

ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Oslif Breezhaler 150 microgram inhalation powder, hard capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains indacaterol maleate equivalent to 150 microgram indacaterol.

The delivered dose leaving the mouthpiece of the Oslif Breezhaler inhaler is indacaterol maleate equivalent to 120 microgram indacaterol.

Excipients:

Each capsule contains 24.8 mg lactose.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Inhalation powder, hard capsule

Clear colourless capsules containing a white powder, with “IDL 150” printed in black above and company logo () printed in black below a black bar.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Oslif Breezhaler is indicated for maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD).

4.2 Posology and method of administration

Posology

The recommended dose is the inhalation of the content of one 150 microgram capsule once a day, using the Oslif Breezhaler inhaler. The dose should only be increased on medical advice.

The inhalation of the content of one 300 microgram capsule once a day, using the Oslif Breezhaler inhaler has been shown to provide additional clinical benefit with regard to breathlessness, particularly for patients with severe COPD. The maximum dose is 300 microgram once daily.

Oslif Breezhaler should be administered at the same time of the day each day.

If a dose is missed the next dose should be taken at the usual time the next day.

Elderly population

Maximum plasma concentration and overall systemic exposure increase with age but no dose adjustment is required in elderly patients.

Paediatric population

There is no relevant use of Oslif Breezhaler in the paediatric population (under 18 years).

Hepatic impairment

No dose adjustment is required for patients with mild and moderate hepatic impairment. There are no data available for use of Oslif Breezhaler in patients with severe hepatic impairment.

Renal impairment

No dose adjustment is required for patients with renal impairment.

Method of administration

For inhalation use only.

Oslif Breezhaler capsules must be administered only using the Oslif Breezhaler inhaler (see section 6.6).

Oslif Breezhaler capsules must not be swallowed.

4.3 Contraindications

Hypersensitivity to the active substance, to lactose or to any of the other excipients.

4.4 Special warnings and precautions for use

Asthma

Oslif Breezhaler should not be used in asthma due to the absence of long-term outcome data in asthma with Oslif Breezhaler.

Paradoxical bronchospasm

As with other inhalation therapy, administration of Oslif Breezhaler may result in paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs Oslif Breezhaler should be discontinued immediately and alternative therapy substituted.

Deterioration of disease

Oslif Breezhaler is not indicated for the treatment of acute episodes of bronchospasm, i.e. as rescue therapy. In the event of deterioration of COPD during treatment with Oslif Breezhaler, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. An increase in the daily dose of Oslif Breezhaler beyond the maximum dose of 300 microgram is not appropriate.

Systemic effects

Although no clinically relevant effect on the cardiovascular system is usually seen after the administration of Oslif Breezhaler at the recommended doses, as with other beta₂-adrenergic agonists, indacaterol should be used with caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension), in patients with convulsive disorders or thyrotoxicosis, and in patients who are unusually responsive to beta₂-adrenergic agonists.

Cardiovascular effects

Like other beta₂-adrenergic agonists, indacaterol may produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, blood pressure, and/or symptoms. In case such effects occur, treatment may need to be discontinued. In addition, beta-adrenergic agonists have been reported to produce electrocardiogram (ECG) changes, such as flattening of the T wave and ST segment depression, although the clinical significance of these observations is unknown.

Clinically relevant effects on prolongation of the QT_c-interval have not been observed in clinical studies of Oslif Breezhaler at recommended therapeutic doses (see section 5.1).

Hypokalaemia

Beta₂-adrenergic agonists may produce significant hypokalaemia in some patients, which has the potential to produce adverse cardiovascular effects. The decrease in serum potassium is usually transient, not requiring supplementation. In patients with severe COPD, hypokalaemia may be potentiated by hypoxia and concomitant treatment (see section 4.5), which may increase the susceptibility to cardiac arrhythmias.

Hyperglycaemia

Inhalation of high doses of beta₂-adrenergic agonists may produce increases in plasma glucose. Upon initiation of treatment with Oslif Breezhaler plasma glucose should be monitored more closely in diabetic patients.

During clinical studies, clinically notable changes in blood glucose were generally more frequent by 1-2% on Oslif Breezhaler at the recommended doses than on placebo. Oslif Breezhaler has not been investigated in patients with not well controlled diabetes mellitus.

4.5 Interaction with other medicinal products and other forms of interaction

Sympathomimetic agents

Concomitant administration of other sympathomimetic agents (alone or as part of combination therapy) may potentiate the undesirable effects of Oslif Breezhaler.

Oslif Breezhaler should not be used in conjunction with other long-acting beta₂-adrenergic agonists or medicinal products containing long-acting beta₂-adrenergic agonists.

Hypokalaemic treatment

Concomitant hypokalaemic treatment with methylxanthine derivatives, steroids, or non-potassium-sparing diuretics may potentiate the possible hypokalaemic effect of beta₂-adrenergic agonists, therefore use with caution (see section 4.4).

Beta-adrenergic blockers

Beta-adrenergic blockers may weaken or antagonise the effect of beta₂-adrenergic agonists. Therefore indacaterol should not be given together with beta-adrenergic blockers (including eye drops) unless there are compelling reasons for their use. Where required, cardioselective beta-adrenergic blockers should be preferred, although they should be administered with caution.

Metabolic and transporter based interactions

Inhibition of the key contributors of indacaterol clearance, CYP3A4 and P-glycoprotein (P-gp) raises the systemic exposure of indacaterol by up to two-fold. The magnitude of exposure increases due to interactions does not raise any safety concerns given the safety experience of treatment with Oslif Breezhaler in clinical studies of up to one year at doses up to twice the maximum recommended therapeutic dose.

Indacaterol has not been shown to cause interactions with co-medications. *In vitro* investigations have indicated that indacaterol has negligible potential to cause metabolic interactions with medicinal products at the systemic exposure levels achieved in clinical practice.

4.6 Pregnancy and lactation

Pregnancy

There are no data from the use of indacaterol in pregnant women available. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity at clinically relevant exposures (see section 5.3). Like other beta₂-adrenergic agonists, indacaterol may inhibit labour due to a relaxant effect on uterine smooth muscle. Oslif Breezhaler should only be used during pregnancy if the expected benefits outweigh the potential risks.

Lactation

It is not known whether indacaterol/metabolites are excreted in human milk. Available pharmacokinetic/toxicological data in animals have shown excretion of indacaterol/metabolites in milk (see section 5.3). A risk to the breast-fed child cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Oslif Breezhaler therapy, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

A decreased pregnancy rate has been observed in rats. Nevertheless, it is considered unlikely that indacaterol will affect reproductive or fertility performance in humans following inhalation of the maximum recommended dose (see section 5.3).

4.7 Effects on ability to drive and use machines

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

4.8 Undesirable effects

Summary of the safety profile

The most common adverse reactions at the recommended doses were nasopharyngitis (9.1%), cough (6.8%), upper respiratory tract infection (6.2%) and headache (4.8%). These were in the vast majority mild or moderate and became less frequent if treatment was continued.

At the recommended doses, the adverse reaction profile of Oslif Breezhaler in patients with COPD shows clinically insignificant systemic effects of beta₂-adrenergic stimulation. Mean heart rate changes were less than one beat per minute, and tachycardia was infrequent and reported at a similar rate as under placebo treatment. Relevant prolongations of QT_cF were not detectable in comparison to placebo. The frequency of notable QT_cF intervals [i.e. >450 ms (males) and >470 ms (females)] and reports of hypokalaemia were similar to placebo. The mean of the maximum changes in blood glucose were similar between Oslif Breezhaler and placebo.

Tabulated summary of adverse reactions

The Oslif Breezhaler Phase III clinical development programme involved patients with a clinical diagnosis of moderate to severe COPD. 2,154 patients were exposed to indacaterol up to one year at doses up to twice the maximum recommended dose. Of these patients, 627 were on treatment with 150 microgram once daily and 853 on treatment with 300 microgram once daily. Approximately 40% of patients had severe COPD. The mean age of patients was 63 years, with 47% of patients aged 65 years or older, and the majority (89%) was Caucasian.

Adverse reactions in Table 1 are listed according to MedDRA system organ class in the COPD safety database. Within each system organ class, adverse reactions are ranked by frequency in descending order according to the following convention (CIOMS III): Very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$), not known (cannot be estimated from the available data).

Table 1 Adverse reactions

Adverse Reactions	Frequency category
Infections and infestations	
Nasopharyngitis	Common
Upper respiratory tract infection	Common
Sinusitis	Common
Metabolism and nutrition disorders	
Diabetes mellitus and hyperglycaemia	Common
Nervous system disorders	
Headache	Common
Paraesthesia	Uncommon
Cardiac disorders	
Ischaemic heart disease	Common
Atrial fibrillation	Uncommon
Respiratory, thoracic and mediastinal disorders	
Cough	Common
Pharyngolaryngeal pain	Common
Rhinorrhoea	Common
Respiratory tract congestion	Common
Musculoskeletal and connective tissue disorders	
Muscle spasm	Common
General disorders and administration site conditions	
Peripheral oedema	Common
Non-cardiac chest pain	Uncommon

At twice the maximum recommended dose, the safety profile of Oslif Breezhaler was overall similar to that of recommended doses. Additional adverse reactions were tremor (common) and anaemia (uncommon).

Description of selected adverse reactions

In Phase III clinical studies, healthcare providers observed during clinic visits that on average 17-20% of patients experienced a sporadic cough that occurred usually within 15 seconds following inhalation and typically lasted for 5 seconds (about 10 seconds in current smokers). It was observed with a higher frequency in female than in male patients and in current smokers than in ex-smokers. This cough experienced post inhalation was generally well tolerated and did not lead to any patient discontinuing from the studies at the recommended doses (cough is a symptom in COPD and only 6.8% of patients overall reported cough as an adverse event). There is no evidence that cough experienced post inhalation is associated with bronchospasm, exacerbations, deteriorations of disease or loss of efficacy.

4.9 Overdose

In COPD patients, single doses of 10 times the maximum recommended therapeutic dose were associated with a moderate increase in pulse rate, systolic blood pressure and QT_c interval.

An overdose of indacaterol is likely to lead to exaggerated effects typical of beta₂-adrenergic stimulants, i.e. tachycardia, tremor, palpitations, headache, nausea, vomiting, drowsiness, ventricular arrhythmias, metabolic acidosis, hypokalaemia and hyperglycaemia.

