Annex III

Summary of product characteristics, labelling and package leaflet

Note:

This Summary of Product Characteristics, labelling and package leaflet is the outcome of the referral procedure to which this Commission decision relates.

The product information may be subsequently updated by the Member State competent authorities, in liaison with the Reference Member State, as appropriate, in accordance with the procedures laid down in Chapter 4 of Title III of Directive 2001/83/EC.

SUMMARY OF PRODUCT CHARACTERISTICS,
LABELLING AND PACKAGE LEAFLET

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

NASONEX and associated names strength pharmaceutical form
[See Annex I - To be completed nationally]

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Mometasone furoate (as the monohydrate) 50 micrograms/actuation.

Excipient with known effect:
This medicinal product contains 0.02 mg of benzalkonium chloride per actuation.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Nasal Spray, Suspension.
White to off-white opaque suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

NASONEX Nasal Spray is indicated for use in adults and children 3 years of age and older to treat the symptoms of seasonal allergic or perennial rhinitis.

NASONEX Nasal Spray is indicated for the treatment of nasal polyps in adults 18 years of age and older.

- **4.2 Posology and method of administration**

After initial priming of the NASONEX Nasal Spray pump, each actuation delivers approximately 100 mg of mometasone furoate suspension, containing mometasone furoate monohydrate equivalent to 50 micrograms mometasone furoate.

Posology

Seasonal Allergic or Perennial Rhinitis
Adults (including older patients) and children 12 years of age and older: The usual recommended dose is two actuations (50 micrograms/actuation) in each nostril once daily (total dose 200 micrograms). Once symptoms are controlled, dose reduction to one actuation in each nostril (total dose 100 micrograms) may be effective for maintenance. If symptoms are inadequately controlled, the dose may be increased to a maximum daily dose of four actuations in each nostril once daily (total dose 400 micrograms). Dose reduction is recommended following control of symptoms.

Children between the ages of 3 and 11 years: The usual recommended dose is one actuation (50 micrograms/actuation) in each nostril once daily (total dose 100 micrograms).

NASONEX Nasal Spray demonstrated a clinically significant onset of action within 12 hours after the first dose in some patients with seasonal allergic rhinitis; however, full benefit of treatment may not be achieved in the first 48 hours. Therefore, the patient should continue regular use to achieve full therapeutic benefit.

Treatment with NASONEX Nasal Spray may need to be initiated some days before the expected start of the

pollen season in patients who have a history of moderate to severe symptoms of seasonal allergic rhinitis.

Nasal Polyposis
The usual recommended starting dose for polyposis is two actuations (50 micrograms/actuation) in each nostril once daily (total daily dose of 200 micrograms). If after 5 to 6 weeks symptoms are inadequately controlled, the dose may be increased to a daily dose of two sprays in each nostril twice daily (total daily dose of 400 micrograms). The dose should be titrated to the lowest dose at which effective control of symptoms is maintained. If no improvement in symptoms is seen after 5 to 6 weeks of twice daily administration, the patient should be re-evaluated and treatment strategy reconsidered.

Efficacy and Safety studies of NASONEX Nasal Spray for the treatment of nasal polyposis were four months in duration.

Paediatric population

Seasonal Allergic Rhinitis and Perennial Rhinitis
The safety and efficacy of NASONEX Nasal Spray in children under 3 years of age have not been established.

Nasal Polyposis
The safety and efficacy of NASONEX Nasal Spray in children and adolescents under 18 years of age have not been established.

Method of administration

Prior to administration of the first dose, shake container well and actuate the pump 10 times (until a uniform spray is obtained). If the pump is not used for 14 days or longer, reprime the pump with 2 actuations until a uniform spray is observed, before next use.

Shake container well before each use. The bottle should be discarded after the labelled number of actuations or within 2 months of first use.

4.3 Contraindications

Hypersensitivity to the active substance, mometasone furoate, or to any of the excipients listed in section 6.1.

