SCHEDULING STATUS:
S3

PROPRIETARY NAME AND DOSAGE FORM:
Beceze 50 CFC Free (Inhaler)
Beceze 100 CFC Free (Inhaler)
Beceze 250 CFC Free (Inhaler)

COMPOSITION:
Beceze 50 CFC Free: A metered-dose, pressurised, inhaler which delivers 50 micrograms beclomethasone dipropionate per metered dose.
Beceze 100 CFC Free: A metered-dose, pressurised, inhaler which delivers 100 micrograms beclomethasone dipropionate per metered dose.
Beceze 250 CFC Free: A metered-dose pressurised, inhaler which delivers 250 micrograms beclomethasone dipropionate per metered dose.
Excipients: anhydrous ethanol, hydrofluoroalkane.

PHARMACOLOGICAL CLASSIFICATION:
A 21.5.1 Corticosteroids and analogues

PHARMACOLOGICAL ACTION:
Beclomethasone dipropionate is a corticosteroid and when inhaled, has a glucocorticoid anti-inflammatory action within the respiratory tract.

INDICATIONS:
Beceze CFC Free Inhaler is indicated for the management of patients with bronchial asthma, including:
Patients whose asthmatic condition is expected to require long term steroid maintenance therapy, patients who are inadequately controlled by bronchodilator therapy alone.
Beceze 250 CFC Free Inhaler is recommended for patients whose asthma is insufficiently controlled with lower doses of beclomethasone dipropionate.

CONTRAINDICATIONS:
Corticosteroids have been shown to be teratogenic in animals following topical application. As beclomethasone may be absorbed systemically following inhalation, teratogenicity following inhalation cannot be excluded. Therefore, Beceze CFC Free must not be used during pregnancy.
Beceze CFC Free is contraindicated in patients with a history of hypersensitivity to beclomethasone dipropionate or any of its components.
Acute status asthmaticus.
Orally inhaled beclomethasone dipropionate should be used with caution in patients with clinical tuberculosis or those with a history of tuberculosis. Particular care should be taken to minimize the use of topical corticosteroids in immunosuppressed patients.

WARNINGS AND SPECIAL PRECAUTIONS:
Beceze CFC Free inhalers are not indicated for the treatment of acute attacks, but act prophylactically, the patient should thus have relief medication available. A therapeutic effect is not achieved until after a few days of use. The inhalers must be used regularly according to the instructions, the patient should thus be informed that the Beceze CFC Free inhaler must be used regularly, even if the patient does not experience any symptoms.
Patients who have severe asthma must be examined regularly, including lung-function testing, as these patients have a heightened risk of severe attacks, which may be fatal.
Patients must be advised to seek medical attention if therapy becomes less effective, or if more inhalations of Beceze CFC Free are required, as this may indicate deterioration of asthma control. If this occurs, a patient assessment should be carried out, and the need for increased anti-inflammatory medications be considered.
Severe exacerbations of asthma should be treated by increasing the dose of Beceze CFC Free, by giving a systemic steroid if necessary, prescribing an appropriate antibiotic if there is an infection, together with β-agonist therapy.
Prolonged and excessive administration may induce systemic corticosteroid effects with reduction in plasma cortisol levels. Systemic corticosteroid effects may include adrenal suppression, growth retardation in children and adolescents, decrease in bone mineral density, cataract, glaucoma and less frequently, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (especially in children).
It is recommended that the height of children on prolonged treatment with inhaled corticosteroids be monitored regularly. If the child's growth is slowed, asthma therapy should be reviewed with the aim of reducing the dose of inhaled corticosteroids, to the lowest dose at which asthma control is maintained. The patient should be referred to a paediatric respiratory specialist.
Systemic steroids should be provided in appropriate cases of stress or elective surgery.
Excessive administration, (for example, greater than 1500 µg per day) of the higher dose Beceze 250 CFC Free Inhaler may induce a degree of adrenocortical suppression. In such patients the continuing treatment with Beceze CFC Free should be carefully considered.
Treatment with Beceze 250 CFC Free should not be stopped suddenly (refer to DOSAGE AND DIRECTIONS FOR USE).
The transfer of patients from other anti-asthma therapies is preferably done when the patient is in a reasonably stable state.
Following the introduction of Beceze CFC Free Inhaler it may be possible to reduce the other therapy. Particularly in those patients taking systemic corticosteroids, it is essential to reduce the dose slowly and with great care in view of the impairment of adrenocortical function.
It is important to monitor intercurrent infections and treat them appropriately.
Localised infections with Candida albicans in the mouth and throat (thrush) may occur in some patients. The occurrence is dose dependent, the incidence increasing with doses greater than 400 µg beclomethasone dipropionate per day. Patients who suffered a previous infection are more likely to develop this complication. Such patients may find it helpful to rinse their mouth with water after using the inhaler. Symptomatic oral candidiasis can be treated with a topical antifungal therapy, while continuing treatment with Beceze CFC Free.
Hoarseness or throat irritation may occur. Rinsing of the mouth and throat with water after each dose to remove residual medication may be helpful.
Paradoxical bronchospasm may occur, with an immediate increase in wheezing, shortness of breath and coughing after using Beceze CFC Free, this should be treated immediately with a fast-acting inhaled bronchodilator.
Treatment with Beceze CFC Free should be stopped immediately, the patient should be assessed, and alternative therapy be introduced.

