

DATA SHEET

Ventolin Inhaler (CFC-Free)

Salbutamol (as sulphate) Inhaler (CFC-free) 100mcg per actuation.

Qualitative and quantitative composition

Ventolin Inhaler (CFC-Free) comprises a suspension of salbutamol sulphate in the non-CFC propellant HFA 134a. The suspension is contained in an aluminium alloy can, internally coated with fluoropolymer and sealed with a metering valve. Each canister is fitted with a plastic actuator incorporating an atomising nozzle and fitted with a dustcap.

Ventolin Inhaler (CFC-Free) is a pressurised metered-dose inhaler which delivers 100µg salbutamol (as sulphate) per actuation, into the mouthpiece of a specially designed actuator. The inhaler also contains the CFC-free propellant HFA134a. Each canister contains at least 200 actuations.

Pharmaceutical form

Pressurised metered-dose aerosol.

Clinical particulars

Therapeutic Indications

Salbutamol is a selective β_2 adrenoceptor agonist. At therapeutic doses it acts on the β_2 adrenoceptors of bronchial muscle, with little or no action on the β_1 adrenoceptors of the heart. With its fast onset of action, it is particularly suitable for the management and prevention of attack in mild asthma and for the treatment of acute exacerbations in moderate and severe asthma.

Bronchodilators should not be the only or main treatment in patients with severe or unstable asthma. Severe asthma requires regular medical assessment as death may occur. Patients with severe asthma have constant symptoms and frequent exacerbations, with limited physical capacity, and PEF values below 60% predicted at baseline with greater than 30% variability, usually not returning entirely to normal after a bronchodilator. These patients will require high dose inhaled (e.g >1mg/day beclomethasone dipropionate) or oral corticosteroid therapy.

With this primary background corticosteroid treatment, Ventolin provides essential rescue medication for a severe asthmatic in treating acute exacerbations. Failure to respond promptly or fully to such rescue medication signals a need for urgent medical advice and treatment.

Salbutamol provides short-acting (4 hour) bronchodilation with fast onset (within 5 minutes) in reversible airways obstruction due to asthma, chronic bronchitis and emphysema. It is suitable for long-term use in the relief and prevention of asthmatic symptoms.

Ventolin should be used to relieve symptoms when they occur and to prevent them in those circumstances recognised by the patient to precipitate an asthmatic attack (e.g. before exercise or unavoidable allergen exposure).

Ventolin is particularly valuable as rescue medication in mild, moderate or severe asthma, provided that reliance on it does not delay the introduction and use of regular inhaled corticosteroid therapy.

Posology and Method of Administration

Ventolin Inhaler (CFC-Free) is administered by the oral inhaled route only, to be breathed in through the mouth.

Salbutamol has a duration of action of 4 to 6 hours in most patients.

Increasing use of β_2 agonists may be a sign of worsening asthma. Under these conditions a reassessment of the patient's therapy plan may be required and concomitant glucocorticosteroid therapy should be considered.

In patients who find co-ordination of a pressurised metered-dose inhaler difficult a spacer device may be used with the Ventolin Inhaler (CFC-Free).

Babies and young children may benefit from use of a spacer device with the Ventolin Inhaler (CFC-Free).

As there may be adverse effects associated with excessive dosing, the dosage or frequency of administration should only be increased on medical advice.

Relief of acute bronchospasm:-

Adults: 100 or 200 μ g.

Children: 100 μ g, the dose may be increased to 200 μ g if required.

Prevention of allergen or exercise-induced bronchospasm:-

Adults: 200 μ g before challenge

Children: 100 μ g before challenge, the dose may be increased to 200 μ g if required.

Chronic therapy:-

Adults: Up to 200 μ g four times daily

Children: Up to 200µg four times daily

On demand use of Ventolin should not exceed four times daily. Reliance on such supplementary use or a sudden increase in dose indicates deteriorating asthma (see Special Warnings and Special Precautions for Use).

Contra-indications

Ventolin Inhaler (CFC-Free) is contra-indicated in patients with a history of hypersensitivity to any of its components.

Although intravenous salbutamol and occasionally salbutamol tablets are used in the management of premature labour uncomplicated by conditions such as placenta praevia, ante-partum haemorrhage or toxemia of pregnancy, inhaled salbutamol presentations are not appropriate for managing premature labour. Salbutamol preparations should not be used for threatened abortion.

Special Warnings and Special Precautions for Use

The management of asthma should normally follow a stepwise programme, and patient response should be monitored clinically and by lung function tests.

