

form; Diprosalic; Dovobet; Ecova con Neomicina; Egrian; Eubetal Antibiotico; Fidagenerba; Fluororinil; Fucicort; Gentalyin Beta; Kamelyn; Micutrin Beta; Psoriasis; Ringot; Sterozolin; Stranoval; Token; Visibilepar; Visumetazone Antibiotico; **Malaysia:** Axel Fusi-Corte; B-Mycin; Beavate N; Beprogen; Beprosalic; Besone-N; Betacin; Betagen; Betamethasone Clor; Betamethasone G; Betamethasone N; Betamethasone SA; Betnesol-Nt; Betnesone N; Betnovate-N; Celestodem-V with Garamycin†; Diprosopic; Diprosone; Fibocort; Fusicid B; Garasone; Joyson; Triderm; C; Uniflex-N†; **Mex:** Artridol; Barnicort Compuesto; Beclogen; Betrigen; Celestamine NS; Celestamine-F†; Celestamine†; Claricort†; Clio-Betnovate; Clotricina; Daivobet; Diprosalic†; Diprosone G; Diprosone Y; Famoral; Fucicort; Garamicina-G; Garasone; Gelmicin; Miclobet; Prubagen; Quadriderm NF; Tamex; Triderm; **Neth:** Diprosalic; Dovobet; **Norw:** Betnovate med Chinofrom; Daivobet; Diprosalic; **NZ:** Betnesol Aqueous; Betnovate; C; Daivobet; Diprosalic; Fucicort; Lotrimicomb†; **Philip:** Betretone; Betnovate-C; Betnovate-N; Celestamine; Claricort; Clofasonde Daivobet; Diproform; Diprosopic; Diprosalic; Fucicort; Garasone; Hebedic; Ophatasone; Quadriderm; Quadrotropic; Triderm; **Pol:** Bedicort G; Betnovate-C; Betnovate-N; Daivobet; Diprogena; Diprosalic; Lotriderm; Triderm; **Port:** Beta-Micoter; Betnovate-C; Betnovate-N; Daivobet; Dipetop Q†; Diprogena; Diprosalic; Epione; Flotran; Fuccirt; Psosderm; Quadriderm; **Rus:** Akridem Genta (Акридем Гента); Akridem GK (Акридем ГК); Akridem SK (Акридем СК); Belogent (Белогент); Belosalic (Белосалик); Bevetagenol (Бетагенол); Celestodem-V with Garamycin†; Fucicort (Фуцикорт); Triderm (Тридерм); **S Afr:** Betanoid N†; Betnesol-N; Betnovate-C; Betnovate-N; Celestamine; Celestodem-V with Garamycin†; Diprogena; Diprosalic; Garasone†; Lotriderm; Quadriderm; **Singapore:** B-Tasone-G; Veroprogen; Beprosalic; Besone-N; Bufencor; Celestodem-V with Garamycin†; Celestodem-V with Neomycin†; Clofasonde†; Combinderm; Conazole; Daivobet; Dermol-C; Diprogena; Diprosalic; Fibocort; Fucicort; Garasone; Gentriderm; Gentrisone; Modaderm Neodem; Quadriderm†; Tri-Micon; Triderm; **Spain:** Alergical Beta Micoter; Betamidat; Bronsal; Celestamine; Celestodem-V Gentamicina; Celestone S; Clofasonde; Cuatroderm; Daivobet; Diprogena; Diprosalic; Fucicort; Resorbinat; **Swed:** Betnovat med Chinofrom; Betnovat med Neomycin; Celestone valerat comp†; Celestone valerat med chinofrom; Celeston valerat med gentamicin; Daivobet; Diprosalic; **Switz:** Betnesal; Betnovate-C; Betnovate-N; Celestamine; Daivobet; Diprogena; Diprophos; Diprosalic; Fucicort; Ophatasone; Quadriderm; Triderm; **Thail:** Bacda-B; Beprogen; Beprogen; Beprolic; Besone-N; Beta-C; Beta-Dip†; Beta-N; Beta-S; Betama-EN†; Betameth-N; Bethasone-N; Betnesal†; Betnovate-C; Betnovate-N; Betosalic; Betosone-CE; Canazone†; Canazol-BE; Chlorinate-N; Clofasonde†; Daivobet; Derzid-C; Derzid-N; Diprogenata†; Diprosalic; Fango-B; Fucicort; Fundigerm-D; Gynesten-N; Myda-B; Myzazole-B; Topaben-N; Twina; Valbet-N; **Turk:** Betnovate-C; **UAE:** Futalone; Supracort-S; **UK:** Betnesol-N; Betnovate-C; Betnovate-N; Diprosalic; Dovobet; Fucicort; Vipsogal; Vista-Methasone N; **USA:** Lotrisone; Tacolone; **Venez:** Betademp con Gentamicina; Celestaminco; Celestamine; Celestodem con Gentaly; Claricort; Diproforno; Diprogena; Diprosalic; Garabet; Garasone; Lotrimicomb; Lotrisone; Propioform†; Propiogen†; Propiosalic†; Quadriderm; Triderm; Tridetarmon; Ursalic†; Vio Celestodem†.

