaxo Wellcome S.A.
Avenida de Extremadura 3
09400 Aranda de Duero
Burgos
Spain

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch

B. CONDITIONS OF THE MARKETING AUTHORISATION

- **CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE IMPOSED ON THE MARKETING AUTHORISATION HOLDER**

Medicinal product subject to medical prescription.

- **CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

Not applicable.

- **OTHER CONDITIONS**

Pharmacovigilance system

The MAH must ensure that the system of pharmacovigilance, presented in Module 1.8.1. of the Marketing Authorisation, is in place and functioning before and whilst the product is on the market.

Risk Management plan

The MAH commits to performing the studies and additional pharmacovigilance activities detailed in the Pharmacovigilance Plan, as agreed in version GM2006/00247/05 of the Risk Management Plan (RMP) presented in Module 1.8.2. of the Marketing Authorisation Application and any subsequent updates of the RMP agreed by the CHMP.

As per the CHMP Guideline on Risk Management Systems for medicinal products for human use, the updated RMP should be submitted at the same time as the next Periodic Safety Update Report (PSUR).

In addition, an updated RMP should be submitted

- When new information is received that may impact on the current Safety Specification, Pharmacovigilance Plan or risk minimisation activities
- Within 60 days of an important (pharmacovigilance or risk minimisation) milestone being reached

- At the request of the EMEA

PSURs
The PSUR cycle of Alisade will correspond to the one attributed to the cross-referred product, Avamys, until otherwise specified.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING THE IMMEDIATE PACKAGING>

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Alisade 27.5 micrograms/spray nasal spray suspension
Fluticasone furoate

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each spray delivers 27.5 micrograms of fluticasone furoate

3. LIST OF EXCIPIENTS

Also contains: Glucose anhydrous, dispersible cellulose, polysorbate 80, benzalkonium chloride, disodium edetate, purified water

4. PHARMACEUTICAL FORM AND CONTENTS

Nasal spray, suspension
1 bottle - 30 sprays
1 bottle - 60 sprays
1 bottle - 120 sprays

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Shake well before use
Read the package leaflet before use.
Nasal use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP {MM/YYYY]
In-use shelf life: 2 months

9. SPECIAL STORAGE CONDITIONS

Do not refrigerate or freeze

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Glaxo Group Ltd
Greenford, Middlesex, UB6 0NN
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/474/001
EU/1/08/474/002
EU/1/08/474/003

13. BATCH NUMBER

LOT {Number}

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

alisade

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

INTRANASAL SPRAY/DEVICE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Alisade 27.5 micrograms/spray nasal spray suspension
Fluticasone fuorate

2. METHOD OF ADMINISTRATION

Read the package leaflet before use

3. EXPIRY DATE

EXP {MM/YYYY]

4. BATCH NUMBER

LOT {Number}

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

30 sprays
60 sprays
120 sprays

6. OTHER

B. PACKAGE LEAFLET

PACKAGE LEAFLET: INFORMATION FOR THE USER

Alisade 27.5 micrograms per spray nasal spray suspension
Fluticasone furoate

Read all of this leaflet carefully before you start taking this medicine.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Never pass it on to others. It may harm them, even if their symptoms seem the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, tell your doctor or pharmacist.

In this leaflet:

1. WHAT ALISADE IS AND WHAT IT IS USED FOR

Alisade nasal spray is used to treat symptoms of allergic rhinitis including stuffy, runny or itchy nose, sneezing and watery, itchy or red eyes, in adults and children aged 6 years and over.

Allergy symptoms can occur at specific times of the year and be caused by allergy to pollen from grass or trees (hayfever), or they can occur all year round and be caused by allergy to animals, house-dust mites or moulds.

Alisade belongs to a group of medicines called *glucocorticoids*.
Alisade works to decrease inflammation caused by allergy (*rhinitis*).

2. BEFORE YOU USE ALISADE

Do not use Alisade:
If you are allergic (*hypersensitive*) to fluticasone furoate or any of the other ingredients of Alisade.

Take special care with Alisade:
If you have any liver problems, tell your doctor or pharmacist. Your doctor may adjust your dose of Alisade.

