AIRPLUS INHALATION POWDER
(Salmeterol/Fluticasone propionate)

Product Name:

AIRPLUS 50/100mcg inhalation powder
AIRPLUS 50/250mcg inhalation powder
AIRPLUS 50/500mcg inhalation powder

Name and strength of active ingredients

Each dose of Airplus contains 50 micrograms of salmeterol (as salmeterol xinafoate) and 100, 250 or 500 micrograms fluticasone propionate.

Product description
AIRPLUS 50/100mcg inhalation powder
The drug product is an inhalation powder, pre-dispensed. The powder is contained within a blister held within a plastic inhaler of white body and light pink coloured mouthpiece cover.

Aluminium overwrap with intact seal containing a device that matches the reference with no visible damage. Inspect the strength and serial number marked on the blister strip to be same with marked on the device and the box.

White to off white, free flowing powder contained in a double foil strip.

AIRPLUS 50/250mcg inhalation powder
The drug product is an inhalation powder, pre-dispensed. The powder is contained within a blister held within a plastic inhaler of white body and pink coloured mouthpiece cover.

Aluminium overwrap with intact seal containing a device that matches the reference with no visible damage. Inspect the strength and serial number marked on the blister strip to be same with marked on the device and the box.

White to off white, free flowing powder contained in a double foil strip.

AIRPLUS 50/500mcg inhalation powder
The drug product is an inhalation powder, pre-dispensed. The powder is contained within a blister held within a plastic inhaler of white body and mauve coloured mouthpiece cover.

Aluminium overwrap with intact seal containing a device that matches the reference with no visible damage. Inspect the strength and serial number marked on the blister strip to be same with marked on the device and the box.

White to off white, free flowing powder contained in a double foil strip.

Pharmacodynamics

Pharmacotherapeutic Group: Adrenergics in combination with corticosteroids or other drugs, excluding anticholinergics.

ATC Code: R03AK06

Mechanism of action and pharmacodynamic effects:

AIRPLUS INHALATION POWDER contains salmeterol and fluticasone propionate which have differing modes of action. The respective mechanisms of action of both drugs are discussed below.

Salmeterol:

Salmeterol is a selective long-acting (12 hour) β_2 adrenoceptor agonist with a long side chain which binds to the exo-site of the receptor.

Salmeterol produces a longer duration of bronchodilation, lasting for at least 12 hours, than recommended doses of conventional short-acting β_2 agonists.

Fluticasone propionate:

Fluticasone propionate given by inhalation at recommended doses has a glucocorticoid anti-inflammatory action within the lungs, resulting in reduced symptoms and exacerbations of asthma, with less adverse effects than when corticosteroids are administered systemically.

Pharmacokinetic

For pharmacokinetic purposes each component can be considered separately.

Salmeterol

Salmeterol acts locally in the lung therefore plasma levels are not an indication of therapeutic effects. In addition there are only limited data available on the pharmacokinetics of salmeterol because of the technical difficulty of assaying the drug in plasma due to the low plasma concentrations at therapeutic doses (approximately 200 picogram /mL or less) achieved after inhaled dosing.

Fluticasone propionate

The absolute bioavailability of a single dose of inhaled fluticasone propionate varies between approximately 5 to 11% of the nominal dose depending on the inhalation device used. In patients with asthma or COPD a lesser degree of systemic exposure to inhaled fluticasone propionate has been observed.

Systemic absorption occurs mainly through the lungs and is initially rapid then prolonged. The remainder of the inhaled dose may be swallowed but contributes minimally to systemic exposure due to the low aqueous solubility and pre-systemic metabolism, resulting in oral availability of less than 1%. There is a linear increase in systemic exposure with increasing inhaled dose.

The disposition of fluticasone propionate is characterised by high plasma clearance (1150 mL/min), a large volume of distribution at steady-state (approximately 300 L) and a terminal half-life of approximately 8 hours.

Plasma protein binding is 91%.

Fluticasone propionate is cleared very rapidly from the systemic circulation. The main pathway is metabolism to an inactive carboxylic acid metabolite, by the cytochrome P450 enzyme CYP3A4. Other unidentified metabolites are also found in the faeces.

The renal clearance of fluticasone propionate is negligible. Less than 5% of the dose is excreted in urine, mainly as metabolites. The main part of the dose is excreted in faeces as metabolites and unchanged drug.

