Asthma

Reducing more **Exacerbations**
versus fluticasone / salmeterol [3]

Dosage and administration for asthma for adults and adolescent (≥ 12 years old) [4]

Strengths	80/4.5µg	160/4.5µg
Dosage	2 puffs bid	

ED = emergency department; SABA = short-acting β_2 - agonist

Presentation: Budesonide/Formoterol fumarate dihydrate pressurised inhalation suspension for oral inhalation (pMDI). **Indication: Asthma** – regular treatment of asthma where use of a combination (inhaled corticosteroid and long-acting β2-agonist (LABA)) is appropriate in adults and adolescents. **Chronic obstructive pulmonary disease (COPD)** – symptomatic treatment of moderate to severe COPD in adults with frequent symptoms despite long-acting bronchodilator use, and/or a history of recurrent exacerbations. Vannair is not indicated for the initiation of broncodilator therapy in COPD. **Dosage: Asthma** – Dosage should be individualised according to disease severity. Dose should be titrated to the lowest when asthma is under control. **Vannair 80/4.5 µg & 160/4.5 µg/ dose pMDI** *Adults and adolescents (≥ 12yr)*: 2 inhalations twice daily. Max 4 inhalations (2 inhalations twice daily). **COPD - Vannair 160/4.5 µg/ dose pMDI** *Adults*: 2 inhalations twice daily. Max. 4 inhalations (2 inhalations twice daily). **Contraindications:** Hypersensitivity to budesonide, formoterol or any other ingredients present in this formulation. **Precautions:** Long-term use only applied in patients whose asthma cannot be adequately controlled on asthma controller medications and for the shortest duration of time required to achieve control of asthma symptoms. Separate rapid-acting bronchodilator must be available for rescue at all times. Not initiate for treating a severe exacerbation; Oral corticosteroid usage; Potential systemic effects of inhaled corticosteroids; Infections / tuberculosis; Patients with increased susceptibility to sympathomimetic amines; Patients with pre-existing cardiovascular conditions; Diabetes mellitus; Hypokalaemia (particularly patients receiving digoxin); Pneumonia; Children <12 yr; Pregnancy & lactation. **Interactions:** CYP3A4 inhibitors (eg ketoconazole); β-receptor blocking agents (non-selective); other sympathomimetic agents; xanthine derivatives, mineralocorticosteroid and diurectics; Monoamine oxidase inhibitors, tricyclic antidepressants, quinidine, disopyramide, procainamide, phenothiazines, and antihistamines. **Undesirable effects:** Palpitations; Candida infections in the oropharynx; headache; tremor; mild irritation in the throat; coughing; hoarseness. **Full local prescribing information is available upon request. API.HK.VAN.0119**

Please contact (852) 2420-7388 or HKPatientSafety@astrazeneca.com for adverse drug reactions (ADR) reporting to AZHK

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References: 1. Celli BR et al. Resp Med 2011; 105: 1176-1188. **2.** Ferguson GT et al. Respir Med 2017; 132: 31-41. **3.** Tunceli O et al. J Allergy Clin Immunol Pract 2014;2:719-26. **4.** Vannair Hong Kong Packaging Insert Jan 2019.

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AstraZeneca 阿斯利康

Further information is available on request:
AstraZeneca Hong Kong Limited
Unit 1-3, 11/F, 18 King Wah Road,
North Point, Hong Kong.
Tel: (852) 2420 7388 Fax: (852) 2422 6788

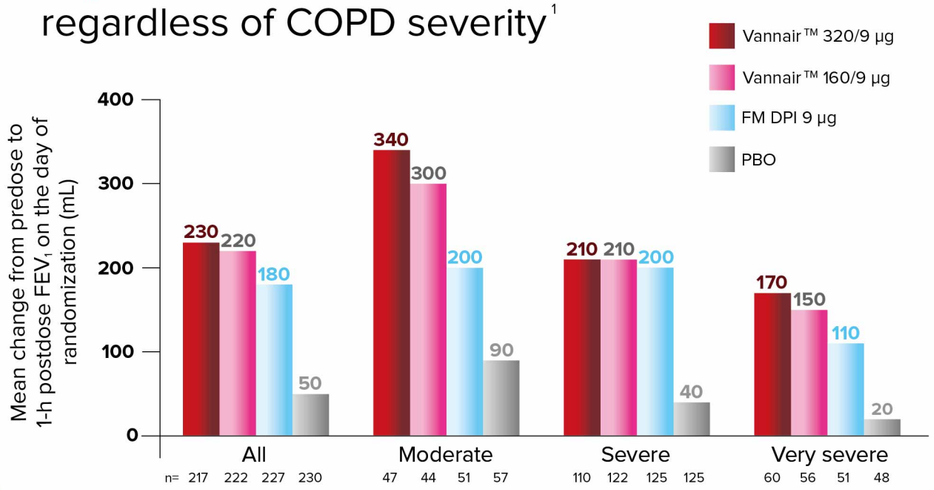
Vannair™
budesonide/formoterol

Delivering good efficacy and tolerability to Asthma and COPD patients required MDI device [1-3]

