Avenor 25µg/50µg, 25µg/125µg, 25µg/250µg per metered dose pressurized inhalation, suspension (Salmeterol xinafoate and Fluticasone propionate) Prescribing Information. Prescribers should consult the SmPC before prescribing.

Presentation: Each metered dose (ex valve) of Avenor pressurized inhalation, suspension contains: 25µg of salmeterol (as salmeterol xinafoate) and 50µg or 125µg or 250µg of fluticasone propionate, respectively. This is equivalent to a delivered dose (ex actuator) of 23µg of salmeterol and 46µg or 115µg or 230µg of fluticasone propionate, respectively.

Indication: Treatment of asthma in patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short-acting β_2 agonist or in patients with asthma already adequately controlled on both inhaled corticosteroid and long-acting β_2 agonist.

Dosage and administration: Method of Administration: Inhalation use. Avenor must be used daily for optimum benefit, even when asymptomatic. The dose should be titrated to the lowest dose at which effective control of symptoms is maintained. Adults and adolescents 12 years and older: Initial maintenance therapy with moderate persistent asthma: Two inhalations twice daily; once control of asthma is attained treatment should be reviewed. Avenor is not intended for the initial management of mild asthma. Avenor 25µg /50µg strength is not appropriate in adults and children with severe asthma. Children 4 years and older: Two inhalations of 25µg salmeterol and 50µg fluticasone propionate twice daily. The maximum licensed dose of fluticasone propionate delivered by Avenor inhaler in children is 100µg twice daily. There are no data available for use of Avenor inhaler in children aged under 4 years. Use of an AeroChamber Plus® spacer device with Avenor is recommended in patients who have, or are likely to have, difficulties in coordinating actuation with inspiration (e.g. children < 12 years old). Only the AeroChamber Plus® spacer device should be used with Avenor.
Instructions for Use: Patients should be instructed in the proper use and care of their inhaler and spacer and their technique checked to ensure optimum delivery of the inhaled drug to the lungs (see patient information leaflet and SmPC for more details).

Fertility, pregnancy and lactation: Fertility: There are no data in humans. However, animal studies showed no effects of salmeterol or fluticasone propionate on fertility. Pregnancy: Administration of Avenor to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. The lowest effective dose of fluticasone propionate needed to maintain adequate asthma control should be used in the treatment of pregnant women. Breastfeeding: Studies have shown that salmeterol and fluticasone propionate, and their metabolites, are excreted into the milk of lactating rats. A decision must be made whether to discontinue breastfeeding or to discontinue Avenor therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman.

Contraindications: Avenor is contraindicated in patients with hypersensitivity (allergy) to the active substances or to any of the excipients.

Special warnings and precautions: Avenor should not be used to treat acute asthma symptoms for which a fast- and short-acting bronchodilator is required.

