Package leaflet: Information for the user

Trimbow 100 micrograms/6 micrograms/12.5 micrograms pressurised inhalation, solution
beclometasone dipropionate/formoterol fumarate dihydrate/glycopyrronium

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Trimbow is and what it is used for

Trimbow is a medicine to help breathing that contains the three active substances:
- beclometasone dipropionate,
- formoterol fumarate dihydrate and
- glycopyrronium.

Beclometasone dipropionate belongs to a group of medicines called corticosteroids which act to reduce the swelling and irritation in your lungs.

Formoterol and glycopyrronium are medicines called long-acting bronchodilators. They act in different ways to relax the muscles in your airways, helping to open the airways wider and allowing you to breathe more easily.

Regular treatment with these three active substances helps to relieve and prevent symptoms such as shortness of breath, wheezing and cough in adult patients with obstructive lung disease.

Trimbow is used for the regular treatment of
- chronic obstructive pulmonary disease (COPD) in adults
- asthma in adults.

Trimbow can reduce exacerbations (flare-ups) of COPD and asthma symptoms**.**
COPD is a serious long-term disease in which the airways become blocked and air sacs inside the lungs become damaged, leading to difficulty breathing.
Asthma is a serious, long-term disease where the muscles surrounding the airways become tight (bronchoconstriction) and swollen and irritated (inflammation). Symptoms come and go and include shortness of breath, wheezing, chest tightness and cough.

You should use Trimbow every day and not only when you have breathing problems or other symptoms of asthma. This will ensure that it controls your asthma properly. Do not use this medicine to relieve a sudden attack of breathlessness or wheezing.

2. What you need to know before you use Trimbow

Do not use Trimbow:

If you are allergic to beclometasone dipropionate, formoterol fumarate dihydrate and/or glycopyrronium or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions:

Trimbow is used as a maintenance treatment for your obstructive lung disease. Do not use this medicine to treat a sudden attack of breathlessness or wheezing.

If your breathing gets worse:

If you develop worsening shortness of breath or wheezing (breathing with a whistling sound), straight after inhaling your medicine, stop using Trimbow inhaler and use your quick-acting "reliever" inhaler straightaway. You should contact your doctor straightaway. Your doctor will assess your symptoms and if necessary may start you on a different treatment.
See also section 4. Possible side effects.

If your lung disease gets worse:

If your symptoms get worse or are difficult to control (e.g. if you are using a separate "reliever" inhaler more frequently) or if your "reliever" inhaler does not improve your symptoms, see your doctor immediately. Your lung disease may be getting worse and your doctor may need to prescribe different treatment.

Talk to your doctor or pharmacist before using Trimbow:

- if you have any heart problems, such as angina (heart pain, pain in the chest), a recent heart attack (myocardial infarction), heart failure, narrowing of the arteries around your heart (coronary heart disease), disease of your heart valves or any other abnormalities of your heart or if you have a condition known as hypertrophic obstructive cardiomyopathy (also known as HOCM, a condition where the heart muscle is abnormal).

- if you have disorders of your heart rhythm such as irregular heart rate, a fast pulse rate or palpitations or if you have been told that your heart trace (ECG) is abnormal.

- if you have narrowing of the arteries (also known as arteriosclerosis), if you have high blood pressure or if you have an aneurysm (abnormal bulging of the blood vessel wall).

- if you have an overactive thyroid gland.

- if you have low blood levels of potassium (hypokalaemia). The combination of Trimbow with some other lung medicines or medicines such as diuretics (medicines that make the body lose water, to treat heart disease or high blood pressure), can cause a sharp fall in your blood level of potassium. Therefore, your doctor may wish to measure the potassium levels in your blood from time to time.

- if you have any disease of your liver or kidneys.

- if you have diabetes. High doses of formoterol may increase your blood glucose and therefore you may need to have extra blood tests to check your blood sugar when you start using this medicine, and from time to time during treatment.

- if you have a tumour of the adrenal gland (known as a phaeochromocytoma).

- if you are due to have an anaesthetic. Depending on the type of anaesthetic, it may be necessary to stop using Trimbow at least 12 hours before the anaesthesia.

- if you are being, or have ever been, treated for tuberculosis (TB) or if you have a chest infection.

- if you have an eye problem called narrow-angle glaucoma.

- if you have difficulty passing urine.

- if you have an infection of the mouth or throat.

If any of the above applies to you, tell your doctor before you use Trimbow.
If you have or have had any medical problems or any allergies or if you are not sure if you can use Trimbow, talk to your doctor or pharmacist before using the inhaler.

If you are already using Trimbow

If you are using Trimbow or high doses of other inhaled corticosteroids over long periods and you come into a situation of stress (e.g. being taken to hospital after an accident, having a serious injury or before an operation) you may need more of this medicine. In such a situation, your doctor may need to increase your dose of corticosteroids to cope with the stress and may prescribe them as tablets or injections.

Contact your doctor if you experience blurred vision or other visual disturbances.

Children and adolescents
Do not give this medicine to children and adolescents below the age of 18 years.

Other medicines and Trimbow
Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines. This includes medicines similar to Trimbow used for your lung disease.

Some medicines may increase the effects of Trimbow and your doctor may wish to monitor you carefully if you are taking these medicines (including some medicines for HIV: ritonavir, cobicistat).

Do not use this medicine with a beta-blocker medicine (used for treating certain heart problems such as angina or for reducing blood pressure) unless your doctor has chosen a beta-blocker that does not affect your breathing. Beta-blockers (including beta-blocker eye-drops) may reduce the effects of formoterol or make it not work at all. On the other hand, using other beta2-agonist medicines (which work in the same way as formoterol) may increase the effects of formoterol.

Using Trimbow together with:

- medicines for treating
  - abnormal heart rhythms (quinidine, disopyramide, procainamide),
  - allergic reactions (antihistamines),

symptoms of depression or mental disorders such as monoamine oxidase inhibitors (for example phenelzine and isocarboxazid), tricyclic antidepressants (for example amitriptyline and imipramine), phenothiazines can cause some changes in the electrocardiogram (ECG, heart trace). They may also increase the risk of disturbances of heart rhythm (ventricular arrhythmias).

- medicines for treating Parkinson's disease (levodopa), to treat an underactive thyroid gland (levothyroxine), medicines containing oxytocin (which causes uterine contraction) and alcohol can increase the chances of formoterol side effects on the heart.

- monoamine oxidase inhibitors (MAOIs), including medicines with similar properties like furazolidone and procarbazine, used to treat mental disorders, can cause a rise in blood pressure.

- medicines for treating heart disease (digoxin) can cause a fall in your blood potassium level. This may increase the likelihood of abnormal heart rhythms.

- other medicines used to treat obstructive lung disease (theophylline, aminophylline or corticosteroids) and diuretics may also cause a fall in your potassium level.

- some anaesthetics can increase the risk of abnormal heart rhythms.

- Disulfiram, a medicine used in the treatment of people with alcoholism (drinking problems) or metronidazole, an antibiotic to treat infection in your body can cause side effects (e.g. feeling sick, being sick, stomach pain) due to the small amount of alcohol in Trimbow.

Pregnancy and breast-feeding
If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before using this medicine.

You should only use Trimbow during pregnancy if you are advised to do so by your doctor. It is preferable to avoid the use of Trimbow during labour due to the inhibitory effects of formoterol on uterine contractions.
You should not use Trimbow during breast-feeding. You and your doctor must make a decision whether to discontinue breast-feeding or to discontinue/abstain from Trimbow therapy taking into account the benefit of breast-feeding for your child and the benefit of therapy for you.

Driving and using machines
Trimbow is unlikely to affect your ability to drive and use machines.

Trimbow contains ethanol
Trimbow contains 8.856 mg of alcohol (ethanol) in each actuation, which is equivalent to 17.712 mg per dose of two actuations. The amount in two actuations of this medicine is equivalent to less than 1 ml of wine or beer. The small amount of alcohol in this medicine will not have any noticeable effects.

3. How to use Trimbow

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The recommended dose is two puffs in the morning and two puffs in the evening.

Do not use more than your doctor tells you to use.
You should use Trimbow every day, even when your asthma is not troubling you.
Do not use this medicine to relieve a sudden attack of breathlessness or wheezing.

If you feel that the medicine is not very effective, talk to your doctor.
If you have been using a different inhaler containing beclometasone dipropionate previously, ask your doctor for advice, as the effective dose of beclometasone dipropionate in Trimbow for the treatment of your obstructive lung disease may be lower than that of some other inhalers.

Route of administration
Trimbow is for inhalation use.
You should inhale the medicine through your mouth and this takes the medicine directly into your lungs.

