

Oxis Turbuhaler advertisement.

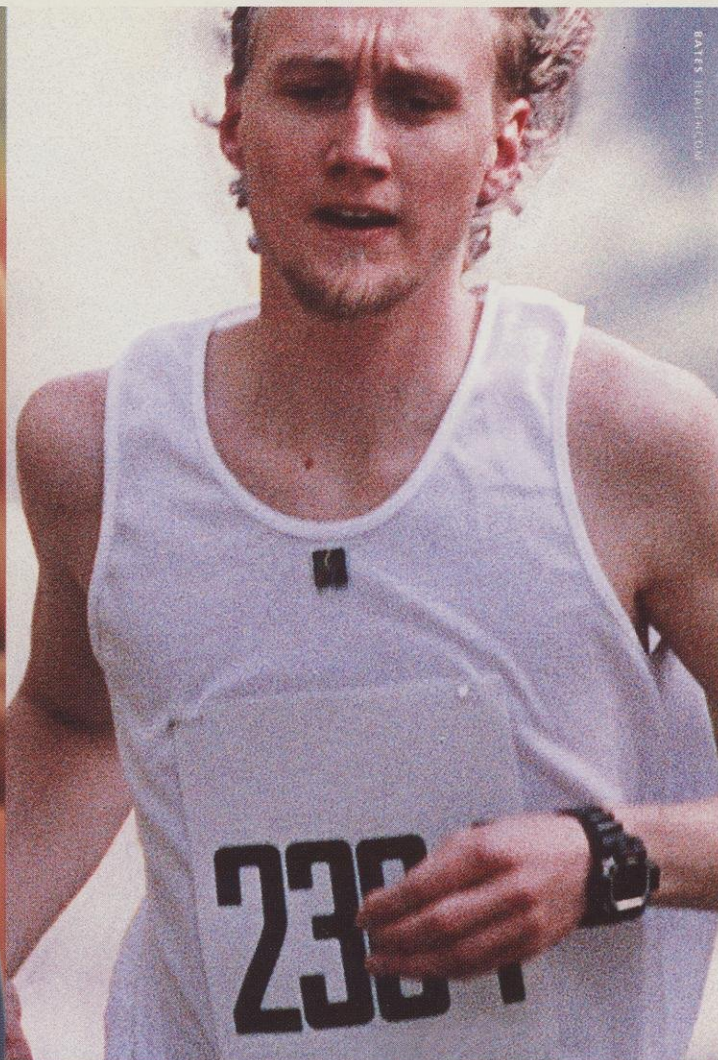
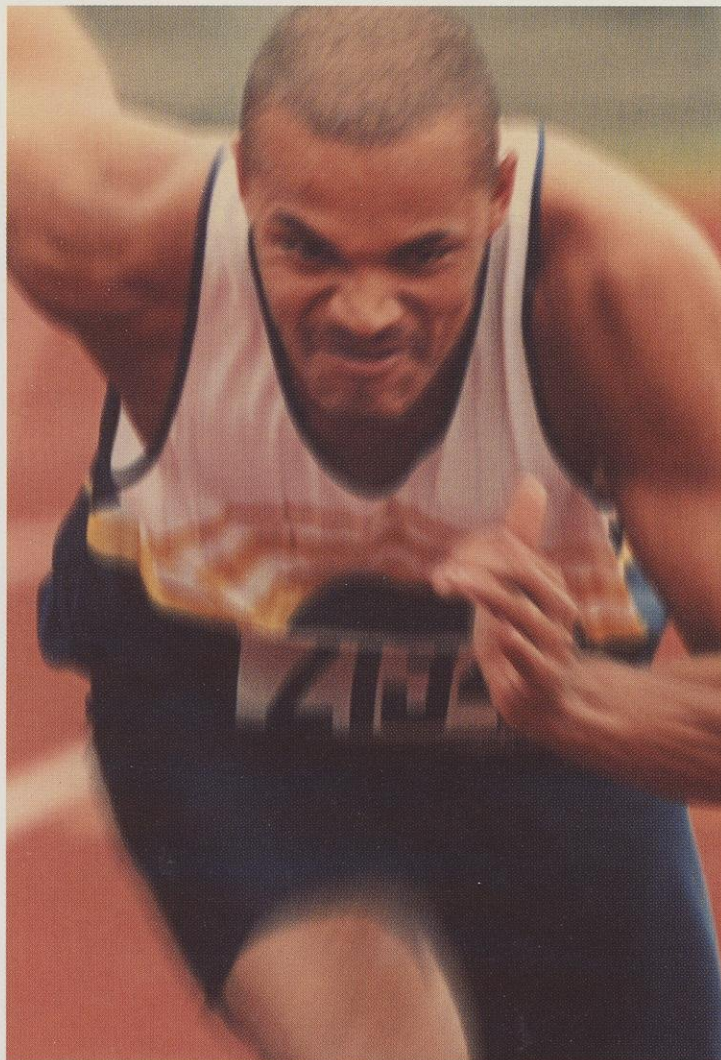
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“Like a sprinter and a marathon runner in the same body”

