Summary of Product Characteristics (SPC)

1. NAME OF THE MEDICINAL PRODUCT

Tabunex® 0.05% Nasal Spray

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

3. PHARMACEUTICAL FORM

Nasal Spray

Description: White to off-white homogeneous suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Tabunex Nasal Spray is indicated for use in adults and children aged 6 years and older to treat the symptoms of seasonal allergic rhinitis and perennial rhinitis.

Tabunex 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

Seasonal Allergic or Perennial Rhinitis

Adults and children over 12 years old

The usual dose is two sprays into each nostril once a day for adults (including the elderly) and children over the age of 12 years.

- Once the symptoms are under control, it is advised to only spray once into each nostril onceaday.

If the patient does not start to feel any better, the dose for the patient may be increased to the maximum daily dose of four sprays into each nostril once a day. Once the symptoms are controlled the dose may be reduced to two sprays into each nostril once daily.

Children aged 6 to 11 years

The usual dose is one spray into each nostril once daily. Long term use of nasal steroids at high doses may cause slowing of growth in children. Child's height at intervals during treatment may be checked and the dose may be reduced if any effects are seen.

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If the patient suffers badly from seasonal allergic rhinitis, start using **Tabunex** two to four weeks before the start of the pollen season, as this will help to prevent seasonal allergic rhinitis symptoms from occurring. It is recommended to use other treatments with **Tabunex**, particularly if the eyes are itching or irritated. At the end of the pollen season seasonal allergic rhinitis symptoms should get better and treatment may then not be needed.

Nasal Polyps

The usual starting dose for adults aged 18 and over 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, dose should be reduced to the lowest amount where symptoms are still controlled.
- If no improvement in symptoms is seen after 5 to 6 weeks of twice daily administration, discussing other treatments to replace Tabunex should be considered.

4.3 Contraindications

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

Tabunex Nasal Spray should not be used in the presence of untreated localized 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

Tabunex 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 **Tabunex** 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 **Tabunex** 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 **Tabunex** Nasal Spray therapy or appropriate treatment may be required. Persistence of nasopharyngeal irritation may be an indication for discontinuing **Tabunex** Nasal Spray.

Tabunex 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).
Tabunex Nasal Spray contains benzalkonium chloride which may cause nasal irritation or swelling inside the nose, especially if used for a long timr.

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).

Visual disturbance may be reported with systemic and topical (including, intranasal, inhaled and intraocular) 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 of visual disturbances 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.

Patients who are transferred from long-term administration of systemically active corticosteroids to **Tabunex** 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 covershould be considered during periods of stress or elective surgery.

Nasal Polyps

The safety and efficacy of **Tabunex** 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 befurther 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 **Tabunex** 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 Interaction with other medicinal products 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.

Co-treatment with CYP3A inhibitors, including cobicistat-containing products, is expected to increase the risk of systemic side-effects. The combination should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side-effects, in which case patients should be monitored for systemic corticosteroid side-effects.

4.6 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, **Tabunex** 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 **Tabunex** Nasal Spray therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Summary of the safetyprofile

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 Vision blurred (see also section 4.4)
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.

4.9 Overdose

Symptoms

Inhalation or oral administration of excessive doses of corticosteroids may lead to suppression of HPA axisfunction.

Management

Because the systemic bioavailability of **Tabunex** 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 antiallergic 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 IL1, IL5, IL6 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, IL4 and IL5, from human CD4+ T cells.

Pharmacodynamic effects

In studies utilising nasal antigen challenge, **Tabunex** 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, **Tabunex** 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 **Tabunex** 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 **Tabunex** 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.

5.2 Pharmacokinetic properties

Absorption

Mometasone furoate, administered as an aqueous nasal spray, has a systemic bioavailability of <1% inplasma, 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 excreted in urine and bile.

5.3 Preclinicalsafetydata

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 24month studies in mice and rats. Typical glucocorticoid related effects, including several nonneoplastic 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

- Microcrystalline Cellulose and Carboxymethyl Cellulose Sodium
- Glycerin
- Citric Acid Monohydrate
- Sodium Citrate Dihydrate
- Polysorbate 80 (Tween 80)
- Benzalkonium Chloride
- Purified water

6.2 Incompatibilities

Not Available

6.3 Shelf life

3 years

6.4 Special precautions for storage

Keep out of reach of

children Store below 30°C.

Do not freeze.

The spray should be used within 2 months of first use.

Do not use beyond the expiry date or if the product shows any signs of deterioration.

6.5 Nature and contents of container

A carton containing one 20ml filled & labelled HDPE bottle for nasal spray, capped with

metered dose pump for nasal spray with folded leaflet.

Each pack contains at least 120 metered sprays.

6.6 Special precautions for disposal and other handling

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away the medicines you no longer use. These measures will help to protect the environment.

7. MARKETING AUTHORISATION HOLDER

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8. MARKETING AUTHORISATION NUMBER(S)

Marketing Authorization Number in Ethiopia: 04547/4235/NMR/2017

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of First Authorization in Ethiopia: 04/07/2019

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August 2023