Indication

Asthma

AIRPLUS INHALATION POWDER is indicated in the regular treatment of asthma, including asthma in children and adults, where use of a combination (bronchodilator and inhaled corticosteroid) is appropriate.
This may include:
Patients on effective maintenance doses of long-acting beta-agonists and inhaled corticosteroids.
Patients who are symptomatic on current inhaled corticosteroid therapy.
Patients on regular bronchodilator therapy who require inhaled corticosteroids.

Chronic Obstructive Pulmonary Disease (COPD)

AIRPLUS INHALATION POWDER is indicated for the regular treatment of chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema.

Dosage and Administration

AIRPLUS INHALATION POWDER is for inhalation only.

Patients should be made aware that AIRPLUS INHALATION POWDER must be used regularly for optimum benefit, even when asymptomatic.
Patients should be regularly reassessed by a doctor, so that the strength of AIRPLUS INHALATION POWDER they are receiving remains optimal and is only changed on medical advice.

Asthma

The dose should be titrated to the lowest dose at which effective control of symptoms is maintained. Where the control of symptoms is maintained with twice daily AIRPLUS INHALATION POWDER, titration to the lowest effective dose could include AIRPLUS INHALATION POWDER given once daily.

Patients should be given the strength of AIRPLUS INHALATION POWDER containing the appropriate fluticasone propionate dosage for the severity of their disease.
If a patient is inadequately controlled on inhaled corticosteroid therapy alone, substitution with AIRPLUS INHALATION POWDER at a therapeutically equivalent corticosteroid dose may result in an improvement in asthma control. For patients whose asthma control is acceptable on inhaled corticosteroid therapy alone, substitution with AIRPLUS INHALATION POWDER may permit a reduction in corticosteroid dose while maintaining asthma control. For further information, please refer to the ‘Pharmacodynamics’ section.

Recommended Doses:-
Adults and adolescents 12 years and older:-
One inhalation (50 micrograms salmeterol and 100 micrograms fluticasone propionate) twice daily.
or
One inhalation (50 micrograms salmeterol and 250 micrograms fluticasone propionate) twice daily.

or
One inhalation (50 micrograms salmeterol and 500 micrograms fluticasone propionate) twice daily.

Children 4 years and older:-
One inhalation (50 micrograms salmeterol and 100 micrograms fluticasone propionate) twice daily.
There are no data available for use of AIRPLUS INHALATION POWDER in children aged under 4 years.

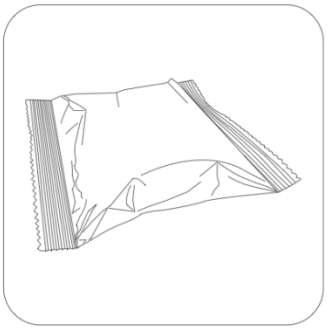
Use of Airplus inhalation powder for Inhaled Corticosteroid Sparing
Adults and adolescents 12 years and older, with stable asthma who require fluticasone propionate 250 micrograms twice daily or equivalent to maintain control of their asthma; this dose may be replaced with one inhalation (50 micrograms salmeterol and 100 micrograms fluticasone propionate) twice daily.

Chronic Obstructive Pulmonary Disease (COPD)
For adult patients the recommended dose is one inhalation 50/250 micrograms to 50/500 micrograms salmeterol/fluticasone propionate twice daily.

Special patient groups:-
There is no need to adjust the dose in elderly patients or in those with renal or hepatic impairment.

Instruction for use of the inhaler

The inhalation device presented to the market in cardboard box is located in the protective packaging for safety purposes.



Before using your inhaler, remove it from the package as shown.

The inhalation device will be off when you remove it from the package.

In an unused inhalation device, 60 doses of powder are separately preserved. The dose indicator shows how many doses of medication remain in the inhalation device. Each dose is precisely measured and protected according to hygienic conditions. No need to care or refill.

It's easy to use the inhalation device. The time to take the medication is shown in the following three steps.