Supportive and symptomatic treatment is indicated. In serious cases, patients should be hospitalised. Use of cardioselective beta blockers may be considered, but only under the supervision of a physician and with extreme caution since the use of beta-adrenergic blockers may provoke bronchospasm.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Long-acting beta₂-adrenergic agonist, ATC code: **not yet assigned**

Mechanism of action

The pharmacological effects of beta₂-adrenoceptor agonists are at least in part attributable to stimulation of intracellular adenylyl cyclase, the enzyme that catalyses the conversion of adenosine triphosphate (ATP) to cyclic-3', 5'-adenosine monophosphate (cyclic monophosphate). Increased cyclic AMP levels cause relaxation of bronchial smooth muscle. *In vitro* studies have shown that indacaterol, a long-acting beta₂-adrenergic agonist, has more than 24-fold greater agonist activity at beta₂-receptors compared to beta₁-receptors and 20-fold greater agonist activity compared to beta₃-receptors.

When inhaled, indacaterol acts locally in the lung as a bronchodilator. Indacaterol is a partial agonist at the human beta₂-adrenergic receptor with nanomolar potency. In isolated human bronchus, indacaterol has a rapid onset of action and a long duration of action.

Although beta₂-receptors are the predominant adrenergic receptors in bronchial smooth muscle and beta₁-receptors are the predominant receptors in the human heart, there are also beta₂-adrenergic receptors in the human heart comprising 10-50% of the total adrenergic receptors. The precise function of beta₂-adrenergic receptors in the heart is not known, but their presence raises the possibility that even highly selective beta₂-adrenergic agonists may have cardiac effects.

Pharmacodynamic effects

Oslif Breezhaler, administered once a day at doses of 150 and 300 microgram consistently provided clinically significant improvements in lung function (as measured by the forced expiratory volume in one second, FEV₁) over 24 hours across a number of clinical pharmacodynamic and efficacy studies. There was a rapid onset of action within 5 minutes after inhalation, with an increase in FEV₁ relative to baseline of 110-160 ml, comparable to the effect of the fast-acting beta₂-agonist salbutamol 200 microgram and statistically significantly faster compared to salmeterol/fluticasone 50/500 microgram. Mean peak improvements in FEV₁ relative to baseline were 250-330 ml at steady state.

The bronchodilator effect did not depend on the time of dosing, morning or evening.

Oslif Breezhaler was shown to reduce lung hyperinflation, resulting in increased inspiratory capacity during exercise and at rest, compared to placebo.

Effects on cardiac electrophysiology

A double-blind, placebo- and active (moxifloxacin)-controlled study for 2 weeks in 404 healthy volunteers demonstrated maximum mean (90% confidence intervals) prolongations of the QT_{cF} interval (in milliseconds) of 2.66 (0.55, 4.77) 2.98 (1.02, 4.93) and 3.34 (0.86, 5.82) following multiple doses of 150 microgram, 300 microgram and 600 microgram, respectively. Therefore, this shows no concern for a pro-arrhythmic potential related to QT-interval prolongations at recommended therapeutic doses or at twice the maximum recommended dose. There was no evidence of a concentration-delta QT_c relationship in the range of doses evaluated.

As demonstrated in 605 patients with COPD in a 26-week, double-blind, placebo-controlled Phase III study, there was no clinically relevant difference in the development of arrhythmic events monitored over 24 hours, at baseline and up to 3 times during the 26-week treatment period, between patients receiving recommended doses of Oslif Breezhaler treatment and those patients who received placebo or treatment with tiotropium.

Clinical efficacy and safety

The clinical development programme included one 12-week, two six-month (one of which was extended to one year to evaluate safety and tolerability) and one one-year randomised controlled studies in patients with a clinical diagnosis of COPD. These studies included measures of lung function and of health outcomes such as dyspnoea, exacerbations and health-related quality of life.

Lung function

Oslif Breezhaler, administered once a day at doses of 150 microgram and 300 microgram, showed clinically meaningful improvements in lung function. At the 12-week primary endpoint (24-hour trough FEV₁), the 150 microgram dose resulted in a 130-180 ml increase compared to placebo (p<0.001) and a 60 ml increase compared to salmeterol 50 microgram twice a day (p<0.001). The 300 microgram dose resulted in a 170-180 ml increase compared to placebo (p<0.001) and a 100 ml increase compared to formoterol 12 microgram twice a day (p<0.001). Both doses resulted in an increase of 40-50 ml over open-label tiotropium 18 microgram once a day (150 microgram, p=0.004; 300 microgram, p=0.01). The 24-hour bronchodilator effect of Oslif Breezhaler was maintained from the first dose throughout a one-year treatment period with no evidence of loss in efficacy (tachyphylaxis).

Symptomatic benefits

Both doses demonstrated statistically significant improvements in symptom relief over placebo for dyspnoea and health status (as evaluated by Transitional Dyspnoea Index [TDI] and St. George's Respiratory Questionnaire [SGRQ], respectively). The magnitude of response was generally greater than seen with active comparators (Table 2). In addition, patients treated with Oslif Breezhaler required significantly less rescue medication, had more days when no rescue medication was needed compared to placebo and had a significantly improved percentage of days with no daytime symptoms.

Pooled efficacy analysis over 6 months' treatment demonstrated that the rate of COPD exacerbations was statistically significantly lower than the placebo rate. Treatment comparison compared to placebo showed a ratio of rates of 0.68 (95% CI [0.47, 0.98]; p-value 0.036) and 0.74 (95% CI [0.56, 0.96]; p-value 0.026) for 150 microgram and 300 microgram, respectively.

Limited treatment experience is available in individuals of African descent.

Table 2 Symptom relief at 6 months treatment duration

Treatment Dose (microgram)	Indacaterol 150 once a day	Indacaterol 300 once a day	Tiotropium 18 once a day	Salmeterol 50 twice a day	Formoterol 12 twice a day	Placebo
Percentage of patients who achieved MCID TDI[†]	57 ^a 62 ^b	71 ^b 59 ^c	57 ^b	54 ^a	54 ^c	45 ^a 47 ^b 41 ^c
Percentage of patients who achieved MCID SGRQ[†]	53 ^a 58 ^b	53 ^b 55 ^c	47 ^b	49 ^a	51 ^c	38 ^a 46 ^b 40 ^c
Reduction in puffs/day of rescue medication use vs. baseline	1.3 ^a 1.5 ^b	1.6 ^b	1.0 ^b	1.2 ^a	n/e	0.3 ^a 0.4 ^b
Percentage of days with no rescue medication use	60 ^a 57 ^b	58 ^b	46 ^b	55 ^a	n/e	42 ^a 42 ^b

Study design with ^a: indacaterol 150 microgram, salmeterol and placebo; ^b: indacaterol 150 and 300 microgram, tiotropium and placebo; ^c: indacaterol 300 microgram, formoterol and placebo

[†] MCID = minimal clinically important difference (≥ 1 point change in TDI, ≥ 4 point change in SGRQ)

n/e= not evaluated at six months

Paediatric population

The European Medicines Agency has waived the obligation to submit the results of studies with Oslif Breezhaler in all subsets of the paediatric population in chronic obstructive pulmonary disease (COPD) (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Indacaterol is a chiral molecule with R-configuration.

Pharmacokinetic data were obtained from a number of clinical studies, from healthy volunteers and COPD patients.

Absorption

The median time to reach peak serum concentrations of indacaterol was approximately 15 min after single or repeated inhaled doses. Systemic exposure to indacaterol increased with increasing dose (150 microgram to 600 microgram) in a dose proportional manner. Absolute bioavailability of indacaterol after an inhaled dose was on average 43%. Systemic exposure results from a composite of pulmonary and intestinal absorption.

Indacaterol serum concentrations increased with repeated once-daily administration. Steady state was achieved within 12 to 14 days. The mean accumulation ratio of indacaterol, i.e. AUC over the 24-h dosing interval on Day 14 compared to Day 1, was in the range of 2.9 to 3.5 for once-daily inhaled doses between 150 microgram and 600 microgram.

Distribution

After intravenous infusion the volume of distribution of indacaterol during the terminal elimination phase was 2557 litres indicating an extensive distribution. The *in vitro* human serum and plasma protein binding was 94.1-95.3% and 95.1-96.2%, respectively.

Biotransformation

After oral administration of radiolabelled indacaterol in a human ADME (absorption, distribution, metabolism, excretion) study, unchanged indacaterol was the main component in serum, accounting for about one third of total drug-related AUC over 24 hours. A hydroxylated derivative was the most prominent metabolite in serum. Phenolic O-glucuronides of indacaterol and hydroxylated indacaterol were further prominent metabolites. A diastereomer of the hydroxylated derivative, a N-glucuronide of indacaterol, and C- and N-dealkylated products were further metabolites identified.

In vitro investigations indicated that UGT1A1 is the only UGT isoform that metabolised indacaterol to the phenolic O-glucuronide. The oxidative metabolites were found in incubations with recombinant CYP1A1, CYP2D6, and CYP3A4. CYP3A4 is concluded to be the predominant isoenzyme responsible for hydroxylation of indacaterol. *In vitro* investigations further indicated that indacaterol is a low affinity substrate for the efflux pump P-gp.

Elimination

In clinical studies which included urine collection, the amount of indacaterol excreted unchanged via urine was generally lower than 2% of the dose. Renal clearance of indacaterol was, on average, between 0.46 and 1.20 litres/hour. When compared with the serum clearance of indacaterol of 23.3 litres/hour, it is evident that renal clearance plays a minor role (about 2 to 5% of systemic clearance) in the elimination of systemically available indacaterol.

In a human ADME study where indacaterol was given orally, the faecal route of excretion was dominant over the urinary route. Indacaterol was excreted into human faeces primarily as unchanged parent substance (54% of the dose) and, to a lesser extent, hydroxylated indacaterol metabolites (23% of the dose). Mass balance was complete with $\geq 90\%$ of the dose recovered in the excreta.

Indacaterol serum concentrations declined in a multi-phasic manner with an average terminal half-life ranging from 45.5 to 126 hours. The effective half-life, calculated from the accumulation of indacaterol after repeated dosing ranged from 40 to 52 hours which is consistent with the observed time-to-steady state of approximately 12-14 days.

Special populations

A population pharmacokinetic analysis showed that there is no clinically relevant effect of age (adults up to 88 years), sex, weight (32-168 kg) or race on the pharmacokinetics of indacaterol. It did not suggest any difference between ethnic subgroups in this population.