INTERACTIONS:
Beceze CFC Free contains ethanol as inactive ingredient. There may be an interaction in patients on disulfiram or metronidazole treatment.

PREGNANCY AND LACTATION:
Beceze CFC Free is contraindicated in pregnancy and lactation (see CONTRAINDICATIONS).

DOSAGE AND DIRECTIONS FOR USE:
Beceze 50 CFC Free and 100 CFC Free:
Children: 50 to 100 µg, inhaled 2 to 4 times daily according to response.
Adults: The initial dosage may be started at 400 µg to 800 µg per day, and subsequently adjusted according to the patient's response.
Maintenance treatment: 100 µg, inhaled 3 to 4 times daily.
Beceze 250 CFC Free:
Children: Beceze 250 CFC Free is not indicated for children.
Adults: In patients with severe asthma or in those showing only partial response to standard inhalation doses, high dose inhalation therapy may be considered.
Doses of up to 1 mg daily - 500 µg inhaled twice daily, or 250 µg inhaled 4 times a day may be used.
Do not exceed a maximum dosage of 2 mg daily (2000 µg).
Beceze CFC Free treatment should not be stopped suddenly, the dosage should be titrated to the lowest dose at which effective control of asthma is maintained.
Special precautions for use
Patients should be instructed in the proper use of the inhaler and its care. Actuation of the inhaler needs to be synchronized with inspiration as the inhaler is breath operated.
See attached instructions for use.

SIDE EFFECTS :
Infections and infestations
Frequent: Candida albicans in the mouth and throat (thrush)
Immune system disorders
Hypersensitivity reactions with the following symptoms may occur:
Less frequent: Rash, urticaria, pruritis, erythema, oedema of the eyes, face, lips and throat.
Endocrine disorders
Less frequent: Adrenal suppression, slow growth rate in children and adolescents, decreased bone density.
Psychiatric disorders
Frequency unknown: Psychomotor hyperactivity, sleep disorders, anxiety, depression, aggression, behavioural disorders.
Nervous system disorders
Frequency unknown: Headache.
Eye disorders
Less frequent: Cataract, glaucoma.
Respiratory, thoracic and mediastinal disorders
Frequent: Hoarseness, throat irritation.
Less frequent: Paradoxical bronchospasm, wheezing, dyspnoea, cough
Gastrointestinal disorders
Frequency unknown: Nausea.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:
Excessive use of Beceze CFC Free over a long period of time could lead to adrenal suppression. It is advisable to carry out regular tests of adrenal function to guard against unexpected adrenal suppression. If excessive use has occurred the patient should be transferred to oral corticosteroid therapy. Inhalation therapy may be resumed when the condition has stabilized and oral corticosteroids are slowly withdrawn.
Further treatment is symptomatic and supportive.

IDENTIFICATION:
Aerosol for inhalation supplied in a pressurised aluminium container. Absence of external damage, corrosion or leakage.

PRESENTATION:
The container is a seamless aluminium canister with metered dispensing valve crimped in place.
Each canister of Beceze 50 CFC Free provides 200 metered inhalations.
Each canister of Beceze 100 CFC Free provides 200 metered inhalations.
Each canister of Beceze 250 CFC Free provides 200 metered inhalations.