Patients should not be initiated on Avenor during an exacerbation, or if they have significantly worsening or acutely deteriorating asthma. Serious asthma-related adverse events and exacerbations may occur during treatment with Avenor. Patients should be asked to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation on Avenor. Increased requirements for use of reliever medication (short-acting bronchodilators), or decreased response to reliever medication indicate deterioration of asthma control and patients should be reviewed by a physician. Treatment with Avenor should not be stopped abruptly due to risk of exacerbation. Therapy should be down-titrated under physician supervision. Avenor should be administered with caution in patients with active or quiescent pulmonary tuberculosis and fungal, viral or other infections of the airway, in patients with severe cardiovascular disorders or heart rhythm abnormalities, in patients with diabetes mellitus, thyrotoxicosis, uncontrolled hypokalaemia or patients predisposed to low levels of serum potassium. Paradoxical bronchospasm may occur with an immediate increase in wheezing and shortness of breath after dosing. Paradoxical bronchospasm responds to a rapid-acting bronchodilator and should be treated straightaway. Avenor should be discontinued immediately, the patient assessed, and alternative therapy instituted if necessary. The pharmacological side effects of β_2 agonist treatment, such as tremor, palpitations and headache, have been reported, but tend to be transient and reduce with regular therapy. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, cataract and glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). It is important, therefore, that the patient is reviewed regularly and the dose of inhaled corticosteroid is reduced to the lowest dose at which effective control of asthma is maintained. Prolonged treatment of patients with high doses of inhaled corticosteroids may result in adrenal suppression and acute adrenal crisis. The use of a spacer device with a metered dose inhaler may increase drug delivery to the lungs. It should be noted that this could potentially lead to an increase in the risk of systemic adverse effects. Patient transferring from oral steroids may remain at risk of impaired adrenal reserve therefore adrenal function in those patients should be regularly monitored. Ritonavir can greatly increase the concentration of fluticasone propionate in plasma. Therefore, concomitant use should be avoided. There is also an increased risk of systemic side effects when combining fluticasone propionate with other potent CYP3A inhibitors. Increased incidence of lower respiratory tract infections in patients with COPD receiving salmeterol and fluticasone propionate was reported. Concomitant use of systemic ketoconazole and other CYP3A4 inhibitors may lead to an increase in the incidence of systemic effects (e.g. prolongation in the QTc interval and palpitations). Patient presenting with symptoms such as blurred vision and other visual disturbances should be considered for referral to an ophthalmologist for evaluation of possible causes. Children and adolescents <16 years taking high doses of fluticasone propionate (typically ≥ 1000µg /day for long periods) may be at particular risk of systemic effects. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, acute adrenal crisis and growth retardation in children and adolescents and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression. Consideration should be given to referring the child or adolescent to a paediatric respiratory specialist.

It is recommended that the height of children receiving prolonged treatment with inhaled corticosteroid is regularly monitored. The dose of inhaled corticosteroid should be reduced to the lowest dose at which effective control of asthma is maintained.

Drug interactions: Non-selective and selective β blockers; xanthine derivatives, steroids and diuretics as administered together with salmeterol may result in potentially serious hypokalaemia; Other β adrenergic containing drugs due to potentially additive effect; CYP3A inhibitors; Potent CYP3A4 inhibitors (ketoconazole, itraconazole, telithromycin, ritonavir).

Effects on ability to drive/use machines: Avenor has no or negligible influence on the ability to drive and use machines.

Undesirable effects: Candidiasis of the mouth and throat; pneumonia; bronchitis; oesophageal candidiasis; hypersensitivity reactions with the following manifestations: cutaneous hypersensitivity reactions, angioedema (mainly facial and oropharyngeal oedema), respiratory symptoms (dyspnoea), respiratory symptoms (bronchospasm), anaphylactic reactions including anaphylactic shock; Cushing's syndrome; Cushingoid features; adrenal suppression; growth retardation in children and adolescents; decreased bone mineral density; hypokalaemia; hyperglycaemia; anxiety; sleep disorders; behavioural changes, including psychomotor hyperactivity and irritability (predominantly in children); depression, aggression (predominantly in children); headache; tremor; cataract; glaucoma; vision, blurred; palpitations; tachycardia; cardiac arrhythmias (including supraventricular tachycardia and extrasystoles); atrial fibrillation; angina pectoris; nasopharyngitis; throat irritation; hoarseness/dysphonia; sinusitis; paradoxical bronchospasm; contusions; muscle cramps; traumatic fractures; arthralgia; myalgia.

Pack size and UK list price:
Avenor 25µg/50µg per metered dose pressurized inhalation, suspension (PL 17780/1111), pack size: 120 actuations, £12.99
Avenor 25µg /125µg per metered dose pressurized inhalation, suspension (PL 17780/1112), pack size: 120 actuations, £10.33
Avenor 25µg/250µg per metered dose pressurized inhalation, suspension (PL 17780/1113), pack size: 120 actuations, £13.66.

Legal Category: POM.

Marketing Authorisation Holder: Zentiva Pharma UK Limited, 12 New Fetter Lane, London ECA 1JP, UK

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Zentiva via email to PV-United-Kingdom@zentiva.com or via phone on 0800 090 2408.