NASONEX Nasal Spray should not be used in the presence of untreated localised infection involving the nasal mucosa, such as herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal surgery or trauma should not use a nasal corticosteroid until healing has occurred.

4.4 Special warnings and precautions for use

Immunosuppression
NASONEX Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract, or in untreated fungal, bacterial, or systemic viral infections.

Patients receiving corticosteroids who are potentially immunosuppressed should be warned of the risk of exposure to certain infections (e.g., chickenpox, measles) and of the importance of obtaining medical advice if such exposure occurs.

Local Nasal Effects
Following 12 months of treatment with NASONEX Nasal Spray in a study of patients with perennial rhinitis, there was no evidence of atrophy of the nasal mucosa; also, mometasone furoate tended to reverse the nasal

mucosa closer to a normal histologic phenotype. Nevertheless, patients using NASONEX Nasal Spray over several months or longer should be examined periodically for possible changes in the nasal mucosa. If localised fungal infection of the nose or pharynx develops, discontinuance of NASONEX Nasal Spray therapy or appropriate treatment may be required. Persistence of nasopharyngeal irritation may be an indication for discontinuing NASONEX Nasal Spray.

Nasonex is not recommended in case of nasal septum perforation (see section 4.8).

In clinical studies, epistaxis occurred at a higher incidence compared to placebo. Epistaxis was generally self-limiting and mild in severity (see section 4.8).

NASONEX Nasal Spray contains benzalkonium chloride which may cause nasal irritation.

Systemic Effects of Corticosteroids

Systemic effects of nasal corticosteroids may occur, particularly at high doses prescribed 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 and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children).

Following the use of intranasal corticosteroids, instances of increased intraocular pressure have been reported (see section 4.8).

There is no evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression following prolonged treatment with NASONEX Nasal Spray. However, patients who are transferred from long-term administration of systemically active corticosteroids to NASONEX Nasal Spray require careful attention. Systemic corticosteroid withdrawal in such patients may result in adrenal insufficiency for a number of months until recovery of HPA axis function. If these patients exhibit signs and symptoms of adrenal insufficiency or symptoms of withdrawal (e.g., joint and/or muscular pain, lassitude, and depression initially) despite relief from nasal symptoms, systemic corticosteroid administration should be resumed and other modes of therapy and appropriate measures instituted. Such transfer may also unmask pre-existing allergic conditions, such as allergic conjunctivitis and eczema, previously suppressed by systemic corticosteroid therapy.

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 corticosteroid cover should be considered during periods of stress or elective surgery.

Nasal Polyps

The safety and efficacy of NASONEX Nasal Spray has not been studied for use in the treatment of unilateral polyps, polyps associated with cystic fibrosis, or polyps that completely obstruct the nasal cavities.

- Unilateral polyps that are unusual or irregular in appearance, especially if ulcerating or bleeding, should be further evaluated.

Effect on Growth in Paediatric Population

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.

Non-nasal Symptoms
Although NASONEX Nasal Spray will control the nasal symptoms in most patients, the concomitant use of appropriate additional therapy may provide additional relief of other symptoms, particularly ocular symptoms.

4.5 Interactions with other medicaments and other forms of interaction

(See 4.4 Special warnings and special precautions for use with systemic corticosteroids)

A clinical interaction study was conducted with loratadine. No interactions were observed.

4.6 Fertility, pregnancy and lactation

Pregnancy
There are no or limited amount of data from the use of mometasone furoate in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). As with other nasal corticosteroid preparations, NASONEX Nasal Spray should not be used in pregnancy unless the potential benefit to the mother justifies any potential risk to the mother, foetus or infant. Infants born of mothers who received corticosteroids during pregnancy should be observed carefully for hypoadrenalism.

