

Starting Symbicort® Turbuhaler® Anti-Inflammatory Reliever Therapy

Patient Counselling Tear Pad

Symbicort® Turbuhaler® is indicated for the treatment of asthma in patients 12 years and older with reversible obstructive airways disease.

Think

Pr Symbicort®
budesonide/formoterol
fumarate dihydrate

PHARMACODYNAMIC PROFILE

Symbicort® Turbuhaler® demonstrated rapid onset of effect[1*]

- Symbicort® Turbuhaler® and the short-acting bronchodilator salbutamol have been shown to have similarly rapid onsets of effect

MODE OF ACTION

Symbicort® Turbuhaler® contains 2 active molecules (budesonide and formoterol) in 1 inhaler[1*]

- Budesonide and formoterol fumarate dihydrate have different modes of action and show additive effects in terms of the reduction of asthma exacerbations
- Symbicort® Turbuhaler® can be used as anti-inflammatory reliever plus maintenance therapy due to the **rapid bronchodilator effect** of formoterol and the **anti-inflammatory effects** of budesonide

Important safety note: Patients should take no more than 6 inhalations on any single occasion and no more than 8 inhalations in a day when using Symbicort® Turbuhaler® as anti-inflammatory reliever plus maintenance therapy.



1 INHALER =
CONTROLLER medication
+ RELIEVER medication*

Reference: 1. Symbicort® Turbuhaler® Product Monograph. AstraZeneca Canada Inc. February 8, 2021.

* Clinical significance has not been established.
† Comparative clinical significance has not been established.

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Symbicort® Turbuhaler® can be used for relief of asthma symptoms

Symbicort® Turbuhaler® makes it easier to breathe within 1–3 minutes after you have inhaled the medicine and lasts for up to 12 hours.

Symbicort® Turbuhaler® used daily provides 24-hour relief or prevention of symptoms such as shortness of breath.

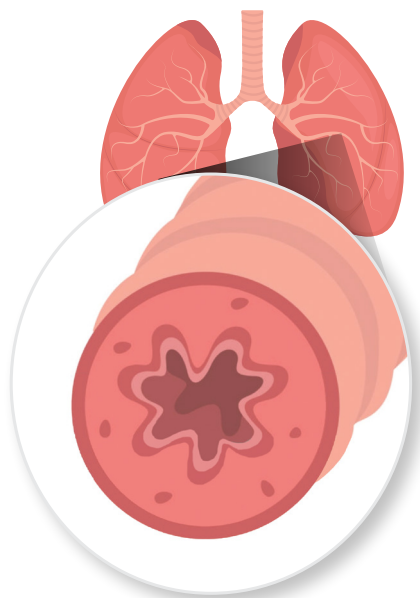
What does Symbicort® Turbuhaler® do?

Muscle tightening

Symbicort® Turbuhaler® contains formoterol, a medication that helps to rapidly open and relax the muscles in your airways, making it easier to breathe.

Inflammation

Symbicort® Turbuhaler® contains budesonide, a medication that reduces and prevents inflammation in the airways.



When you have asthma, certain things like dust, pollution, and exercise can make your asthma symptoms worse. Asthma symptoms can lead to worsening asthma or an asthma “attack”.

Symbicort® Turbuhaler® can be used for rapid relief of asthma symptoms.

How do I take Symbicort® Turbuhaler®?

For a step-by-step video to learn how to use your Symbicort® Turbuhaler® correctly, scan the QR code or visit Symbicort.ca/video as shown on your Symbicort® package.

Safety Information

Symbicort® Turbuhaler® is used to treat asthma in adults and children 12 years and older. If you are between 12 and 18 years of age, your growth should be monitored regularly by a doctor.

The most commonly reported side effects of Symbicort® Turbuhaler® are headache, trembling, sensation of heartbeat, cough, irritation of mouth and/or throat and hoarseness. If any of these side effects concern you, do not stop treatment, but tell your doctor about them.

Drugs that may interact with Symbicort® Turbuhaler® include beta-blockers (propranolol, atenolol, timolol), ketoconazole, itraconazole, ritonavir, diuretics (or "water pills"), antidepressants and monoamine oxidase inhibitors.

If you had been taking oral corticosteroids to treat your asthma and you suddenly have a severe asthma attack when starting Symbicort® Turbuhaler®, contact your doctor right away.

