

Prescribing Information (UK)

SPIOLTO® RESPIMAT® (tiotropium and olodaterol)

Inhalation solution containing 2.5 microgram tiotropium (as bromide monohydrate) and 2.5 microgram olodaterol (as hydrochloride) per puff. **Action:** Inhalation solution containing a long acting muscarinic receptor antagonist, tiotropium, and a long acting beta₂-adrenergic agonist, olodaterol. **Indication:** Spiolto Respimat is indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Dose and Administration:** Adults only aged 18 years or over: 5 microgram tiotropium and 5 microgram of olodaterol given as two puffs from the Respimat inhaler once daily, at the same time of the day. **Contraindications:** Hypersensitivity to tiotropium or olodaterol or any of the excipients; benzalkonium chloride, disodium edetate, purified water, 1M hydrochloric acid (for pH adjustment); atropine or its derivatives e.g. ipratropium or oxitropium. **Warnings and Precautions:** Not for use in asthma or for the treatment of acute episodes of bronchospasm, i.e. as rescue therapy. Inhaled medicines may cause inhalation-induced paradoxical bronchospasm. Caution in patients with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction. Patients should be cautioned to avoid getting the spray into their eyes. They should be advised that this may result in precipitation or worsening of narrow-angle glaucoma, eye pain or discomfort, temporary blurring of vision, visual halos or coloured images in association with red eyes from conjunctival congestion and corneal oedema. Should any combination of these eye symptoms develop, patients should stop using Spiolto Respimat and consult a specialist immediately. In patients with moderate to severe renal impairment (creatinine clearance \leq 50ml/min) use only if the expected benefit outweighs the potential risk. Caution in patients with a history of myocardial infarction during the previous year, unstable or life-threatening cardiac arrhythmia, hospitalised for heart failure during the previous year or with a diagnosis of paroxysmal tachycardia ($>$ 100 beats per minute) as these patients were excluded from the clinical trials. In some patients, like other beta-adrenergic agonists, olodaterol may produce a clinically significant cardiovascular effect as measured by increases in pulse rate, blood pressure and/or symptoms. Caution in patients with: cardiovascular disorders, especially ischaemic heart disease, severe cardiac decompensation, cardiac arrhythmias, hypertrophic obstructive cardiomyopathy, hypertension, and aneurysm; convulsive disorders or thyrotoxicosis; known or suspected prolongation of the QT interval (e.g. QT $>$ 0.44 s); patients unusually responsive to sympathomimetic amines; in some patients beta₂-agonists may produce significant hypokalaemia; increases in plasma glucose after inhalation of high doses. Caution in planned operations with halogenated hydrocarbon anaesthetics due to increased susceptibility of adverse cardiac effects. Should not be used in conjunction with any other long-acting beta₂-adrenergic agonists. Immediate hypersensitivity reactions may occur after administration. Should not be used more frequently than once daily. Benzalkonium chloride may cause wheezing and breathing difficulties; patients with asthma are at an increased risk for these adverse events. **Interactions:** Although no formal *in vivo* drug interaction studies have been performed, inhaled Spiolto Respimat has been used concomitantly with other COPD medicinal products, including short acting sympathomimetic bronchodilators and inhaled corticosteroids without clinical evidence of drug interactions. The co-administration of the component tiotropium with other anticholinergic containing drugs has not been studied and therefore is not recommended. Concomitant administration of other adrenergic agents (alone or as part of combination therapy) may potentiate the undesirable effects of Spiolto Respimat. Concomitant treatment with xanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate any hypokalaemic effect of adrenergic agonists. Beta-adrenergic blockers may weaken or antagonise the effect of olodaterol. Cardioselective beta-blockers could be considered, although they should be administered with caution. MAO inhibitors, tricyclic antidepressants or other drugs known to prolong the QTc interval may potentiate the action of Spiolto Respimat on the cardiovascular system. **Fertility, pregnancy and lactation:** There is a very limited amount of data from the use of tiotropium in pregnant women. For olodaterol no clinical data on exposed pregnancies are available. As a

precautionary measure, avoid the use of Spiolto Respimat during pregnancy. Like other beta₂-adrenergic agonists, olodaterol may inhibit labour due to a relaxant effect on uterine smooth muscle. It is not known whether tiotropium and/or olodaterol pass into human breast milk. A decision on whether to continue/discontinue breast-feeding or to continue/discontinue therapy with Spiolto Respimat should be made taking into account the benefit of breast-feeding to the child and the benefit of therapy for the woman. Clinical data on fertility are not available for tiotropium or olodaterol or the combination of both components. **Effects on ability to drive and use machines:** No studies have been performed. The occurrence of dizziness or blurred vision may influence the ability to drive and use machinery. **Undesirable effects:** Uncommon ($\geq 1/1,000$ to $<1/100$): Dizziness, headache, tachycardia, cough, dysphonia, dry mouth. Rare ($\geq 1/10,000$ to $<1/1,000$): Insomnia, vision blurred, atrial fibrillation, palpitations, supraventricular tachycardia, hypertension, laryngitis, pharyngitis, epistaxis, bronchospasm, constipation, oropharyngeal candidiasis, gingivitis, nausea, stomatitis, hypersensitivity, angioedema, urticaria, pruritus, rash, arthralgia, back pain, joint swelling, urinary retention, urinary tract infection, dysuria. Not known (cannot be estimated from the available data): Nasopharyngitis, dehydration, glaucoma, intraocular pressure increased, sinusitis, intestinal obstruction ileus paralytic, dysphagia, gastroesophageal reflux disease, glossitis, dental caries, anaphylactic reaction, skin infection and skin ulcer, dry skin. Serious undesirable effects consistent with anticholinergic effects: glaucoma, constipation, intestinal obstruction including ileus paralytic and urinary retention. An increase in anticholinergic effects may occur with increasing age. The occurrence of undesirable effects related to beta-adrenergic agonist class should be taken into consideration such as, arrhythmia, myocardial ischaemia, angina pectoris, hypotension, tremor, nervousness, muscle spasms, fatigue, malaise, hypokalaemia, hyperglycaemia and metabolic acidosis. Prescribers should consult the Summary of Product Characteristics for further information on side effects. **Pack sizes and NHS price:** Single pack: 1 Respimat re-usable inhaler and 1 cartridge providing 60 puffs (30 medicinal doses) £32.50; Single refill pack: 1 cartridge providing 60 puffs (30 medicinal doses) £32.50 **Legal category:** POM **MA numbers:** PL 14598/0101 **Marketing Authorisation Holder:** Boehringer Ingelheim International GmbH, 55216 Ingelheim am Rhein, Germany. Prescribers should consult the Summary of Product Characteristics for full prescribing information. **Prepared in** December 2022.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone).