Patients with mild and moderate hepatic impairment showed no relevant changes in C_{max} or AUC of indacaterol, nor did protein binding differ between mild and moderate hepatic impaired subjects and their healthy controls. Studies in subjects with severe hepatic impairment were not performed.

Due to the very low contribution of the urinary pathway to total body elimination, a study in renally impaired subjects was not performed.

5.3 Preclinical safety data

Effects on the cardiovascular system attributable to the β_2 -agonistic properties of indacaterol included tachycardia, arrhythmias and myocardial lesions in dogs. Mild irritancy of the nasal cavity and larynx were seen in rodents. All these findings occurred at exposures sufficiently in excess of those anticipated in humans.

Although indacaterol did not affect general reproductive performance in a rat fertility study, a decrease in the number of pregnant F₁ offspring was observed in the peri- and post-developmental rat study at an exposure 14-fold higher than in humans treated with Oslif Breezhaler. Indacaterol was not embryotoxic or teratogenic in rats or rabbits.

Genotoxicity studies did not reveal any mutagenic or clastogenic potential. Carcinogenicity was assessed in a two-year rat study and a six-month transgenic mouse study. Increased incidences of benign ovarian leiomyoma and focal hyperplasia of ovarian smooth muscle in rats were consistent with similar findings reported for other beta₂-adrenergic agonists. No evidence of carcinogenicity was seen in mice. Systemic exposures (AUC) in rats and mice at the no-observed adverse effect levels in these studies were at least 7- and 49-fold higher, respectively, than in humans treated with Oslif Breezhaler once a day at a dose of 300 microgram.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Capsule content

Lactose monohydrate

Capsule shell

Gelatin

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

18 months.

6.4 Special precautions for storage

Do not store above 30°C.

Oslif Breezhaler capsules must always be stored in the blister to protect from moisture and only removed immediately before use.

6.5 Nature and contents of container

Oslif Breezhaler is a single-dose inhalation device. Inhaler body and cap are made from acrylonitrile butadiene styrene, push buttons are made from methyl methacrylate acrylonitrile butadiene styrene. Needles and springs are made from stainless steel.

PA/Alu/PVC - Alu blister packs, containing 10 hard capsules, with an inhaler made from plastic materials provided in each pack.

Carton containing 10 capsules (1x10 capsule blister strips) and one Oslif Breezhaler inhaler.

Carton containing 30 capsules (3x10 capsule blister strips) and one Oslif Breezhaler inhaler.

Multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).

Multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).

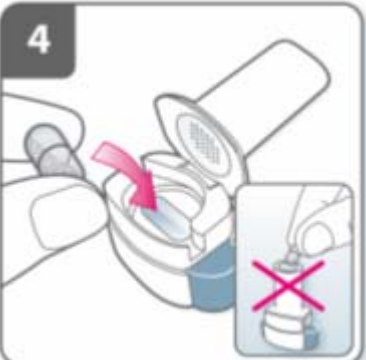
Multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

The Oslif Breezhaler inhaler provided with each new prescription should be used. Dispose of each inhaler after 30 days of use.

Instructions for handling and use

	Pull off the cap.
	Open inhaler: Hold the base of the inhaler firmly and tilt the mouthpiece. This opens the inhaler.
	Prepare capsule: Immediately before use , with dry hands, remove one capsule from the blister.
	Insert capsule: Place the capsule into the capsule chamber. Never place a capsule directly into the mouthpiece.

	Close the inhaler: Close the inhaler until you hear a “click”.
	Pierce the capsule: • Hold the inhaler upright with the mouthpiece pointing up. • Pierce the capsule by firmly pressing together both side buttons at the same time. Do this only once. • You should hear a “click” as the capsule is being pierced.
	Release the side buttons fully.
	Breathe out: Before placing the mouthpiece in your mouth, breathe out fully. Do not blow into the mouthpiece.
	Inhale the medicine To breathe the medicine deeply into your airways: • Hold the inhaler as shown in the picture. The side buttons should be facing left and right. Do not press the side buttons. • Place the mouthpiece in your mouth and close your lips firmly around it. • Breathe in rapidly but steadily and as deeply as you can.

	Note: As you breathe in through the inhaler, the capsule spins around in the chamber and you should hear a whirring noise. You will experience a sweet flavour as the medicine goes into your lungs. Additional information Occasionally, very small pieces of the capsule can get past the screen and enter your mouth. If this happens, you may be able to feel these pieces on your tongue. It is not harmful if these pieces are swallowed or inhaled. The chances of the capsule shattering will be increased if the capsule is accidentally pierced more than once (step 6). If you do not hear a whirring noise: The capsule may be stuck in the capsule chamber. If this happens: • Open the inhaler and carefully loosen the capsule by tapping the base of the inhaler. Do not press the side buttons. • Inhale the medicine again by repeating steps 8 and 9.
	Hold breath: After you have inhaled the medicine: • Hold your breath for at least 5-10 seconds or as long as you comfortably can while taking the inhaler out of your mouth. • Then breathe out. • Open the inhaler to see if any powder is left in the capsule. If there is powder left in the capsule: • Close the inhaler. • Repeat steps 8, 9, 10 and 11. Most people are able to empty the capsule with one or two inhalations. Additional information Some people may occasionally cough briefly soon after inhaling the medicine. If you do, don't worry. As long as the capsule is empty, you have received enough of your medicine.

	After you have finished taking your medicine: • Open the mouthpiece again, and remove the empty capsule by tipping it out of the capsule chamber. Put the empty capsule in your household waste. • Close the inhaler and replace the cap. Do not store the capsules in the Oslif Breezhaler inhaler.
	Mark daily dose tracker: On the inside of the pack there is a daily dose tracker. Put a mark in today's box if it helps to remind you of when your next dose is due.

7. MARKETING AUTHORISATION HOLDER

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

10. DATE OF REVISION OF THE TEXT

1. NAME OF THE MEDICINAL PRODUCT

Oslif Breezhaler 300 microgram inhalation powder, hard capsules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains indacaterol maleate equivalent to 300 microgram indacaterol.

The delivered dose leaving the mouthpiece of the Oslif Breezhaler inhaler is indacaterol maleate equivalent to 240 microgram indacaterol.

Excipients:

Each capsule contains 24.6 mg lactose.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Inhalation powder, hard capsule

Clear colourless capsules containing a white powder, with “IDL 300” printed in blue above and company logo (b) printed in blue below a blue bar.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Oslif Breezhaler is indicated for maintenance bronchodilator treatment of airflow obstruction in adult patients with chronic obstructive pulmonary disease (COPD).

4.2 Posology and method of administration

Posology

The recommended dose is the inhalation of the content of one 150 microgram capsule once a day, using the Oslif Breezhaler inhaler. The dose should only be increased on medical advice.

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Oslif Breezhaler should be administered at the same time of the day each day.

If a dose is missed the next dose should be taken at the usual time the next day.

Elderly population

Maximum plasma concentration and overall systemic exposure increase with age but no dose adjustment is required in elderly patients.

Paediatric population

There is no relevant use of Oslif Breezhaler in the paediatric population (under 18 years).

Hepatic impairment

No dose adjustment is required for patients with mild and moderate hepatic impairment. There are no data available for use of Oslif Breezhaler in patients with severe hepatic impairment.

Renal impairment

No dose adjustment is required for patients with renal impairment.

Method of administration

For inhalation use only.

Oslif Breezhaler capsules must be administered only using the Oslif Breezhaler inhaler (see section 6.6).

Oslif Breezhaler capsules must not be swallowed.

4.3 Contraindications

Hypersensitivity to the active substance, to lactose or to any of the other excipients.

4.4 Special warnings and precautions for use

Asthma

Oslif Breezhaler should not be used in asthma due to the absence of long-term outcome data in asthma with Oslif Breezhaler.

Paradoxical bronchospasm

As with other inhalation therapy, administration of Oslif Breezhaler may result in paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs Oslif Breezhaler should be discontinued immediately and alternative therapy substituted.

Deterioration of disease

Oslif Breezhaler is not indicated for the treatment of acute episodes of bronchospasm, i.e. as rescue therapy. In the event of deterioration of COPD during treatment with Oslif Breezhaler, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. An increase in the daily dose of Oslif Breezhaler beyond the maximum dose of 300 microgram is not appropriate.

Systemic effects

Although no clinically relevant effect on the cardiovascular system is usually seen after the administration of Oslif Breezhaler at the recommended doses, as with other beta₂-adrenergic agonists, indacaterol should be used with caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension), in patients with convulsive disorders or thyrotoxicosis, and in patients who are unusually responsive to beta₂-adrenergic agonists.

Cardiovascular effects

Like other beta₂-adrenergic agonists, indacaterol may produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, blood pressure, and/or symptoms. In case such effects occur, treatment may need to be discontinued. In addition, beta-adrenergic agonists have been reported to produce electrocardiogram (ECG) changes, such as flattening of the T wave and ST segment depression, although the clinical significance of these observations is unknown.

Clinically relevant effects on prolongation of the QT_c-interval have not been observed in clinical studies of Oslif Breezhaler at recommended therapeutic doses (see section 5.1).

Hypokalaemia

Beta₂-adrenergic agonists may produce significant hypokalaemia in some patients, which has the potential to produce adverse cardiovascular effects. The decrease in serum potassium is usually transient, not requiring supplementation. In patients with severe COPD, hypokalaemia may be potentiated by hypoxia and concomitant treatment (see section 4.5), which may increase the susceptibility to cardiac arrhythmias.

Hyperglycaemia

Inhalation of high doses of beta₂-adrenergic agonists may produce increases in plasma glucose. Upon initiation of treatment with Oslif Breezhaler plasma glucose should be monitored more closely in diabetic patients.

During clinical studies, clinically notable changes in blood glucose were generally more frequent by 1-2% on Oslif Breezhaler at the recommended doses than on placebo. Oslif Breezhaler has not been investigated in patients with not well controlled diabetes mellitus.

4.5 Interaction with other medicinal products and other forms of interaction

Sympathomimetic agents

Concomitant administration of other sympathomimetic agents (alone or as part of combination therapy) may potentiate the undesirable effects of Oslif Breezhaler.

Oslif Breezhaler should not be used in conjunction with other long-acting beta₂-adrenergic agonists or medicinal products containing long-acting beta₂-adrenergic agonists.