Increasing use of short-acting inhaled β_2 agonists to control symptoms indicates deterioration of asthma control. Under these conditions, the patient's therapy plan should be reassessed. Sudden and progressive deterioration in asthma control is potentially life-threatening and consideration should be given to starting or increasing corticosteroid therapy. In patients considered at risk, daily peak flow monitoring may be instituted.

In the event of a previously effective dose of inhaled salbutamol failing to give relief for at least three hours, the patient should be advised to seek medical advice in order that any necessary additional steps may be taken.

Patients' inhaler technique should be checked to make sure that aerosol actuation is synchronised with inspiration of breath for optimum delivery of the drug to the lungs.

Salbutamol should be administered cautiously to patients with thyrotoxicosis.

Potentially serious hypokalaemia may result from β_2 agonist therapy mainly from parenteral and nebulised administration.

Particular caution is advised in acute severe asthma as this effect may be potentiated by concomitant treatment with xanthine derivatives, steroids, diuretics and by hypoxia. It is recommended that serum potassium levels are monitored in such situations.

Interaction with Other Medicaments and Other Forms of Interaction

Salbutamol and non-selective β -blocking agents, such as propranolol, should not usually be prescribed together.

Salbutamol is not contra-indicated in patients under treatment with monoamine oxidase inhibitors (MAOIs).

Pregnancy and Lactation

Administration of medicines during pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus.

During worldwide marketing experience, rare cases of various congenital anomalies, including cleft palate and limb defects have been reported in the offspring of patients being treated with salbutamol. Some of the mothers were taking multiple medications during their pregnancies.

Because no consistent pattern of defects can be discerned, and baseline rate for congenital anomalies is 2-3%, a relationship with salbutamol use cannot be established.

As salbutamol is probably secreted in breast milk its use in nursing mothers is not recommended unless the expected benefits outweigh any potential risk. It is not known whether salbutamol in breast milk has a harmful effect on the neonate.

Effects on ability to drive and use machines

None reported.

Undesirable Effects

Adverse events are listed below by system organ class and frequency. Frequencies are defined as: very common ($\geq 1/10$), common ($\geq 1/100$ and $< 1/10$), uncommon ($\geq 1/1000$ and $< 1/100$), rare ($\geq 1/10,000$ and $< 1/1000$) and very rare ($< 1/10,000$) including isolated reports. Very common and common events were generally determined from clinical trial data. Rare and very rare events were generally determined from spontaneous data.

Immune system disorders

Very rare: Hypersensitivity reactions including angioedema, urticaria, bronchospasm, hypotension and collapse.

Metabolism and nutrition disorders

Rare: Hypokalaemia.

Potentially serious hypokalaemia may result from beta₂ agonist therapy.

Nervous system disorders

Common: Tremor, headache.

Very rare: Hyperactivity.

Cardiac disorders

Common: Tachycardia.

Uncommon: Palpitations.

Very rare: Cardiac arrhythmias including atrial fibrillation, supraventricular tachycardia and extrasystoles.

Vascular disorders

Rare: Peripheral vasodilatation.

Respiratory, thoracic and mediastinal disorders

Very rare: Paradoxical bronchospasm.

As with other inhalation therapy, *paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. This should be treated immediately with an alternative presentation or a different fast-acting inhaled bronchodilator. Ventolin Inhaler (CFC-free) should be discontinued immediately, the patient assessed, and, if necessary, alternative therapy instituted.

Gastrointestinal disorders

Uncommon: Mouth and throat irritation.

Musculoskeletal and connective tissue disorders

Uncommon: Muscle cramps.

*Tachycardia may occur in some patients.

Overdose

The most common signs and symptoms of overdose with salbutamol are transient beta agonist pharmacologically mediated events (see Special Warnings and Special Precautions for Use and Undesirable Effects).

Hypokalaemia may occur following overdose with salbutamol. Serum potassium levels should be monitored.

Consideration should be given to discontinuation of treatment and appropriate symptomatic treatment such as a cardioselective β -blocking agent, in patients presenting with cardiac symptoms (e.g. tachycardia, palpitations). Beta-blocking agents should be used with caution in patients with a history of bronchospasm.

Pharmacological properties

Pharmacodynamic properties

Salbutamol is a selective β_2 adrenoceptor agonist. At therapeutic doses it acts on the β_2 adrenoceptors of bronchial muscle, with little or no action on the β_1 adrenoceptors of cardiac muscle.

Pharmacokinetic properties

Salbutamol administered intravenously has a half-life of 4 to 6 hours and is cleared partly renally and partly by metabolism to the inactive 4'-O- sulphate (phenolic sulphate) which is also excreted primarily in the urine. The faeces are a minor route of excretion. The majority of a dose of salbutamol given intravenously, orally or by inhalation is excreted within 72 hours. Salbutamol is bound to plasma proteins to the extent of 10%.