Budesonide (BAN, USAN, rINN) ⊗

Budesonid; Budesónida; Budésonide; Budesonid; Budesonidum; Budezonid; Budezonidas; S-1320. An epimeric mixture of the α - and β -propyl forms of $16\alpha,17\alpha$ -butylenedioxy- $11\beta,21$ -dihydroxypregna-1,4-diene-3,20-dione.

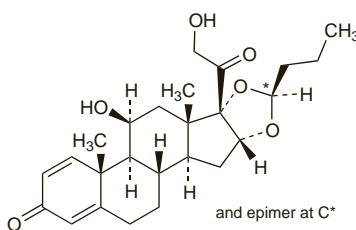
Будезонид

$C_{25}H_{34}O_6 = 430.5$

CAS — 51333-22-3 ($11\beta,16\alpha$); 51372-29-3 ($11\beta,16\alpha(R)$); 51372-28-2 ($11\beta,16\alpha(S)$).

ATC — A07EA06; D07AC09; H02AB16; R01AD05; R03BA02.

ATC Vet — QA07EA06; QD07AC09; QR01AD05; QR03BA02.



Pharmacopeias. In Eur. (see p.vii) and US.

Ph. Eur. 6.2 (Budesonide). A white or almost white, crystalline powder. Practically insoluble in water; sparingly soluble in alcohol; freely soluble in dichloromethane.

USP 31 (Budesonide). A white to off-white, odourless, crystalline powder. Practically insoluble in water and in heptane; sparingly soluble in alcohol; freely soluble in chloroform. Store in airtight containers at a temperature of 20° to 25°; excursions permitted between 15° and 30°. Protect from light.

Adverse Effects, Treatment, Withdrawal, and Precautions

As for corticosteroids in general (see p.1490).

Inhalation of high doses of budesonide is associated with some adrenal suppression. Systemic absorption may follow nasal use, particularly after high doses or

prolonged treatment. The dose of oral budesonide may need to be reduced in hepatic impairment (see also Administration in Hepatic Impairment, below).

When applied topically, particularly to large areas, when the skin is broken, or under occlusive dressings, or when given intranasally, corticosteroids may be absorbed in sufficient amounts to cause systemic effects.

Effects on the bones. For mention of the effects of inhaled budesonide on markers of collagen turnover and bone density in asthmatic children, see under Adverse Effects of Beclometasone, p.1516. For the suggestion that inhalation once-daily in the morning may have less marked effects on growth and collagen turnover than twice-daily inhalation, see Administration, below.

Effects on the nervous system. Psychotic behaviour has been reported after use of inhaled budesonide.¹

1. Lewis LD, Cochrane GM. Psychosis in a child inhaling budesonide. *Lancet* 1983; **ii**: 634.
2. Meyboom RHB, de Graaf-Bredereld N. Budesonide and psychic side effects. *Ann Intern Med* 1988; **109**: 683.
3. Connell G, Lenney W. Inhaled budesonide and behavioural disturbances. *Lancet* 1991; **338**: 634-5.

Hypersensitivity. Contact dermatitis has been reported to topical or intranasal budesonide.¹ An anaphylactoid reaction occurred 5 minutes after the first dose of oral budesonide in a patient who had previously reacted in a similar way to mesalazine.²

1. Quintiliani R. Hypersensitivity and adverse reactions associated with the use of newer intranasal corticosteroids for allergic rhinitis. *Curr Ther Res* 1996; **57**: 478-88.
2. Heeringa M, et al. Anaphylactic-like reaction associated with oral budesonide. *BMJ* 2000; **321**: 927.

Interactions

The interactions of corticosteroids in general are described on p.1494.

Pharmacokinetics

For a brief outline of the pharmacokinetics of corticosteroids, see p.1495. Budesonide is rapidly and almost completely absorbed after oral administration, but has poor systemic availability (about 10%) due to extensive first-pass metabolism in the liver, mainly by the cytochrome P450 isoenzyme CYP3A4. The major metabolites, 6 β -hydroxybudesonide and 16 α -hydroxyprednisolone have less than 1% of the glucocorticoid activity of unchanged budesonide. Budesonide is reported to have a terminal half-life of about 2 to 4 hours.

◊ Reviews.

1. Donnelly R, Seale JP. Clinical pharmacokinetics of inhaled budesonide. *Clin Pharmacokinet* 2001; **40**: 427-40.
2. Edsäcker S, Andersson T. Pharmacokinetics of budesonide (Entocort EC) capsules for Crohn's disease. *Clin Pharmacokinet* 2004; **43**: 803-21.
3. Kraft WK, et al. The pharmacokinetics of nebulized nanocrystal budesonide suspension in healthy volunteers. *J Clin Pharmacol* 2004; **44**: 67-72.
4. Lähelemä S, et al. Equivalent lung deposition of budesonide in vivo: a comparison of dry powder inhalers using a pharmacokinetic method. *Br J Clin Pharmacol* 2005; **59**: 167-73.