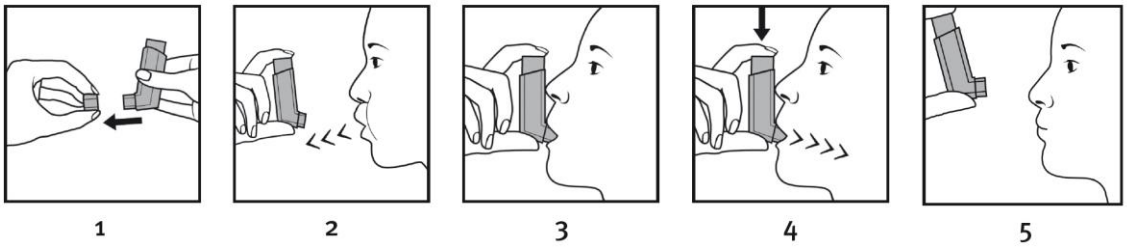
This medicine is contained in a pressurised container in a plastic inhaler with a mouthpiece.

If you have been prescribed a container providing 120 puffs
There is a counter on the back of the inhaler, which tells you how many doses are left. Each time you press the pressurised container, a puff of medicine is released and the counter will count down by one. Take care not to drop the inhaler as this may cause the counter to count down.

Testing your inhaler
Before using the inhaler for the first time, you should test your inhaler to make sure that it is working properly, as follows.
1. Depending on the container size precribed to you, check that the dose counter reads 121
2. Remove the protective cap from the mouthpiece
3. Hold your inhaler upright with the mouthpiece at the bottom
4. Direct the mouthpiece away from yourself and firmly press the pressurised container to release one puff
5. Check the dose counter or dose indicator. If you are testing your inhaler for the first time, the counter should read:

120
- when using the container providing 120 puffs

How to use your inhaler
Stand or sit up when inhaling.
IMPORTANT: Do not perform steps 2 to 5 too quickly.



1. Remove the protective cap from the mouthpiece and check that the mouthpiece is clean and free from dust and dirt.
2. Breathe out as slowly and deeply as possible, in order to empty your lungs.
3. Hold the inhaler upright with the mouthpiece at the bottom and place the mouthpiece between your teeth without biting it. Then place your lips around the mouthpiece, with the tongue flat under it.
4. Breathe in slowly and deeply through your mouth to fill your lungs with air (this should take about 4–5 seconds). Just after starting to breathe in, press down firmly on the top of the pressurised container to release one puff.
5. Hold your breath for as long as possible and, finally, remove the inhaler from your mouth and breathe out slowly. Do not breathe out into the inhaler.
6. Check that the dose counter (120 puffs) has moved down by one.

For the second puff, keep the inhaler in the upright position for about half a minute, then repeat steps 2 to 5.

If you see 'mist' coming from the top of the inhaler or the sides of your mouth, this means that Trimbow will not be getting into your lungs as it should. Take another puff, following the instructions starting again from step 2.

After use, replace the protective cap.

To prevent a fungal infection in the mouth and throat, rinse your mouth or gargle with water without swallowing it or brush your teeth after each use of your inhaler.

When to get a new inhaler
You should get a replacement when the counter or indicator shows the number 20. Stop using the inhaler when the counter or indicator shows 0, as any medicine left in the inhaler may not be enough to give you a full puff.

If you have a weak grip, it may be easier to hold the inhaler with both hands: hold the upper part of the inhaler with both index fingers and its lower part with both thumbs.

If you find it difficult to use the inhaler while starting to breathe in, you may use the AeroChamber Plus spacer device. Ask your doctor or pharmacist about this device.

It is important that you read the package leaflet which is supplied with your AeroChamber Plus spacer device and that you carefully follow the instructions on how to use the AeroChamber Plus spacer device and how to clean it.

Cleaning of the Trimbow inhaler
You should clean your inhaler once a week.
1. Do not remove the pressurised container from the inhaler and do not use water or other liquids to clean your inhaler.
2. Remove the protective cap from the mouthpiece by pulling it away from your inhaler.
3. Wipe inside and outside of the mouthpiece and the inhaler with a clean, dry cloth or tissue.
4. Replace the mouthpiece cap.

If you use more Trimbow than you should
It is important that you take your dose as advised by your doctor. Do not exceed your prescribed dose without talking to your doctor.
If you use more Trimbow than you should, side effects, as described in section 4, may occur.
Tell your doctor if you have used more Trimbow than you should and if you experience any of these symptoms. Your doctor may wish to carry out some blood tests.

If you forget to use Trimbow
Use it as soon as you remember. If it is almost time for your next dose, do not take the dose you have missed, but just take the next dose at the correct time. Do not double the dose.

If you stop using Trimbow
It is important to use Trimbow every day. Do not stop using Trimbow or lower the dose, even if you are feeling better or you have no symptoms. If you want to do this, talk to your doctor.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

There is a risk of worsening shortness of breath and wheezing immediately after using Trimbow and this is known as paradoxical bronchospasm (may affect up to 1 in 1,000 people). If this occurs you should stop using Trimbow and use your quick-acting "reliever" inhaler straightaway to treat the shortness of breath and wheezing. You should contact your doctor straightaway.

Tell your doctor immediately
- if you experience any allergic reactions like skin allergies, hives, skin itching, skin rash (may affect up to 1 in 100 people), reddening of the skin, swelling of the skin or mucous membranes especially of the eyes, face, lips and throat (may affect up to 1 in 1,000 people).
- if you experience eye pain or discomfort, temporary blurring of vision, visual halos or coloured images in association with red eyes. These may be signs of an acute attack of narrow-angle glaucoma (may affect up to 1 in 10,000 people).

Tell your doctor if you have any of the following while using Trimbow as they could be symptoms of a lung infection (may affect up to 1 in 10 people):
- fever or chills
- increased mucus production, change in mucus colour
- increased cough or increased breathing difficulties.

Possible side effects are listed below according to their frequency.

Common (may affect up to 1 in 10 people):
- sore throat
- runny or stuffy nose and sneezing

- fungal infections of the mouth. Rinsing your mouth or gargling with water and brushing your teeth immediately after inhalation may help to prevent these side effects.
- hoarseness
- headache
- urinary tract infection.

Uncommon (may affect up to 1 in 100 people):

- flu
- inflammation of the sinuses
- itchy, runny or blocked nose
- fungal infections of the throat or of the food pipe (oesophagus)
- fungal infections of the vagina
- restlessness
- trembling
- dizziness
- abnormal or reduced sense of taste
- numbness
- inflammation of the ear
- irregular heart beat
- changes in the electrocardiogram (heart trace)
- unusually fast heart beat and disorders of the heart rhythm
- palpitations (feeling of abnormal beating of the heart)
- reddening of the face
- increased blood flow to some tissues in the body
- asthma attack
- cough and productive cough
- irritation of the throat
- nose bleeds
- redness of the pharynx
- dry mouth
- diarrhoea
- swallowing difficulties
- feeling sick
- upset stomach
- stomach discomfort after meals
- burning sensation of the lips
- tooth decay
- skin rash, hives, skin itching
- inflammation of the mucous membrane of the mouth with or without ulcers
- increased sweating
- muscle cramps and pain in muscles
- pain in arms or legs
- pain in muscles, bones or joints of the chest
- tiredness
- increase of blood pressure
- fall in the level of some constituents of your blood: of certain white blood cells called granulocytes, of potassium or of cortisol
- increase in the level of some constituents of your blood: glucose, C-reactive protein, number of platelets, insulin, free fatty acid or ketones.

Rare (may affect up to 1 in 1,000 people):

- fungal infections of the chest
- decreased appetite
- sleep disorders (sleeping too little or too long)
- crushing chest pain
- sensation of a missed heart beat or of extra heart beats, unusually slow heart beat
- worsening of asthma
- leakage of blood from a vessel into the tissues surrounding it
- decrease of blood pressure
- weakness
- pain in the back of the mouth and throat
- inflammation of the pharynx
- dry throat
- painful and frequent urination
- difficulty and pain when passing urine
- inflammation of the kidneys.

Very rare (may affect up to 1 in 10,000 people):

- low level in the number of certain blood cells called platelets
- feeling breathless or short of breath
- swelling of the hands and feet
- growth retardation in children and adolescents.

Not known (frequency cannot be estimated from the available data):
- blurred vision.

Using high-dose inhaled corticosteroids over a long time can cause in very rare cases effects on the body:
- problems with how your adrenal glands work (adrenal suppression)
- decrease in bone mineral density (thinning of the bones)
- clouding of the lens of your eyes (cataract).

Trimbow does not contain a high-dose inhaled corticosteroid, but your doctor may wish to measure the cortisol levels in your blood from time to time.

The following side effects can also occur with high-dose inhaled corticosteroids used over a long time, but the frequency is not known (frequency cannot be estimated from the available data) at present:
- depression
- feeling worried, nervous, over-excited or irritable.

These events are more likely to occur in children.

Reporting of side effects
If you get any side effects talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the pv@chiesi.com . By reporting side effects you can help provide more information on the safety of this product.

5. How to store Trimbow

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the label and carton after EXP. The expiry date refers to the last day of that month.

Do not freeze.
Do not expose to temperatures higher than 50°C.
Do not pierce the pressurised container.

Prior to dispensing:
Store in a refrigerator (2°C-8°C).

After dispensing (receiving this medicine from your pharmacist):
Store at 30°C for maximum of 2 months

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

6. Content of the pack and other information

What Trimbow contains
The active substances are: beclometasone dipropionate, formoterol fumarate dihydrate and glycopyrronium.