Vannair™
budesonide/formoterol

COPD

Rapid and **Sustained Bronchodilation** regardless of COPD severity [1]



A pooled analysis of 2 randomized, double-blind, placebo-controlled studies (6-months and 12-months) in patients with moderate to very severe COPD. The objectives of the study was to assess bronchodilator response in patients with COPD and evaluate the speed of onset of bronchodilation.

- The median time to ≥15% FEV_1 improvement on the day of randomization was within **5 mins** with Vannair. This rapid improvement was maintained during the study period of 12 months [1].
- More than **50%** COPD patients demonstrated ATS-defined (improvement ≥12% and ≥200mL) reversibility in inspiratory capacity (IC) and forced vital capacity (FVC) with Vannair [1].
- A mean change from predose to 1-hour postdose of **320mL** in IC and **400mL** in FVC respectively were achieved with Vannair 320/9 µg on the day of randomization [1].

Dosage and administration for COPD (Adult) [4]	
Strength	160/4.5µg
Dosage	2 puffs bid

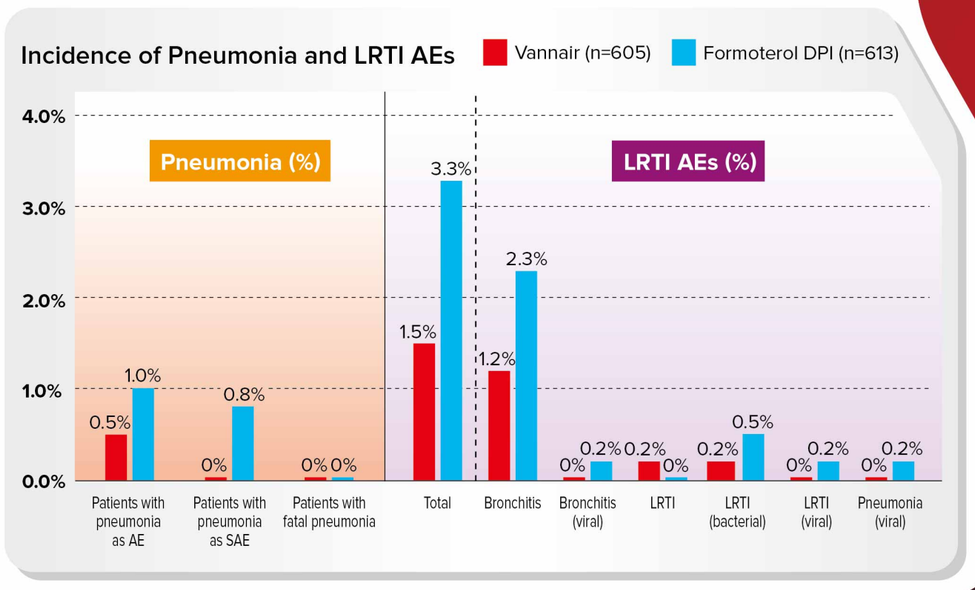
COPD = chronic obstructive pulmonary disease; pMDI = pressurized metered-dose inhaler;
FM DPI = Formoterol dry powder inhaler; PBO = placebo; ATS = American Thoracic Society;
FEV_1 = forced expiratory volume at 1 second; BID = twice daily

Vannair™ budesonide/formoterol

Reducing moderate or severe **Exacerbations** effectively [2]

All moderate or severe exacerbation Vannair (n = 606) Formoterol DPI (n = 613)	24% *P value* = 0.006
Systemic GCS treated (irrespective of other treatment) Vannair (# events = 194) Formoterol DPI (# events = 243)	25% *P value* = 0.0092
Hospitalization and/or systemic GCS treated (irrespective of antibiotic use) Vannair (# events = 195) Formoterol DPI (# events = 245)	25% *P value* = 0.0083
Systemic GCS and/or antibiotic treated, but not hospitalized Vannair (# events = 197) Formoterol DPI (# events = 241)	23% *P value* = 0.0133
Systemic GCS and/or antibiotic treated (irrespective of hospitalization) Vannair (# events = 222) Formoterol DPI (# events = 277)	24% *P value* = 0.0051

No Increase risks of **Pneumonia** and **Lower Respiratory Tract Infection** [2]



GCS = glucocorticosteroid; DPI = dry powder inhaler;
AE = adverse event; SAE = serious adverse event; LRTI: lower respiratory tract infection