MEDICAL PHARMACIES NEW DRUGS

Drug Information and News for Health Care Providers

December 2015

DYMISTA® (AZELASTINE HYDROCHLORIDE-FLUTICASONE PROPIONATE) INTRANASAL ANTIHISTAMINE-CORTICOSTEROID[1]

INDICATION FOR USE AND GOAL(S) OF THERAPY

Dymista® is indicated for the symptomatic treatment of moderate to severe seasonal allergic rhinitis and associated ocular symptoms in adults and adolescents aged 12 years and older for whom monotherapy with either antihistamines or intranasal corticosteroids is not considered sufficient.

The goal of Dymista® therapy is nasal allergic symptom relief.

CONTRAINDICATIONS

- Dymista® is contraindicated in individuals who have untreated fungal, bacterial, or tuberculosis infections of the respiratory tract.
- Dymista® is contraindicated in individuals who are hypersensitive to either of the drugs or ingredients in the formulation or component of the container.

DOSE & ADMINISTRATION

- After priming, each metered spray/actuation delivers 137 µg azelastine hydrochloride and 50 µg fluticasone propionate.
- Recommended dose is one actuation in each nostril twice daily (morning and evening).
- The bottle should be shaken before use for about 5 seconds, and the protective cap should be removed afterwards. Prior to first use, Dymista® must be primed by pressing down and releasing the pump 6 times. If Dymista® has not been used for more than 7 days, it must be re-primed by pressing down and releasing the pump a sufficient number of times until a fine mist is produced.
- In general, dose selection for elderly individuals should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

WHAT TO MONITOR AND REPORT TO THE HEALTHCARE TEAM

The goal of nasal allergic symptom relief is normally observed within 30 to 45 minutes after administration of Dymista®. However, since the full effect of Dymista® depends on its regular use, residents must be instructed to use the nasal inhalation at regular intervals.

Adverse effects of Dymista® that occurred in greater than 1% of the treatment group in clinical trial included dysgeusia (altered sense of taste [4%]), epistaxis ([nosebleed [2.2%]), and headache (2.2%). These adverse effects should be shared with the healthcare team if observed.

The corticosteroid ingredient (fluticasone propionate) in Dymista® may mask some signs of infection. New signs of infection should be reported to the healthcare team, as discontinuation of therapy and treatment of infection may be necessary.

Close monitoring of residents who have a change in vision or a history of increased ocular pressure, glaucoma, and/or cataracts is warranted due to the corticosteroid (fluticasone propionate) component of the medication.

Please refer to the Dymista® product monograph for more comprehensive information, including warnings and precautions.

Reference:

1. Dymista® Product Monograph. e-Therapeutics+ Complete: e-CPS Canadian Pharmacists Association, Ottawa ON.