New Zealand Datasheet

Name of Medicine
Univent, aqueous nasal spray
Ipratropium bromide nasal spray

Presentation
Univent Aqueous Nasal Spray is a clear colourless, isotonic, pH-adjusted solution of 0.03% w/v Ipratropium bromide for nasal administration. It is supplied in an amber glass bottle with a metered-dose 70mcl pump (equivalent to 21 mcg ipratropium bromide per actuation).

Uses
Actions
Ipratropium bromide, a quaternary ammonium derivative, has a localised parasympathetic (anticholinergic) inhibitory action when used intranasally, which reduces watery hypersecretion from the mucosal glands in the nose.

In perennial rhinitis patients, the duration and onset of action is dose-dependent and onset usually occurs within 15 minutes after nasal administration.

Ipratropium bromide, when used intranasally is effective for controlling the severity and duration of rhinorrhoea in patients with allergic and non-allergic perennial rhinitis or the common cold.

Pharmacokinetics
Ipratropium bromide is rapidly absorbed from the nasal mucosa and has a very low systemic bioavailability (range: 7-18%).

The amount of ipratropium bromide excreted in the urine unchanged following single, QID or chronic nasal administration is between 4-8% of the dose.

Renal elimination after intravenous use amounts to about 70% of the labelled dose administered, partly in the form of inactive metabolites.

The elimination half-life (active ingredient and metabolites) is about 3-4 hours.

After intravenous administration, plasma concentrations decline rapidly in a biphasic manner. The volume of distribution is approximately 4.6 l/kg. Serum protein binding is less than 20%. There is no transgression of the blood/brain barrier.

Indications
For the symptomatic relief of rhinorrhoea associated with the common cold.

For the treatment and management of perennial rhinitis, allergic rhinitis and vasomotor rhinitis (when characterised by watery rhinorrhoea).

Dosage and Administration
Prime pump before use.

Treatment and management of perennial rhinitis, allergic rhinitis and vasomotor rhinitis (when characterised by watery rhinorrhoea):
**Regular use**
Adults: 2 puffs into each nostril 2 – 3 times a day. 3 - 4 puffs into each nostril may be required by some patients initially to obtain maximum effect.
Children: 2 puffs into each nostril twice a day.

**Interrnet Use (for patients with occasional episodes of watery rhinorrhoea triggered by provocking factors)**
2 – 4 puffs into each nostril prior to exposure of rhinorrhoea trigger factors e.g. temperature changes, food and exercise.

**Symptomatic relief of rhinorrhoea associated with the common cold**
Adults: Initially 2 puffs into each nostril 3-4 times a day, followed by 2 additional puffs five minutes after the first puffs.

**Contraindications**
Known sensitivity to atropine-like substance or inactive excipients.

**Warnings and Precautions**
There have been rare reports of immediate hypersensitivity reactions have occurring with ipratropium bromide administration including urticaria, angio-oedema, rash, bronchospasm, oropharyngeal oedema and anaphylaxis.

Generally, caution is advocated in the use of anticholinergic agents in patients with glaucoma and prostatic hypertrophy or bladder neck obstruction, although the risk of complications at therapeutic doses can be considered to be minimal. Patients must be instructed in the correct administration and warned not to allow the solution or mist to enter the eyes. Should eye pain or discomfort, blurred vision, visual halos or coloured images in association with red eyes from conjunctival congestion and corneal oedema occur, these may be signs of acute narrow-angle glaucoma. If narrow-angle glaucoma is suspected, treatment with miotic drops should be initiated and specialist advice sought immediately.

Cystic fibrosis patients may be more prone to gastro-intestinal motility disturbances.

**Use in Pregnancy and Lactation**
As with any medicine, caution should be observed during the first trimester of pregnancy. Safety during lactation has not been established.

**Adverse Effects**
Anticholinergic side effects are unlikely to occur. Nasal administration may cause local adverse effects including dryness of the nose, nasal irritation and epistaxis. Non-specific reactions which have been associated with the use of ipratropium nasal spray include nausea, headache, and local irritation (e.g. burning sensation).