Hypokalaemic treatment

Concomitant hypokalaemic treatment with methylxanthine derivatives, steroids, or non-potassium-sparing diuretics may potentiate the possible hypokalaemic effect of beta₂-adrenergic agonists, therefore use with caution (see section 4.4).

Beta-adrenergic blockers

Beta-adrenergic blockers may weaken or antagonise the effect of beta₂-adrenergic agonists. Therefore indacaterol should not be given together with beta-adrenergic blockers (including eye drops) unless there are compelling reasons for their use. Where required, cardioselective beta-adrenergic blockers should be preferred, although they should be administered with caution.

Metabolic and transporter based interactions

Inhibition of the key contributors of indacaterol clearance, CYP3A4 and P-glycoprotein (P-gp) raises the systemic exposure of indacaterol by up to two-fold. The magnitude of exposure increases due to interactions does not raise any safety concerns given the safety experience of treatment with Oslif Breezhaler in clinical studies of up to one year at doses up to twice the maximum recommended therapeutic dose.

Indacaterol has not been shown to cause interactions with co-medications. *In vitro* investigations have indicated that indacaterol has negligible potential to cause metabolic interactions with medicinal products at the systemic exposure levels achieved in clinical practice.

4.6 Pregnancy and lactation

Pregnancy

There are no data from the use of indacaterol in pregnant women available. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity at clinically relevant exposures (see section 5.3). Like other beta₂-adrenergic agonists, indacaterol may inhibit labour due to a relaxant effect on uterine smooth muscle. Oslif Breezhaler should only be used during pregnancy if the expected benefits outweigh the potential risks.

Lactation

It is not known whether indacaterol/metabolites are excreted in human milk. Available pharmacokinetic/toxicological data in animals have shown excretion of indacaterol/metabolites in milk (see section 5.3). A risk to the breast-fed child cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Oslif Breezhaler therapy, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

A decreased pregnancy rate has been observed in rats. Nevertheless, it is considered unlikely that indacaterol will affect reproductive or fertility performance in humans following inhalation of the maximum recommended dose (see section 5.3).

4.7 Effects on ability to drive and use machines

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

4.8 Undesirable effects

Summary of the safety profile

The most common adverse reactions at the recommended doses were nasopharyngitis (9.1%), cough (6.8%), upper respiratory tract infection (6.2%) and headache (4.8%). These were in the vast majority mild or moderate and became less frequent if treatment was continued.

At the recommended doses, the adverse reaction profile of Oslif Breezhaler in patients with COPD shows clinically insignificant systemic effects of beta₂-adrenergic stimulation. Mean heart rate changes were less than one beat per minute, and tachycardia was infrequent and reported at a similar rate as under placebo treatment. Relevant prolongations of QT_cF were not detectable in comparison to placebo. The frequency of notable QT_cF intervals [i.e. >450 ms (males) and >470 ms (females)] and reports of hypokalaemia were similar to placebo. The mean of the maximum changes in blood glucose were similar between Oslif Breezhaler and placebo.

Tabulated summary of adverse reactions

The Oslif Breezhaler Phase III clinical development programme involved patients with a clinical diagnosis of moderate to severe COPD. 2,154 patients were exposed to indacaterol up to one year at doses up to twice the maximum recommended dose. Of these patients, 627 were on treatment with 150 microgram once daily and 853 on treatment with 300 microgram once daily. Approximately 40% of patients had severe COPD. The mean age of patients was 63 years, with 47% of patients aged 65 years or older, and the majority (89%) was Caucasian.

Adverse reactions in Table 1 are listed according to MedDRA system organ class in the COPD safety database. Within each system organ class, adverse reactions are ranked by frequency in descending order according to the following convention (CIOMS III): Very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$), not known (cannot be estimated from the available data).

Table 1 Adverse reactions

Adverse Reactions	Frequency category
Infections and infestations	
Nasopharyngitis	Common
Upper respiratory tract infection	Common
Sinusitis	Common
Metabolism and nutrition disorders	
Diabetes mellitus and hyperglycaemia	Common
Nervous system disorders	
Headache	Common
Paraesthesia	Uncommon
Cardiac disorders	
Ischaemic heart disease	Common
Atrial fibrillation	Uncommon
Respiratory, thoracic and mediastinal disorders	
Cough	Common
Pharyngolaryngeal pain	Common
Rhinorrhoea	Common
Respiratory tract congestion	Common
Musculoskeletal and connective tissue disorders	
Muscle spasm	Common
General disorders and administration site conditions	
Peripheral oedema	Common
Non-cardiac chest pain	Uncommon

At twice the maximum recommended dose, the safety profile of Oslif Breezhaler was overall similar to that of recommended doses. Additional adverse reactions were tremor (common) and anaemia (uncommon).

Description of selected adverse reactions

In Phase III clinical studies, healthcare providers observed during clinic visits that on average 17-20% of patients experienced a sporadic cough that occurred usually within 15 seconds following inhalation and typically lasted for 5 seconds (about 10 seconds in current smokers). It was observed with a higher frequency in female than in male patients and in current smokers than in ex-smokers. This cough experienced post inhalation was generally well tolerated and did not lead to any patient discontinuing from the studies at the recommended doses (cough is a symptom in COPD and only 6.8% of patients overall reported cough as an adverse event). There is no evidence that cough experienced post inhalation is associated with bronchospasm, exacerbations, deteriorations of disease or loss of efficacy.

4.9 Overdose

In COPD patients, single doses of 10 times the maximum recommended therapeutic dose were associated with a moderate increase in pulse rate, systolic blood pressure and QT_c interval.

An overdose of indacaterol is likely to lead to exaggerated effects typical of beta₂-adrenergic stimulants, i.e. tachycardia, tremor, palpitations, headache, nausea, vomiting, drowsiness, ventricular arrhythmias, metabolic acidosis, hypokalaemia and hyperglycaemia.

Supportive and symptomatic treatment is indicated. In serious cases, patients should be hospitalised. Use of cardioselective beta blockers may be considered, but only under the supervision of a physician and with extreme caution since the use of beta-adrenergic blockers may provoke bronchospasm.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Long-acting beta₂-adrenergic agonist, ATC code: **not yet assigned**

Mechanism of action

The pharmacological effects of beta₂-adrenoceptor agonists are at least in part attributable to stimulation of intracellular adenylyl cyclase, the enzyme that catalyses the conversion of adenosine triphosphate (ATP) to cyclic-3', 5'-adenosine monophosphate (cyclic monophosphate). Increased cyclic AMP levels cause relaxation of bronchial smooth muscle. *In vitro* studies have shown that indacaterol, a long-acting beta₂-adrenergic agonist, has more than 24-fold greater agonist activity at beta₂-receptors compared to beta₁-receptors and 20-fold greater agonist activity compared to beta₃-receptors.

When inhaled, indacaterol acts locally in the lung as a bronchodilator. Indacaterol is a partial agonist at the human beta₂-adrenergic receptor with nanomolar potency. In isolated human bronchus, indacaterol has a rapid onset of action and a long duration of action.

Although beta₂-receptors are the predominant adrenergic receptors in bronchial smooth muscle and beta₁-receptors are the predominant receptors in the human heart, there are also beta₂-adrenergic receptors in the human heart comprising 10-50% of the total adrenergic receptors. The precise function of beta₂-adrenergic receptors in the heart is not known, but their presence raises the possibility that even highly selective beta₂-adrenergic agonists may have cardiac effects.

Pharmacodynamic effects

Oslif Breezhaler, administered once a day at doses of 150 and 300 microgram consistently provided clinically significant improvements in lung function (as measured by the forced expiratory volume in one second, FEV₁) over 24 hours across a number of clinical pharmacodynamic and efficacy studies. There was a rapid onset of action within 5 minutes after inhalation, with an increase in FEV₁ relative to baseline of 110-160 ml, comparable to the effect of the fast-acting beta₂-agonist salbutamol 200 microgram and statistically significantly faster compared to salmeterol/fluticasone 50/500 microgram. Mean peak improvements in FEV₁ relative to baseline were 250-330 ml at steady state.

The bronchodilator effect did not depend on the time of dosing, morning or evening.

Oslif Breezhaler was shown to reduce lung hyperinflation, resulting in increased inspiratory capacity during exercise and at rest, compared to placebo.

Effects on cardiac electrophysiology

A double-blind, placebo- and active (moxifloxacin)-controlled study for 2 weeks in 404 healthy volunteers demonstrated maximum mean (90% confidence intervals) prolongations of the QT_cF interval (in milliseconds) of 2.66 (0.55, 4.77) 2.98 (1.02, 4.93) and 3.34 (0.86, 5.82) following multiple doses of 150 microgram, 300 microgram and 600 microgram, respectively. Therefore, this shows no concern for a pro-arrhythmic potential related to QT-interval prolongations at recommended therapeutic doses or at twice the maximum recommended dose. There was no evidence of a concentration-delta QT_c relationship in the range of doses evaluated.

As demonstrated in 605 patients with COPD in a 26-week, double-blind, placebo-controlled Phase III study, there was no clinically relevant difference in the development of arrhythmic events monitored over 24 hours, at baseline and up to 3 times during the 26-week treatment period, between patients receiving recommended doses of Oslif Breezhaler treatment and those patients who received placebo or treatment with tiotropium.

Clinical efficacy and safety

The clinical development programme included one 12-week, two six-month (one of which was extended to one year to evaluate safety and tolerability) and one one-year randomised controlled studies in patients with a clinical diagnosis of COPD. These studies included measures of lung function and of health outcomes such as dyspnoea, exacerbations and health-related quality of life.

Lung function

Oslif Breezhaler, administered once a day at doses of 150 microgram and 300 microgram, showed clinically meaningful improvements in lung function. At the 12-week primary endpoint (24-hour trough FEV₁), the 150 microgram dose resulted in a 130-180 ml increase compared to placebo (p<0.001) and a 60 ml increase compared to salmeterol 50 microgram twice a day (p<0.001). The 300 microgram dose resulted in a 170-180 ml increase compared to placebo (p<0.001) and a 100 ml increase compared to formoterol 12 microgram twice a day (p<0.001). Both doses resulted in an increase of 40-50 ml over open-label tiotropium 18 microgram once a day (150 microgram, p=0.004; 300 microgram, p=0.01). The 24-hour bronchodilator effect of Oslif Breezhaler was maintained from the first dose throughout a one-year treatment period with no evidence of loss in efficacy (tachyphylaxis).