Taking nasal glucocorticoids (such as Alisade):
- may when taken for a long time cause children to grow more slowly. The doctor will check your child's height regularly, and make sure he or she is taking the lowest possible effective dose.
- may cause eye conditions such as glaucoma (increase in pressure in the eye) or cataracts (clouding of the lens of the eye). Tell your doctor if you had these conditions in the past, or if you notice any change in your vision while you are taking Alisade

Taking other medicines
Tell your doctor if you are taking, or have recently taken, any other medicines, including those bought without a prescription.

It is especially important to tell your doctor if you are taking, or have recently taken any of the following medicines:
- steroid tablets or injected steroids
- steroid creams
- medicines for **asthma**
- ritonavir, used to treat **HIV**
- ketoconazole, used to treat **fungal infections**

Your doctor will assess whether you should take Alisade with these medicines.

Pregnancy and breast-feeding
Ask your doctor for advice before taking any medicine.

Do not use Alisade if you are pregnant, or planning to become pregnant, unless your doctor or pharmacist tells you to.

Do not use Alisade if you are breast feeding unless your doctor or pharmacist tells you to.

Driving and using machines
Alisade is unlikely to affect your ability to drive and use machines.

Important information about some of the ingredients of Alisade
Alisade contains benzalkonium chloride. In some patients this can cause irritation in the inside of the nose. Tell your doctor or pharmacist if you feel discomfort when using the spray.

3. HOW TO USE ALISADE

Always use Alisade exactly as your doctor has told you. You should check with your doctor if you are not sure.

Alisade has virtually no taste or smell. It is sprayed into the nose as a fine mist. Be careful not to get any spray into your eyes. If you do, rinse your eyes with water.

When to use Alisade
- Use once a day
- Use at the same time each day.

This will treat your symptoms throughout the day and night.

How long Alisade takes to work
Some people will not feel the full effects until several days after first using Alisade. However, it is usually effective within 8 to 24 hours of use.

How much to use

Adults and children 12 years and over
- **The usual starting dose** is 2 sprays in each nostril once every day.
- Once symptoms are controlled you may be able to decrease your dose to 1 spray in each nostril, once every day.

Children 6 to 11 years

- **The usual starting dose** is 1 spray in each nostril once a day.
- If symptoms are very bad your doctor may increase the dose to 2 sprays in each nostril once every day until the symptoms are under control. It may then be possible for the dose to be reduced to 1 spray in each nostril once every day.
- **Do not use in children under 6 years old.**

How to use the nasal spray

There is a step-by-step guide to using the nasal spray after Section 6 of this leaflet. Follow the guide carefully to get full benefit from using Alisade

➘**See *Step-by-step guide to using the nasal spray*, after Section 6.**

If you use more Alisade than you should

Talk to your doctor or pharmacist.

If you forget to use Alisade If you miss a dose, take it when you remember.

If it is nearly the time for your next dose, wait until then. Do not take a double dose to make up for a forgotten dose.

If you have any further questions on the use of this product, or if you have any discomfort using the nasal spray ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines, Alisade can cause side effects, although not everybody gets them.

Allergic reactions: get a doctor's help straight away

Allergic reactions to Alisade are rare and affect less than 1 person in 1,000. In a small number of people, allergic reactions can develop into a more serious, even life-threatening problem if not treated. Symptoms include:

- becoming very wheezy, coughing or having difficulty with breathing
- suddenly feeling weak or light-headed (which may lead to collapse or loss of consciousness)
- swelling around the face
- skin rashes or redness.

In many cases, these symptoms will be signs of less serious side effects. **But you must be aware that they are potentially serious** — so, if you notice any of these symptoms:

➔ **See a doctor as soon as possible.**

Very common side effects (These can affect more than 1 person in 10)

- Nosebleeds (generally minor), particularly if you use Alisade for more than 6 weeks continuously.

Common side effects (These can affect less than 1 person in 10 and more than 1 person in 100)

- Irritation or discomfort in the inside of the nose – you may also get streaks of blood when you blow your nose. This may be due to nasal ulceration.

