

SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the medicinal product

Sinocort Metered Dose nasal Spray.

2. Qualitative and quantitative composition

Mometasone furoate (as the monohydrate) 50 micrograms/actuation.

Excipient with known effect:

This medicinal product contains 0.01% of Benzalkonium chloride.

For the full list of excipients, see section 6.1.

3. Pharmaceutical form

Nasal Spray, Suspension.

White to off-white opaque suspension.

4. Clinical particulars

4.1 Therapeutic indications

Sinocort Nasal Spray is indicated for use in adults and children 3 years of age and older to treat the symptoms of seasonal allergic or perennial rhinitis.

Sinocort Nasal Spray is indicated for the treatment of nasal polyps in adults 18 years of age and older.

4.2 Posology and method of administration

After initial priming of the Sinocort Nasal Spray pump, each actuation delivers approximately 100 mg of mometasone furoate suspension, containing mometasone furoate monohydrate equivalent to 50 micrograms mometasone furoate.

Posology

Seasonal Allergic or Perennial Rhinitis

Adults (including older patients) and children 12 years of age and older: The usual recommended dose is two actuations (50 micrograms/actuation) in each nostril once daily (total dose 200 micrograms). Once symptoms are controlled, dose reduction to one actuation in each nostril (total dose 100 micrograms) may be effective for maintenance. If symptoms are inadequately controlled, the dose may be increased to a maximum daily dose of four actuations in each nostril once daily (total dose 400 micrograms). Dose reduction is recommended following control of symptoms.

Children between the ages of 3 and 11 years: The usual recommended dose is one actuation (50 micrograms/actuation) in each nostril once daily (total dose 100 micrograms).

Sinocort Nasal Spray demonstrated a clinically significant onset of action within 12 hours after the first dose in some patients with seasonal allergic rhinitis; however, full benefit of treatment may not be achieved in the first 48 hours. Therefore, the patient should continue regular use to achieve full therapeutic benefit.

Treatment with Sinocort Nasal Spray may need to be initiated some days before the expected start of the pollen season in patients who have a history of moderate to severe symptoms of seasonal allergic rhinitis.

Nasal Polyposis

The usual recommended starting dose for polyposis is two actuations (50

micrograms/actuation) in each nostril once daily (total daily dose of 200 micrograms). If after 5 to 6 weeks symptoms are inadequately controlled, the dose may be increased to a daily dose of two sprays in each nostril twice daily (total daily dose of 400 micrograms). The dose should be titrated to the lowest dose at which effective control of symptoms is maintained. If no improvement in symptoms is seen after 5 to 6 weeks of twice daily administration, the patient should be re-evaluated and treatment strategy reconsidered.

Efficacy and Safety studies of Sinocort Nasal Spray for the treatment of nasal polyposis were four months in duration.

Pediatric population

Seasonal Allergic Rhinitis and Perennial Rhinitis

The safety and efficacy of Sinocort Nasal Spray in children under 3 years of age have not been established.

Nasal Polyposis

The safety and efficacy of Sinocort Nasal Spray in children and adolescents under 18 years of age have not been established.

Method of administration

Prior to administration of the first dose, shake container well and actuate the pump 10 times (until a uniform spray is obtained). If the pump is not used for 14 days or longer, reprime the pump with 2 actuations until a uniform spray is observed, before next use.

Shake container well before each use. The bottle should be discarded after the labelled number of actuations or within 2 months of first use.

4.3 Contraindications

Hypersensitivity to the active substance, mometasone furoate, or to any of the excipients listed in section 6.1.

Sinocort Nasal Spray should not be used in the presence of untreated localised infection involving the nasal mucosa, such as herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal surgery or trauma should not use a nasal corticosteroid until healing has occurred.

4.4 Special warnings and precautions for use

Immunosuppression

Sinocort Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract, or in untreated fungal, bacterial, or systemic viral infections.

Patients receiving corticosteroids who are potentially immunosuppressed should be warned of the risk of exposure to certain infections (e.g., chickenpox, measles) and of the importance of obtaining medical advice if such exposure occurs.

Local Nasal Effects

Following 12 months of treatment with Sinocort Nasal Spray in a study of patients with perennial rhinitis, there was no evidence of atrophy of the nasal mucosa; also, mometasone furoate tended to reverse the nasal mucosa closer to a normal histologic phenotype.

