

**SUMMARY OF PRODUCT CHARACTERISTIC (SPC)**

## 1. NAME OF THE MEDICINAL PRODUCT

DERIHALER INHALER Salbutamol Pressurized Inhalation BP 100mcg

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each actuation delivers:

Salbutamol Sulphate BP  
equivalent to Salbutamol 100mcg

Ethanol BP 5% w/w

Suspended in propellant HFA 134a q.s.

For full list excipient, see section 6.1

## 3. PHARMACEUTICAL FORM

Inhaler

### Salbutamol Pressurised Inhalation BP 100mcg

Pressurized metered dose inhaler containing microcrystalline suspension filled in aluminium canister fitted with suitable metered valve and actuator with dust cap.

## 4. CLINICAL PARTICULARS

### 4.1 THERAPEUTIC INDICATIONS:

Salbutamol Pressurised Inhalation is indicated in adults, adolescents and children aged 4 to 11 years. For babies and children under 4 years of age, see sections Posology and method of administration and Pharmacodynamic properties.

Salbutamol Pressurised Inhalation provides short-acting (4 to 6 hour) bronchodilation with fast onset (within 5 minutes) in reversible airways obstruction.

It is particularly suitable for the relief and prevention of asthma symptoms. It should be used to relieve symptoms when they occur, and to prevent them in those circumstances recognised by the patient to precipitate an asthma attack (e.g. before exercise or unavoidable allergen exposure).

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

### 4.2 POSOLOGY AND METHOD OF ADMINISTRATION:

#### Posology:

Salbutamol Pressurised Inhalation is for oral inhalation use only. Salbutamol Pressurised Inhalation may be used with a Volumatic spacer device by patients who find it difficult to synchronise aerosol actuation with inspiration of breath.

#### Adults (including the elderly):

For the relief of acute asthma symptoms including bronchospasm, one inhalation (100 micrograms) may be administered as a single minimum starting dose. This may be increased

to two inhalations if necessary. To prevent allergen- or exercise-induced symptoms, two inhalations should be taken 10-15 minutes before challenge.

For chronic therapy, two inhalations up to four times a day.

#### Paediatric Population

##### *Relief of acute bronchospasm*

The usual dosage for children under the age of 12 years: one inhalation (100 micrograms).

The dose may be increased to two inhalations if required.

Children aged 12 years and over: dose as per adult population.

##### *Prevention of allergen or exercise-induced bronchospasm*

The usual dosage for children under the age of 12 years: one inhalation (100 micrograms) before challenge or exertion. The dose may be increased to two inhalations if required.

Children aged 12 years and over: dose as per adult population.

##### *Chronic therapy*

The usual dosage for children under the age of 12 years: up to two inhalations 4 times daily.

Children aged 12 years and over: dose as per adult population.

The Babyhaler spacer device may be used to facilitate administration to children under 5 years of age.

On-demand use of Salbutamol Pressurised Inhalation should not exceed 8 inhalations in any 24 hours. Reliance on such frequent supplementary use, or a sudden increase in dose, indicates poorly controlled or deteriorating asthma (see section Special warnings and precautions for use).

#### **4.3 CONTRAINDICATIONS:**

Hypersensitivity to the active substance or any of the excipients listed in section List of Excipients.

Non-i.v. formulations of salbutamol must not be used to arrest uncomplicated premature labour or threatened abortion.

#### **4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE:**

Patients inhaler technique should be checked to make sure that aerosol actuation is synchronised with inspiration of breath for optimum delivery of drug to the lungs. Patients should be warned that they may experience a different taste upon inhalation compared to their previous inhaler.

Bronchodilators should not be the only or main treatment in patients with severe or unstable asthma. Severe asthma requires regular medical assessment, including lung-function testing, as patients are at risk of severe attacks and even death. Physicians should consider using the maximum recommended dose of inhaled corticosteroid and/or oral corticosteroid therapy in these patients.

The dosage or frequency of administration should only be increased on medical advice. If a previously effective dose of inhaled salbutamol fails to give relief lasting at least three hours, the patient should be advised to seek medical advice.

Increasing use of bronchodilators, in particular short-acting inhaled beta-2-agonists, to relieve symptoms, indicates deterioration of asthma control. The patient should be instructed to seek medical advice if short-acting relief bronchodilator treatment becomes less effective, or more inhalations than usual are required. In this situation the patient should be assessed and consideration given to the need for increased anti-inflammatory therapy (e.g. higher doses of inhaled corticosteroid or a course of oral corticosteroid).

Severe exacerbations of asthma must be treated in the normal way.

Cardiovascular effects may be seen with sympathomimetic drugs, including salbutamol. There is some evidence from post-marketing data and published literature of rare occurrences of myocardial ischaemia associated with salbutamol. Patients with underlying severe heart disease (e.g. ischaemic heart disease, arrhythmia or severe heart failure) who are receiving salbutamol should be warned to seek medical advice if they experience chest pain or other symptoms of worsening heart disease. Attention should be paid to assessment of symptoms such as dyspnoea and chest pain, as they may be of either respiratory or cardiac origin.

Salbutamol should be administered cautiously to patients with thyrotoxicosis.

Potentially serious hypokalaemia may result from beta-2-agonist therapy, mainly from parenteral and nebulised administration. Particular caution is advised in acute severe asthma as this effect may be potentiated by hypoxia and by concomitant treatment with xanthine derivatives, steroids and diuretics. Serum potassium levels should be monitored in such situations.

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. Evohaler should be discontinued immediately, the patient assessed, and if necessary, a different fast-acting bronchodilator instituted for on-going use.

#### **4.5 INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION**

Salbutamol and non-selective  $\beta$ -blocking drugs such as propranolol, should not usually be prescribed together.