Uses and Administration

Budesonide is a corticosteroid with mainly glucocorticoid activity (p.1490). It is used by inhalation in the management of **asthma**, in usual doses of 400 micrograms daily in 2 divided doses from a metered-dose aerosol; in severe asthma the dosage may be increased up to a total of 1.6 mg daily, and guidelines for the management of asthma permit up to 2 mg daily (see p.1108). Maintenance doses may be less than 400 micrograms daily but should not be below 200 micrograms daily. A dose for children is 50 to 400 micrograms inhaled twice daily. Budesonide is also available for the management of asthma in the form of a dry powder inhaler; doses are 200 to 800 micrograms daily, as 2 divided doses or a single daily dose; up to 800 micrograms twice daily may be given to adults if necessary. Patients for whom budesonide from a pressurised inhaler or dry powder formulation is unsatisfactory may use a nebulised solution. The usual adult dosage by this method is 1 to 2 mg inhaled twice daily. This may be increased if asthma is severe. Maintenance doses are 0.5 to 1 mg inhaled twice daily. For children between 3 months and 12 years of age, an initial dose is 0.5 to 1 mg twice daily with a maintenance dose of 0.25 to 0.5 mg twice daily.

Budesonide is also given by inhalation as a nebulised solution in the management of childhood **croup** (p.1502). The usual dose is 2 mg, as a single inhaled dose or 2 doses of 1 mg, given 30 minutes apart.

Budesonide is used topically in the treatment of various **skin disorders**, as a cream, lotion, or ointment containing 0.025%. For recommendations concerning the correct use of corticosteroids on the skin, and a rough guide to the clinical potencies of topical corticosteroids, see p.1497.

Budesonide is also used intranasally for the prophylaxis and treatment of **rhinitis** (p.565). In the UK, two nasal spray preparations are available, one containing 100 micrograms per metered spray, and one containing 64 micrograms per metered spray. The initial recommended dose for adults and children over 12 years is either 2 sprays into each nostril once daily in the morning, or 1 spray into each nostril twice daily. This may be subsequently reduced to 1 spray into each nostril once daily; treatment can be continued for up to 3 months. In the USA and some other countries, a nasal spray and a nasal inhaler are available. The intranasal dose may be expressed in multiples of 32 micrograms, which is the quantity of budesonide delivered from the nasal adaptor. When given from a nasal inhaler, the recommended initial dose for adults and children over 6 years is 4 sprays into each nostril in the morning, or 2 sprays into each nostril twice daily, to give a total daily dose of 256 micrograms daily. This is reduced to the lowest dose adequate to control symptoms. If no benefit is seen after 3 weeks of treatment, budesonide should be stopped. When given as an aqueous nasal spray, the recommended initial dose for adults and children over 6 years is 1 spray into each nostril once daily (64 micrograms daily), increasing as necessary up to a maximum of 256 micrograms daily for adults and 128 micrograms daily for children aged less than 12 years. Budesonide is also used as a nasal spray in the management of **nasal polyps** (p.1508). In the UK, for adults and children over 12 years, 1 spray (containing 64 or 100 micrograms, as above) is given into each nostril twice daily for up to 3 months.

Local formulations of budesonide are used in the management of **inflammatory bowel disease** (see below). In mild to moderate Crohn's disease affecting the ileum or ascending colon it is given orally as modified-release capsules intended for a topical effect on the gastrointestinal tract. The recommended dose is 9 mg daily for active disease, as either a single dose before breakfast or in 3 divided doses about 30 minutes before meals, depending on the preparation. Treatment is given for up to 8 weeks, and the dosage should be reduced 2 to 4 weeks before discontinuing therapy. For recurring episodes of active Crohn's disease, an 8-week course may be repeated. After an 8-week course for active disease, budesonide 6 mg once daily is recommended for maintenance of clinical remission, for up to 3 months; thereafter, doses are tapered and therapy stopped, as continued treatment has not shown substantial clinical benefit. There is some absorption of budesonide from the gastrointestinal tract, and the dose may need to be reduced in patients with hepatic impairment, especially those with cirrhosis (see also Administration in Hepatic Impairment, below). Ulcerative colitis affecting the rectum and sigmoid colon may be treated locally with budesonide. A retention enema providing a dose of 2 mg in 100 mL is given daily at bedtime for 4 weeks, which may be extended to 8 weeks if the patient is not in remission after the initial 4-week course. Alternatively, a rectal foam can be used in a dose of 2 mg once daily, usually for 6 to 8 weeks. The dose may be given in the morning or the evening, but treatment is more effective if the bowel is emptied before a dose is given.