Nevertheless, patients using Sinocort Nasal Spray over several months or longer should be examined periodically for possible changes in the nasal mucosa. If localised fungal infection of the nose or pharynx develops, discontinuance of Sinocort Nasal Spray therapy or appropriate treatment may be required. Persistence of nasopharyngeal irritation may be an indication for discontinuing Sinocort Nasal Spray.

Sinocort is not recommended in case of nasal septum perforation (see section 4.8)

In clinical studies, epistaxis occurred at a higher incidence compared to placebo. Epistaxis was generally self-limiting and mild in severity (see section 4.8).

Sinocort Nasal Spray contains Benzalkonium chloride which may cause nasal irritation.

Systemic Effects of Corticosteroids

Systemic effects of nasal corticosteroids may occur, particularly at high doses prescribed for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations.

Potential systemic effects may include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, cataract, glaucoma and more rarely, a range of psychological or behavioral effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children.

Following the use of intranasal corticosteroids, instances of increased intraocular pressure have been reported (see section 4.8).

Patients who are transferred from long-term administration of systemically active corticosteroids to Sinocort Nasal Spray require careful attention.

Systemic corticosteroid withdrawal in such patients may result in adrenal insufficiency for a number of months until recovery of HPA axis function. If these patients exhibit signs and symptoms of adrenal insufficiency or symptoms of withdrawal (eg. joint and/or muscular pain, lassitude, and depression initially) despite relief from nasal symptoms, systemic corticosteroid administration should be resumed and other modes of therapy and appropriate measures instituted. Such transfer may also unmask pre-existing allergic conditions, such as allergic conjunctivitis and eczema, previously suppressed by systemic corticosteroid therapy.

Treatment with higher than recommended doses may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used, then additional systemic corticosteroid cover should be considered during periods of stress of elective surgery.

Nasal Polyps

The safety and efficacy of Sinocort Nasal Spray has not been studied for use in the treatment of unilateral polyps, polyps associated with cystic fibrosis, or polyps that completely obstruct the nasal cavities.

Unilateral polyps that are unusual or irregular in appearance, especially if ulcerating or bleeding, should be further evaluated.

Effect on Growth in Pediatric Population

It is recommended that the height of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. If growth is slowed, therapy should be reviewed with the aim of reducing the dose of nasal corticosteroid if possible, to the lowest dose at which effective control of symptoms is maintained. In addition, consideration should be given to referring the patient to a pediatric specialist.

Non-nasal Symptoms

Although Sinocort Nasal Spray will control the nasal symptoms in most patients, the concomitant use of appropriate additional therapy may provide additional relief of other symptoms, particularly ocular symptoms.

4.5 Interaction with other medicinal products and other forms of

interaction (See 4.4 Special warnings and special precautions for use with systemic corticosteroids)

A clinical interaction study was conducted with loratadine. No interactions were observed.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no or limited amount of data from the use of mometasone furoate in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). As with other nasal corticosteroid preparations, Sinocort Nasal Spray should not be used in pregnancy unless the potential benefit to the mother justifies any potential risk to the mother, foets or infant. Infants born of

mothers who received corticosteroids during pregnancy should be observed carefully for hypoadrenalism.

Lactation

It is unknown whether mometasone furoate is excreted in human milk. As with other nasal corticosteroid preparations, a decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Sinocort Nasal Spray therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility

There are no clinical data concerning the effect of mometasone furoate on fertility. Animal studies have shown reproductive toxicity, but no effects on fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

Tabulated list of adverse reactions

Treatment related adverse reactions (21%) reported in clinical trials in patients with allergic rhinitis or nasal polyposis and post-marketing regardless of indication are presented in Table

1. Adverse reactions are listed according to MedDRA primary system organ class. Within each system organ class, adverse reactions are ranked by frequency. Frequencies were defined as follows: Very common (≥1/10); common ≥1/100 to <1/10; uncommon (≥1/1,000 to <1/100). The frequency of

post-marketing adverse events are considered as "not known (cannot be estimated from the available data)".

Table 1: Treatment-related adverse reactions reported by system organ class and frequency

	Very common	Common	Not known
Infections and infestations		Pharyngitis Upper respiratory tract infection	
Immune system disorders			Hypersensitivity including anaphylactic reactions, angioedema, bronchospasm and dyspnea
Nervous system disorders		Headache	
Eye disorders			Glaucoma Increased intraocular pressure Cataracts
Respiratory, thoracic and mediastinal disorders	Epistaxis*	Epistaxis Nasal burning Nasal irritation Nasal ulceration	Nasal septum perforation

Gastrointestinal
disorders

Throat irritation*

Disturbances of
taste and

*recorded for twice daily dosing for nasal polyposis

Trecorded at uncommon frequency for twice daily dosing for nasal polyposis

Paediatric population

In the paediatric population, the incidence of recorded adverse events, e.g., epistaxis (6%). headache (3%), nasal irritation (2%) and sneezing (2%) was comparable to placebo.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after Authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via Pharmacovigilance Electronic Reporting System (PvERS)

<https://pv.pharmacyboardkenya.org/>

4.9 Overdose

Symptoms

Inhalation or oral administration of excessive doses of corticosteroids may lead to suppression of HPA axis function.