#### **4.6 PREGNANCY AND LACTATION**

##### Pregnancy

Studies in animals have shown reproductive toxicity (see section Preclinical safety data). Safety in pregnant women has not been established. No controlled clinical trials with salbutamol have been conducted in pregnant women. Rare reports of various congenital anomalies following intrauterine exposure to salbutamol (including cleft palate, limb defects

and cardiac disorders) have been received. Some of the mothers were taking multiple medications during their pregnancies. Salbutamol Pressurised Inhalation should not be used during pregnancy unless clearly necessary.

#### Breast-feeding

As salbutamol is probably secreted in breast milk, its use in nursing mothers requires careful consideration. It is not known whether salbutamol has a harmful effect on the neonate, and so its use should be restricted to situations where it is felt that the expected benefit to the mother is likely to outweigh any potential risk to the neonate.

#### Fertility

There is no information on the effects of salbutamol on human fertility. There were no adverse effects on fertility in animals (see section Preclinical safety data).

#### **4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES:**

None reported.

#### **4.8 UNDESIRABLE EFFECTS**

Adverse events are listed below by system organ class and frequency. Frequencies are defined as: very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $< 1/1000$ ) and very rare ( $< 1/10,000$ ) including isolated reports. Very common and common events were generally determined from clinical trial data. Rare, very rare and unknown 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 beta-<sub>2</sub> 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).
Unknown:	Myocardial ischaemia* (see section Special warnings and precautions for use)
<b>Vascular disorders</b>	
Rare:	Peripheral vasodilatation.
<b>Respiratory, thoracic and mediastinal disorders</b>	
Very rare:	Paradoxical bronchospasm.
<b>Gastrointestinal disorders</b>	
Uncommon:	Mouth and throat irritation.
<b>Musculoskeletal and connective tissue disorders</b>	
Uncommon:	Muscle cramps.

\* reported spontaneously in post-marketing data therefore frequency regarded as unknown

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. To report adverse events, email us at [drugsafety@zyduslife.com](mailto:drugsafety@zyduslife.com) or visit [www.zyduslife.com](http://www.zyduslife.com).

#### **4.9 OVERDOSE**

The most common signs and symptoms of overdose with salbutamol are transient beta agonist pharmacologically mediated events, including tachycardia, tremor, hyperactivity and metabolic effects including hypokalaemia (see sections Special warnings and precautions for use and Undesirable effects).

Hypokalaemia may occur following overdose with salbutamol. Serum potassium levels should be monitored. Lactic acidosis has been reported in association with high therapeutic doses as well as overdoses of short-acting beta-agonist therapy, therefore monitoring for elevated serum lactate and consequent metabolic acidosis (particularly if there is persistence or worsening of tachypnea despite resolution of other signs of bronchospasm such as wheezing) may be indicated in the setting of overdose.

#### **5. PHARMACOLOGICAL PROPERTIES:**

## 5.1 Pharmacodynamic properties:

### Pharmacodynamic properties:

**Pharmacotherapeutic group:** Andrenergics, inhalants. Selective beta<sub>2</sub> adrenoreceptor agonists

**ATC code:** R03AC02

Salbutamol is a selective beta<sub>2</sub>-adrenoceptor agonist. At therapeutic doses it acts on the beta<sub>2</sub>-adrenoceptors of bronchial muscle providing short acting (4-6 hour) bronchodilation with a fast onset (within 5 minutes) in reversible airways obstruction.

### Special Patient Populations

*Children < 4 years of age*

Paediatric clinical studies conducted at the recommended dose (SB020001, SB030001, SB030002), in patients < 4 years with bronchospasm associated with reversible obstructive airways disease, show that Salbutamol Pressurised Inhalation has a safety profile comparable to that in children ≥ 4 years, adolescents and adults.

## 5.2 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-sulfate (phenolic sulfate) which is also excreted primarily in the urine. The faeces are a minor route of excretion.

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 drug and as the phenolic sulfate.

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

## 5.3 Preclinical safety data:

In common with other potent selective beta<sub>2</sub>-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 2.5mg/kg dose. In rats, treatment at the levels of 0.5, 2.32, 10.75 and 50 mg/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. Reproductive studies in the rabbit at doses of 50 mg/kg/day orally (i.e. much higher than the normal human dose) have shown foetuses with treatment related changes; these included open eyelids (ablepharia), secondary palate clefts (palatoschisis), changes in ossification of the frontal bones of the cranium (cranioschisis) and limb flexure. Reformulation of the Salbutamol Pressurised Inhalation has not altered the known toxicological profile of salbutamol.

In an oral fertility and general reproductive performance study in rats at doses of 2 and 50 mg/kg/day, with the exception of a reduction in number of weanlings surviving to day 21 post partum at 50 mg/kg/day, there were no adverse effects on fertility, embryofoetal development, litter size, birth weight or growth rate.

The non-CFC propellant, HFA 134a, has been shown to have no toxic effect 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.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of Excipients:**

HFA 134a  
Ethanol  
Oleic Acid

### **6.2 Incompatibilities**

None reported

### **6.3 Shelf life**

24 months

### **6.4 Special precautions for storage**

Store below 30°C. Do not freeze.

### **6.5 Nature and contents of container**

Derihaler Inhaler will be packed in 19mL Aluminium MDI container equipped with dust cap and fitted with 50mcl DF316C Valve.

### **6.6 Special precautions for disposal and other handling**

Store 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.

Replace the mouthpiece cover firmly and snap it into position.

## **7. MARKETING AUTHORISATION HOLDER**

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**8. MARKETING AUTHORISATION NUMBER(S)**

07115/07457/REN/2020

**9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation : 30/07/2007

Date of latest renewal : 09/10/2022

**10. DATE OF REVISION OF THE TEXT**

November 2023

**11. REFERENCE**