Each delivered dose (the dose leaving the mouthpiece) contains 87 micrograms of beclometasone dipropionate, 5 micrograms of formoterol fumarate dihydrate and 9 micrograms of glycopyrronium (as 11 micrograms glycopyrronium bromide).

Each metered dose (the dose leaving the valve) contains 100 micrograms of beclometasone dipropionate, 6 micrograms of formoterol fumarate dihydrate and 10 micrograms of glycopyrronium (as 12.5 micrograms of glycopyrronium bromide).

The other ingredients are: ethanol anhydrous (see section 2), hydrochloric acid, propellant: norflurane.

What Trimbow looks like and contents of the pack
Trimbow is a pressurised inhalation, solution.

Trimbow comes in a pressurised container (coated aluminium), with a metering valve. The pressurised container is inserted in a plastic inhaler. This incorporates a mouthpiece provided with a plastic protective cap, and either a dose counter.

Each pack contains one pressurised container providing 120 puffs.

Marketing Authorisation Holder
Chiesi Parmaceuticals (Pvt)Ltd
Office No: 4, 4th Floor, Askari Corporate Towers,75/76 D-1 Main Boulevard Gulberg III. Lahore – 54000 Pakistan

Manufacturer:
Chiesi Farmaceutici S.p.A.
Via San Leonardo 96
43122 Parma
Italy

ٹریمبو انہیلر

بیکلومیتھازون ڈائی پروپیونیٹ۔فورموٹیرول فیومیریٹ۔گلائی کوپائیرونیم بروما ئیڈ سانس کے ذریعے استعمال کرنے والا محلول

اجزائے ترکیبی:

ہر کینستر (Canister) میں بیکلومیتھازون ڈائی پروپیونیٹ۔فورموٹیرول فیومیریٹ۔گلائی کوپائیرونیم بروما ئیڈ بطور عامل جز شامل ہیں۔ہر کش (Puff) بیکلومیتھازون 87 مائیکروگرام۔فورموٹیرول فیومیریٹ 5 مائیکروگرام اور گلائی کوپائیرونیم بروما ئیڈ 9 مائیکروگرام مہیا کرتا ہے۔دوسرے اجزاء ایتھانول این ہائیڈریٹس، ہائیڈروکلورک ایسڈ اور نورفلورین (HFA 134-9) پر مشتمل ہیں۔

علامات:

دائمی رکاوٹ پلمونری مرض (COPD)۔ٹریمبو کو دائمی رکاوٹ پلمونری مرض کے علامات کی بحالی اور ایسے مریض جن میں (COPD) کی وجہ سے سانس میں رکاوٹ، کھانسی اور خرخراہٹ جیسی علامات ہوں کی بحالی کے لئے استعمال کیا جاتا ہے۔

ممانعت برائے علاج:

ٹریمبو کو دائمی رکاوٹ پلمونری مرض (COPD) کے علامات کی بحالی کے لئے مستقل علاج کے طور پر استعمال کیا جاتا ہے۔ٹریمبو کو اچانک سانس میں رکاوٹ اور خرخراہٹ کے لئے استعمال نہیں کرنا چاہیئے۔

خوراک:

عمومی مقدار خوراک دو کش (Puffs) صبح کے وقت اور دو کش (Puffs) شام کے وقت ہے

18 سال سے کم عمر کے بچوں میں استعمال کی ممانعت ہے۔

طریقہ استعمال:

1 -انہیلر پر خوراک کی مقدار کو نوٹ کر لیں 2 -منہ میں لینے والے حصے (Mouth Piece) سے ڈھکن ہٹائیں **3**-منہ میں لینے والے حصے کو نیچے کی طرف اور دم کش (Inhaler) کو سیدھا پکڑیں **4**-منہ میں لینے والے حصے کو اپنے سے دور کر کے ہوا میں ایک کش دبائیں تا کہ انہیلر کے درست کام کرنے کی تصدیق ہو جائے **5**- ممکنہ حد تک سانس کو باہر نکالیں (11,10,9,8 point) **6**-جب انہیلر خوراک کی مقدار کو Zero ظاہر کرے تو انہیلر کا استعمال روک دیں اور اس کو Dispose off کر دیں۔

ہدایات:

ڈاکٹر کی ہدایت کے مطابق استعمال کریں

دوا صرف مستند ڈاکٹر کے نسخہ پر ہی فروخت کی جائے

بچوں کی پہنچ سے دور رکھیں

دوا کو خریدنے سے قبل فریج میں محفوظ رکھیں اور خریدنے کے بعد 25 سے کم درجہ حرارت پر محفوظ رکھیں۔

1. NAME OF THE MEDICINAL PRODUCT

Trimbow 100 micrograms/6 micrograms/12.5 micrograms pressurised inhalation, solution

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each delivered dose (the dose leaving the mouthpiece) contains 87 micrograms of beclometasone dipropionate, 5 micrograms of formoterol fumarate dihydrate and 9 micrograms of glycopyrronium (as 11 micrograms glycopyrronium bromide).

Each metered dose (the dose leaving the valve) contains 100 micrograms of beclometasone dipropionate, 6 micrograms of formoterol fumarate dihydrate and 10 micrograms of glycopyrronium (as 12.5 micrograms glycopyrronium bromide).

Excipient with known effect:

Trimbow contains 8.856 mg ethanol per actuation.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Pressurised inhalation, solution (pressurised inhalation).

Colourless to yellowish liquid solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Chronic obstructive pulmonary disease (COPD)

Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta2-agonist or a combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist (for effects on symptoms control and prevention of exacerbations see section 5.1).

Asthma

Maintenance treatment of asthma, in adults not adequately controlled with a maintenance combination of a long-acting beta2-agonist and medium dose of inhaled corticosteroid, and who experienced one or more asthma exacerbations in the previous year.

4.2 Posology and method of administration

Posology

The recommended dose is two inhalations of Trimbow twice daily.
The maximum dose is two inhalations of Trimbow twice daily.

Patients should be advised to take Trimbow every day even when asymptomatic.

If symptoms arise in the period between doses, an inhaled, short-acting beta2-agonist should be used for immediate relief.

Asthma
When choosing the starting dose strength of Trimbow (87/5/9 micrograms or 172/5/9 micrograms), the patients' disease severity, their previous asthma therapy including the inhaled corticosteroid (ICS) dose as well as the patients' current control of asthma symptoms and risk of future exacerbation should be considered.

Stepping-down treatment

Patients should be regularly reassessed by a doctor, so that their doses of beclometasone/formoterol/glycopyrronium remain optimal and are only changed on medical advice. The doses should be titrated to the lowest doses at which effective control of asthma symptoms is maintained.

Special populations

Elderly
No dosage adjustment is required in elderly patients (65 years of age and older).

Renal impairment
Trimbow can be used at the recommended dose in patients with mild (glomerular filtration rate [GFR] ≥50 to <80 mL/min/1.73 m^2) to moderate (GFR ≥30 to <50 mL/min/1.73 m^2) renal impairment. Use of Trimbow in patients with severe (GFR <30 mL/min/1.73 m^2) renal impairment or end-stage renal (GFR <15 mL/min/1.73 m^2) disease requiring dialysis, especially if associated with significant body weight reduction, should be considered only if the expected benefit outweighs the potential risk (see section 4.4 and section 5.2).

Hepatic impairment
There are no relevant data on the use of Trimbow in patients with severe hepatic impairment (classified as having Child-Pugh class C) and the medicinal product should be used with caution in these patients (see section 4.4 and section 5.2).

Paediatric population

COPD
There is no relevant use of Trimbow in the paediatric population (under 18 years of age) for the indication of COPD.

Asthma
The safety and efficacy of Trimbow in the paediatric population (under 18 years of age) have not yet been established. No data are available.

Method of administration

For inhalation use.

To ensure proper administration of the medicinal product, the patient should be shown how to use the inhaler correctly by a physician or other healthcare professional, who should also regularly check the adequacy of the patient's inhalation technique (see "*Instructions for use*" below). The patient should be advised to read the Package Leaflet carefully and follow the instructions for use as given in the leaflet.

This medicinal product is provided with a dose counter, which shows how many actuations are left. For the 120 actuation pressurised containers each time the patient presses the container a puff of the solution is released and the counter counts down by one.
The patient should be advised not to drop the inhaler as this may cause the counter to count down.

Instructions for use

Priming the inhaler
Before using the inhaler for the first time, the patient should release one actuation into the air in order to ensure that the inhaler is working properly (priming). Before priming the 60, 120 or 180 actuation pressurised containers, the counter/indicator should read 61, 121 or 180, respectively. After priming, the counter/indicator should read 60, 120 or 180.