Lactation
It is unknown whether mometasone furoate is excreted in human milk. As with other nasal corticosteroid preparations, a decision must be made whether to discontinue breast-feeding or to discontinue/abstain from NASONEX Nasal Spray therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility
There are no clinical data concerning the effect of mometasone furoate on fertility. Animal studies have shown reproductive toxicity, but no effects on fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Summary of the safety profile
Epistaxis was generally self-limiting and mild in severity, and occurred at a higher incidence compared to placebo (5%), but at a comparable or lower incidence when compared to the active control nasal corticosteroids studied (up to 15%) as reported in clinical studies for allergic rhinitis. The incidence of all other adverse events was comparable with that of placebo. In patients treated for nasal polyposis, the overall incidence of adverse events was similar to that observed for patients with allergic rhinitis.

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

Tabulated list of adverse reactions
Treatment related adverse reactions (≥1%) reported in clinical trials in patients with allergic rhinitis or nasal polyposis and post-marketing regardless of indication are presented in Table 1. Adverse reactions are listed according to MedDRA primary system organ class. Within each system organ class, adverse reactions are ranked by frequency. Frequencies were defined as follows: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100). The frequency of post-marketing adverse events are considered as "not known (cannot be estimated from the available data)".

Table 1: Treatment-related adverse reactions reported by system organ class and frequency			
	Very common	Common	Not known
Infections and infestations		Pharyngitis Upper respiratory tract infection†	
Immune system disorders			Hypersensitivity including anaphylactic reactions, angioedema, bronchospasm, and dyspnoea
Nervous system disorders		Headache	
Eye disorders			Glaucoma Increased intraocular pressure Cataracts
Respiratory, thoracic and mediastinal disorders	Epistaxis*	Epistaxis Nasal burning Nasal irritation Nasal ulceration	Nasal septum perforation
Gastrointestinal disorders		Throat irritation*	Disturbances of taste and smell

*recorded for twice daily dosing for nasal polyposis
†recorded at uncommon frequency for twice daily dosing for nasal polyposis

Paediatric population
In the paediatric population, the incidence of recorded adverse events in clinical studies, e.g., epistaxis (6%), headache (3%), nasal irritation (2%) and sneezing (2%) was comparable to placebo.

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 the national reporting system listed in Appendix V.

4.9 Overdose

Symptoms
Inhalation or oral administration of excessive doses of corticosteroids may lead to suppression of HPA axis function.

Management
Because the systemic bioavailability of NASONEX Nasal Spray is <1%, overdose is unlikely to require any therapy other than observation, followed by initiation of the appropriate prescribed dosage.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Decongestants and Other Nasal Preparations for Topical Use-Corticosteroids, ATC code: R01A D09

Mechanism of action
Mometasone furoate is a topical glucocorticosteroid with local anti-inflammatory properties at doses that are not systemically active.

It is likely that much of the mechanism for the anti-allergic and anti-inflammatory effects of mometasone furoate lies in its ability to inhibit the release of mediators of allergic reactions. Mometasone furoate significantly inhibits the release of leukotrienes from leucocytes of allergic patients. In cell culture, mometasone furoate demonstrated high potency in inhibition of synthesis and release of IL-1, IL-5, IL-6 and TNFα; it is also a potent inhibitor of leukotriene production. In addition, it is an extremely potent inhibitor of the production of the Th2 cytokines, IL-4 and IL-5, from human CD4+ T-cells.

Pharmacodynamic effects
In studies utilising nasal antigen challenge, NASONEX Nasal Spray has shown anti-inflammatory activity in both the early- and late- phase allergic responses. This has been demonstrated by decreases (vs placebo) in histamine and eosinophil activity and reductions (vs baseline) in eosinophils, neutrophils, and epithelial cell adhesion proteins.

In 28% of the patients with seasonal allergic rhinitis, NASONEX Nasal Spray demonstrated a clinically significant onset of action within 12 hours after the first dose. The median (50%) onset time of relief was 35.9 hours.