Nasal corticosteroids can affect the normal production of hormones in your body, particularly if you use high doses for a long time. In children this side effect can cause them to grow more slowly than others.

If you get side effects

If any of the side effects gets serious or troublesome, or if you notice any side effects not listed in this leaflet: Tell your doctor or pharmacist.

5. HOW TO STORE ALISADE

Keep out of the reach and sight of children.

It is best to store your Alisade nasal spray upright. Always keep the cap on.

Do not use Alisade after the expiry date which is stated on the label and carton. The expiry date refers to the last day of the month. Alisade nasal spray should be used within 2 months after first opening.

Do not refrigerate or freeze.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. FURTHER INFORMATION

What Alisade contains
The active substance is fluticasone furoate. Each spray delivers 27.5 micrograms of fluticasone furoate.
The other ingredients are glucose anhydrous, dispersible cellulose, polysorbate 80, benzalkonium chloride, disodium edetate, purified water.

What Alisade looks like and contents of the pack
The medicine is a white nasal spray suspension contained in an amber glass bottle, fitted with a pump. The bottle is in an off-white plastic casing with a light blue cap and side-actuated lever. The casing has a window for viewing the bottle contents. Alisade is available in pack sizes 30, 60 and 120 sprays.

Marketing authorisation holder
Marketing authorisation:
Glaxo Group Ltd
Greenford, Middlesex, UB6 0NN
United Kingdom

Manufacturer:
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For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

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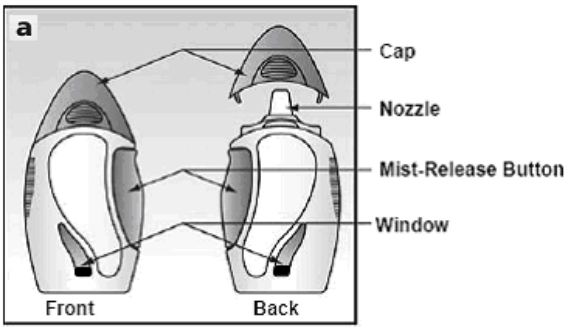
Detailed information on this medicine is available on the European Medicines Agency (EMEA) website:
http://www.emea.europa.eu/

STEP-BY-STEP GUIDE TO USING THE NASAL SPRAY

What the nasal spray looks like

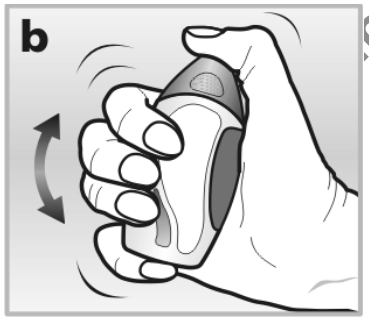
The nasal spray comes in a brown glass bottle inside a plastic casing - see picture **a**. It will contain either 30, 60 or 120 sprays, depending on the pack size that has been prescribed for you.



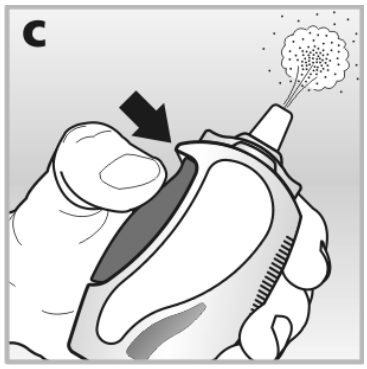
The window in the plastic casing lets you see how much Alisade is left in the bottle. You will be able to see the liquid level for a new 30 or 60 spray bottle, but not in a new 120 spray bottle because the liquid level is above the window.

Six important things you need to know about using the nasal spray

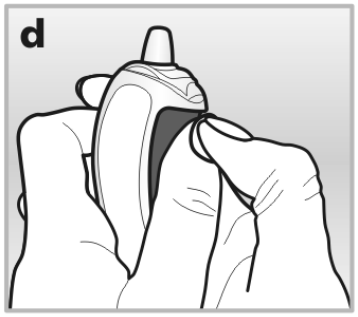
- Alisade comes in a brown bottle. If you need to check how much is left **hold the nasal spray upright against a bright light**. You will then be able to see the level through the window.
- When you **first use the nasal spray** you will need to **shake it vigorously** with the cap on for about 10 seconds. This is important as Alisade is a thick suspension that becomes liquid when you shake it well - see picture **b**. It will only spray when it becomes liquid.



