

For the use of Registered Medical Practitioner or Hospital use or Laboratory use only

Pulmicort™ DS

Composition

Each metered inhalation delivers:

Budesonide 200 mcg.

Description: Pulmicort™ inhaler contains the potent, non-halogenated corticosteroid budesonide. Budesonide has shown a favourable relation between local anti-inflammatory effect and systemic corticosteroid side effects over a wide dose range. The reason for this favourable relationship between therapeutic effect and systemic side effects is that budesonide is inactivated rapidly in the liver after systemic absorption. Blockage of the immediate reaction needs a longer pretreatment period (at least one week) than inhibition of the late reaction. Budesonide has also been shown to decrease airway reactivity to histamine and methacholine in hyperreactive patients.

Indication: Bronchial asthma

Adverse Effects: Occasional case of mild irritation in the throat and hoarseness has been reported. Few cases of candida infection in the oropharynx have been reported rarely. Pulmicort™ may provoke bronchoconstriction in hyperreactive patients. The bronchospasm can be treated with a β 2 agonist inhalation. In these patients, bronchospasm can be prevented by inhaling a β 2 agonist 5-10 min before inhalation of Pulmicort™.

Precautions :Special care is needed in patients with lung tuberculosis, fungal and viral infections of the airways. Administration during pregnancy should be avoided unless there are compelling reasons. If treatment with corticosteroids during pregnancy is unavoidable, inhaled corticosteroids should be preferred because of their lower systemic effect compared with equipotent anti-asthmatic doses of oral corticosteroids. As yet there is no information regarding the passage of Pulmicort™ into breast milk. The aerosol canister is pressurized. Keep away from heat and direct sunlight and do not puncture or incinerate, even when empty. Do not tamper with the valve.

Dosage: Initially, when starting therapy with inhaled corticosteroids, during periods of severe asthma and while reducing oral corticosteroids, the dosage should be 400-1600 micrograms daily, divided into 2-4 administrations. The maintenance dosage is individualised and should be the lowest dose which keeps the patient symptom free. It is usually 200-400 micrograms twice daily. During periods of severe asthma the daily dosage can be increased to 1600 micrograms.

Presentation: Pulmicort™ DS, 100 metered doses.

For further information please contact:

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