After administration by the inhaled route between 10 and 20% of the dose reaches the lower airways. The remainder is retained in the delivery system or is deposited in the oropharynx from where it is swallowed. The fraction deposited in the airways is absorbed into the pulmonary tissues and circulation but is not metabolised by the lung.

On reaching the systemic circulation it becomes accessible to hepatic metabolism and is excreted, primarily in the urine, as unchanged salbutamol and as the phenolic sulphate.

The swallowed portion of an inhaled dose is absorbed from the gastrointestinal tract and undergoes considerable first-pass metabolism to the phenolic sulphate. Both unchanged salbutamol and conjugate are excreted primarily in the urine.

Preclinical safety data

In common with other potent selective β_2 receptor agonists, salbutamol has been shown to be teratogenic in mice when given subcutaneously. In a reproductive study, 9.3% of foetuses were found to have cleft palate, at 2.5 mg/kg, 4 times the maximum human oral dose. In rats, treatment at the levels of 0.5, 2.32, 10.75 and 50mg/kg/day orally throughout pregnancy resulted in no significant foetal abnormalities. The only toxic effect was an increase in neonatal mortality at the highest dose level as the result of lack of maternal care. A reproductive study in rabbits revealed cranial malformations in 37% of foetuses at 50mg/kg/day, 78 times the maximum human oral dose.

HFA 134a has been shown to be non-toxic at very high vapour concentrations, far in excess of those likely to be experienced by patients, in a wide range of animal species exposed daily for periods of two years.

Pharmaceutical particulars

List of excipients

1,1,1,2-tetrafluoroethane (also known as HFA 134a or norflurane).

Incompatibilities

None reported.

Shelf Life

24 months

Special precautions for storage

Replace the mouthpiece cover firmly and snap it into position.

Ventolin Inhaler (CFC-Free) should be stored below 30°C.

Protect from frost and direct sunlight.

As with most inhaled medications in aerosol canisters, the therapeutic effect of this medication may decrease when the canister is cold.

The canister should not be broken, punctured or burnt, even when apparently empty.

Nature and contents of container

Ventolin Inhaler (CFC-Free) comprises a suspension of salbutamol sulphate in the non-CFC propellant HFA 134a. The suspension is contained in an aluminium alloy can, sealed with a metering valve. Each canister is fitted with a plastic actuator incorporating an atomising nozzle and fitted with a dustcap. Ventolin Inhaler (CFC-Free) delivers 100 μ g of salbutamol (as sulphate) per actuation.

Each canister contains at least 200 actuations.

Instructions for Use/Handling

Testing your inhaler:-

Before using for the first time remove the mouthpiece cover by gently squeezing the sides of the cover, shake the inhaler well, and release two puffs into the air to make sure that it works. If it has not been used for 5 days or more, shake it well and release two puffs into the air to make sure that it works.

Using your inhaler:-

1. Remove the mouthpiece cover by gently squeezing the sides of the cover.
2. Check inside and outside of the inhaler including the mouthpiece for the presence of loose objects.
3. Shake the inhaler well to ensure that any loose objects are removed and that the contents of the inhaler are evenly mixed.
4. Hold the inhaler upright between fingers and thumb with your thumb on the base, below the mouthpiece.
5. Breathe out as far as is comfortable and then place the mouthpiece in your mouth between your teeth and close your lips around it but do not bite it.
6. Just after starting to breathe in through your mouth press down on the top of the inhaler to release salbutamol while still breathing in steadily and deeply.
7. While holding your breath, take the inhaler from your mouth and take your finger from the top of the inhaler. Continue holding your breath for as long as is comfortable.
8. If you are to take further puffs keep the inhaler upright and wait about half a minute before repeating steps 2 to 6.
9. Replace the mouthpiece cover by firmly pushing and snapping the cap into position.

IMPORTANT:-

Do not rush Stages 5, 6 and 7. It is important that you start to breathe in as slowly as possible just before operating your Inhaler.

Practise in front of a mirror for the first few times. If you see 'mist' coming from the top of the inhaler or the sides of your mouth you should start again from stage 2.

If your doctor has been given you different instructions for using your inhaler, please follow them carefully. Tell your doctor if you have any difficulties.

Cleaning your inhaler:-

Your inhaler should be cleaned at least once a week.

1. Remove the metal canister from the plastic casing of the inhaler and remove the mouthpiece cover.
2. Rinse the actuator thoroughly under warm running water.
3. Dry the actuator THOROUGHLY inside and out.
4. Replace the metal canister and mouthpiece cover.

DO NOT PUT THE METAL CANISTER INTO WATER.

Medicines classification

Prescription Only Medicine

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