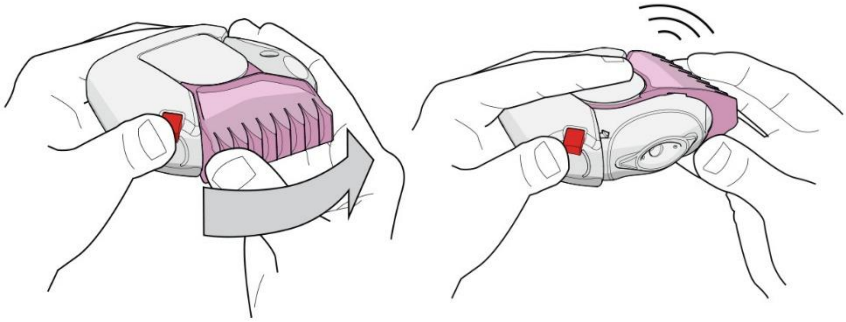
1. Opening
2. Inhaling
3. Closing

How does AIRPLUS Inhalation Device work?

Press the red button (child lock) to push the outer cover. When the outer cover is pushed, a small hole is opened in the mouthpiece and a dose of the drug is ready to be inhaled. When the inhalation device is closed, the outer cover rotates to its initial position and becomes ready for the next use. The outer cover protects the inhalation device when not in use.

1. Opening

To open the inhalation device and make it ready for inhalation, press the red button to remove the outer cover. Hold the inhalation device so that the mouthpiece is facing you. The inhalation device is now ready for use. At each opening of the outer lid, one dose is ready for inhalation. This is seen in the dose indicator. Do not play with the outer lid to avoid losing the medication.



2. Inhaling

You should read this section carefully before you take the medicine.

• Keep the inhalation device away from your mouth. Breathe out as much as you can. Remember - never breathe out into the inhalation device.

• Rest your lips to the mouthpiece. Breathe-in long and deeply through the mouth – do not breathe from your nose.

• Remove the inhaler from your mouth.

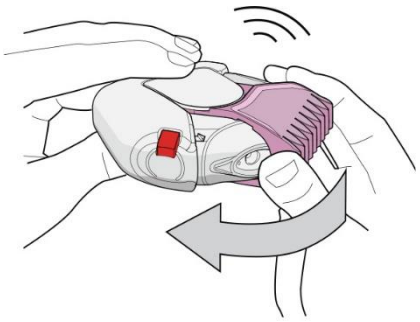
• Hold your breath for 10 seconds or as long as you can comfortably hold it.

• Breathe out slowly through the nose.

3. Closing

• To close the inhaler, you only need to slide the outer lid to its original position.

• The inhalation device is ready for reuse.



If you are advised to take two inhalations, you should repeat steps 1 through 3.

REMEMBER!

Keep the inhalation device dry.

Keep it closed when not in use.

Never breathe out into the inhalation device.

Open the outer cover when you are ready to take the medication.

Do not take more than the mentioned dose.

Contraindication
Hypersensitivity to the active substances or to any of the excipients.

Warnings and Precautions
Deterioration of disease

AIRPLUS INHALATION POWDER should not be used to treat acute asthma symptoms for which a fast- and short- acting bronchodilator is required. Patients should be advised to have their inhaler to be used for relief in an acute asthma attack available at all times.

Patients should not be initiated on AIRPLUS INHALATION POWDER 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 AIRPLUS INHALATION POWDER. Patients should be asked to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation on AIRPLUS INHALATION POWDER.

Increased requirements for use of reliever medication (short-acting bronchodilators), or decreased response to reliever medication indicate deterioration of control and patients should be reviewed by a physician.

Sudden and progressive deterioration in control of asthma is potentially life-threatening and the patient should undergo urgent medical assessment. Consideration should be given to increasing corticosteroid therapy.

Once asthma symptoms are controlled, consideration may be given to gradually reducing the dose of AIRPLUS INHALATION POWDER. Regular review of patients as treatment is stepped down is important. The lowest effective dose of AIRPLUS INHALATION POWDER should be used.

For patients with COPD experiencing exacerbations, treatment with systemic corticosteroids is typically indicated, therefore patients should be instructed to seek medical attention if symptoms deteriorate with AIRPLUS INHALATION POWDER.

Treatment with AIRPLUS INHALATION POWDER should not be stopped abruptly in patients with asthma due to risk of exacerbation. Therapy should be down-titrated under physician supervision. For patients with COPD cessation of therapy may also be associated with symptomatic decompensation and should be supervised by a physician.

As with all inhaled medication containing corticosteroids, AIRPLUS INHALATION POWDER should be administered with caution in patients with active or quiescent pulmonary tuberculosis and fungal, viral or other infections of the airway. Appropriate treatment should be promptly instituted, if indicated.