Paediatric population
In a placebo-controlled clinical trial in which paediatric patients (n=49/group) were administered NASONEX Nasal Spray 100 micrograms daily for one year, no reduction in growth velocity was observed.

There are limited data available on the safety and efficacy of NASONEX Nasal Spray in the paediatric population aged 3 to 5 years, and an appropriate dosage range cannot be established. In a study involving 48 children aged 3 to 5 years treated with intranasal mometasone furoate 50, 100 or 200 μg/day for 14 days, there was no significant differences from placebo in the mean change in plasma cortisol level in response to the tetracosactrin stimulation test.

The European Medicines Agency has waived the obligation to submit the results of studies with NASONEX Nasal Spray and associated names in all subsets of the paediatric population in seasonal and perennial allergic rhinitis (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Absorption
Mometasone furoate, administered as an aqueous nasal spray, has a systemic bioavailability of <1% in plasma, using a sensitive assay with a lower quantitation limit of 0.25 pg/ml.

Distribution
Not applicable as mometasone is poorly absorbed via the nasal route.

Biotransformation
The small amount that may be swallowed and absorbed undergoes extensive first-pass hepatic metabolism.

Elimination
Absorbed mometasone furoate is extensively metabolized and the metabolites are excretedin urine and bile.

5.3 Preclinical safety data

No toxicological effects unique to mometasone furoate exposure were demonstrated. All observed effects are typical of this class of compounds and are related to exaggerated pharmacologic effects of glucocorticoids.

Preclinical studies demonstrate that mometasone furoate is devoid of androgenic, antiandrogenic, estrogenic or antiestrogenic activity but, like other glucocorticoids, it exhibits some antiuterotrophic activity and delays vaginal opening in animal models at high oral doses of 56 mg/kg/day and 280 mg/kg/day.

Like other glucocorticoids, mometasone furoate showed a clastogenic potential in-vitro at high concentrations. However, no mutagenic effects can be expected at therapeutically relevant doses.
In studies of reproductive function, subcutaneous mometasone furoate, at 15 micrograms/kg prolonged gestation and prolonged and difficult labour occurred with a reduction in offspring survival and body weight or body weight gain. There was no effect on fertility.
Like other glucocorticoids, mometasone furoate is a teratogen in rodents and rabbits. Effects noted were umbilical hernia in rats, cleft palate in mice and gallbladder agenesis, umbilical hernia, and flexed front paws in rabbits. There were also reductions in maternal body weight gains, effects on foetal growth (lower foetal body weight and/or delayed ossification) in rats, rabbits and mice, and reduced offspring survival in mice.

The carcinogenicity potential of inhaled mometasone furoate (aerosol with CFC propellant and surfactant) at concentrations of 0.25 to 2.0 micrograms/l was investigated in 24-month studies in mice and rats. Typical glucocorticoid-related effects, including several non-neoplastic lesions, were observed. No statistically significant dose-response relationship was detected for any of the tumour types.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Dispersable cellulose (microcrystalline cellulose and carmellose sodium)
Glycerol
Sodium citrate
Citric acid monohydrate
Polysorbate 80
Benzalkonium chloride,
Purified water

6.2 Incompatibilities

Not applicable

6.3 Shelf life

[To be completed nationally]

6.4 Special precautions for storage

[To be completed nationally]

6.5 Nature and contents of container

[To be completed nationally]

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

8. MARKETING AUTHORISATION NUMBER

[To be completed nationally]

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

[To be completed nationally]

10. DATE OF REVISION OF THE TEXT

[To be completed nationally]

LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON NASONEX 50 µg/actuation 60 and 140 actuations

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]
mometasone furoate

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each metered actuation delivers 50 µg mometasone furoate.

3. LIST OF EXCIPIENTS

Also contains : dispersible cellulose, glycerol, sodium citrate, citric acid monohydrate, polysorbate 80, benzalkonium chloride, purified water.
See package leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Nasal Spray Suspension
60 actuations
140 actuations

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For nasal use. Shake gently before use.
Read the package leaflet before use.