Management

Because the systemic bioavailability of Sinocort Nasal Spray is <1%, overdose is unlikely to require any therapy other than observation, followed by initiation of the appropriate prescribed dosage.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Decongestants and Other Nasal Preparations for Topical Use-Corticosteroids, ATC code: RO1A D09

Mechanism of action

Mometasone furoate is a topical glucocorticosteroid with local anti-inflammatory properties at doses that are not systemically active.

It is likely that much of the mechanism for the anti-allergic and anti-inflammatory effects of mometasone furoate lies in its ability to inhibit the release of mediators of allergic reactions.

Mometasone furoate significantly inhibits the release of leukotrienes from leucocytes of allergic patients. In cell culture, mometasone furoate demonstrated high potency in inhibition of synthesis and release of IL-1, IL-5, IL-6 and TNF α ; it is also a potent inhibitor of leukotriene production. In addition, it is an extremely potent inhibitor of the production of the Th2 cytokines, IL-4 and IL-5, from human CD4⁺ T-cells.

Pharmacodynamic effects

In studies utilising nasal antigen challenge, Sinocort Nasal Spray has shown anti-inflammatory activity in both the early- and late- phase allergic responses. This has been demonstrated by decreases (vs placebo) in histamine and eosinophil activity and reductions (vs baseline) in eosinophils, neutrophils, and epithelial cell adhesion proteins.

In 28% of the patients with seasonal allergic rhinitis, Sinocort Nasal Spray demonstrated a clinically significant onset of action within 12 hours after the first dose. The median (50%) onset time of relief was 35.9 hours.

Pediatric population

In a placebo-controlled clinical trial in which pediatric patients (n=49/group) were administered Sinocort Nasal Spray 100 micrograms daily for one year, no reduction in growth velocity was observed.

There are limited data available on the safety and efficacy of Sinocort Nasal Spray in the pediatric population aged 3 to 5 years, and an appropriate dosage range cannot be established.

In a study involving 48 children aged 3 to 5 years treated with intranasal mometasone furoate 50, 100 or 200 ug/day for 14 days, there was no significant differences from placebo in the mean change in plasma cortisol level in response to the tetracosactrin stimulation test.

5.2 Pharmacokinetic properties

Absorption: Mometasone furoate, administered as an aqueous nasal spray, has a systemic bioavailability of <1% in plasma, using a sensitive assay with a lower quantitation limit of 0.25 pg/ml.

Distribution: Not applicable as mometasone is poorly absorbed via the nasal route.

Biotransformation: The small amount that may be swallowed and absorbed undergoes extensive first-pass hepatic metabolism.

Elimination: Absorbed mometasone furoate is extensively metabolized and the metabolites are excreted in urine and bile.

5.3 Preclinical safety data

Not applicable.

6. Pharmaceutical particulars

6.1 List of excipients

Citric acid

Sodium citrate

Microcrystalline Cellulose with CMC Na (Avicel RC591)

Glycerin

Tween 80

Benzalkonium chloride

Highly purified water

6.2 Incompatibilities

Not applicable

6.3 Shelf life

2 years

6.4 Special precautions for storage

Store between 15-25 ° C

6.5 Nature and contents of container

Sinocort Nasal Spray is contained in 15 ml bottles crimp on type filled with 12 ml product. the bottle is made of HDPE, pump crimp on type with aluminum silver ring poly propylene piston, stainless steel spring and ball, and PE dip tube, nozzle and cap made of HDPE will be used as container closure system for Sinocort Metered Dose Nasal Spray.

Pack sizes: 12 ml

6.6 Special precautions for disposal and other handling

No special precaution is required.

7. Marketing authorization holder

Amman Pharmaceutical Industries (API).

Jordan / Amman, Sahab, Second King Abdullah II Industrial City.

8. Marketing authorization number

H2025/CTD6853/13168

9. Date of first authorization/renewal of the authorization

17/02/2025

10. Date of revision of the text

22/08/2026