



March 2011

Dear Healthcare Professional:

AstraZeneca Pharmaceuticals LP (AstraZeneca) would like to inform you of important safety information and Prescribing Information (PI) for SYMBICORT® (budesonide and formoterol fumarate dihydrate) Inhalation Aerosol.

SYMBICORT is a combination product containing a corticosteroid and a long-acting beta₂-adrenergic agonist (LABA), indicated for the treatment of asthma in patients 12 years of age and older and the maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema. SYMBICORT is NOT indicated for the relief of acute bronchospasm.

Important Safety Information related to SYMBICORT includes:

- Increased risk of asthma-related death in patients taking LABAs.
- New Prescribing Guidelines.
 - SYMBICORT should only be used for patients not adequately controlled on a long-term asthma control medication, such as an inhaled corticosteroid, or whose disease severity clearly warrants initiation of treatment with both an inhaled corticosteroid and LABA.
 - Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (e.g., discontinue SYMBICORT) if possible without loss of asthma control and maintain the patient on a long-term asthma control medication, such as an inhaled corticosteroid.
 - SYMBICORT should not be used in patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids.

SYMBICORT has a risk evaluation and mitigation strategy (REMS) that consists of a Medication Guide and a communication program.

The SYMBICORT prescribing information includes a boxed warning to highlight the safety issue of asthma-related death.

WARNING: ASTHMA-RELATED DEATH

Long-acting beta₂-adrenergic agonists (LABA), such as formoterol one of the active ingredients in SYMBICORT, increase the risk of asthma-related death. Data from a large placebo-controlled U.S. study that compared the safety of another long-acting beta₂-adrenergic agonist (salmeterol) or placebo added to usual asthma therapy showed an increase in asthma-related deaths in patients receiving salmeterol. This finding with salmeterol is considered a class effect of the LABA, including formoterol. Currently available data are inadequate to determine whether concurrent use of inhaled corticosteroids or other long-term asthma control drugs mitigates the increased risk of asthma-related death from LABA. Available data from controlled clinical trials suggest that LABA increase the risk of asthma-related hospitalization in pediatric and adolescent patients. Therefore, when treating patients with asthma, SYMBICORT should only be used for patients not adequately controlled on a long-term asthma control medication, such as an inhaled corticosteroid or whose disease severity clearly warrants initiation of treatment with both an inhaled corticosteroid and LABA. Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (e.g., discontinue SYMBICORT) if possible without loss of asthma control and maintain the patient on a long-term asthma control medication, such as an inhaled corticosteroid. Do not use SYMBICORT for patients whose asthma is adequately controlled on low or medium dose inhaled corticosteroids.



Please note that SYMBICORT should not be initiated in patients during rapidly deteriorating or potentially life-threatening episodes of asthma.

When prescribing SYMBICORT, please also provide the patient with an inhaled, short-acting beta₂-agonist (e.g., albuterol) to be used as a rescue inhaler for treatment of acute symptoms. Increasing use of inhaled, short-acting beta₂-agonists is a marker for deteriorating asthma. In this situation, the patient requires immediate re-evaluation with reassessment of the treatment regimen.

Please instruct the patients to contact you if breathing problems worsen over time while using SYMBICORT and get emergency medical care if breathing problems worsen quickly and are not being relieved by the use of the rescue inhaler.

Please take time to read the updated full Prescribing Information for SYMBICORT. In addition, please review the Medication Guide with each patient who is prescribed SYMBICORT. The Medication Guide will continue to be enclosed in each unit package.

To report adverse events among patients taking SYMBICORT, please call the AstraZeneca Information Center at 1-800-236-9933, Monday through Friday, 8 a.m. – 7 p.m. (ET), excluding holidays.

Alternatively, adverse event information may be reported to FDA's MedWatch Reporting System by:

- Phone at 1-800-FDA-1088 (1-800-332-1088)
- Facsimile at 1-800-FDA-0178 (1-800-332-0178)
- Mail using FDA Form 3500 located at <http://www.fda.gov/medwatch>

We urge you to contact the AstraZeneca Information Center if you have any questions regarding SYMBICORT or the information contained in this letter.

Sincerely,

A handwritten signature in black ink that reads "James W. Blasetto M.D." The signature is written in a cursive, flowing style.

James W. Blasetto, M.D., MPH
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Enclosure