Use of the inhaler
The patient should stand or sit in an upright position when inhaling from the inhaler. The steps below should be followed.
IMPORTANT: steps 2 to 5 should not be performed too quickly:

1. The patient should remove the protective cap from the mouthpiece and check that the mouthpiece is clean and free from dust and dirt or any other foreign objects.
2. The patient should breathe out slowly and as deeply as comfortable, in order to empty the lungs.
3. The patient should hold the inhaler vertically with its body upwards and place the mouthpiece between the teeth without biting. The lips should then be placed around the mouthpiece, with the tongue flat under it.
4. At the same time, the patient should breathe in slowly and deeply through the mouth until the lungs are full of air (this should take approximately 4 – 5 seconds). Immediately after starting to breathe in, the patient should firmly press down on the top of the pressurised container to release one puff.
5. The patient should then hold their breath for as long as comfortably possible, then remove the inhaler from the mouth and breathe out slowly. The patient should not breathe out into the inhaler.
6. The patient should then check the dose counter or dose indicator to ensure it has moved accordingly.

To inhale the second puff, the patient should keep the inhaler in a vertical position for approximately 30 seconds and repeat steps 2 to 6.

If mist appears after the inhalation, either from the inhaler or from the sides of the mouth, the procedure should be repeated from step 2.

After use, the patient should close the inhaler with the protective mouthpiece cap and check the dose counter or dose indicator.

After inhaling, the patient should rinse the mouth or gargle with water without swallowing it or brush the teeth (see also section 4.4).

When to get a new inhaler
The patient should be advised to get a new inhaler when the dose counter or indicator shows the number 20. He/she should stop using the inhaler when the counter or indicator shows 0 as any puffs left in the device may not be enough to release a full actuation.

Additional instructions for specific groups of patients
For patients with weak hands it may be easier to hold the inhaler with both hands. Therefore, the index fingers should be placed on the top of the pressurised container and both thumbs on the base of the inhaler.

Patients who find it difficult to synchronise aerosol actuation with inspiration of breath may use the AeroChamber Plus spacer device, properly cleaned as described in the relevant leaflet. They should be advised by their doctor or pharmacist about the proper use and care of their inhaler and spacer and their technique checked to ensure optimum delivery of the inhaled active substance to the lungs. This may be obtained by the patients using the AeroChamber Plus by one continuous slow and deep breath through the spacer, without any delay between actuation and inhalation. Alternatively, patients may simply breathe in and out (through the mouth) after the actuation, as instructed in the spacer leaflet, to obtain the medicinal product (see sections 4.4 and 5.2).

Cleaning
For the regular cleaning of the inhaler, patients should remove weekly the cap from the mouthpiece and wipe the outside and inside of the mouthpiece with a dry cloth. They should not remove the pressurised container from the actuator and should not use water or other liquids to clean the mouthpiece.

4.3 Contraindications

Hypersensitivity to the active substances or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Not for acute use

This medicinal product is not indicated for the treatment of acute episodes of bronchospasm, or to treat an acute disease exacerbation (i.e. as a rescue therapy).

Hypersensitivity

Immediate hypersensitivity reactions have been reported after administration of Trimbow. If signs suggesting allergic reactions occur, in particular, angioedema (including difficulties in breathing or swallowing, swelling of the tongue, lips and face), urticaria or skin rash, Trimbow should be discontinued immediately and alternative therapy instituted.

Paradoxical bronchospasm

Paradoxical bronchospasm may occur with an immediate increase in wheezing and shortness of breath after dosing. This should be treated immediately with a fast-acting inhaled bronchodilator (reliever). Trimbow should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary.

Deterioration of disease

It is recommended that treatment should not be stopped abruptly. If patients find the treatment ineffective, they should continue treatment but medical attention must be sought. Increasing use of reliever bronchodilators indicates a worsening of the underlying condition and warrants a reassessment of the therapy. Sudden and progressive deterioration in symptoms is potentially life-threatening and the patient should undergo urgent medical assessment.

Cardiovascular effects

Due to the presence of a long-acting beta2-agonist and a long-acting muscarinic antagonist, Trimbow should be used with caution in patients with cardiac arrhythmias, especially third degree atrioventricular block and tachyarrhythmias (accelerated and/or irregular heart beat, including atrial fibrillation), idiopathic subvalvular aortic stenosis, hypertrophic obstructive cardiomyopathy, severe heart disease (particularly acute myocardial infarction, ischaemic heart disease, congestive heart failure), occlusive vascular diseases (particularly arteriosclerosis), arterial hypertension and aneurysm.

Caution should also be exercised when treating patients with known or suspected prolongation of the QTc interval (QTc > 450 milliseconds for males, or > 470 milliseconds for females), either congenital or induced by medicinal products. Patients diagnosed with the described cardiovascular conditions were excluded from clinical studies with Trimbow. Limited data in asthmatic patients with cardiovascular co-morbidities or risk-factors suggest that these patients are also at higher risk of adverse reactions like local fungal infections or dysphonia (see section 4.8).

If anaesthesia with halogenated anaesthetics is planned, it should be ensured that Trimbow is not administered for at least 12 hours before the start of anaesthesia as there is a risk of cardiac arrhythmias.

Caution is also required when treating patients with thyrotoxicosis, diabetes mellitus, pheochromocytoma and untreated hypokalaemia.

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.

Systemic corticosteroid effects

Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. The daily dose of Trimbow corresponds to a medium dose of inhaled corticosteroid; furthemore, these effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include: Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation, decrease in bone mineral density and, more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Therefore, it is important 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 (see section 4.2).

Trimbow should be administered with caution in patients with active or quiescent pulmonary tuberculosis and in patients with fungal and viral infections in the airways.

Hypokalaemia

Potentially serious hypokalaemia may result from beta2-agonist therapy. This has the potential to produce adverse cardiovascular effects. Particular caution is advised in patients with severe disease as this effect may be potentiated by hypoxia. Hypokalaemia may also be potentiated by concomitant treatment with other medicinal products which can induce hypokalaemia, such as xanthine derivatives, steroids and diuretics (see section 4.5).
Caution is also recommended when a number of reliever bronchodilators are used. It is recommended that serum potassium levels are monitored in such situations.

Hyperglycaemia

The inhalation of formoterol may cause a rise in blood glucose levels. Therefore, blood glucose should be monitored during treatment following established guidelines in patients with diabetes.

Anticholinergic effect

Glycopyrronium should be used with caution in patients with narrow-angle glaucoma, prostatic hyperplasia or urinary retention. Patients should be informed about the signs and symptoms of acute narrow-angle glaucoma and should be informed to stop using Trimbow and to contact their doctor immediately should any of these signs or symptoms develop.
Additionally, due to the anticholinergic effect of glycopyrronium, the long-term co-administration with other anticholinergic-containing medicinal products is not recommended (see section 4.5).

Patients with severe renal impairment

In patients with severe renal impairment, including those with end-stage renal disease requiring dialysis, especially if associated with a significant body weight reduction, Trimbow should be used only if the expected benefit outweighs the potential risk (see section 5.2). These patients should be monitored for potential adverse reactions.

Patients with severe hepatic impairment

In patients with severe hepatic impairment, Trimbow should be used only if the expected benefit outweighs the potential risk (see section 5.2). These patients should be monitored for potential adverse reactions.

Prevention of oropharyngeal infections

In order to reduce the risk of oropharyngeal candida infection, patients should be advised to rinse their mouth or gargle with water without swallowing it or brush their teeth after inhaling the prescribed dose.

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.

Stepping-down treatment

Patients should be regularly reassessed by a doctor, so that their doses of beclometasone/formoterol/glycopyrronium remain optimal and are only changed on medical advice. The doses should be titrated to the lowest doses at which effective control of asthma symptoms is maintained.

Ethanol contents

This medicinal product contains 8.856 mg of ethanol per actuation, which is equivalent to 17.712 mg per dose of two actuations. There is a theoretical potential for interaction in particularly sensitive patients taking disulfiram or metronidazole.

4.5 Interaction with other medicinal products and other forms of interaction

Pharmacokinetic interactions

Since glycopyrronium is eliminated mainly by the renal route, drug interaction could potentially occur with medicinal products affecting renal excretion mechanisms (see section 5.2). The effect of organic cation transport inhibition (using cimetidine as a probe inhibitor of OCT2 and MATE1 transporters) in the kidneys on inhaled glycopyrronium disposition showed a limited increase in its total systemic exposure (AUC_{0-t}) by 16% and a slight decrease in renal clearance by 20% due to co administration of cimetidine.

Beclometasone is less dependent on CYP3A metabolism than some other corticosteroids, and in general interactions are unlikely; however, the possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat) cannot be excluded, and therefore caution and appropriate monitoring is advised with the use of such medicinal products.

Pharmacodynamic interactions

Related to formoterol
Non-cardioselective beta-blockers (including eye drops) should be avoided in patients taking inhaled formoterol. If they are administered for compelling reasons, the effect of formoterol will be reduced or abolished.

Concomitant use of other beta-adrenergic medicinal products can have potentially additive effects; therefore caution is required when other beta-adrenergic medicinal products are prescribed concomitantly with formoterol.

Concomitant treatment with quinidine, disopyramide, procainamide, antihistamines, monoamine oxidase inhibitors, tricyclic antidepressants and phenothiazines can prolong the QT interval and increase the risk of ventricular arrhythmias. In addition, L-dopa, L-thyroxine, oxytocin and alcohol can impair cardiac tolerance towards beta2-sympathomimetics.

Concomitant treatment with monoamine oxidase inhibitors, including medicinal products with similar properties such as furazolidone and procarbazine, may precipitate hypertensive reactions.