Symptomatic benefits

Both doses demonstrated statistically significant improvements in symptom relief over placebo for dyspnoea and health status (as evaluated by Transitional Dyspnoea Index [TDI] and St. George's Respiratory Questionnaire [SGRQ], respectively). The magnitude of response was generally greater than seen with active comparators (Table 2). In addition, patients treated with Oslif Breezhaler required significantly less rescue medication, had more days when no rescue medication was needed compared to placebo and had a significantly improved percentage of days with no daytime symptoms.

Pooled efficacy analysis over 6 months' treatment demonstrated that the rate of COPD exacerbations was statistically significantly lower than the placebo rate. Treatment comparison compared to placebo showed a ratio of rates of 0.68 (95% CI [0.47, 0.98]; p-value 0.036) and 0.74 (95% CI [0.56, 0.96]; p-value 0.026) for 150 microgram and 300 microgram, respectively.

Limited treatment experience is available in individuals of African descent.

Table 2 Symptom relief at 6 months treatment duration

Treatment Dose (microgram)	Indacaterol 150 once a day	Indacaterol 300 once a day	Tiotropium 18 once a day	Salmeterol 50 twice a day	Formoterol 12 twice a day	Placebo
Percentage of patients who achieved MCID TDI[†]	57 ^a 62 ^b	71 ^b 59 ^c	57 ^b	54 ^a	54 ^c	45 ^a 47 ^b 41 ^c
Percentage of patients who achieved MCID SGRQ[†]	53 ^a 58 ^b	53 ^b 55 ^c	47 ^b	49 ^a	51 ^c	38 ^a 46 ^b 40 ^c
Reduction in puffs/day of rescue medication use vs. baseline	1.3 ^a 1.5 ^b	1.6 ^b	1.0 ^b	1.2 ^a	n/e	0.3 ^a 0.4 ^b
Percentage of days with no rescue medication use	60 ^a 57 ^b	58 ^b	46 ^b	55 ^a	n/e	42 ^a 42 ^b

Study design with ^a: indacaterol 150 microgram, salmeterol and placebo; ^b: indacaterol 150 and 300 microgram, tiotropium and placebo; ^c: indacaterol 300 microgram, formoterol and placebo

[†] MCID = minimal clinically important difference (≥ 1 point change in TDI, ≥ 4 point change in SGRQ)

n/e= not evaluated at six months

Paediatric population

The European Medicines Agency has waived the obligation to submit the results of studies with Oslif Breezhaler in all subsets of the paediatric population in chronic obstructive pulmonary disease (COPD) (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Indacaterol is a chiral molecule with R-configuration.

Pharmacokinetic data were obtained from a number of clinical studies, from healthy volunteers and COPD patients.

Absorption

The median time to reach peak serum concentrations of indacaterol was approximately 15 min after single or repeated inhaled doses. Systemic exposure to indacaterol increased with increasing dose (150 microgram to 600 microgram) in a dose proportional manner. Absolute bioavailability of indacaterol after an inhaled dose was on average 43%. Systemic exposure results from a composite of pulmonary and intestinal absorption.

Indacaterol serum concentrations increased with repeated once-daily administration. Steady state was achieved within 12 to 14 days. The mean accumulation ratio of indacaterol, i.e. AUC over the 24-h dosing interval on Day 14 compared to Day 1, was in the range of 2.9 to 3.5 for once-daily inhaled doses between 150 microgram and 600 microgram.

Distribution

After intravenous infusion the volume of distribution of indacaterol during the terminal elimination phase was 2557 litres indicating an extensive distribution. The *in vitro* human serum and plasma protein binding was 94.1-95.3% and 95.1-96.2%, respectively.

Biotransformation

After oral administration of radiolabelled indacaterol in a human ADME (absorption, distribution, metabolism, excretion) study, unchanged indacaterol was the main component in serum, accounting for about one third of total drug-related AUC over 24 hours. A hydroxylated derivative was the most prominent metabolite in serum. Phenolic O-glucuronides of indacaterol and hydroxylated indacaterol were further prominent metabolites. A diastereomer of the hydroxylated derivative, a N-glucuronide of indacaterol, and C- and N-dealkylated products were further metabolites identified.

In vitro investigations indicated that UGT1A1 is the only UGT isoform that metabolised indacaterol to the phenolic O-glucuronide. The oxidative metabolites were found in incubations with recombinant CYP1A1, CYP2D6, and CYP3A4. CYP3A4 is concluded to be the predominant isoenzyme responsible for hydroxylation of indacaterol. *In vitro* investigations further indicated that indacaterol is a low affinity substrate for the efflux pump P-gp.

Elimination

In clinical studies which included urine collection, the amount of indacaterol excreted unchanged via urine was generally lower than 2% of the dose. Renal clearance of indacaterol was, on average, between 0.46 and 1.20 litres/hour. When compared with the serum clearance of indacaterol of 23.3 litres/hour, it is evident that renal clearance plays a minor role (about 2 to 5% of systemic clearance) in the elimination of systemically available indacaterol.

In a human ADME study where indacaterol was given orally, the faecal route of excretion was dominant over the urinary route. Indacaterol was excreted into human faeces primarily as unchanged parent substance (54% of the dose) and, to a lesser extent, hydroxylated indacaterol metabolites (23% of the dose). Mass balance was complete with $\geq 90\%$ of the dose recovered in the excreta.

Indacaterol serum concentrations declined in a multi-phasic manner with an average terminal half-life ranging from 45.5 to 126 hours. The effective half-life, calculated from the accumulation of indacaterol after repeated dosing ranged from 40 to 52 hours which is consistent with the observed time-to-steady state of approximately 12-14 days.

Special populations

A population pharmacokinetic analysis showed that there is no clinically relevant effect of age (adults up to 88 years), sex, weight (32-168 kg) or race on the pharmacokinetics of indacaterol. It did not suggest any difference between ethnic subgroups in this population.

Patients with mild and moderate hepatic impairment showed no relevant changes in C_{max} or AUC of indacaterol, nor did protein binding differ between mild and moderate hepatic impaired subjects and their healthy controls. Studies in subjects with severe hepatic impairment were not performed.

Due to the very low contribution of the urinary pathway to total body elimination, a study in renally impaired subjects was not performed.

5.3 Preclinical safety data

Effects on the cardiovascular system attributable to the β_2 -agonistic properties of indacaterol included tachycardia, arrhythmias and myocardial lesions in dogs. Mild irritancy of the nasal cavity and larynx were seen in rodents. All these findings occurred at exposures sufficiently in excess of those anticipated in humans.

Although indacaterol did not affect general reproductive performance in a rat fertility study, a decrease in the number of pregnant F₁ offspring was observed in the peri- and post-developmental rat study at an exposure 14-fold higher than in humans treated with Oslif Breezhaler. Indacaterol was not embryotoxic or teratogenic in rats or rabbits.

Genotoxicity studies did not reveal any mutagenic or clastogenic potential. Carcinogenicity was assessed in a two-year rat study and a six-month transgenic mouse study. Increased incidences of benign ovarian leiomyoma and focal hyperplasia of ovarian smooth muscle in rats were consistent with similar findings reported for other beta₂-adrenergic agonists. No evidence of carcinogenicity was seen in mice. Systemic exposures (AUC) in rats and mice at the no-observed adverse effect levels in these studies were at least 7- and 49-fold higher, respectively, than in humans treated with Oslif Breezhaler once a day at a dose of 300 microgram.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Capsule content

Lactose monohydrate

Capsule shell

Gelatin

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

18 months.

6.4 Special precautions for storage

Do not store above 30°C.

Oslif Breezhaler capsules must always be stored in the blister to protect from moisture and only removed immediately before use.

6.5 Nature and contents of container

Oslif Breezhaler is a single-dose inhalation device. Inhaler body and cap are made from acrylonitrile butadiene styrene, push buttons are made from methyl methacrylate acrylonitrile butadiene styrene. Needles and springs are made from stainless steel.

PA/Alu/PVC - Alu blister packs, containing 10 hard capsules, with an inhaler made from plastic materials provided in each pack.

Carton containing 10 capsules (1x10 capsule blister strips) and one Oslif Breezhaler inhaler.

Carton containing 30 capsules (3x10 capsule blister strips) and one Oslif Breezhaler inhaler.

Multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).

Multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).

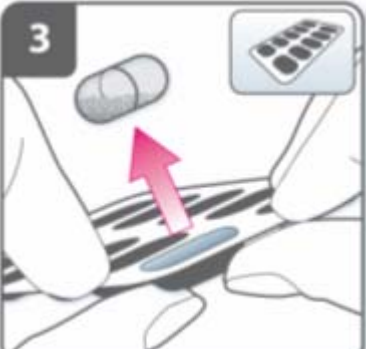
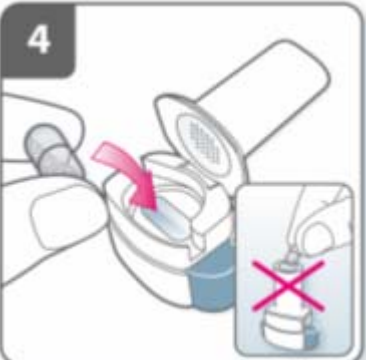
Multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

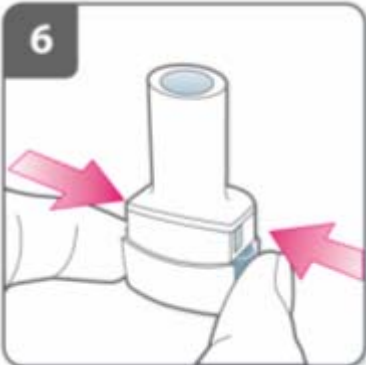
Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

The Oslif Breezhaler inhaler provided with each new prescription should be used. Dispose of each inhaler after 30 days of use.

Instructions for handling and use

	Pull off the cap.
	Open inhaler: Hold the base of the inhaler firmly and tilt the mouthpiece. This opens the inhaler.
	Prepare capsule: Immediately before use , with dry hands, remove one capsule from the blister.
	Insert capsule: Place the capsule into the capsule chamber. Never place a capsule directly into the mouthpiece.