Cardiovascular effects

Rarely, AIRPLUS INHALATION POWDER may cause cardiac arrhythmias e.g. supraventricular tachycardia, extrasystoles and atrial fibrillation, and a mild transient reduction in serum potassium at high therapeutic doses. AIRPLUS INHALATION POWDER should be used with caution in patients with severe cardiovascular disorders or heart rhythm abnormalities and in patients with diabetes mellitus, thyrotoxicosis, uncorrected hypokalaemia or patients predisposed to low levels of serum potassium.

Hyperglycaemia

There have been very rare reports of increases in blood glucose levels and this should be considered when prescribing to patients with a history of diabetes mellitus.

Paradoxical bronchospasm

As with other inhalation therapy 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. AIRPLUS INHALATION POWDER 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.

Excipients

AIRPLUS INHALATION POWDER contains lactose monohydrate up to 12.5 milligram /dose. This amount does not normally cause problems in lactose intolerant people. The excipient lactose contains small amounts of milk proteins, which may cause allergic reactions.

Systemic corticosteroid effects

Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral

corticosteroids. 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) (see Paediatric population sub-heading below for information on the systemic effects of inhaled corticosteroids in children and adolescents). **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. Very rare cases of adrenal suppression and acute adrenal crisis have also been described with doses of fluticasone propionate between 500 and less than 1000 micrograms. Situations, which could potentially trigger acute adrenal crisis include trauma, surgery, infection or any rapid reduction in dosage. Presenting symptoms are typically vague and may include anorexia, abdominal pain, weight loss, tiredness, headache, nausea, vomiting, hypotension, decreased level of consciousness, hypoglycaemia, and seizures. Additional systemic corticosteroid cover should be considered during periods of stress or elective surgery.

The benefits of inhaled fluticasone propionate therapy should minimise the need for oral steroids, but patients transferring from oral steroids may remain at risk of impaired adrenal reserve for a considerable time. Therefore these patients should be treated with special care and adrenocortical function regularly monitored. Patients who have required high dose emergency corticosteroid therapy in the past may also be at risk. This possibility of residual impairment should always be borne in mind in emergency and elective situations likely to produce stress, and appropriate corticosteroid treatment must be considered. The extent of the adrenal impairment may require specialist advice before elective procedures.

Ritonavir can greatly increase the concentration of fluticasone propionate in plasma. Therefore, concomitant use should be avoided, unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects. There is also an increased risk of systemic side effects when combining fluticasone propionate with other potent CYP3A inhibitors.

Pneumonia in patients with COPD

An increase in the incidence of pneumonia, including pneumonia requiring hospitalisation, has been observed in patients with COPD receiving inhaled corticosteroids. There is some evidence of an increased risk of pneumonia with increasing steroid dose but this has not been demonstrated conclusively across all studies.

There is no conclusive clinical evidence for intra-class differences in the magnitude of the pneumonia risk among inhaled corticosteroid products.

Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of such infections overlap with the symptoms of COPD exacerbations.

Risk factors for pneumonia in patients with COPD include current smoking, older age, low body mass index (BMI) and severe COPD.

Interactions with potent CYP3A4 inhibitors

Concomitant use of systemic ketoconazole significantly increases systemic exposure to salmeterol. This may lead to an increase in the incidence of systemic effects (e.g. prolongation in the QTc interval and palpitations). Concomitant treatment with ketoconazole or other potent CYP3A4 inhibitors should therefore be avoided unless the benefits outweigh the potentially increased risk of systemic side effects of salmeterol treatment.

Visual disturbance

Visual disturbance may be reported with systemic and topical 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, 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.

Paediatric Population

Children and adolescents <16 years taking high doses of fluticasone propionate (typically ≥ 1000 micrograms/day) may be at particular risk. Systemic effects may occur, particularly at high doses prescribed for long periods. 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.**

Pneumonia in patients with COPD

An increase in the incidence of pneumonia, including pneumonia requiring hospitalisation, has been observed in patients with COPD receiving inhaled corticosteroids. There is some evidence of an increased risk of pneumonia with increasing steroid dose but this has not been demonstrated conclusively across all studies.

There is no conclusive clinical evidence for intra-class differences in the magnitude of the pneumonia risk among inhaled corticosteroid products.