- The mist-release button must be **pressed firmly all the way in,** to release the mist through the nozzle - see picture **c**.



- If you have difficulty pressing the button with your thumb, you can use two hands – see picture **d**



- **Always keep the cap on the nasal spray** when you are not using it. The cap keeps the dust out, seals in the pressure and stops the nozzle from blocking up. When the cap is in place the mist-release button cannot be pressed accidentally.
- **Never use a pin** or anything sharp to clear the nozzle. It will damage the nasal spray.

Preparing the nasal spray for use

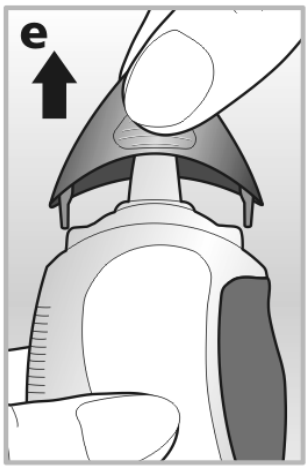
You must prepare the nasal spray:

- before you use it for the first time
- if you have left the cap off

Preparing the nasal spray helps to make sure you always get the full dose of medicine. Follow these steps:

1 **Shake the nasal spray vigorously** with the cap on for about 10 seconds.

2 Remove the cap by squeezing firmly on the sides of the cap with your thumb and forefinger– see picture **e**.



3 Hold the nasal spray upright, then tilt and **point the nozzle away from you.**

4 **Press the button firmly** all the way in. **Do this at least 6 times** until it releases a fine mist of spray into the air – see picture **f**.

The nasal spray is now ready for use.

Using the nasal spray

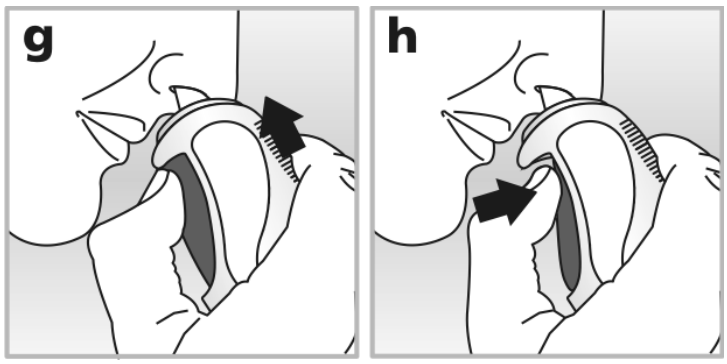
1 **Shake the nasal spray** vigorously.

2 **Remove the cap**.

3 **Blow your nose** to clear your nostrils, then tilt your head forward a little bit.

4 Place the nozzle in one of your nostrils – see picture **g**. Point the end of the nozzle slightly outwards, away from the centre ridge of your nose. This helps to get the medicine to the correct part of your nose.

5 Press the **button firmly** all the way in, **while you breathe in through your nose** – see picture **h**.



6 Take the nozzle out and **breathe out through your mouth.**

7 If your dose is two sprays in each nostril repeat steps 4 to 6.

8 Repeat steps 4 to 7 to treat the other nostril.

9 **Replace the cap** on the nasal spray.

Cleaning the nasal spray

After each use:

1 Wipe the nozzle and inside of the cap with a clean, dry tissue – see pictures **i** and **j**.

2 Do not use water to clean it.

3 **Never use a pin** or anything sharp on the nozzle.

4 **Always replace the cap** once you have finished.

If the nasal spray does not seem to be working:

- Check you still have medicine left. Look at the level through the window. If the level is very low there may not be enough left to work the nasal spray.
- Check the nasal spray for damage
- If you think the nozzle may be blocked, **do not use a pin** or anything sharp to clear it.
- Try to reset it by following the instructions under ‘Preparing the nasal spray for use’.

➔ If it is still not working, or if it produces a jet of liquid, take the nasal spray back to the pharmacy to get advice.