At therapeutic dosages, however, the potential for systemic adverse effects exists. Adverse effects such as increased heart rate, palpitations, dizziness, blurred vision or other changes in vision may influence the ability to drive or use machines. Some patients may complain of dryness of the mouth or notice a bitter taste. In isolated cases throat irritation or cough has been reported. There is no evidence that in the therapeutic dose range ipratropium bromide has any adverse effect on sputum viscosity or volume.

Urinary retention and constipation have only rarely been reported with ipratropium bromide.
Interactions
As a minimal amount of ipratropium bromide is absorbed systemically from nasal administration, there is the potential for interaction with other anticholinergic medicines. There is no evidence of interaction or increased side effects of Ipratropium Aqueous Nasal Spray when used with decongestants and other commonly prescribed medicines for the common cold.

Overdosage
Accidental overdose by nasal administration is unlikely. Single doses of ipratropium bromide of 30mg by mouth cause anticholinergic side effects but these are not severe and do not require specific reversal. However, should signs of serious anticholinergic toxicity appear, cholinesterase inhibitors may be considered.

Pharmaceutical Precautions
Store below 25°C.

Medicine Classification
Pharmacy Only Medicine.

Package Quantities
Amber glass bottles with a metered-dose pump containing 15 mL of solution.

Further Information
Excipients
Excipients include sodium chloride, disodium EDTA, benzylkonium chloride, hydrochloric acid, sodium hydroxide and purified water.

Instructions for use
1. Remove the protective cap.
2. Before using the spray pump for the first time, activate repeatedly (about seven times) until an even spray mist is released (see fig.1). To activate the pump, hold the bottle between the thumb and index and middle fingers. Make sure the bottle points upright and away from the eyes. Press thumb firmly and quickly against the bottle (fig. 1). The pump is now ready for use.
3. Before using the nasal spray, blow your nose to clear nostrils.
4. Close one nostril by gently placing a finger against the side of the nose, tilt the head slightly forward. While holding the bottle as shown in figure 1, insert the tip into the other nostril (see fig. 2). Point the tip toward the back and outer side of the nose.
5. Activate once the pump by pressing firmly and quickly upwards with the thumb. Following each spray, sniff deeply and breathe out through the mouth.

6. After spraying the nostril and removing the tip, tilt the head backwards for a few seconds to let the spray spread over the back of the nose.

7. Repeat steps 4 through 6 in the same nostril.

8. Repeat steps 4 to 7 in the other nostril.

9. Replace protective cap after use.

If the product is accidentally sprayed into the eyes, immediately flush the eyes with cool tap water.

If the nasal tip becomes clogged, remove the protective cap. Hold the nasal tip under running, warm tap water for about a minute. Dry the nasal tip, activate the nasal spray pump and replace the protective cap.

**Pre-clinical Information**

Neither active anaphylaxis nor passive cutaneous anaphylactic reactions were demonstrated in guinea pigs.

*In vitro* bacterial mutagenicity assays (Ames test) did not indicate a mutagenic potential. The results of *in vivo* assays (micronucleus test, dominant lethal test in mice, cytogenic assay on bone marrow cells of Chinese hamsters) did not demonstrate an increase in the rate of chromosomal aberrations.

No tumorigenic or carcinogenic effects were demonstrated in long term studies in mice and rats.

Studies to investigate the possible influence of ipratropium bromide on fertility, embryo-/fetotoxicity, and peri-/postnatal development have been performed on mice, rats and rabbits. Even the highest oral dose levels employed (1000 mg/kg/day in the rat and 125 mg/kg/day in the rabbit, which proved to be maternotoxic and, to some extent, embryo-/fetotoxic at dosages, far in excess to the human therapeutic dose, did not induce malformations in the offspring.

**Name and Address**

Rex Medical Ltd
PO Box 18-119
Glen Innes
AUCKLAND.

Ph (09) 574 6060
Fax (09) 574 6070