STORAGE INSTRUCTIONS:
Store at or below 30 °C.
Avoid storage in direct sunlight or heat.
Do not refrigerate.
Protect from freezing.
The canister should not be punctured, broken or burnt even if it is apparently empty.
KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:
Beceze 50 CFC Free Inhaler: 36/21.5.1/0192
Beceze 100 CFC Free Inhaler: 36/21.5.1/0193
Beceze 250 CFC Free Inhaler: 36/21.5.1/0194

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:
BIOTECH LABORATORIES (PTY) LTD
Ground Floor, Block K West, Central Park,
400 16th Road, Randjespark, Midrand, 1685
South Africa

DATE OF PUBLICATION OF THE PACKAGE INSERT:
Date of registration: 08 April 2005
Date of latest revision of the text as approved by Council: 08 April 2005
Date of notification with regard to amended Reg. 9 and 10: 02 February 2015

HOW TO USE YOUR INHALER:

1. Remove the cap from the inhaler. Make sure the mouthpiece is clean and free from fluff and dirt.
2. Holding the inhaler upright, with your thumb on the base and your first finger on the top of the can. Now shake the inhaler vigorously up and down
3. Breathe out fully to empty the lungs, then place the mouthpiece firmly between the lips.
4. Now breathe in slowly and deeply. At the same time, press the aerosol with your first finger to fire the aerosol and release beclomethasone dipropionate.
5. Remove the inhaler from your mouth and hold your breath for 10 seconds, or as long as possible.
6. If more than one puff is required, wait at least one minute and repeat the procedure from step 2. Replace the cap.
7. To clean, remove the aerosol can and rinse the plastic container in warm water. Dry thoroughly, then replace the aerosol can.

IMPORTANT:
It is essential that the beclomethasone dipropionate inhaler is fired at the same time as you breathe in. If you have not used as inhaler before, it may be useful to practice steps 3 and 4 of the diagram without actually triggering the inhaler, so that breathing in and firing the inhaler can be done at the same time.

Namibia:	
Beceze 50 CFC Free, Reg. No.: 11/21.5.1/0185	NS2
Beceze 100 CFC Free, Reg. No.: 16/21.5.1/0072	NS2
Beceze 250 CFC Free, Reg. No.: 16/21.5.1/0073	NS2

SKEDULERINGSTATUS:
S3

EIENDOMSNAAM EN DOSEERVORM:
Beceze 50 CFC Free (Inhaleerder)
Beceze 100 CFC Free (Inhaleerder)
Beceze 250 CFC Free (Inhaleerder)

SAMESTELLING:
Beceze 50 CFC Free: 'n Voorafgemete dosis onder druk, in 'n inhaleerder wat 50 mikrogram beklometasoon dipropionaat per afgemete dosis lewer.
Beceze 100 CFC Free: 'n Voorafgemete dosis onder druk, in 'n inhaleerder wat 100 mikrogram beklometasoon dipropionaat per afgemete dosis lewer.
Beceze 250 CFC Free: 'n Voorafgemete dosis onder druk, in 'n inhaleerder wat 250 mikrogram beklometasoon dipropionaat per afgemete dosis lewer.
Ander bestanddele: anhidriese etanol, hidrofluoralkaan.

FARMAKOLOGIESE KLASSIFIKASIE:
A 21.5.1 Kortikosteroïede en analoë middels

FARMAKOLOGIESE WERKING:
Beklometasoon dipropionaat is 'n kortikosteroïed en het wanneer ingeasem word 'n glukokortikoïede, anti-inflammatoriese werking binne die asemhalingskanaal.

INDIKASIES:
Beceze CFC Free Inhaleerder word aangedui vir die behandeling van pasiënte met brongiale asma, insluitend: Pasiënte wie se asmatiese toestand langtermyn steroïed-instandhoudingsbehandeling verg, en pasiënte wie se toestand onvoldoende deur brongodilator terapie beheer kan word.
Die gebruik van Beceze 250 CFC Free inhaleerder word aanbeveel vir pasiënte wie se asma onvoldoende beheer word met laer dosisse beklometasoon dipropionaat.