	Close the inhaler: Close the inhaler until you hear a “click”.
	Pierce the capsule: • Hold the inhaler upright with the mouthpiece pointing up. • Pierce the capsule by firmly pressing together both side buttons at the same time. Do this only once. • You should hear a “click” as the capsule is being pierced.
	Release the side buttons fully.
	Breathe out: Before placing the mouthpiece in your mouth, breathe out fully. Do not blow into the mouthpiece.
	Inhale the medicine To breathe the medicine deeply into your airways: • Hold the inhaler as shown in the picture. The side buttons should be facing left and right. Do not press the side buttons. • Place the mouthpiece in your mouth and close your lips firmly around it. • Breathe in rapidly but steadily and as deeply as you can.

	Note: As you breathe in through the inhaler, the capsule spins around in the chamber and you should hear a whirring noise. You will experience a sweet flavour as the medicine goes into your lungs. Additional information Occasionally, very small pieces of the capsule can get past the screen and enter your mouth. If this happens, you may be able to feel these pieces on your tongue. It is not harmful if these pieces are swallowed or inhaled. The chances of the capsule shattering will be increased if the capsule is accidentally pierced more than once (step 6). If you do not hear a whirring noise: The capsule may be stuck in the capsule chamber. If this happens: • Open the inhaler and carefully loosen the capsule by tapping the base of the inhaler. Do not press the side buttons. • Inhale the medicine again by repeating steps 8 and 9.
	Hold breath: After you have inhaled the medicine: • Hold your breath for at least 5-10 seconds or as long as you comfortably can while taking the inhaler out of your mouth. • Then breathe out. • Open the inhaler to see if any powder is left in the capsule. If there is powder left in the capsule: • Close the inhaler. • Repeat steps 8, 9, 10 and 11. Most people are able to empty the capsule with one or two inhalations. Additional information Some people may occasionally cough briefly soon after inhaling the medicine. If you do, don't worry. As long as the capsule is empty, you have received enough of your medicine.

	After you have finished taking your medicine: • Open the mouthpiece again, and remove the empty capsule by tipping it out of the capsule chamber. Put the empty capsule in your household waste. • Close the inhaler and replace the cap. Do not store the capsules in the Oslif Breezhaler inhaler.
	Mark daily dose tracker: On the inside of the pack there is a daily dose tracker. Put a mark in today's box if it helps to remind you of when your next dose is due.

7. MARKETING AUTHORISATION HOLDER

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

10. DATE OF REVISION OF THE TEXT

ANNEX II

- A. MANUFACTURING AUTHORISATION HOLDER
RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OF THE MARKETING AUTHORISATION**

A. MANUFACTURING AUTHORISATION HOLDER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

Novartis Pharma GmbH
Roonstrasse 25
D-90429 Nürnberg
Germany

B. CONDITIONS OF THE MARKETING AUTHORISATION

• **CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE IMPOSED ON THE MARKETING AUTHORISATION HOLDER**

Medicinal product subject to medical prescription.

• **CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

The Marketing Authorisation Holder (MAH) shall ensure, at launch, that physicians who are expected to prescribe/use Oslif Breezhaler and pharmacists are provided with an information card containing the following elements:

- Indication is for maintenance bronchodilator treatment of airflow obstruction in adult patients with COPD.
- Oslif Breezhaler should not be used in asthma due to the absence of long-term outcome data in asthma with Oslif Breezhaler.
- Recommended dose is the inhalation of the content of one 150 microgram capsule once a day, using the Oslif Breezhaler inhaler. The dose should only be increased on medical advice.

All materials will refer to summary of product characteristics for full prescribing information.

• **OTHER CONDITIONS**

Pharmacovigilance system

The MAH must ensure that the system of pharmacovigilance, as described in version 4 presented in Module 1.8.1. of the Marketing Authorisation Application, is in place and functioning before and whilst the product is on the market.

Risk Management Plan

The MAH commits to performing the studies and additional pharmacovigilance activities detailed in the Pharmacovigilance Plan, as agreed in version version 4 (23 September 2009) of the Risk Management Plan (RMP) presented in Module 1.8.2. of the Marketing Authorisation Application and any subsequent updates of the RMP agreed by the CHMP.

As per the CHMP Guideline on Risk Management Systems for medicinal products for human use, the updated RMP should be submitted at the same time as the next Periodic Safety Update Report (PSUR).

In addition, an updated RMP should be submitted

- When new information is received that may impact on the current Safety Specification, Pharmacovigilance Plan or risk minimisation activities
- Within 60 days of an important (pharmacovigilance or risk minimisation) milestone being reached
- At the request of the EMEA

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON OF UNIT PACK****1. NAME OF THE MEDICINAL PRODUCT**

Osliif Breezhaler 150 microgram inhalation powder, hard capsules
Indacaterol

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each capsule contains indacaterol maleate equivalent to 150 microgram indacaterol.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate (see package leaflet for further information) and gelatin.

4. PHARMACEUTICAL FORM AND CONTENTS

10 capsules + 1 inhaler
30 capsules + 1 inhaler

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Inhalation use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

For use only with the inhaler provided in the pack.
Do not swallow capsules.
Lift here to open.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.

Store in the original package to protect from moisture and do not remove until immediately before use.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/0/00/000/000

EU/0/00/000/000

10 capsules + 1 inhaler

30 capsules + 1 inhaler

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE**16. INFORMATION IN BRAILLE**

Oslif Breezhaler 150

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON OF MULTIPACK (INCLUDING BLUE BOX)****1. NAME OF THE MEDICINAL PRODUCT**

Osliif Breezhaler 150 microgram inhalation powder, hard capsules
Indacaterol

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each capsule contains indacaterol maleate equivalent to 150 microgram indacaterol.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate (see package leaflet for further information) and gelatin.

4. PHARMACEUTICAL FORM AND CONTENTS

60 capsules + 2 inhalers
90 capsules + 3 inhalers
300 capsules + 30 inhalers

Multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).
Multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).
Multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Inhalation use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

For use only with the inhaler provided in the pack.
Do not swallow capsules.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.

Store in the original package to protect from moisture and do not remove until immediately before use.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/0/00/000/000	60 capsules + 2 inhalers
EU/0/00/000/000	90 capsules + 3 inhalers
EU/0/00/000/000	300 capsules + 30 inhalers

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE**16. INFORMATION IN BRAILLE**

Oslif Breezhaler 150

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

INTERMEDIATE CARTON OF MULTIPACK (WITHOUT BLUE BOX)

1. NAME OF THE MEDICINAL PRODUCT

Oslif Breezhaler 150 microgram inhalation powder, hard capsules
Indacaterol

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each capsule contains indacaterol maleate equivalent to 150 microgram indacaterol.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate (see package leaflet for further information) and gelatin.

4. PHARMACEUTICAL FORM AND CONTENTS

10 capsules
30 capsules

Component of a multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).
Component of a multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).
Component of a multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Inhalation use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

For use only with the inhaler provided in the pack.
Do not swallow capsules.
Lift here to open.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.

Store in the original package to protect from moisture and do not remove until immediately before use.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/0/00/000/000	60 capsules + 2 inhalers
EU/0/00/000/000	90 capsules + 3 inhalers
EU/0/00/000/000	300 capsules + 30 inhalers

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE**16. INFORMATION IN BRAILLE**

Oslif Breezhaler 150

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

INNER LID OF OUTER CARTON OF UNIT PACK AND OF INTERMEDIATE CARTON OF MULTIPACK

1. OTHER

See package leaflet for pictures and information on using Oslif Breezhaler.

Start date

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS
--

BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Osliif Breezhaler 150 microgram inhalation powder, hard capsules
Indacaterol

2. NAME OF THE MARKETING AUTHORISATION HOLDER
--

Novartis Europharm Limited

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

Inhalation use only. Do not swallow.

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON OF UNIT PACK****1. NAME OF THE MEDICINAL PRODUCT**

Oslif Breezhaler 300 microgram inhalation powder, hard capsules
Indacaterol

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each capsule contains indacaterol maleate equivalent to 300 microgram indacaterol.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate (see package leaflet for further information) and gelatin.

4. PHARMACEUTICAL FORM AND CONTENTS

10 capsules + 1 inhaler
30 capsules + 1 inhaler

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Inhalation use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

For use only with the inhaler provided in the pack.
Do not swallow capsules.
Lift here to open.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.

Store in the original package to protect from moisture and do not remove until immediately before use.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/0/00/000/000

EU/0/00/000/000

10 capsules + 1 inhaler

30 capsules + 1 inhaler

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE**16. INFORMATION IN BRAILLE**

Oslif Breezhaler 300

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON OF MULTIPACK (INCLUDING BLUE BOX)****1. NAME OF THE MEDICINAL PRODUCT**

Oslif Breezhaler 300 microgram inhalation powder, hard capsules
Indacaterol

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each capsule contains indacaterol maleate equivalent to 300 microgram indacaterol.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate (see package leaflet for further information) and gelatin.

4. PHARMACEUTICAL FORM AND CONTENTS

60 capsules + 2 inhalers
90 capsules + 3 inhalers
300 capsules + 30 inhalers

Multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).
Multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).
Multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Inhalation use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

For use only with the inhaler provided in the pack.
Do not swallow capsules.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.

Store in the original package to protect from moisture and do not remove until immediately before use.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/0/00/000/000	60 capsules + 2 inhalers
EU/0/00/000/000	90 capsules + 3 inhalers
EU/0/00/000/000	300 capsules + 30 inhalers

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE**16. INFORMATION IN BRAILLE**

Oslif Breezhaler 300

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INTERMEDIATE CARTON OF MULTIPACK (WITHOUT BLUE BOX)****1. NAME OF THE MEDICINAL PRODUCT**

Oslif Breezhaler 300 microgram inhalation powder, hard capsules
Indacaterol

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each capsule contains indacaterol maleate equivalent to 300 microgram indacaterol.

3. LIST OF EXCIPIENTS

Contains lactose monohydrate (see package leaflet for further information) and gelatin.

4. PHARMACEUTICAL FORM AND CONTENTS

10 capsules
30 capsules

Component of a multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).
Component of a multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).
Component of a multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Inhalation use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE REACH AND SIGHT OF CHILDREN

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

For use only with the inhaler provided in the pack.
Do not swallow capsules.
Lift here to open.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C.

Store in the original package to protect from moisture and do not remove until immediately before use.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/0/00/000/000	60 capsules + 2 inhalers
EU/0/00/000/000	90 capsules + 3 inhalers
EU/0/00/000/000	300 capsules + 30 inhalers

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE**16. INFORMATION IN BRAILLE**

Oslif Breezhaler 300

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

INNER LID OF OUTER CARTON OF UNIT PACK AND OF INTERMEDIATE CARTON OF MULTIPACK

1. OTHER

See package leaflet for pictures and information on using Oslif Breezhaler.

