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Budesonide Nebuliser Solution

Part A

Prescriber Criteria: Consultant Oncologist
Consultant Paediatrician
Consultant Respiratory Physician
Specialist Respiratory Medicine Consultant

Outpatient and Inpatient use:

1. Chronic Asthma
2. Chronic Respiratory Failure
3. Cystic Fibrosis

For patients where use of a pressurised inhaler or dry powder formulation is unsatisfactory or inappropriate.

Inpatient use:
Infants and children with croup.

Duration of Approval:
Up to 3 years or as directed by Consultant

Part B

Prescriber Criteria: Consultant Respiratory Physician
Specialist Respiratory Medicine Consultant

Inpatient use:
Severe intractable cough in inpatients only.