KONTRAINDIKASIES:
Kortikosteroïede is aangedui om teratogeen te wees in diere na topikale aanwending. Aangesien beklometasoon stelselmatig geabsorbeer word na inaseming, kan teratogenisiteit na inaseming nie uitgesluit word nie. Daarom moet Beceze CFC Free nie gedurende swangerskap gebruik word nie.
Beceze CFC Free word teenaangedui in pasiënte met 'n geskiedenis van hipersensitiwiteit teenoor beklometasoon dipropionaat of enige van die bestanddele daarvan.
Akute status asmatikus.
Mondelinge ingeasemde beklometasoon dipropionaat moet met omsigtigheid gebruik word by pasiënte met kliniese tuberkulose of diegene met 'n geskiedenis van tuberkulose. Spesiale sorg moet ook geneem word om die gebruik van topikale kortikosteroïede te verminder in immunosuppressiewe pasiënte.

WAARSKUWINGS EN SPESIALE VOORSORGMAATREËLS:
Beceze CFC Free inhaleerders word nie aangedui vir die akute behandeling van aanvalle nie, maar word gebruik in die voorkoming daarvan – die pasiënt moet dus te alle tye verligtingsmedikasie tot sy beskikking hê. 'n Terapeutiese effek word nie bereik tot na 'n paar dae van gebruik nie. Die inhaleerders moet gereeld en volgens die instruksies gebruik word. Die pasiënt moet ingelig word dat die Beceze CFC Free inhaleerder gereeld gebruik moet word, selfs al sou die pasiënt geen simptome ervaar nie.
Pasiënte wat ernstige asma het moet gereeld ondersoek word, longfunksietoetse moet ook gereeld ondergaan word, aangesien hierdie pasiënte 'n verhoogde risiko het vir ernstige aanvalle, wat dodelik kan wees.
Pasiënte moet aangeraai word om mediese aandag te verkry indien behandeling minder effektief word, of indien meer inhalasies van Beceze CFC Free benodig word, aangesien dit kan dui op die agteruitgang van asmabeheer.
Indien dit gebeur, moet 'n assessering van die pasiënt uitgevoer word, en die behoefte aan 'n verhoging in anti-inflammatoriese medikasie oorweeg word.
'n Verergering van asma moet behandel word deur die dosis van Beceze CFC Free te verhoog, deur sistemiese steroïde te gee indien nodig, asook 'n toepaslike antibiotika voor te skryf indien daar 'n infeksie is, tesame met β-agonistiese terapie.
Langdurige en oormatige toediening kan sistemiese kortikosteroïed-effekte veroorsaak met 'n vermindering in plasmakortisolvlakke. Sistemiese kortikosteroïed-effekte kan adrenale onderdrukking of groeivertragings by kinders en adolessente insluit, 'n vermindering in beendigtheid, katarakte, gloukoom en minder gereeld, 'n reeks van sielkundige- of gedragsprobleme insluitend psigomotoriese hiperaktiwiteit, slaapversteurings, angs, depressie of aggressie (veral in kinders).
Daar word aanbeveel dat die lengte van kinders wat op langdurige behandeling met ingeasemde kortikosteroïede is gereeld gemonitor word. Indien die kind se groei vertraag word, moet asma behandeling hersien word met die doel om die dosis van die ingeasemde kortikosteroïede te verminder tot die laagste dosis waarteen asma beheer gehandhaaf kan word. Die pasiënt moet verwys word na 'n pediatriese respiratoriese spesialis.
Sistemiese steroïede moet voorsien word in toepaslike gevalle van stres of elektiewe chirurgie.
Oormatige gebruik (byvoorbeeld, meer as 1500 µg per dag) van die hoër dosis van Beceze 250 CFC Free Inhaleerder kan 'n mate van adrenokortiese onderdrukking veroorsaak. By sulke pasiënte moet die voortgesette behandeling met Beceze CFC Free sorgvuldig oorweeg word.
Behandeling met Beceze 250 CFC Free moet nie skielik gestaak word nie. (verwys na DOSIS EN GEBRUIKSAANWYSINGS).
Die oorgang van pasiënte van ander anti-asma behandeling word verkieslik gedoen wanneer die pasiënt in 'n redelike stabiele toestand is.
Na die bekendstelling van behandeling met Beceze 250 CFC Free Inhaleerder, kan dit moontlik wees om die ander behandeling te verminder. Veral in pasiënte wat sistemiese kortikosteroïede gebruik, is dit noodsaaklik om die dosis stadig en met groot sorg te verminder met die oog op die inkorting van die adrenokortiese funksie. Dit is belangrik om deurlopende infeksies te monitor en toepaslik te behandel.
Gelokaliseerde infeksies met Kandida albikans in die mond en keel (sproei) kan voorkom in sommige pasiënte. Die voorkoms is dosis afhanklik, en voorkoms daarvan verhoog met dosisse hoër as 400 µg beklometasoon dipropionaat per dag. Pasiënte wat aan 'n vorige infeksie gely het, is meer geneig om hierdie komplikasie te ontwikkel.
Sulke pasiënte mag dit nuttig vind om hul mond met water uit te spoel nadat hulle die inhaleerder gebruik het.
Simptomatiese mondelinge Kandidase kan behandel word met 'n topikale antifungus middel terwyl behandeling met Beceze CFC Free voortgesit word.
Heesheid of keel irritasie kan voorkom. Dit kan nuttig wees om die mond en keel na elke dosis te spoel met water om oorblywende medikasie te verwyder.
Paradoksale brongospasma mag voorkom met 'n onmiddellike toename in hyg, kortasem en hoes na die gebruik van Beceze CFC Free, dit moet dadelik behandel word met 'n vinnig-werkende ingeasemde brongodilator.
Behandeling met Beceze CFC Free behoort in hierdie geval gestaak te word, die pasiënt moet geëvalueer word, en indien nodig, moet alternatiewe terapie begin word.