There is an elevated risk of arrhythmias in patients receiving concomitant anaesthesia with halogenated hydrocarbons.

Concomitant treatment with xanthine derivatives, steroids, or diuretics may potentiate a possible hypokalaemic effect of beta2-agonists (see section 4.4). Hypokalaemia may increase the disposition towards arrhythmias in patients who are treated with digitalis glycosides.

Related to glycopyrronium
The long-term co-administration of Trimbow with other anticholinergic-containing medicinal products has not been studied and is therefore not recommended (see section 4.4).

4.6 Fertility, pregnancy and lactation

There is no experience with or evidence of safety issues on the use of the propellant norflurane (HFA134a) during human pregnancy or lactation. However, studies on the effect of HFA134a on the reproductive function and embryofetal development in animals revealed no clinically relevant adverse effects.

Pregnancy

There are no or limited amount of data from the use of Trimbow in pregnant women.

Studies in animals have shown reproductive toxicity (see section 5.3). Glucocorticoids are known to cause effects in the early gestation phase, while beta2-sympathomimetic agents like formoterol have tocolytic effects. Therefore, as a precautionary measure, it is preferable to avoid the use of Trimbow during pregnancy and during labour.

Trimbow should only be used during pregnancy if the expected benefit to the patient outweighs the potential risk to the foetus. Infants and neonates born to mothers receiving substantial doses of Trimbow should be observed for adrenal suppression.

Breast-feeding

There are no relevant clinical data on the use of Trimbow during breast-feeding in humans.

Glucocorticoids are excreted in human milk. It is reasonable to assume that beclometasone dipropionate and its metabolites are also excreted in human milk.
It is unknown whether formoterol or glycopyrronium (including their metabolites) are excreted in human milk but they have been detected in the milk of lactating animals. Anticholinergics like glycopyrronium could suppress lactation.
A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Trimbow therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

No specific studies have been performed with Trimbow with regard to the safety in human fertility. Animal studies have shown impairment of fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

Trimbow has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most frequently reported adverse reactions in patients with COPD or asthma are respectively: dysphonia (0.3% and 1.5%) and oral candidiasis (0.8% and 0.3%), which are normally associated with inhaled corticosteroids; muscle spasms (0.4% and 0.2%), which can be attributed to the long-acting beta2-agonist component; and dry mouth (0.4% and 0.5%), which is a typical anticholinergic effect. In asthmatic patients, adverse reactions tend to cluster during the first 3 months following initiation of therapy and become less frequent with longer-term use (after 6 months of treatment).

Tabulated summary of adverse reactions

Adverse reactions associated to beclometasone dipropionate/formoterol/glycopyrronium occurred during clinical studies and post-marketing experience as well as adverse reactions listed for the marketed individual components are provided below, listed by system organ class and frequency. Frequencies are defined as: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000) and not known (cannot be estimated from available data).

MedDRA system organ class	Adverse reaction	Frequency
Infections and Infestations	Pneumonia (in COPD patients) [1], pharyngitis[1], oral candidiasis, urinary tract infection[1], nasopharyngitis[1]	Common
	Influenza[1], oral fungal infection, oropharyngeal candidiasis, oesophageal candidiasis[1], fungal (oro)pharyngitis, sinusitis[1], rhinitis[1], gastroenteritis[1], vulvovaginal candidiasis[1]	Uncommon
	Lower respiratory tract infection (fungal)	Rare
Blood and lymphatic system disorders	Granulocytopenia[1]	Uncommon
	Thrombocytopenia[1]	Very rare
Immune system disorders	Dermatitis allergic[1]	Uncommon
	Hypersensitivity reactions, including erythema, lips, face, eye and pharyngeal oedema	Rare
Endocrine disorders	Adrenal suppression[1]	Very rare
Metabolism and nutrition disorders	Hypokalaemia[1], hyperglycaemia[1]	Uncommon
	Decreased appetite	Rare
Psychiatric disorders	Restlessness[1]	Uncommon
	Psychomotor hyperactivity[1], sleep disorders[1], anxiety[1], depression[1], aggression[1], behavioural changes (predominantly in children) [1]	Frequency not known
	Insomnia	Rare
Nervous system disorders	Headache	Common
	Tremor[1], dizziness[1], dysgeusia[1], hypoaesthesia[1]	Uncommon
	Hypersomnia	Rare
Eye disorders	Vision, blurred[1] (see also section 4.4)	Frequency not known
	Glaucoma[1], cataract[1]	Very rare
Ear and labyrinth disorders	Otosalpingitis[1]	Uncommon
Cardiac disorders	Atrial fibrillation, electrocardiogram QT prolonged, tachycardia, tachyarrhythmia[1], palpitations	Uncommon
	Angina pectoris (stable[1] and unstable), extrasystoles (ventricular[1] and supraventricular), nodal rhythm, sinus bradycardia	Rare
Vascular disorders	Hyperaemia[1], flushing[1], hypertension	Uncommon
	Extravasation blood	Rare
Respiratory, thoracic and mediastinal disorders	Dysphonia	Common
	Asthmatic crisis[1], cough, productive cough[1], throat irritation, epistaxis[1], pharyngeal erythema	Uncommon
	Bronchospasm paradoxical[1], exacerbation of asthma, oropharyngeal pain, pharyngeal inflammation, dry throat	Rare
	Dyspnoea[1]	Very rare
Gastrointestinal disorders	Diarrhoea[1], dry mouth, dysphagia[1], nausea, dyspepsia[1], burning sensation of the lips[1], dental caries[1], (aphthous) stomatitis	Uncommon
Skin and subcutaneous tissue disorders	Rash[1], urticaria, pruritus, hyperhidrosis[1]	Uncommon
	Angioedema[1]	Rare
Musculoskeletal and connective tissue disorders	Muscle spasms, myalgia, pain in extremity[1], musculoskeletal chest pain[1]	Uncommon
	Growth retardation[1]	Very rare
Renal and urinary disorders	Dysuria, urinary retention, nephritis[1]	Rare
General disorders and administration site	Fatigue[1]	Uncommon
	Asthenia	Rare

MedDRA system organ class	Adverse reaction	Frequency
conditions	Oedema peripheral[1]	Very rare
Investigations	C-reactive protein increased[1], platelet count increased[1], free fatty acids increased[1], blood insulin increased[1], blood ketone body increased[1], cortisol decreased[1]	Uncommon
	Blood pressure increased[1], blood pressure decreased[1]	Rare
	Bone density decreased[1]	Very rare

[1] Adverse reactions reported in the SmPC of at least one of the individual components, but not observed as adverse reactions in the clinical development of Trimbow

Among the observed adverse reactions the following are typically associated with:

Beclometasone dipropionate
Pneumonia, oral fungal infections, lower respiratory tract infection fungal, dysphonia, throat irritation, hyperglycaemia, psychiatric disorders, cortisol decreased, blurred vision.

Formoterol
Hypokalaemia, hyperglycaemia, tremor, palpitations, muscle spasms, electrocardiogram QT prolonged, blood pressure increased, blood pressure decreased, atrial fibrillation, tachycardia, tachyarrhythmia, angina pectoris (stable and unstable), ventricular extrasystoles, nodal rhythm.

Glycopyrronium
Glaucoma, atrial fibrillation, tachycardia, palpitations, dry mouth, dental caries, dysuria, urinary retention, urinary tract infection.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.

4.9 Overdose

An overdose of Trimbow may produce signs and symptoms due to the individual component's pharmacological actions, including those seen with overdose of other beta2-agonists or anticholinergics and consistent with the known inhaled corticosteroid class effects (see section 4.4). If overdose occurs, the patient's symptoms should be treated supportively with appropriate monitoring as necessary.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Drugs for obstructive airway diseases, adrenergics in combinations with anticholinergics incl. triple combinations with corticosteroids. ATC code: R03AL09.

Mechanism of action and pharmacodynamic effects

Trimbow contains beclometasone dipropionate, formoterol and glycopyrronium (BDP/FF/G) in a solution formulation resulting in an aerosol with extrafine particles with an average mass median aerodynamic diameter (MMAD) of around 1.1 micrometres and co-deposition of the three components. The aerosol particles of Trimbow are on average much smaller than the particles delivered in non-extrafine formulations. For beclometasone dipropionate, this results in a more potent

effect than formulations with a non-extrafine particle size distribution (100 micrograms of beclometasone dipropionate extrafine in Trimbow are equivalent to 250 micrograms of beclometasone dipropionate in a non-extrafine formulation).

Beclometasone dipropionate
Beclometasone dipropionate given by inhalation at recommended doses has a glucocorticoid anti-inflammatory action within the lungs. Glucocorticoids are widely used for the suppression of inflammation in chronic inflammatory diseases of the airways. Their action is mediated by the binding to glucocorticoid receptors in the cytoplasm resulting in the increased transcription of genes coding for antiinflammatory proteins.

Formoterol
Formoterol is a selective beta2-adrenergic agonist that produces relaxation of bronchial smooth muscle in patients with reversible airways obstruction. The bronchodilating effect sets in rapidly, within 1-3 minutes after inhalation, and has a duration of 12 hours after a single dose.