Oxis Turbuhaler® is a major development in bronchodilating therapy. With an onset of action of 1–3 minutes^(1, 2) and a duration of action of at least 12 hours⁽³⁾, Oxis Turbuhaler® is more than just a long-acting bronchodilator.

References: 1. Seberová et al. Am. J. Respir. Crit Care Med. 1999;159(3): A637. 2. Polítek et al. Eur Respir J 1999;13:988-92. 3. Palmqvist M et al. Eur Respir J 1997;10:2484-9.



Works quickly and for a long time.



Oxis® Turbuhaler® (formoterol) Inhalation powder 4.5 µg/ dose, 9 µg/ dose (delivered doses, equivalent to 6 and 12 µg / metered dose) Abbreviated Prescribing Information See local Prescribing Information for full details, as Prescribing Information may vary from country to country. Properties: An inhaled selective β₂-adrenergic agonist that produces relaxation of bronchial smooth muscle. The bronchodilating effect sets in rapidly, within 1-3 minutes after inhalation, and has a mean duration of 12 hours. Indication: Treatment of reversible airways obstruction in patients with asthma. Contra-indications: Hypersensitivity to formoterol or inhaled lactose. Dosage: Oxis Turbuhaler is intended for use in maintenance therapy in addition to corticosteroids. Dosage should be individualised. Adults and the elderly: In general, the normal dosage is 4.5-9 µg once or twice daily. The dose can be administered in the morning and/or at night. The nightly dose can be taken to prevent awakening due to nocturnal asthma symptoms. Some patients may need 18 µg once or twice daily. A daily delivered dose above 36 µg is not recommended. Warnings and Precautions: Asthmatic patients who require regular therapy with a β₂-agonist should also receive regular and adequate doses of an anti-inflammatory agent. The patient should seek medical advice if a previously effective dosage regimen no longer gives the same relief. Caution in patients with thyrotoxicosis, severe cardiovascular disorder and prolongation of the QTc-interval. Additional blood glucose controls are recommended initially in diabetics. The hypokalemic effect of β₂-agonists may be potentiated by concomitant treatments (see interactions) Particular caution is recommended in acute severe asthma. Serum potassium levels should be monitored in those situations. An increased exposure to formoterol can be expected in patients with severe liver cirrhosis. Pregnancy and lactation: Clinical experience in pregnant women is limited. As with other drugs administered during pregnancy, the benefits for the mother should be weighed against the risks for the foetus. Undesirable effects: Common: headache, palpitations and tremor. Tremor and palpitations tend to decrease with regular therapy. Less common: agitation, restlessness, sleep disturbances, muscle cramps and tachycardia. Rare: exanthema, urticaria, pruritus, hypokalemia, bronchospasm. In isolated cases: Nausea, taste disturbances, dizziness, angina pectoris, variations in the blood pressure, and hyperglycaemia. Treatment with β₂-sympathomimetics may result in increased blood levels of insulin, free fatty acids, glycerol and ketone bodies. Interactions: Beta-adrenergic blockers (including eye drops) can weaken or inhibit the effect of Oxis Turbuhaler. Concomitant treatment with quinidine, disopyramide, procainamide, phenothiazines, antihistamines (terfenadine) monoamine oxidase inhibitors and tricyclic antidepressants can prolong the QTc-interval and increase the risk of ventricular arrhythmias. L-Dopa, L-thyroxine, oxytocin and alcohol can impair cardiac tolerance towards β₂-sympathomimetics. Hypokalemia may be potentiated by concomitant treatment with xanthine derivatives, steroids and diuretics. Legal category: On Medical Prescription Further information is available on request from AstraZeneca, Lund, Sweden or the local AstraZeneca company. Oxis® Turbuhaler® is a registered trademark. Other trademarks are Oxis® Turbuhaler®, Oxeze® Turbuhaler® and Oxez® Turbuhaler®.