INTERAKSIES:
Beceze CFC Free bevat etanol as onaktiewe bestanddeel. Daar kan 'n interaksie wees in pasiënte wat op disulfiram- of metronidasool behandeling is.

SWANGERSKAP EN LAKTASIE:
Beceze CFC Free word gekontraïndikeer in gebruik tydens swangerskap en laktasie (sien KONTRAÏNDIKASIES).

DOSIS EN GEBRUIKSAANWYSINGS:
Beceze 50 CFC Free en 100 CFC Free:
Kinders: 50 tot 100 µg, ingeasem 2 tot 4 maal daagliks na gelang van die pasiënt se reaksie op die behandeling.
Volwassenes: Die aanvanklike dosis kan begin word met 400 µg tot 800 µg per dag, en gevolglik aangepas word na gelang van die pasiënt se reaksie op die behandeling.
Instandhoudingsbehandeling: 100 µg, ingeasem 3 tot 4 maal daagliks.
Beceze 250 CFC Free:
Kinders: Beceze 250 CFC Free word nie aangedui vir gebruik in kinders nie.
Volwassenes: Hoër dosisse inhalasie terapie kan oorweeg word by pasiënte met ernstige asma of in diegene wat slegs gedeeltelike reaksie toon op standard inasemingsdosisse.
Dosisse van tot 1 mg daagliks - 500 µg ingeasem twee maal daagliks, of 250 µg ingeasem 4 maal per dag mag gebruik word.
Moenie die maksimum dosis van 2 mg daagliks oorskry nie (2000 µg).
Beceze CFC Free behandeling moet nie skielik gestaak word nie. Die dosis moet getitreer word tot die laagste dosis waarteen effektiewe beheer van asma gehandhaaf word.
Spesiale voorsorgmaatreëls vir gebruik
Pasiënte moet instruksies ontvang in die regte gebruik en sorg van die inhaleerder. Aktivering van die inhaleerder moet met inaseming gesinchroniseer word omdat die inhaleerder deur inaseming geaktiveer word. Sien aangehegde instruksies vir gebruik.