Glycopyrronium
Glycopyrronium is a high-affinity, long-acting muscarinic receptor antagonist (anticholinergic) used for inhalation as bronchodilator treatment of COPD. Glycopyrronium works by blocking the bronchoconstrictor action of acetylcholine on airway smooth muscle cells, thereby dilating the airways. Glycopyrronium bromide is a high affinity muscarinic receptor antagonist with a greater than 4-fold selectivity for the human M3 receptors over the human M2 receptor as it has been demonstrated.

Clinical efficacy and safety

COPD
The Phase III clinical development programme in COPD was conducted with BDP/FF/G 87/5/9 and included two 52-week active-controlled studies. The TRILOGY study compared BDP/FF/G with a fixed combination of beclometasone dipropionate and formoterol 100/6 micrograms two inhalations twice daily (1,368 randomised patients). The TRINITY study compared BDP/FF/G with tiotropium 18 micrograms inhalation powder, hard capsule, one inhalation once daily; in addition, effects were compared with an extemporary triple combination made of a fixed combination of beclometasone dipropionate and formoterol 100/6 micrograms (corresponding to a delivered dose of 84.6/5.0 micrograms) two inhalations twice daily plus tiotropium 18 micrograms inhalation powder, hard capsule, one inhalation once daily (2,691 randomised patients). Both studies were conducted in patients with a clinical diagnosis of COPD with severe to very severe airflow limitation (FEV_1 less than 50% predicted), with symptoms assessed as a COPD Assessment Test (CAT) score of 10 or above, and with at least one COPD exacerbation in the previous year. The two studies included approximately 20% of patients who used the AeroChamber Plus spacer.
In addition, two Phase IIIb studies were conducted to support the clinical efficacy and safety of BDP/FF/G. TRISTAR was a 26-week active-controlled open label study comparing BDP/FF/G with an extemporary combination made of a fixed combination of fluticasone/vilanterol 92/22 micrograms inhalation powder, one inhalation once daily plus tiotropium 18 micrograms inhalation powder, hard capsule, one inhalation once daily (1,157 randomised patients). TRIBUTE was a 52-week active-controlled study comparing BDP/FF/G with a fixed combination of indacaterol/glycopyrronium 85/43 micrograms inhalation powder, hard capsule, one inhalation once daily (1,532 randomised patients). Both studies were conducted in a similar population of COPD patients as studies TRILOGY and TRINITY.

Reduction of COPD exacerbations
Compared with a fixed combination of beclometasone dipropionate and formoterol, BDP/FF/G reduced the rate of moderate/severe exacerbations over 52 weeks by 23% (rate: 0.41 versus 0.53 events per patient/year; $p = 0.005$). Compared with tiotropium, BDP/FF/G reduced the rate of moderate/severe exacerbations over 52 weeks by 20% (rate: 0.46 versus 0.57 events per patient/year; $p = 0.003$). Compared with a fixed combination of indacaterol and glycopyrronium, BDP/FF/G

reduced the rate of moderate/severe exacerbations over 52 weeks by 15% (rate: 0.50 versus 0.59 events per patient/year; p = 0.043). Compared with tiotropium, BDP/FF/G also reduced the rate of severe exacerbations (i.e. excluding moderate exacerbations) by 32% (rate: 0.067 versus 0.098 events per patient/year; p = 0.017). No differences were observed when comparing BDP/FF/G with the extemporary triple combination made of beclometasone dipropionate and formoterol fixed combination plus tiotropium (moderate/severe exacerbation rate: 0.46 versus 0.45 events per patient/year).
In addition, compared with both a fixed combination of beclometasone dipropionate and formoterol and with tiotropium, BDP/FF/G significantly prolonged the time to first exacerbation (hazard ratio 0.80 and 0.84 respectively; p = 0.020 and 0.015 respectively), with no differences between BDP/FF/G and the extemporary triple combination made of beclometasone dipropionate and formoterol fixed combination plus tiotropium (hazard ratio 1.06).

Effects on lung function
Pre-dose FEV_1
Compared with a fixed combination of beclometasone dipropionate and formoterol, BDP/FF/G improved pre-dose FEV_1 by 81 mL after 26 weeks of treatment and by 63 mL after 52 weeks of treatment. Compared with tiotropium, BDP/FF/G improved pre-dose FEV_1 by 51 mL after 26 weeks of treatment and by 61 mL after 52 weeks of treatment. These improvements were statistically significant ($p < 0.001$). Compared with a fixed combination of indacaterol and glycopyrronium, BDP/FF/G improved average pre-dose FEV_1 over the 52-week treatment period by 22 mL (p=0.018). Similar improvements, although not statistically significant, were observed at weeks 26 and 52.
No differences were observed when comparing BDP/FF/G and the extemporary triple combination made of a fixed combination of beclometasone dipropionate and formoterol plus tiotropium (difference of 3 mL in pre-dose FEV_1 after 52 weeks of treatment).

2-hour post-dose FEV_1
Compared with a fixed combination of beclometasone dipropionate and formoterol, BDP/FF/G significantly improved 2-hour post dose FEV_1 by 117 mL after 26 weeks of treatment and by 103 mL after 52 weeks of treatment ($p < 0.001$). This endpoint was only measured in the TRILOGY study.

Inspiratory Capacity (IC)
Compared with tiotropium, BDP/FF/G significantly improved IC by 39 mL (p = 0.025) and 60 mL (p = 0.001) after 26 and 52 weeks of treatment respectively. Similar effects were seen when comparing BDP/FF/G with the extemporary triple combination. This endpoint was only measured in the TRINITY study.

Symptomatic outcomes
BDP/FF/G significantly improved dyspnoea (measured as the Transition Dyspnoea Index – TDI - focal score) after 26 weeks of treatment compared with baseline (by 1.71 units; $p < 0.001$), but the adjusted mean difference versus a fixed combination of beclometasone dipropionate and formoterol was not statistically significant (0.21 units; p = 0.160). A responder analysis showed that a significantly greater percentage of patients had a clinically significant improvement (focal score greater than or equal to 1) after 26 weeks with BDP/FF/G than with a fixed combination of beclometasone dipropionate and formoterol (57.4% versus 51.8%; p = 0.027). TDI was only measured in the TRILOGY study.
BDP/FF/G was also statistically significantly superior to both a fixed combination of beclometasone dipropionate and formoterol, to tiotropium and to a fixed combination of indacaterol and glycopyrronium in terms of improvement in quality of life (measured by the Saint George Respiratory Questionnaire – SGRQ - total score). No differences were observed when comparing BDP/FF/G and the extemporary triple combination made of fluticasone and vilanterol fixed combination plus tiotropium.
A responder analysis showed that a significantly greater percentage of patients had a clinically significant improvement (reduction versus baseline of greater than or equal to 4) after 26 and 52 weeks with BDP/FF/G than with a fixed combination of beclometasone dipropionate and formoterol and with tiotropium.

Asthma
The Phase III clinical development programme in asthma included two randomized, double-blind, active-controlled studies of 52 weeks duration, one performed with the medium ICS dose strength (BDP/FF/G 87/5/9; TRIMARAN) and another one with the high ICS dose strength (BDP/FF/G 172/5/9; TRIGGER).

Both studies were conducted in adult patients with a clinical diagnosis of asthma who were uncontrolled on dual maintenance treatment using a medium dose (TRIMARAN) or high dose (TRIGGER) ICS/LABA combination (ACQ-7 score ≥1.5). In order to be eligible, patients had to have experienced at least one asthma exacerbation requiring treatment with systemic corticosteroids or emergency department visit or in-patient hospitalisation in the previous year.

The TRIMARAN study compared two twice-daily doses of BDP/FF/G 87/5/9 (N=579) with two twice-daily doses of a fixed combination of beclometasone dipropionate (BDP) and formoterol (FF) 100/6 micrograms (delivered dose of 84.6/5.0) (N=576). The TRIGGER study compared two twice-daily doses of BDP/FF/G 172/5/9 (N=573) with two twice-daily doses of a fixed combination of BDP and FF 200/6 micrograms alone (delivered dose 177.7/5.1) (N=576) or on top of two once-daily doses of tiotropium 2.5 micrograms (N=288) as an open-label extemporary triple combination arm.

The primary objective of the studies was to demonstrate superiority of either BDP/FF/G 87/5/9 or BDP/FF/G 172/5/9 (two inhalations twice daily) over the respective fixed dual combination product (medium or high dose ICS/LABA) in terms of the co-primary endpoints (change from baseline in pre-dose FEV_1 at Week 26 and the rate of moderate and severe exacerbation rate over 52 weeks).

The TRIGGER study was not powered to evaluate the comparative efficacy of BDP/FF/G 172/5/9 vs. BDP/FF + tiotropium 2.5 micrograms. Descriptive results are included in Table 1.

Median age of patients enrolled in the two pivotal studies was 54 years. Less than 20% of patients were aged 65 years or more and approximately 60% of patients were female. During the study, about 16% (TRIMARAN) and 23% (TRIGGER) of patients used the AeroChamber Plus spacer.