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

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Do not pierce the nasal applicator

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

[To be completed nationally]

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

[To be completed nationally]

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]
{Name and Address}
<{tel}>
<{fax}>
<{e-mail}>

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]
Prime by pumping 10 times before initial use, or 2 times if unused for 14 days or more, until a fine mist is produced.

16. INFORMATION IN BRAILLE

Nasonex 50 µg nasal spray
[To be completed nationally]

PARTICULARS TO APPEAR ON THE IMMEDIATE PACKAGING

LABEL NASONEX 50 µg/actuation 60 and 140 actuations

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]
mometasone furoate

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each metered actuation delivers 50 µg mometasone furoate..

3. LIST OF EXCIPIENTS

Contains benzalkonium chloride

4. PHARMACEUTICAL FORM AND CONTENTS

Nasal Spray Suspension
60 actuations
140 actuations

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For nasal use. Shake gently before use.
Read the package leaflet before use.

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

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

[To be completed nationally]

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

[To be completed nationally]

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]
{Name and Address}
<{tel}>
<{fax}>
<{e-mail}>

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]
Date of opening:

16. INFORMATION IN BRAILLE

PACKAGE LEAFLET

Package leaflet: Information for the user

Nasonex and associated names strength pharmaceutical form
[See Annex I - To be completed nationally]
Mometasone Furoate

Please read this leaflet carefully before you start using 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 or pharmacist.
- This medicine has been prescribed for you. 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, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Nasonex is and what it is used for
2. What you need to know before you use Nasonex
3. How to use Nasonex
4. Possible side effects
5. How to store Nasonex
6. Contents of the pack and other information

1. What Nasonex is and what it is used for

What is Nasonex?
Nasonex Nasal Spray contains mometasone furoate, one of a group of medicines called corticosteroids. When mometasone furoate is sprayed into the nose, it can help to relieve inflammation (swelling and irritation of the nose), sneezing, itching and a blocked up or runny nose.

What is Nasonex used for?
Hay fever and perennial rhinitis
Nasonex is used to treat the symptoms of hayfever (also called seasonal allergic rhinitis) and perennial rhinitis in adults and children aged 3 and older.

Hayfever, which occurs at certain times of the year, is an allergic reaction caused by breathing in pollen from trees, grasses, weeds and also moulds and fungal spores. Perennial rhinitis occurs throughout the year and symptoms can be caused by a sensitivity to a variety of things including house dust mite, animal hair (or dander), feathers and certain foods. Nasonex reduces the swelling and irritation in your nose and thereby relieving sneezing, itching and a blocked-up or runny nose caused by hay fever or perennial rhinitis.

Nasal polyps
Nasonex is used to treat nasal polyps in adults aged 18 and over.

Nasal polyps are small growths on the lining of the nose and usually affect both nostrils. Nasonex reduces the inflammation in the nose, causing the polyps to gradually shrink, thereby relieving a blocked feeling in the nose which may affect breathing through the nose.

2. What you need to know before you use Nasonex

Do not use Nasonex

- if you are allergic (hypersensitive) to mometasone furoate or any of the other ingredients of this medicine (listed in section 6).
- if you have an untreated infection in your nose. Use of Nasonex during an untreated infection in your nose, such as herpes, can worsen the infection. You should wait until the infection is resolved before you start using the nasal spray.
- if you have recently had an operation on your nose or you have injured your nose. You should not use the nasal spray until your nose has healed.

Warnings and precautions

Talk to your doctor or pharmacist before using Nasonex

- if you have or have ever had tuberculosis.
- if you have any other infection.
- if you are taking other corticosteroid medicines, either by mouth or by injection.
- if you have cystic fibrosis.