When LABA medicines are used alone without an inhaled corticosteroid (ICS), they increase the risk of hospitalization and death from asthma problems. Symbicort® Turbuhaler® contains both an ICS and a long-acting β_2-agonist (LABA). Studies showed that when an ICS and LABA are used together, there is not a significant increased risk in hospitalizations and death from asthma problems.

You should tell your doctor right away or go to the nearest hospital if you experience the following warning signs: not feeling relief from your reliever medication; a sudden worsening in shortness of breath and wheezing shortly after using your reliever medication; your peak flow meter reading less than 60% of predicted or personal best; feeling breathless at rest; or your pulse racing (more than 120 beats per minute).

For more information, read the Consumer Leaflet that came with your Symbicort® Turbuhaler® package.

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PrSymbicort®
budesonide/formoterol fumarate dihydrate

Clinical use:

Symbicort® Turbuhaler® can be used according to three different treatment approaches:

A. Symbicort® Turbuhaler® Anti-inflammatory Reliever Therapy: in patients with mild persistent asthma, Symbicort® *200* Turbuhaler® is taken as needed for relief of asthma symptoms when they occur.
Symbicort® Turbuhaler® has not been evaluated in patients whose asthma can be managed by occasional use of a rapid onset, short duration, inhaled beta$_2$-agonist.

B. Symbicort® Turbuhaler® Anti-inflammatory Reliever plus Maintenance Therapy: in patients with moderate or severe asthma, Symbicort® *100* Turbuhaler® or Symbicort® *200* Turbuhaler® are taken both as daily maintenance therapy and as needed for relief of asthma symptoms when they occur.

C. Symbicort® Turbuhaler® Maintenance Therapy: in patients with moderate or severe asthma, Symbicort® Turbuhaler® is taken as a fixed-dose daily treatment with a separate short-acting bronchodilator for relief of symptoms when they occur.

Once asthma control is achieved and maintained, the patient should be assessed at regular intervals.

Contraindications:

• Hypersensitivity to inhaled lactose

Most serious warnings and precautions:

Risk of serious asthma-related events — hospitalizations, intubations and death: Use of long-acting beta$_2$-agonists (LABA) as monotherapy (without inhaled corticosteroids [ICS]) will increase the risk of asthma-related death and the risk of asthma-related hospitalizations in pediatric and adolescent patients. These findings are considered a class effect of LABA monotherapy. When LABA are used in fixed-dose combination with ICS, data from large clinical trials do not show a significant increase in the risk of serious asthma-related events (hospitalizations, intubations, death) compared with ICS alone.

Asthma reliever medication: Inform patients to have reliever medication available at all times. Asthma patients should be clearly instructed to use medication for relief of asthma symptoms (e.g., Symbicort® Turbuhaler®, terbutaline, or salbutamol).

Excessive use and use with other LABA products: Do not exceed the prescribed Symbicort® Turbuhaler® dose. Cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs.

Use in adolescents: Periodic reassessment should be considered as severity of asthma may vary with age. Possible systemic effects, which may occur with any inhaled corticosteroid, include growth retardation in children and adolescents. Physicians should closely follow the growth of adolescents taking long-term corticosteroids and weigh the benefits of asthma control against the possible risk of growth suppression.

Systemic effects of corticosteroids: May occur with any inhaled corticosteroid and include Cushing's syndrome, Cushingoid features and adrenal suppression, decrease in bone mineral density, cataract and glaucoma. Any inhaled corticosteroid should be titrated to the lowest dose at which effective control is maintained.

Treatment cessation: Maintenance treatment with ICS should not be stopped abruptly, but tapered gradually under supervision.

Other relevant warnings and precautions:

- Cardiovascular effects
- Candidiasis
- Hyperglycemia, hypokalemia
- Enhanced effect of corticosteroids on patients with hypothyroidism and cirrhosis
- Adrenal insufficiency in patients transferred from systemic steroid
- Decreased bone mineral density
- In rare cases, systemic eosinophilic conditions
- Susceptibility or decreased resistance to infection
- Glaucoma, increased intraocular pressure and cataracts
- Paradoxical bronchospasm
- Potential risk during pregnancy, labour, delivery or nursing
- Special caution in patients > 65 years of age with concomitant cardiovascular disease
- Control of asthma should be monitored
- HPA-axis function and hematological status should be assessed periodically
- Not recommended in asthma patients < 12 years of age

For more information:

Consult the Product Monograph at symbicort-en.azpm.ca for important information regarding adverse reactions, drug interactions and dosing. The Product Monograph is also available by calling AstraZeneca Canada at 1-800-668-6000.

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