Reduction of asthma exacerbations
In the TRIMARAN study, BDP/FF/G 87/5/9 significantly reduced the rate of moderate/severe exacerbations compared with the fixed combination of BDP/FF 100/6 micrograms (adjusted rate ratio 0.846, 95%CI [0.725; 0.987]).

In the TRIGGER study, BDP/FF/G 172/5/9 also reduced the rate of moderate/severe exacerbations more than the fixed combination of BDP/FF 200/6 micrograms but this effect did not achieve statistical significance (adjusted rate ratio 0.880, 95%CI [0.751;1.030], p=0.11). Due to the hierarchical testing, all TRIGGER efficacy endpoints and the pre-specified analysis of severe exacerbations (data pooled across TRIMARAN and TRIGGER studies) resulted in nominal p-values only (Table 1).

Data of TRIMARAN and TRIGGER studies suggest that the time to first moderate/severe exacerbation (secondary endpoint) was prolonged in the triple combination arm when compared with the respective dual combination arm.

Effects on lung function
In both studies, BDP/FF/G 87/5/9 and BDP/FF/G 172/5/9 improved the lung function parameters of pre-dose FEV_1 (co-primary endpoint), $peak_{0-3h}$ FEV_1, and morning peak expiratory flow (key secondary endpoints), compared with a fixed combination of beclometasone dipropionate and formoterol 100/6 micrograms and 200/6 micrograms, respectively, after 26 weeks of treatment. All improvements were statistically significant (see Table 1).

Table 1 - Results of primary and secondary endpoints

Study	**TRIMARAN**	**TRIGGER**	
Comparison of interest **N = randomised patients per treatment arm**	**BDP/FF/G 87/5/9 (N=579) vs BDP/FF[1] 84.6/5 N=576)**	**BDP/FF/G 172/5/9 (N=573) vs BDP/FF[1] 177.7/5.1 (N=576)**	**BDP/FF/G 172/5/9 (N=573) vs BDP/FF[1] 177.7/5.1 + tiotropium 2.5[2] (N=288)**
Primary endpoints			
Pre-dose FEV_1 after 26 weeks (co-primary endpoint)			
Treatment difference	+57 mL	+73 mL	-45 mL
p-value	p = 0.008	p = 0.003*	p = 0.125*
Moderate/severe exacerbations over 52 weeks (co-primary endpoint)			
Adjusted rate per patient/year	1.83 *vs* 2.16	1.73 *vs* 1.96	1.73 vs 1.63
Rate change	-15.4%	-12.0%	+7.0%
p-value	p = 0.033	**p = 0.110 (n.s.)**	p = 0.502*
Key secondary and secondary endpoints			
$Peak_{0-3h}$ FEV_1 after 26 weeks (key secondary endpoint)			
Treatment difference	+84 mL	+105 mL	-33 mL
p-value	p < 0.001	p < 0.001*	p = 0.271*
Morning peak expiratory flow (PEF) over 26 weeks (key secondary endpoint)			
Treatment difference	+8 L/min	+8 L/min	-0.2 L/min
p-value	p < 0.001	p = 0.001*	p = 0.951*
Rate of severe exacerbations over 52 weeks, pooled analysis (key secondary endpoint)			
Adjusted rate per patient/year	0.24 *vs* 0.31		n. a.
Rate change	-23.0%		
p-value	p = 0.008*		
Time to the first moderate/severe exacerbation over 52 weeks (secondary endpoint)			
Hazard ratio	0.84	0.80	1.03
p-value	p = 0.022*	p = 0.003*	p = 0.777*
Time to the first severe exacerbation over 52 weeks, pooled analysis (secondary endpoint)			
Hazard ratio	0.79		n.a.
p-value	p = 0.011*		

Co-primary endpoints (pre-dose FEV_1 at Week 26 and the rate of moderate and severe exacerbation rate over 52 weeks) and the key secondary endpoints ($peak_{0-3h}$ FEV_1 at Week 26, morning PEF over 26 weeks and the rate of severe exacerbations [pooled analysis of TRIMARAN and TRIGGER] over 52 weeks) were part of the step-down, closed confirmatory testing strategy and thus controlled for multiplicity.

Since the superiority test of one of the co-primary endpoints in the TRIGGER study did not achieve statistical significance, results for TRIGGER efficacy endpoints and the rate of severe exacerbations (pooled analysis) are nominal p-values and presented for descriptive purposes.

Since the TRIGGER study was not powered to evaluate the comparative efficacy of BDP/FF/G 172/5/9 vs. BDP/FF 177.7/5.1 plus tiotropium 2.5, it is not clear whether the observed differences are real or a random result.

n.a. =not applicable
n.s. = not statistically significant
[1] = fixed combination of beclometasone dipropionate (BDP) plus formoterol fumarate (FF)
[2] = open-label extemporaneous group
* = nominal p-values

Paediatric population

The European Medicines Agency has waived the obligation to submit the results of studies with Trimbow in all subsets of the paediatric population in COPD.
The safety and efficacy of Trimbow in children and adolescents with asthma under 18 years of age have not yet been established (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Trimbow – fixed combination

The systemic exposure to beclometasone dipropionate, formoterol and glycopyrronium has been investigated in a pharmacokinetic study conducted in healthy subjects. The study compared data obtained after treatment with a single dose of Trimbow (4 inhalations of 100/6/25 micrograms, a non-marketed formulation containing twice the approved strength of glycopyrronium) or a single dose of the extemporary combination of beclometasone dipropionate/formoterol (4 inhalations of 100/6 micrograms) plus glycopyrronium (4 inhalations of 25 micrograms). The maximum plasma concentration and systemic exposure of beclometasone dipropionate main active metabolite (beclometasone 17-monopropionate) and formoterol were similar after administration of the fixed or extemporary combination. For glycopyrronium, the maximum plasma concentration was similar after administration of the fixed or extemporary combination, while the systemic exposure was slightly higher after administration of Trimbow than with the extemporary combination. This study also investigated the potential pharmacokinetic interaction between the active components of Trimbow by comparing the pharmacokinetic data obtained after a single dose of the extemporary combination or after a single dose of the single components beclometasone dipropionate/formoterol or glycopyrronium. There was no clear evidence of pharmacokinetic interaction, however the extemporary combination showed formoterol and glycopyrronium levels transiently slightly higher immediately after dosing compared with the single components. It is noted that single component glycopyrronium, formulated as pressurised metered dose inhaler, which was used in the PK studies, is not available on the market.
The dose proportionality of systemic and lung exposure to beclometasone dipropionate has been investigated in a pharmacokinetic study conducted in healthy subjects with non-marketed Trimbow formulations, containing twice the approved strength of glycopyrronium (given as metered dose). The study compared data obtained after treatment with a single dose (4 inhalations) of Trimbow 200/6/25 micrograms or a single dose (4 inhalations) of Trimbow 100/6/25 micrograms (both are non-marketed formulations containing twice the approved strength of glycopyrronium). Trimbow 200/6/25 micrograms treatment resulted in a two times higher systemic and lung exposure to beclometasone dipropionate and to its main active metabolite (beclometasone 17-monopropionate) in comparison to Trimbow 100/6/25 micrograms, which is consistent with the different strengths of the two formulations. The systemic and lung exposure to glycopyrronium and formoterol was similar after the two treatments, although a high variability was observed for glycopyrronium bromide C_{max}.

A comparison across studies showed that the pharmacokinetics of beclometasone 17-monopropionate, formoterol and glycopyrronium is similar in COPD patients and in healthy subjects.

Effect of a spacer
In patients with COPD, the use of Trimbow with the AeroChamber Plus spacer increased the lung delivery of beclometasone 17-monopropionate, formoterol and glycopyrronium (maximum plasma concentration increased by 15%, 58% and 60% respectively). The total systemic exposure (as

measured by AUC_{0-t}) was slightly reduced for beclometasone 17-monopropionate (by 37%) and formoterol (by 24%), while it was increased for glycopyrronium (by 45%). See also section 4.2.

Effect of renal impairment
Systemic exposure (AUC_{0-t}) to beclometasone dipropionate, to its metabolite beclometasone 17-monopropionate and to formoterol was not affected by mild to severe renal impairment. For glycopyrronium, there was no impact in subjects with mild and moderate renal impairment. However, an increase in total systemic exposure of up to 2.5-fold was observed in subjects with severe renal impairment (glomerular filtration rate below 30 mL/min/1.73 m^2), as a consequence of a significant reduction of the amount excreted in urine (approximately 90% reduction of glycopyrronium renal clearance). Simulations performed with a pharmacokinetic model showed that even when covariates had extreme values (body weight less than 40 kg and concomitant glomerular filtration rate below 27 mL/min/1.73 m²), exposure to Trimbow active substances remains in approximately a 2.5-fold range compared to the exposure in a typical patient with median covariate values.

Beclometasone dipropionate

Beclometasone dipropionate is a pro-drug with weak glucocorticoid receptor binding affinity that is hydrolysed via esterase enzymes to an active metabolite beclometasone 17-monopropionate which has a more potent topical anti-inflammatory activity compared with the pro-drug beclometasone dipropionate.

