# SUMMARY OF PRODUCT CHARACTERISTICS

## 1 NAME OF THE MEDICINAL PRODUCT

**Rhinolast®**

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Azelastine Hydrochloride 0.1% w/v

## 3 PHARMACEUTICAL FORM

Nasal solution

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic indications

For the treatment of seasonal allergic rhinitis and perennial allergic rhinitis for adults and children 6 years and older.

### 4.2 Posology and method of administration

Route of application is topical - nasal mucosa.

Adults

One application (0.14 ml) in each nostril twice daily (0.56 mg of azelastine hydrochloride).

Elderly

There have been no specific studies in the elderly.

Children

For children aged 6 years and older, one application (0.14 ml) in each nostril twice daily (0.56 mg of azelastine hydrochloride).

### 4.3 Contraindications

Proven allergy against azelastine hydrochloride.

### 4.4 Special warnings and precautions for use

None.

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

No specific interactions have been studied.

### 4.6 Pregnancy and lactation

At high oral doses in animals, 500 times the proposed oral human daily dose, foetal death, growth retardation and an increased incidence of skeletal abnormalities occurred during reproduction toxicity testing. Due to the nasal route of administration and the low dose administered, minimal systemic exposure can be expected. However as with all medicines caution should be exercised with use during pregnancy and lactation.

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

None.

### 4.8 Undesirable effects

The following frequencies of undesirable effects were reported:

**Commonly (1 - 10 %)**, a substance-specific bitter taste may be experienced after administration (often due to incorrect method of application, namely tilting the head too far backwards during administration) which, in rare cases, may lead to nausea.

**Uncommonly (0.1 - 1 %)**, a mild, transient irritation of the inflamed nasal mucosa may occur with symptoms such as stinging, itching, sneezing and epistaxis.

**In very rare cases (< 0.01 %),** hypersensitivity reactions (such as rash, pruritus, urticaria) were reported.

**Reporting of Adverse events reactions**

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form

http://forms.gov.il/globaldata/getsequence/getsequence.aspx?formType=AdversEffectMedic@moh.gov.il

## 4.9 Overdose

The results of animal studies show that toxic doses can produce CNS symptoms, e.g. excitation, tremor, convulsions. Should these occur in humans, symptomatic and supportive treatment should be instigated as there is no specific antidote. Gastric lavage is recommended if the overdose is recent.

With the nasal route of administration overdosage reactions are not anticipated.

# 5 PHARMACOLOGICAL PROPERTIES

## 5.1 Pharmacodynamic properties

Azelastine, a phthalazinone derivative of novel structure, is classified as a potent long acting anti-allergic compound with particularly strong H1 antagonist properties.

Data from animal studies show that when high levels of azelastine are achieved both inhibition and release of chemical mediators (e.g. leukotriene, histamine, serotonin) involved in allergic reaction occurs.

## 5.2 Pharmacokinetic properties

After repeated nasal application (0.14 mg) into each nostril twice daily, the plasma levels of azelastine were about 0.26 ng/ml. The levels of the active metabolite desmethylazelastine were detected at or below the lower limit of quantification (0.12 ng/ml).

After repeated oral administration, the mean $C_{Max}$ steady state plasma levels were determined giving 3.9 ng/ml for azelastine and 1.86 ng/ml for desmethylazelastine after 2.2 mg b.i.d. azelastine which represents the therapeutic oral dose for the treatment of allergic rhinitis.

Following oral administration azelastine is rapidly absorbed showing an absolute bioavailability of 81%. Food has no influence on absorption. The volume of distribution is high indicating distribution predominantly to the peripheral tissues. The level of protein binding is low (80-95%, a level too low to give concern over drug displacement reactions).

Plasma elimination half lives after a single dose of azelastine are approximately 20 hours for azelastine and about 45 hours for N- desmethylazelastine (a therapeutically active metabolite). Excretion occurs mainly via the faeces. The sustained excretion of small amounts of the dose in the faeces suggest that some enterohepatic circulation may take place.

### 5.3 Preclinical safety data

Nothing relevant.

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Methylhydroxypropyl cellulose, Sodium edetate, Dehydrated citric acid, Sodium phosphate, Sodium chloride, Purified water

### 6.2 Incompatibilities

None.

### 6.3 Shelf life

Three years unopened.

### 6.4 Special precautions for storage

Store below 25ºC. Do not refrigerate.

### 6.5 Nature and contents of container

5 ml, 10 ml or 20 ml brown glass bottle with white PP spray pump.

### 6.6 Special precautions for disposal

For attached pump and bottle

Remove the protective cap. Before first using, squeeze down the collar several times until an even spray emerges. The Rhinolast spray is now ready to use.

Discard product six months after first opening.

## 7. MANUFACTURER

Meda Pharma GmbH & Co.KG, Bad Homburg, Germany

## 8 MARKETING AUTHORIZATION NUMBER

118-44-29866-00

## 9. MARKETING AUTHORIZATION HOLDER

MegaPharm Ltd.
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The format of this leaflet was determined by the Ministry of Health and its content was checked and approved in **July 2016**.

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