

EFFICACY AND SAFETY OF ALBUTEROL MULTIDOSE DRY POWDER INHALER (MDPI) VERSUS PLACEBO IN CHILDREN WITH ASTHMA

Craig LaForce, MD, CPI¹; [Herminia Taveras, PhD, MPH²](#); Harald Iverson, PhD²

¹North Carolina Clinical Research, Raleigh, NC; ²Teva Pharmaceuticals, Miami, FL

Background: To evaluate the chronic-dose efficacy and safety of albuterol delivered via a novel, inhalation-driven, multidose dry powder inhaler (MDPI) that does not require patient coordination of device actuation with inhalation relative to placebo in pediatric patients with asthma. **Methods:** This phase 3, double-blind, parallel-group, multicenter, 3-week study (ABS-AS-303; NCT02126839) included children (aged 4–11 years) with asthma and prestudy FEV₁ of 50%–95% of predicted. After a 14-day run-in period during which patients continued their current asthma therapy and received single-blind placebo MDPI, patients were randomized to albuterol MDPI 90 mcg/inhalation, 2 inhalations 4 times daily (total daily dose, 720 mcg), or placebo for 3 weeks. Serial FEV₁ measurements were obtained at designated time points over 6 hours after baseline FEV₁ assessment and completion of study drug administration on treatment day 1 (TD1) and 22 (TD22). Safety was evaluated by adverse events. **Results:** The full analysis set included 184 patients. Albuterol MDPI–treated patients experienced significantly ($P<0.0001$) greater improvements in area under the baseline-adjusted percent-predicted FEV₁-time curve over 6 hours postdose (PPFEV₁ AUC₀₋₆) over the 3-week study versus placebo patients (least squares mean difference of 25%•h in favor of albuterol). On TD1 and TD22, baseline-adjusted PPFEV₁ AUC₀₋₆ for albuterol MDPI–treated patients was similar and greater than patients receiving placebo MDPI ($P<0.0001$). The benefit of albuterol (mean change in PPFEV₁) was evident 5 minutes after dosing and lasted several hours; maximal effect was noted 1–2 hours postdose. Albuterol MDPI was well tolerated. **Conclusions:** Albuterol MDPI, administered chronically for 3 weeks, improved pulmonary function in pediatric patients significantly better than placebo with similar improvements noted on TD1 and TD22. Clinical effects were evident within 5 minutes and maintained for >2 hours. Four-times-daily administration was generally well tolerated in pediatric patients.

This study was sponsored by Teva Pharmaceuticals.