Absorption, distribution and biotransformation
Inhaled beclometasone dipropionate is rapidly absorbed through the lungs; prior to absorption there is extensive conversion to beclometasone 17-monopropionate via esterase enzymes that are found in most tissues. The systemic availability of the active metabolite arises from lung (36%) and from gastrointestinal absorption of the swallowed dose. The bioavailability of swallowed beclometasone dipropionate is negligible; however, pre-systemic conversion to beclometasone 17-monopropionate results in 41% of the dose being absorbed as the active metabolite. There is an approximately linear increase in systemic exposure with increasing inhaled dose. The absolute bioavailability following inhalation is approximately 2% and 62% of the nominal dose for unchanged beclometasone dipropionate and beclometasone 17-monopropionate respectively. Following intravenous dosing, the disposition of beclometasone dipropionate and its active metabolite is characterised by high plasma clearance (150 and 120 L/h respectively), with a small volume of distribution at steady state for beclometasone dipropionate (20 L) and larger tissue distribution for its active metabolite (424 L). Plasma protein binding is moderately high.

Elimination
Faecal excretion is the major route of beclometasone dipropionate elimination mainly as polar metabolites. The renal excretion of beclometasone dipropionate and its metabolites is negligible. The terminal elimination half-lives are 0.5 hours and 2.7 hours for beclometasone dipropionate and beclometasone 17-monopropionate respectively.

Patients with hepatic impairment
The pharmacokinetics of beclometasone dipropionate in patients with hepatic impairment has not been studied, however, as beclometasone dipropionate undergoes a very rapid metabolism via esterase enzymes present in intestinal fluid, serum, lungs and liver to form the more polar products beclometasone 21-monopropionate, beclometasone 17-monopropionate and beclometasone, hepatic impairment is not expected to modify the pharmacokinetics and safety profile of beclometasone dipropionate.

Formoterol

Absorption and distribution
Following inhalation, formoterol is absorbed from both the lung and the gastrointestinal tract. The fraction of an inhaled dose that is swallowed after administration with a metered dose inhaler may

range between 60% and 90%. At least 65% of the fraction that is swallowed is absorbed from the gastrointestinal tract. Peak plasma concentrations of the unchanged active substance occur within 0.5 to 1 hours after oral administration. Plasma protein binding of formoterol is 61-64% with 34% bound to albumin. There was no saturation of binding in the concentration range attained with therapeutic doses. The elimination half-life determined after oral administration is 2-3 hours. Absorption of formoterol is linear following inhalation of 12 to 96 micrograms of formoterol.

Biotransformation
Formoterol is widely metabolised and the prominent pathway involves direct conjugation at the phenolic hydroxyl group. Glucuronide acid conjugate is inactive. The second major pathway involves O-demethylation followed by conjugation at the phenolic 2'-hydroxyl group. Cytochrome P450 isoenzymes CYP2D6, CYP2C19 and CYP2C9 are involved in the O-demethylation of formoterol. Liver appears to be the primary site of metabolism. Formoterol does not inhibit CYP450 enzymes at therapeutically relevant concentrations.

Elimination
The cumulative urinary excretion of formoterol after single inhalation from a dry powder inhaler increased linearly in the 12-96 micrograms dose range. On average, 8% and 25% of the dose was excreted as unchanged and total formoterol, respectively. Based on plasma concentrations measured following inhalation of a single 120 micrograms dose by 12 healthy subjects, the mean terminal elimination half-life was determined to be 10 hours. The (R,R)- and (S,S)-enantiomers represented about 40% and 60% of unchanged active substance excreted in the urine, respectively. The relative proportion of the two enantiomers remained constant over the dose range studied and there was no evidence of relative accumulation of one enantiomer over the other after repeated dosing. After oral administration (40 to 80 micrograms), 6% to 10% of the dose was recovered in urine as unchanged active substance in healthy subjects; up to 8% of the dose was recovered as the glucuronide. A total 67% of an oral dose of formoterol is excreted in urine (mainly as metabolites) and the remainder in the faeces. The renal clearance of formoterol is 150 mL/min.

Patients with hepatic impairment
The pharmacokinetics of formoterol has not been studied in patients with hepatic impairment; however, as formoterol is primarily eliminated via hepatic metabolism, an increased exposure can be expected in patients with severe hepatic impairment.

Glycopyrronium

Absorption and distribution
Glycopyrronium has a quaternary ammonium structure which limits its passage across biological membranes and produces slow, variable and incomplete gastrointestinal absorption. Following glycopyrronium inhalation, the lung bioavailability was 10.5% (with activated charcoal ingestion) while the absolute bioavailability was 12.8% (without activated charcoal ingestion) confirming the limited gastrointestinal absorption and indicating that more than 80% of glycopyrronium systemic exposure was from lung absorption. After repeated inhalation of twice daily doses ranging from 12.5 to 50 micrograms via pressurised metered dose inhaler in COPD patients, glycopyrronium showed linear pharmacokinetics with little systemic accumulation at steady state (median accumulation ratio 2.2-2.5).
The apparent volume of distribution (V_z) of inhaled glycopyrronium was increased compared to intravenous infusion (6420 L versus 323 L), reflecting the slower elimination after inhalation.

Biotransformation
The metabolic pattern of glycopyrronium *in vitro* (humans, dogs, rats, mice and rabbits liver microsomes and hepatocytes) was similar among species and the main metabolic reaction was the hydroxylation on the phenyl or ciclopentyl rings. CYP2D6 was found to be the only enzyme responsible for glycopyrronium metabolism.

Elimination
The mean elimination half-life of glycopyrronium in healthy volunteers was approximately 6 hours after intravenous injection while after inhalation in COPD patients it ranged from 5 to 12 hours at steady state. After a glycopyrronium single intravenous injection, 40% of the dose was excreted in the urine within 24 hours. In COPD patients receiving repeated twice daily administration of inhaled glycopyrronium, the fraction of the dose excreted in urine ranged from 13.0% to 14.5% at steady state. Mean renal clearance was similar across the range of doses tested and after single and repeated inhalation (range 281-396 mL/min).

5.3 Preclinical safety data

Safety pharmacology

In an inhalation study in telemetered dogs, the cardiovascular system was a major target system for acute effects of Trimbow (increase in heart rate, decrease in blood pressure, ECG changes at higher doses), effects probably mainly related to the beta2-adrenergic activity of formoterol and the anti-muscarinic activity of glycopyrronium. There was no evidence for over-additive effects of the triple combination when compared with the single components.

Repeated dose toxicity

In repeated dose inhalation studies with Trimbow in rats and dogs of up to 13 weeks duration, the main observed alterations were related to effects on the immune system (probably due to systemic corticosteroid effects of beclometasone dipropionate and its active metabolite beclometasone-17-monopropionate) and on the cardiovascular system (probably related to the beta2-adrenergic activity of formoterol and the anti-muscarinic activity of glycopyrronium). The toxicological profile of the triple combination reflected that of the single active components without a relevant increase in toxicity and without unexpected findings.

Toxicity to reproduction and development

Beclometasone dipropionate/beclometasone-17-monopropionate was considered responsible for reproductive toxicity effects in rats such as reduction of the conception rate, fertility index, early embryonic development parameters (implantation loss), delay in ossification and increased incidence of visceral variations; while tocolytic and anti-muscarinic effects, attributed to the beta2-adrenergic activity of formoterol and the anti-muscarinic activity of glycopyrronium, affected pregnant rats in the late phase of gestation and/or early phase of lactation, leading to loss of pups.

Genotoxicity

Genotoxicity of Trimbow has not been evaluated, however, the single active components were devoid of genotoxic activity in the conventional test systems.

Carcinogenicity

Carcinogenicity studies have not been performed with Trimbow. However, in a 104-week rat inhalation carcinogenicity study and an oral 26-week carcinogenicity study in transgenic Tg.rasH2 mice, glycopyrronium bromide showed no carcinogenic potential and published data concerning long-term studies conducted with beclometasone dipropionate and formoterol fumarate in rats do not indicate a clinically relevant carcinogenic potential.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Ethanol anhydrous
Hydrochloric acid
Norflurane (propellant)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

120 actuation pressurised container: 20 months.

Chemical and physical in-use stability has been demonstrated for 2 months at 30°C.

After dispensing, the medicinal product may be stored for a maximum of 2 months at a temperature up to 30°C.

6.4 Special precautions for storage

Do not freeze.
Do not expose to temperatures higher than 50°C.
Do not pierce the pressurised container.

Prior to dispensing:
Store in a refrigerator (2°C-8°C).

For in-use storage conditions, see section 6.3.

6.5 Nature and contents of container

Pressurised container (coated aluminium), with a metering valve. The pressurised container is inserted in a polypropylene inhaler which incorporates a mouthpiece and a dose counter (120 actuations per pressurised container).

Pack of 1 container with 120 actuations.

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

For pharmacists:

Enter the date of dispensing to the patient on the pack.

7. MARKETING AUTHORISATION HOLDER

Chiesi Parmaceuticals (Pvt) Ltd
Office No: 4, 4th Floor, Askari Corporate Towers, 75/76 D-1 Main Boulevard Gulberg III, Lahore – 54000, Pakistan