Physicians should remain vigilant for the possible development of pneumonia in patient with COPD as the clinical features of such infections overlap with the symptoms of COPD exacerbations.

Risk factors for pneumonia in patients with COPD include current smoking status, older age, low body mass index (BMI) and severe COPD.

Interactions with Other Medicaments

β adrenergic blockers may weaken or antagonise the effect of salmeterol. Both non-selective and selective β blockers should be avoided unless there are compelling reasons for their use. Potentially serious hypokalaemia may result from $\beta_2$agonist therapy. Particular caution is advised in acute severe asthma as this effect may be potentiated by concomitant treatment with xanthine derivatives, steroids and diuretics.

Concomitant use of other β adrenergic containing drugs can have a potentially additive effect.

Fluticasone Propionate

Under normal circumstances, low plasma concentrations of fluticasone propionate are achieved after inhaled dosing, due to extensive first pass metabolism and high systemic clearance mediated by cytochrome P450 3A4 in the gut and liver. Hence, clinically significant drug interactions mediated by fluticasone propionate are unlikely.

Intranasal fluticasone propionate used together with ritonavir (a highly potent cytochrome P450 3A4 inhibitor) 100 mg b.i.d. increased the fluticasone propionate plasma concentrations several hundred fold, resulting in markedly reduced serum cortisol concentrations. Information about this interaction is lacking for inhaled fluticasone propionate, but a marked increase in fluticasone propionate plasma levels is expected. Cases of Cushing's syndrome and adrenal suppression have been reported. The combination should be avoided unless the benefit outweighs the increased risk of systemic glucocorticoid side effects.

The slightly less potent CYP3A inhibitor ketoconazole increased the exposure of fluticasone propionate after a single inhalation by 150%. This resulted in a greater reduction of plasma cortisol as compared with fluticasone propionate alone. Co-treatment with other potent CYP3A inhibitors, such as itraconazole, and moderate CYP3A inhibitors, such as erythromycin, is also expected to increase the systemic fluticasone propionate exposure and the risk of systemic side effects. Caution is recommended and long-term treatment with such drugs should if possible be avoided.

Salmeterol

Potent CYP3A4 inhibitors

Co-administration of ketoconazole (400 mg orally once daily) and salmeterol (50 micrograms inhaled twice daily) resulted in a significant increase in plasma salmeterol exposure (1.4-fold Cmax and 15-fold AUC). This may lead to an increase in the incidence of other systemic effects of salmeterol treatment (e.g. prolongation of QTc interval and palpitations) compared with salmeterol or ketoconazole treatment alone (see section warning and precaution).

Clinically significant effects were not seen on blood pressure, heart rate, blood glucose and blood potassium levels. Co-administration with ketoconazole did not increase the elimination half-life of salmeterol or increase salmeterol accumulation with repeat dosing.

The concomitant administration of ketoconazole should be avoided, unless the benefits outweigh the potentially increased risk of systemic side effects of salmeterol treatment. There is likely to be a similar risk of interaction with other potent CYP3A4 inhibitors (e.g. itraconazole, telithromycin, ritonavir).

Moderate CYP 3A4 inhibitors

Co-administration of erythromycin (500 mg orally three times a day) and salmeterol (50 micrograms inhaled twice daily) resulted in a small but non-statistically significant increase in salmeterol exposure (1.4-fold C_{max} and 1.2-fold AUC). Co-administration with erythromycin was not associated with any serious adverse effects.

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.

Pregnancy and Lactation

Pregnancy

Administration of Airplus to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the fetus.

The lowest effective dose of fluticasone propionate needed to maintain adequate asthma control should be used in the treatment of pregnant women.

Breastfeeding

It is unknown whether salmeterol and fluticasone propionate/metabolites are excreted in human milk.

Salmeterol and fluticasone propionate, and their metabolites, are excreted into the milk of lactating rats.

A risk to breastfed newborns/infants cannot be excluded. A decision must be made whether to discontinue breastfeeding or to discontinue Airplus therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman.

Fertility

There are no data in humans. However, animal studies showed no effects of salmeterol or fluticasone propionate on fertility.

Effects on ability to drive and use machines

AIRPLUS INHALATION POWDER has no or negligible influence on the ability to drive and use machines.

Side Effects

As Airplus contains salmeterol and fluticasone propionate, the type and severity of adverse reactions associated with each of the compounds may be expected. There is no incidence of additional adverse events following concurrent administration of the two compounds.