While you are using Nasonex, talk to your doctor

- if your immune system is not functioning well (if you have difficulty in fighting infection) and you come into contact with anyone with measles or chickenpox. You should avoid coming into contact with anyone who has these infections.
- if you have an infection of the nose or throat.
- if you are using the medicine for several months or longer.
- if you have persistent irritation to the nose or throat.

When corticosteroid nasal sprays are used at high doses for long periods of time, side effects may occur due to the drug being absorbed in the body.

If your eyes are itching or irritated, your doctor may recommend that you use other treatments with Nasonex.

Children

When used at high doses for long periods of time, corticosteroid nasal sprays may cause certain side-effects, such as slowed growth rate in children.

It is recommended that the height of children receiving long-term treatment with nasal corticosteroids is regularly monitored and if any changes are noted, their doctor should be notified.

Other medicines and Nasonex

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

If you are taking other corticosteroid medicines for allergy, either by mouth or injection, your doctor may advise you to stop taking them once you begin using Nasonex. A few people may find that once they discontinue oral or injected corticosteroids they suffer from some undesirable effects, such as joint or muscular pain, weakness and depression. You may also seem to develop other allergies, such as itchy, watering eyes or patches of red and itchy skin. If you develop any of these effects, you should contact your doctor.

Pregnancy and breast-feeding

There is little or no information on the use of Nasonex in pregnant women. It is not known if mometasone furoate is found in breast milk.

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

Driving and using machines
There is no known information on the effect of Nasonex on the ability to drive or use machinery.

Nasonex contains benzalkonium chloride
Nasonex contains benzalkonium chloride which may cause nasal irritation.

3. How to use Nasonex

Always use Nasonex exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure. Do not use a larger dose or use the spray more often or for longer than your doctor tells you to.

Treatment of Hayfever and Perennial Rhinitis

Use in adults and children over 12 years old

The usual dose is two sprays into each nostril once a day.

- Once your symptoms are under control, your doctor may advise you to decrease the dose.
- If you do not start to feel any better, you should see your doctor and he or she may tell you to increase the dose; the maximum daily dose is four sprays into each nostril once a day.

Use in children aged 3 to 11 years

The usual dose is one spray into each nostril once daily.

If you or your child suffer badly from hayfever, your doctor may tell you to start using Nasonex before the start of the pollen season, as this will help to prevent your hayfever symptoms from occurring. At the end of the pollen season your hayfever symptoms should get better and treatment may then not be needed.

Nasal Polyps

Use in adults over 18 years old

The usual starting dose is two sprays into each nostril once daily.

- If symptoms are not controlled after 5 to 6 weeks, the dose may be increased to two sprays in each nostril twice daily. Once symptoms are under control, your doctor may advise you to decrease your dose.
- If no improvement in symptoms is seen after 5 to 6 weeks of twice daily administration, you should contact your doctor.

Preparing your nasal spray for use

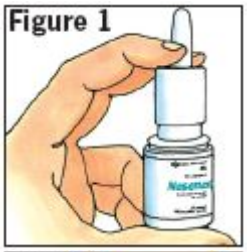
Your Nasonex Nasal Spray has a dust cap which protects the nozzle and keeps it clean. Remember to take this off before using the spray and to replace it after use.

If you are using the spray for the first time you need to ‘prime’ the bottle by pumping the spray 10 times until a fine mist is produced:
1. Gently shake the bottle.

2. Put your forefinger and middle finger either side of the nozzle and your thumb underneath the bottle. **Do Not** pierce the nasal applicator.
3. Point the nozzle away from you and then press down with your fingers to pump the spray 10 times until a fine mist is produced.

If you have not used the spray for 14 days or more, you need to "re-prime" the bottle by pumping the spray 2 times until a fine mist is produced.

