



# SAY HELLO TO SYMBICORT®

## Indication

Symbicort® Turbuhaler® is indicated for:

- The treatment of asthma in patients 12 years and older with reversible obstructive airways disease<sup>1</sup>

Symbicort® 200 Turbuhaler® is indicated for:

- The maintenance treatment of moderate to severe COPD including chronic bronchitis and emphysema in patients with persistent symptoms and a history of exacerbations, where the use of a combination product is considered appropriate<sup>1</sup>



**Symbicort®**  
budesonide/formoterol  
fumarate dihydrate

## ASTHMA

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# SYMBICORT® 200 TURBUHALER® IS AVAILABLE FOR USE

AS AN ANTI-INFLAMMATORY RELIEVER THERAPY IN MILD PERSISTENT  
ASTHMA<sup>1</sup>

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Take 1 inhalation of Symbicort® 200 Turbuhaler® as needed in response to symptoms. If symptoms persist, an additional inhalation should be taken.<sup>1</sup>

Patients should be advised to always have their Symbicort® Turbuhaler® available for the rapid relief of symptoms. Total maximum of 8 inhalations of Symbicort® per day. Not to exceed 6 inhalations on any single occasion. A persistent increase in the use of Symbicort® Turbuhaler® as needed indicates a deterioration of asthma control, and the patient's condition should be re-evaluated to determine the appropriate treatment. For complete dosing and administration instructions, please refer to the Symbicort® Turbuhaler® Product Monograph.<sup>1</sup>

\* Symbicort® 100 Turbuhaler® should not be used as Symbicort® Anti-Inflammatory Reliever Therapy.<sup>1</sup>



## ASTHMA

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# SYMBICORT® TURBUHALER® IS AVAILABLE FOR USE

AS AN ANTI-INFLAMMATORY RELIEVER PLUS MAINTENANCE THERAPY IN  
MODERATE AND SEVERE ASTHMA.<sup>1</sup>

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When control has been achieved, the dose should be titrated to the lowest dose at which effective control of symptoms is maintained. Patients should be advised to always have their Symbicort® Turbuhaler® available for the rapid relief of symptoms. Total maximum of 8 inhalations of Symbicort® per day. Not to exceed 6 inhalations on any single occasion. A persistent increase in the use of Symbicort® Turbuhaler® as needed indicates a deterioration of asthma control, and the patient's condition should be re-evaluated to determine the appropriate treatment. For complete dosing and administration instructions, please refer to the Symbicort® Turbuhaler® Product Monograph.<sup>1</sup>



COPD

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# SYMBICORT® 200 TURBUHALER®

## IS AVAILABLE FOR USE

## IN THE MAINTENANCE TREATMENT OF MODERATE TO SEVERE COPD<sup>1</sup>

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Total maximum of 4 inhalations of Symbicort® 200 Turbuhaler® per day.

Symbicort® 200 Turbuhaler should not be used to treat acute symptoms of COPD.<sup>1</sup>

For optimal benefit, patients should be instructed to take their daily maintenance dose of Symbicort® 200 Turbuhaler® even when asymptomatic.

## Clinical use:

### **ASTHMA**

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<sub>2</sub>-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.

### **COPD**

Symbicort® Turbuhaler® is not indicated for the relief of acute bronchospasm in COPD patients.

### 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<sub>2</sub>-agonists (LABA) as monotherapy (without

inhaled corticosteroids [ICS]) may 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®, or salbutamol).

**Excessive use and use with other LABA products:** Do not exceed the recommended 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. Possible systemic effects, which may occur with any inhaled corticosteroid, include growth retardation in children and adolescents.

### Other relevant warnings and precautions:

- Maintenance treatment with ICS should not be stopped abruptly, but tapered gradually under supervision
- 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
- Increased risk of pneumonia and risk of lung infection in patients with COPD
- Paradoxical bronchospasm
- Potential risk during pregnancy, labour, delivery, or nursing
- Not recommended in COPD patients <18 years of age
- Special caution in patients >65 years of age with concomitant cardiovascular disease
- Control of asthma or COPD should be monitored
- HPA-axis function and hematological status should be assessed periodically

### For more information:

Consult the Product Monograph at [symbicort-en.azpm.ca](http://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.

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



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fumate dihydrate