Adverse events which have been associated with salmeterol/fluticasone propionate are given below, listed by system organ class and frequency. Frequencies are defined as: very common, common, uncommon, rare and not known.

System Organ Class	**Adverse Event**	**Frequency**
Infections & Infestations	Candidiasis of the mouth and throat	Common
	Pneumonia (in COPD patients)	Common
	Bronchitis	Common
	Oesophageal candidiasis	Rare
Immune System Disorders	Hypersensitivity reactions with the following manifestations:	
	Cutaneous hypersensitivity reactions	Uncommon
	Angioedema (mainly facial and oropharyngeal oedema)	Rare
	Respiratory symptoms (dyspnoea)	Uncommon
	Respiratory symptoms (bronchospasm)	Rare
	Anaphylactic reactions including anaphylactic shock	Rare
Endocrine Disorders	Cushing's syndrome, Cushingoid features, Adrenal suppression, Growth retardation in children and adolescents, Decreased bone mineral density	Rare

Metabolism & Nutrition Disorders	Hypokalaemia Hyperglycaemia	Common Uncommon
Psychiatric Disorders	Anxiety Sleep disorders Behavioural changes, including psychomotor hyperactivity and irritability (predominantly in children) Depression, aggression (predominantly in children)	Uncommon Uncommon Rare Not Known
Nervous System Disorders	Headache Tremor	Very Common Uncommon
Eye Disorders	Cataract Glaucoma	Uncommon Rare
Cardiac Disorders	Palpitations Tachycardia Cardiac arrhythmias (including supraventricular tachycardia and extrasystoles). Atrial fibrillation Angina pectoris	Uncommon Uncommon Rare Uncommon Uncommon
Respiratory, Thoracic & Mediastinal Disorders	Nasopharyngitis Throat irritation Hoarseness/dysphonia Sinusitis Paradoxical bronchospasm	Very Common Common Common Common Rare
Skin and subcutaneous tissue disorders	Contusions	Common
Musculoskeletal & Connective Tissue Disorders	Muscle cramps Traumatic fractures Arthralgia Myalgia	Common Common Common Common

Description of selected adverse reactions
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.
As with other inhalation therapy 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. AIRPLUS INHALATION POWDER should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary.

Due to the fluticasone propionate component, hoarseness and candidiasis (thrush) of the mouth and throat and, rarely, of the oesophagus can occur in some patients. Both hoarseness and incidence of candidiasis may be relieved by rinsing the mouth with water and/or brushing the teeth after using the product. Symptomatic mouth and throat candidiasis can be treated with topical anti-fungal therapy whilst still continuing with the AIRPLUS INHALATION POWDER.

Paediatric population
Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression and growth retardation in children and adolescents (see section warning and

precaution). Children may also experience anxiety, sleep disorders and behavioural changes, including hyperactivity and irritability.

Symptoms and Treatment of Overdose
There are no data available on overdose with Airplus, however data on overdose with both drugs are given below:

The signs and symptoms of salmeterol overdose are dizziness, increases in systolic blood pressure, tremor, headache and tachycardia. If Airplus therapy has to be withdrawn due to overdose of the β agonist component of the drug, provision of appropriate replacement steroid therapy should be considered. Additionally, hypokalaemia can occur and therefore serum potassium levels should be monitored. Potassium replacement should be considered.

Acute: Acute inhalation of fluticasone propionate doses in excess of those recommended may lead to temporary suppression of adrenal function. This does not need emergency action as adrenal function is recovered in a few days, as verified by plasma cortisol measurements.

Chronic overdose of inhaled fluticasone propionate: Adrenal reserve should be monitored and treatment with a systemic corticosteroid may be necessary. When stabilised, treatment should be continued with an inhaled corticosteroid at the recommended dose. Refer to section warning and precaution: risk of adrenal suppression.

In cases of both acute and chronic fluticasone propionate overdose, Airplus therapy should be continued at a suitable dosage for symptom control.

Storage condition
Store below 30°C.

Dosage forms and packaging available:
1 unit x 60 doses

Manufactured by:
Neutec Inhaler Ilac San. ve Tic. A.S.
Sakarya 1. Organize Sanayi Bölgesi,
2. Yol No. 3, Arifiye, Sakarya, Turkey

Revision Date: January 2022