How to use your nasal spray



1. Shake the bottle gently and remove the dust cap. (Figure 1)
2. Gently blow your nose.
3. Close one nostril and put the nozzle into the other nostril as shown. (Figure 2) Tilt your head forward slightly, keeping the bottle upright.
4. Start to breathe in gently or slowly through your nose and whilst you are breathing in squirt a spray of fine mist into your nose by pressing down ONCE with your fingers.
5. Breathe out through your mouth. Repeat step 4 to inhale a second spray in the same nostril if applicable.
6. Remove the nozzle from this nostril and breathe out through the mouth.
7. Repeat steps 3 to 6 for the other nostril (Figure 3).

After using the spray, wipe the nozzle carefully with a clean handkerchief or tissue and replace the dust cap.

<u>Cleaning your nasal spray</u>

- It is important to clean your nasal spray regularly, otherwise it may not work properly.
- Remove the dust cap and gently pull off the nozzle.
- Wash the nozzle and dust cap in warm water and then rinse under a running tap.
- **Do not try to unblock the nasal applicator by inserting a pin or other sharp object as this will damage the applicator and cause you not to get the right dose of medicine.**
- Allow the dust cap and nozzle to dry in a warm place.
- Push the nozzle back onto the bottle and replace the dust cap.
- The spray will need to be primed again with 2 sprays when first used after cleaning.

If you use more Nasonex than you should

Tell your doctor if you accidentally use more than you were told.

If you use steroids for a long time or in large amounts they may, rarely, affect some of your hormones. In children this may affect growth and development.

If you forget to use Nasonex

If you forget to use your nasal spray at the right time, use it as soon as you remember, then carry on as before. Do not take a double dose to make up for a forgotten dose.

If you stop using Nasonex

In some patients Nasonex should begin to relieve symptoms 12 hours after the first dose; however full benefit of treatment may not be seen for up to two days. It is very important that you use your nasal spray regularly. Do not stop your 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 or pharmacist.

4. Possible side effects

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

Immediate hypersensitivity (allergic) reactions may occur after use of this product. These reactions may be severe. You should stop taking Nasonex and get immediate medical help if you experience symptoms such as:

- swollen face, tongue or pharynx
- trouble swallowing
- hives
- wheezing or trouble breathing

When corticosteroid nasal sprays are used at high doses for long periods of time, side effects may occur due to the drug being absorbed in the body.

Other side effects
Most people do not have any problems after using the nasal spray. However, some people, after using Nasonex or other corticosteroid nasal sprays, may find that they suffer from:

Common side effects (may affect up to 1 in 10 people):

- headache
- sneezing
- nose bleeds [occurred very commonly (may affect more than1 in 10 people) in people with nasal polyps receiving Nasonex two sprays in each nostril twice a day]
- sore nose or throat
- ulcers in the nose
- respiratory tract infection

Not known (frequency cannot be estimated from the available data):

- increase in pressure in the eye (glaucoma) and/or cataracts causing visual disturbances,
- damage to the partition in the nose which separates the nostrils
- changes in taste and smell
- difficulty in breathing and/or wheezing

Reporting of side effects
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.
You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Nasonex

- [To be completed nationally]
- Keep this medicine out of the sight and reach of children.

- Do not use this medicine after the expiry date which is stated on the bottle and carton after EXP. The expiry date refers to the last day of that month.

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.

6. Contents of the pack and other information

What Nasonex contains

- The active substance is mometasone furoate. Each spray contains 50 micrograms of mometasone furoate, as the monohydrate.
- The other ingredients are dispersible cellulose, glycerol, sodium citrate, citric acid monohydrate, polysorbate 80, benzalkonium chloride, purified water.

What Nasonex looks like and contents of the pack

Nasonex is a nasal spray suspension.
[To be completed nationally]

Marketing Authorisation Holder and Manufacturer
[See Annex I - To be completed nationally]

This medicinal product is authorised in the Member States of the EEA under the following names:
[See Annex I - To be completed nationally]

This leaflet was last approved in
[To be completed nationally]