



Growth in Children

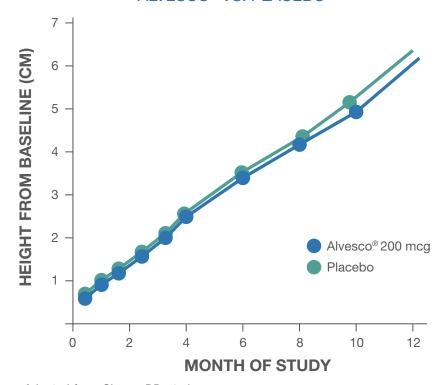
Alvesco® is indicated for the prophylactic management of steroid-responsive bronchial asthma in adults, adolescents, and children 6 years of age and older.

Excellent Safety Profile in Children²

No Impact on Growth in Children 1.5th

 There were no statistically significant differences in mean change in stadiometer height in Alvesco vs placebo (mean difference in change CIC 200: -0.10 cm/year (-0.25 to 0.061)

MEAN CHANGE IN STADIOMETER HEIGHT FROM BASELINE: ALVESCO® VS. PLACEBO



Adapted from Skoner DP, et al.

^{*} Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods.

These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include adrenal suppression, growth retardation in children and adolescents.

[†] In children 5-8.5 years old. Alvesco® is not indicated in children under 6.

Once Daily Dosing for Children and Adolescents²

Age	Strength	Puffs
Children 6 - 11	100 mcg	1-2 puffs OD
	200 mcg	1 puff OD
Children 12 and up	200 mcg	2 puffs OD

 Symptoms can start to improve within 24 hours of treatment.²

The recommended starting dose for most patients 12 and up, whether previously maintained on either bronchodilators alone or ICS, is 400 mcg once daily. Recommended dose range is 100-800 mcg/day for 12 years of age and older. For patients with more severe asthma, 800 mcg should be administered as 400 mcg BID. Recommended starting dose for most patients 6 to 11, whether previously maintained on either bronchodilators alone or ICS, is 100-200 mcg once daily. Alvesco® is not indicated for children under age 6. As with all inhaled corticosteroids, the dose of Alvesco® should be adjusted according to individual response.



Indications and clinical use:

Alvesco® is indicated for the prophylactic management of steroid-responsive bronchial asthma in adults, adolescents, and children 6 years of age and older.

Contraindications:

- Untreated fungal, bacterial or tuberculosis infections of the respiratory tract
- Primary treatment of status asthmaticus or other acute episodes of asthma or in patients with moderate to severe bronchiectasis

Relevant warnings and precautions:

- Patients with hypothyroidism
- Patients with cirrhosis and/or severe hepatic impairment
- Immunosuppressive drugs
- May cause eosinophilic conditions
- May cause candidiasis
- As with other inhalation therapy, paradoxical bronchospasm may occur
- Caution in systemic steroid replacement by inhaled steroid
- · Patients with hypoprothrombinemia in conjunction with acetylsalicylic acid
- Systemic effects of inhaled corticosteroids may occur, particularly at high doses for prolonged periods
- . Monitor HPA axis function and effects on the eye

For more information:

For important information on conditions of clinical use, contraindications, warnings, precautions, adverse reactions, drug interactions and dosing, please consult the product monograph at https://www.astrazeneca.ca/content/dam/az-ca/downloads/productinformation/alvesco-product-monograph-en.pdf. The product monograph is available by calling AstraZeneca Canada at 1-800-668-6000.

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REFERENCES: 1. Skoner DP et al. Assessment of long term safety of inhaled ciclesonide on growth in children with asthma, Pediatrics 2008;121(1): e1-14. 2. Alvesco® (ciclesonide inhalation aerosol). Product Monograph, AstraZeneca Canada Inc., January 2017.



ICS = inhaled corticosteroid MDI = metered dose Inhaler † IQVIA Compuscript Data, June 2019.

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