Start date

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS
--

BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Osliif Breezhaler 300 microgram inhalation powder, hard capsules
Indacaterol

2. NAME OF THE MARKETING AUTHORISATION HOLDER
--

Novartis Europharm Limited

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

Inhalation use only. Do not swallow.

B. PACKAGE LEAFLET

PACKAGE LEAFLET: INFORMATION FOR THE USER

Oslif Breezhaler 150 microgram inhalation powder, hard capsules
Oslif Breezhaler 300 microgram inhalation powder, hard capsules
Indacaterol maleate

Read all of this leaflet carefully before you start using this medicine.

- Keep this leaflet. You may need to read it again.
- If you have further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:

1. What Oslif Breezhaler is and what it is used for
2. Before you use Oslif Breezhaler
3. How to use Oslif Breezhaler
4. Possible side effects
5. How to store Oslif Breezhaler
6. Further information

1. WHAT OSLIF BREEZHALER IS AND WHAT IT IS USED FOR

What Oslif Breezhaler is

Oslif Breezhaler contains the active substance indacaterol which belongs to a group of medicines called bronchodilators. When you inhale it, it relaxes the muscles in the walls of the small air passages in the lungs. This helps open up the airways, making it easier to get air in and out.

What Oslif Breezhaler is used for

Oslif Breezhaler is used in adults who have breathing difficulties due to a lung disease called chronic obstructive pulmonary disease (COPD). It helps you breathe more easily and minimise the effects of COPD.

2. BEFORE YOU USE OSLIF BREEZHALER

Follow all the doctor's instructions carefully. They may differ from the general information contained in this leaflet.

Do not use Oslif Breezhaler

- if you are allergic (hypersensitive) to indacaterol, to lactose or to gelatin.

If this applies to you, **tell your doctor without taking Oslif Breezhaler**. If you think you may be allergic, ask your doctor for advice.

Take special care with Oslif Breezhaler

- if you have asthma (in this case you should not use Oslif Breezhaler).
- if you have heart problems.
- if you have epilepsy.
- if you have thyroid gland problems (thyrotoxicosis).
- if you have diabetes.

If any of the above applies to you (or you are not sure), **tell your doctor before using Oslif Breezhaler**.

Oslif Breezhaler **should not** be given to **children or adolescents below the age of 18 years**.

During treatment with Oslif Breezhaler,

- **Stop using the medicine and tell your doctor immediately** if you get tightness of the chest, coughing, wheezing or breathlessness immediately after using the medicine. These may be signs of a condition called bronchospasm.
- **Tell your doctor immediately** if your COPD symptoms (breathlessness, wheezing, cough) do not improve or get worse.

Taking other medicines

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

In particular, please tell your doctor if you are using:

- medicines for breathing problems that are similar to Oslif Breezhaler. You may be more likely to get side effects.
- medicines called beta blockers that are used for high blood pressure or other heart problems (such as propranolol), or for the eye problem called glaucoma (such as timolol).
- medicines that lower the amount of potassium in your blood. These include:
 - o steroids (e.g. prednisolone),
 - o diuretics (water tablets) used for high blood pressure such as hydrochlorothiazide,
 - o medicines for breathing problems such as theophylline.

Using Oslif Breezhaler with food and drink

You can inhale Oslif Breezhaler anytime before or after food or drink.

Pregnancy and breast-feeding

If you are pregnant or think that you may be pregnant, or if you are breast-feeding, tell your doctor before using Oslif Breezhaler. You should not use Oslif Breezhaler unless your doctor tells you so.

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines

It is unlikely that Oslif Breezhaler will affect your ability to drive and use machines.

3. HOW TO USE OSLIF BREEZHALER

Always use Oslif Breezhaler exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

How much Oslif Breezhaler to use

- The usual dose is to inhale the content of one capsule each day. Your doctor may tell you to use the 150 microgram capsule or the 300 microgram capsule depending on your condition and on how you respond to the treatment. Do not use more than your doctor tells you to use.
- Use your inhaler at the same time each day, the effects last for 24 hours. This ensures that there is always enough medicine in your body to help you breathe more easily throughout the day and night. It will also help you to remember to use it.

How to use Oslif Breezhaler

- In this pack, you will find an inhaler and capsules (in blister strips) that contain the medicine as inhalation powder. The Oslif Breezhaler inhaler enables you to inhale the medicine contained in a capsule.
- Only use the capsules with the inhaler provided in this pack (Oslif Breezhaler inhaler). The capsules should remain in the blister strip until you need to use them.
- When you start a new pack, use the new Oslif Breezhaler inhaler that is supplied in the pack.

- Dispose of each inhaler after 30 days of use.
- Do not swallow the capsules.
- **Please read the instructions at the end of this leaflet for more information about how to use the inhaler.**

If you use more Oslif Breezhaler than you should

If you have inhaled too much Oslif Breezhaler or if someone else uses your capsules, tell your doctor immediately or go to the nearest emergency unit. Show the pack of Oslif Breezhaler. Medical attention may be needed.

If you forget to use Oslif Breezhaler

If you forget to inhale a dose, inhale just one dose at the usual time the next day. Do not inhale a double dose to make up for a forgotten dose.

How long to continue your treatment with Oslif Breezhaler

- Keep using your treatment with Oslif Breezhaler for as long as your doctor tells you.
- COPD is a long-term disease and you should use Oslif Breezhaler **every day** and not only when you have breathing problems or other symptoms of COPD.

If you have questions about how long to continue your treatment with Oslif Breezhaler, talk to your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines, Oslif Breezhaler can cause side effects, although not everybody gets them.

These side effects may occur with certain frequencies, which are defined as follows:

- very common: affects more than 1 patient in 10
- common: affects 1 to 10 patients in 100
- uncommon: affects 1 to 10 patients in 1,000
- rare: affects 1 to 10 patients in 10,000
- very rare: affects less than 1 patient in 10,000
- not known: frequency cannot be estimated from the available data.

Some side effects may be serious. Tell your doctor immediately

- if you get crushing chest pain, or irregular heart beat.
- if you get high levels of sugar in your blood (diabetes). You will feel tired, very thirsty and hungry (without gaining weight) and will pass more urine than usual.

Other side effects may include:

Common side effects

- feeling of pressure or pain in the cheeks and forehead (inflammation of the sinuses)
- runny nose
- cough
- sore throat
- headache
- cold-like symptoms. You may get all or most of the following: sore throat, runny nose, blocked nose, sneezing, coughing and a headache.
- muscle spasm
- difficulty to breathe as with bronchitis
- swollen hands, ankles and feet (oedema)

Uncommon side effects

- tingling or numbness
- chest pain

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

Some people occasionally cough soon after inhaling the medicine. Cough is a common symptom in COPD. If you experience coughing briefly after inhaling the medicine, do not worry. Check your inhaler to see if the capsule is empty and that you have received the full dose. If the capsule is empty, there is no need for concern. If the capsule is not empty then inhale again as directed.

5. HOW TO STORE OSLIF BREEZHALER

Keep out of the reach and sight of children.

Do not use after the expiry date shown on the box and blister strip. The expiry date refers to the last day of that month.

Do not store above 30°C.

Store in the original package in order to protect from moisture and do not remove until immediately before use.

Do not use Oslif Breezhaler if you notice that the pack is damaged or show signs of tampering.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. FURTHER INFORMATION

What Oslif Breezhaler contains

- Each Oslif Breezhaler 150 microgram capsule contains 150 microgram indacaterol as indacaterol maleate. The other ingredients are lactose and gelatin.
- Each Oslif Breezhaler 300 microgram capsule contains 300 microgram indacaterol as indacaterol maleate. The other ingredients are lactose and gelatin.

What Oslif Breezhaler looks like and content of the pack

In this pack, you will find an inhaler, together with capsules in blister strips. The capsules are clear and colourless and contain a white powder.

- Oslif Breezhaler 150 microgram capsules are clear and colourless. They have a **black** product code “**IDL 150**” printed above and a **black** company logo (b) printed below a **black** bar.
- Oslif Breezhaler 300 microgram capsules are clear and colourless. They have a **blue** product code “**IDL 300**” printed above and a **blue** company logo (b) printed below a **blue** bar.

The following pack sizes are available:

Carton containing 10 capsules (1x10 capsule blister strips) and 1 inhaler.

Carton containing 30 capsules (3x10 capsule blister strips) and 1 inhaler.

Multipack comprising 2 packs (each containing 30 capsules and 1 inhaler).

Multipack comprising 3 packs (each containing 30 capsules and 1 inhaler).

Multipack comprising 30 packs (each containing 10 capsules and 1 inhaler).

Not all pack sizes or strengths may be available in your country.

Marketing Authorisation Holder

Novartis Europharm Limited
Wimblehurst Road
Horsham
West Sussex, RH12 5AB
United Kingdom

Manufacturer

Novartis Pharma GmbH
Roonstraße 25
D-90429 Nuremberg
Germany

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien

Novartis Pharma N.V.
Tél/Tel: +32 2 246 16 11

Luxembourg/Luxemburg

Novartis Pharma N.V.
Tél/Tel: +32 2 246 16 11

България

Novartis Pharma Services Inc.
Тел.: +359 2 489 98 28

Magyarország

Novartis Hungária Kft. Pharma
Tel.: +36 1 457 65 00

Česká republika

Novartis s.r.o.
Tel: +420 225 775 111

Malta

Novartis Pharma Services Inc.
Tel: +356 2298 3217

Danmark

Novartis Healthcare A/S
Tlf: +45 39 16 84 00

Nederland

Novartis Pharma B.V.
Tel: +31 26 37 82 111

Deutschland

Novartis Pharma GmbH
Tel: +49 911 273 0

Norge

Novartis Norge AS
Tlf: +47 23 05 20 00

Eesti

Novartis Pharma Services Inc.
Tel: +372 66 30 810

Österreich

Novartis Pharma GmbH
Tel: +43 1 86 6570

Ελλάδα

Novartis (Hellas) A.E.B.E.
Τηλ: +30 210 281 17 12

Polska

Novartis Poland Sp. z o.o.
Tel.: +48 22 550 8888

España

Novartis Farmacéutica, S.A.
Tel: +34 93 306 42 00

Portugal

Novartis Farma - Produtos Farmacêuticos, S.A.
Tel: +351 21 000 8600

France

Novartis Pharma S.A.S.
Tél: +33 1 55 47 66 00

România

Novartis Pharma Services Inc.
Tel: +40 21 31299 01

Ireland

Novartis Ireland Limited
Tel: +353 1 260 12 55

Ísland

Vistor hf.
Sími: +354 535 7000

Italia

Novartis Farma S.p.A.
Tel: +39 02 96 54 1

Κύπρος

Δημητριάδης και Παπαέλληνας Ατδ
Τηλ: +357 22 690 690

Latvija

Novartis Pharma Services Inc.
Tel: +371 67 887 070

Lietuva

Novartis Pharma Services Inc.
Tel: +370 5 269 16 50

Slovenija

Novartis Pharma Services Inc.
Tel: +386 1 300 75 50

Slovenská republika

Novartis Slovakia s.r.o.
Tel: +421 2 5542 5439

Suomi/Finland

Novartis Finland Oy
Puh/Tel: +358 (0)10 6133 200

Sverige

Novartis Sverige AB
Tel: +46 8 732 32 00

United Kingdom

Novartis Pharmaceuticals UK Ltd.
Tel: +44 1276 698370

This leaflet was last approved in

INSTRUCTIONS FOR USE OF OSLIF BREEZHALER INHALER

Please read the following instructions carefully to learn how to use and care for your Oslif Breezhaler inhaler.

