



### ASMIN TABLETS

Description: Asmin Tablets 2mg - White, round and top-scored tablet. Diameter = 6.00 mm.  
Asmin tablets 4mg - White, round, flat, top-scored tablet. Diameter = 7.00mm

### ASMIN SYRUP

Description: Red coloured and strawberry flavoured syrup.

#### Contents:

Asmin Tablet 2mg - Salbutamol Sulphate B.P. equivalent to Salbutamol 2mg / tablet  
Asmin Tablet 4mg - Salbutamol Sulphate B.P. equivalent to Salbutamol 4mg / tablet  
Asmin Syrup - Salbutamol Sulphate B.P. equivalent to Salbutamol 2mg / 5ml  
Methylparaban 0.1%w/v  
Propylparaban 0.01%w/v

#### Indications:

Relief of bronchospasm in asthma, chronic bronchitis and other conditions involving airway obstruction.

#### Pharmacology:

Salbutamol is a direct-acting sympathomimetic amine. It acts selectively on beta-2 adrenergic receptors in the lungs to relax bronchial smooth muscle, thereby relieving bronchospasm and reducing airway resistance. Oral absorption is rapid and elimination is by renal excretion.

#### Adverse effects / Side Effects

Nausea, nervousness or restlessness, fast or pounding heartbeat and trembling may occur.

#### Warning & Precaution

Caution in patients with cardiovascular disorders, including coronary insufficiency and hypertension; hyperthyroidism and diabetes mellitus.

As maternal pulmonary oedema and myocardial ischaemia have been reported during or following premature labour in patients receiving beta2 – agonists, careful attention should be given to fluid balance and cardio-respiratory function, including ECG monitoring. If signs of pulmonary oedema and myocardial ischaemia develop, discontinuation of treatment should be considered.

Due to the risk of pulmonary oedema and myocardial ischaemia that has been observed during the use of beta2-agonists in the treatment of premature labour, before these products are given to any patient with known heart disease, an adequate assessment of the patients' cardiovascular status should be made by a physician experienced in cardiology.

Tocolysis: Serious adverse reactions including death have been reported after administration of terbutaline / salbutamol to women in labor. In the mother, these include increased heart rate, transient hyperglycaemia, hypokalaemia, cardiac arrhythmias, pulmonary oedema and myocardial ischaemia. Increased fetal heart rate and neonatal hypoglycaemia may occur as a result of maternal administration.

#### Pregnancy and Lactation

Safety for use in pregnancy and lactation has not been established.

#### Contraindications

Avoid in patients who are hypersensitive to sympathomimetics.

#### Drug interactions:

Concurrent use with beta-adrenergic blocking agents may result in mutual inhibition of therapeutic effects.

Co-administration of monoamine oxidase(MAO) inhibitors or tricyclic antidepressants may potentiate the action of salbutamol on the vascular system.

Concurrent therapy with xanthines or other sympathomimetics may increase CNS stimulation and other additive toxic effects.

#### Overdosage

Clinical features include chest pain, hypertension, cardiac arrhythmias and ventricular fibrillation.

Treatment consists of gastric lavage or administering a cardioselective beta-adrenergic blocker, if necessary for cardiac arrhythmias.

#### Dosage and Administration

Adults and children over 12 years: Oral 2 to 4mg (base) 3 or 4 times daily, or as directed.

The total daily dose should not exceed 32 mg.

Storage Conditions : Keep container tightly closed.  
Store in a cool, dry place below 30°C Protect from light.  
Presentation / Packing : Syrup 2mg / 5ml / 90ml, Tablet 2mgX1000's, 4mgX1000's  
Manufactured & : PRIME PHARMACEUTICAL SDN.BHD.  
Distributed by : 1505, Lorong Perusahaan Utama 1, Taman Perindustrian Bukit Tengah,  
14000 Bukit Mertajam, Penang, Malaysia.

Further information can be obtained from your doctor or pharmacist