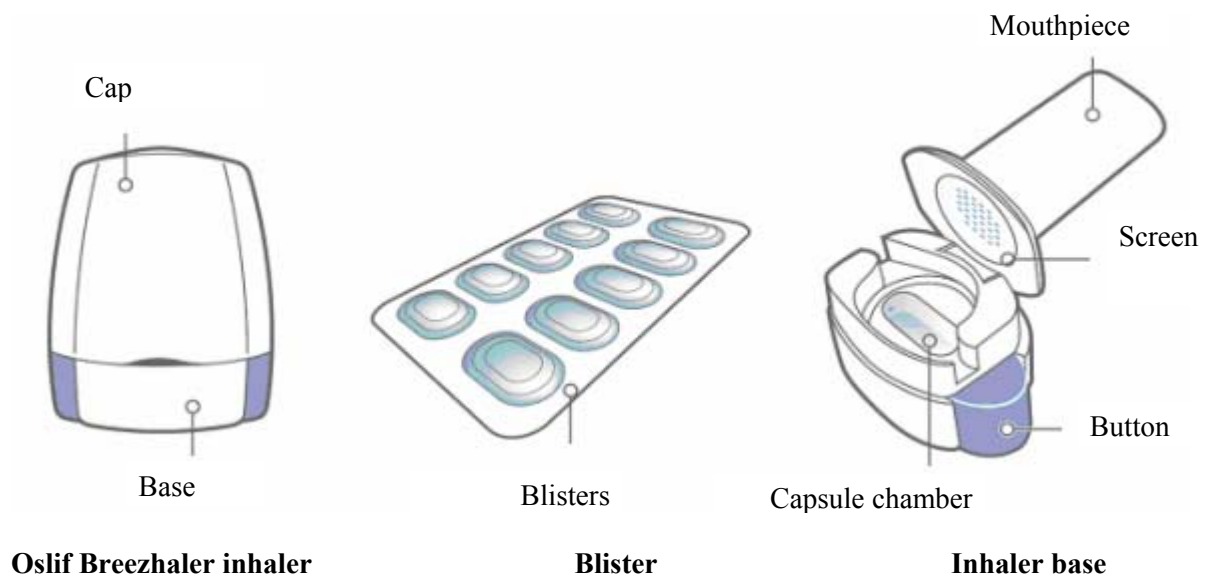
- **Only use the Oslif Breezhaler inhaler contained in this pack.** Do not use Oslif Breezhaler capsules with any other inhaler, and do not use Oslif Breezhaler inhaler to take any other capsule medicine.
- When you start a new pack, only use the new Oslif Breezhaler inhaler that is supplied in the pack.
- Dispose of each inhaler after 30 days of use.
- Ask your pharmacist how to dispose of medicines and inhalers no longer required.
- **Do not swallow the capsules.** The powder in the capsules is for you to inhale.

Your Oslif Breezhaler pack:

Each Oslif Breezhaler pack contains:

- one Oslif Breezhaler inhaler
- one or more blister strips containing Oslif Breezhaler capsules to be used in the inhaler.

The Oslif Breezhaler inhaler enables you to inhale the medicine contained in an Oslif Breezhaler capsule.



How to use your inhaler



Pull off the cap.



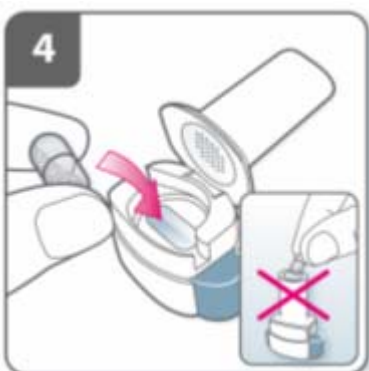
Open inhaler:

Hold the base of the inhaler firmly and tilt the mouthpiece. This opens the inhaler.



Prepare capsule.

Immediately before use, with dry hands, remove one capsule from the blister.



Insert capsule:

Place the capsule into the capsule chamber.

Never place a capsule directly into the mouthpiece.



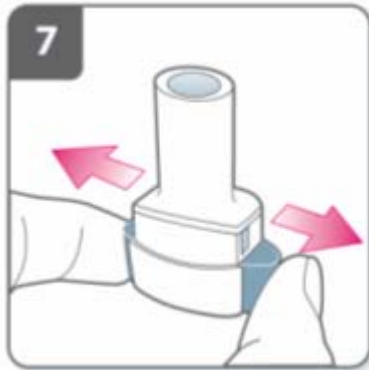
Close the inhaler:

Close the inhaler until you hear a “click”.

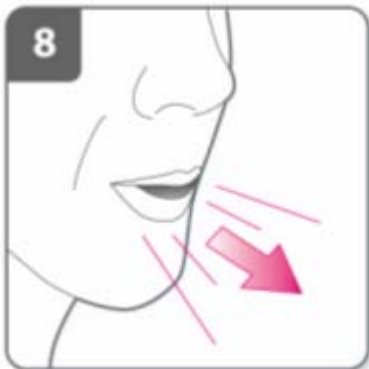


Pierce the capsule:

- Hold the inhaler upright with the mouthpiece pointing up.
- Pierce the capsule by firmly pressing together both side buttons at the same time. Do this only once.
- You should hear a “click” as the capsule is being pierced.



Release the side buttons fully.



Breathe out:

Before placing the mouthpiece in your mouth, breathe out fully.

Do not blow into the mouthpiece.



Inhale the medicine:

To breathe the medicine deeply into your airways:

- Hold the inhaler as shown in the picture. The side buttons should be facing left and right. Do not press the side buttons.
- Place the mouthpiece in your mouth and close your lips firmly around the mouthpiece.
- Breathe in rapidly but steadily and as deeply as you can.



Note:

As you breathe in through the inhaler, the capsule spins around in the chamber and you should hear a whirring noise. You will experience a sweet flavour as the medicine goes into your lungs.

Additional information

Occasionally, very small pieces of the capsule can get past the screen and enter your mouth. If this happens, you may be able to feel these pieces on your tongue. It is not harmful if these pieces are swallowed or inhaled. The chances of the capsule shattering will be increased if the capsule is accidentally pierced more than once (step 6).

If you do not hear a whirring noise:

The capsule may be stuck in the capsule chamber. If this happens:

- Open the inhaler and carefully loosen the capsule by tapping the base of the inhaler. Do not press the side buttons.
- Inhale the medicine again by repeating steps 8 and 9.



Hold breath:

After you have inhaled the medicine:

- Hold your breath for at least 5-10 seconds or as long as you comfortably can while taking the inhaler out of your mouth.
- Then breathe out.
- Open the inhaler to see if any powder is left in the capsule.

If there is powder left in the capsule:

- Close the inhaler.
- Repeat steps 8, 9, 10 and 11.

Most people are able to empty the capsule with one or two inhalations.

Additional information

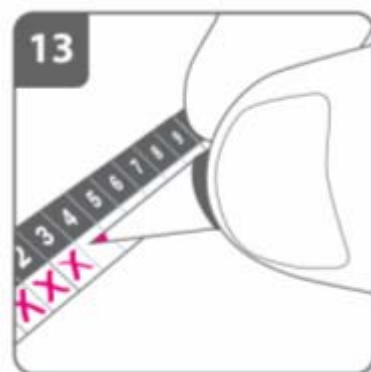
Some people may occasionally cough briefly soon after inhaling the medicine. If you do, don't worry. As long as the capsule is empty, you have received enough of your medicine.



After you have finished taking your medicine:

- Open the mouthpiece again, remove the empty capsule by tipping it out of the capsule chamber. Put the empty capsule in your household waste.
- Close the inhaler and replace the cap.

Do not store the capsules in the Oslif Breezhaler inhaler.



Mark daily dose tracker:

On the inside of the pack there is a daily dose tracker. Put a mark in today's box if it helps to remind you of when your next dose is due.

REMEMBER:

- **Do not swallow Oslif Breezhaler capsules.**
- **Only use the Oslif Breezhaler inhaler contained in this pack.**
- Oslif Breezhaler capsules must always be stored in the blister, and only removed immediately before use.
- Never place a Oslif Breezhaler capsule directly into the mouthpiece of the Oslif Breezhaler inhaler.
- Do not press the side buttons more than once.
- Never blow into the mouthpiece of the Oslif Breezhaler inhaler.
- Always release the push buttons before inhalation.
- Never wash the Oslif Breezhaler inhaler with water. Keep it dry. See "How to clean your inhaler".
- Never take the Oslif Breezhaler inhaler apart.
- Always use the new Oslif Breezhaler inhaler that comes with your new Oslif Breezhaler medication pack. Dispose of each inhaler after 30 days of use.
- Do not store the capsules in the Oslif Breezhaler inhaler.
- Always keep the Oslif Breezhaler inhaler and Oslif Breezhaler capsules in a dry place.

How to clean your inhaler

Clean your inhaler once a week.

- Wipe the mouthpiece inside and outside to remove any powder with a clean, dry lint-free cloth.
- Do not wash your inhaler with water. Keep it dry.
- Do not take the inhaler apart.