NEWE EFFEKTE:
Infeksies en infestasies
Algemeen: Kandida albikans in die mond en keel (sproei)
Immuunstelsel versteurings
Hipersensitiwiteitsreaksies tesame met die volgende simptome mag voorkom:
Minder algemeen: Uitslag, urtikaria, pruritus, eriteem, edeem van die oë, gesig, lippe en keel.
Endokriene afwykings
Minder algemeen: Adrenale onderdrukking, stadige groeikoers in kinders en tieners, 'n afname in beendigtheid.
Psigiatriese versteurings
Frekwensie onbekend: Psigomotoriese hiperaktiwiteit, slaapversteurings, angs, depressie, aggressie, gedragsversteurings.
Senuweestelsel afwykings
Frekwensie onbekend: Hoofpyn.
Versteurings van die oog
Minder algemeen: Katarak, gloukoom.
Respiratoriese, torakale en mediastinale versteurings
Algemeen: Heesheid, irritasie van die keel.
Minder algemeen: Paradoksale brongospasma, hyging, dispnee, hoes.
Gastroïntestinale afwykings
Frekwensie onbekend: Naarheid.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VIR DIE BEHANDELING DAARVAN:
Oormatige gebruik van Beceze CFC Free oor 'n lang tydperk kan lei tot adrenale onderdrukking. Dit is raadsaam om gereelde toetse van adrenale funksie uit te voer om te waak teen onverwagte adrenale onderdrukking.
Indien oormatige gebruik plaasgevind het, moet die pasiënt verskuif word na orale kortikosteroïed terapie. Inasemingsterapie kan hervat word wanneer die toestand gestabiliseer het en kan orale kortikosteroïede stadig maar seker onttrek word.
Verdere behandeling is simptomaties en ondersteunend van aard.

IDENTIFIKASIE:
Aërosol vir inhalasie voorsien in 'n aluminium kannetjie wat onder druk is. Afwesigheid van eksterne skade, korrosie of lekkasie.

AANBIEDING:
Die houer is 'n naatlose aluminium kannetjie met 'n afgemete doseringsklep in plek.
Elke houer van Beceze 50 CFC Free lewer 200 afgemete dosisse.
Elke houer van Beceze 100 CFC Free lewer 200 afgemete dosisse.
Elke houer van Beceze 250 CFC Free lewer 200 afgemete dosisse.

BERGINGSINSTRUKSIES:
Berg by of benede 30 °C.
Vermy berging in direkte sonlig of hitte.
Moet nie verkoel nie.
Moenie vries nie.
Moenie die houer prik, breek of brand nie, selfs al is die houer leeg.
HOU BUITE DIE BEREIK VAN KINDERS.

REGISTRASIE NOMMERS:
Beceze 50 CFC Free Inhaleerder: 36/21.5.1/0192
Beceze 100 CFC Free Inhaleerder: 36/21.5.1/0193
Beceze 250 CFC Free Inhaleerder: 36/21.5.1/0194

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE REGISTRASIE SERTIFIKAAT:
BIOTECH LABORATORIES (EDMS) BPK.
Grond Vloer, Blok K Wes, Central Park
400 16de Straat, Randjespark, Midrand, 1685
Suid Afrika

DATUM VAN PUBLIKASIE VAN DIE VOUBILJET:
Datum van registrasie: 08 April 2005
Datum van laaste hersiening van die teks soos goedgekeur deur die Raad: 08 April 2005
Datum van kennisgewing met betrekking tot gewysigde Reg. 9 en 10: 02 Februarie 2015

HOE OM JOU INHALEERDER TE GEBRUIK:

1. Verwyder die doppie van die mondstuk van die inhaleerder. Maak seker die mondstuk is skoon en dat daar geen wolletjies of vuiligheid op is nie.
2. Hou die inhaleerder regop met jou duim op die basis en jou voorvinger op die bokant van die kannetjie. Skud nou die inhaleerder goed in 'n op en af beweging.
3. Blaas al die lug uit u longe en plaas die mondstuk ferm tussen u lippe.
4. Trek nou u asem stadig en diep in. Druk terselfdertyd die aerosol met jou voorvinger om die afgemete dosis beklometasoon dipropionaat te lewer.
5. Verwyder die inhaleerder uit jou mond en hou jou asem op vir 10 sekondes, of vir so lank as moontlik.
6. Wag ten minste een minuut en herhaal die prosedure vanaf stap nommer 2 indien meer as een sproei nodig is.
   Plaas die doppie van die mondstuk terug na gebruik.
7. Om skoon te maak, verwyder die metaalkannetjie uit die plastiese omhulsel en spoel die houer met warm water af. Maak die omhulsel deeglik droog en plaas die kannetjie terug.

BELANGRIK:
Dit is noodsaaklik dat die beklometasoon dipropionaat inhaleerder gespuit word op die selfde tyd as wat jy inasem. Indien u nog nooit tevore 'n inhaleerder gebruik het nie, kan dit nuttig wees om stappe 3 en 4 van die diagram te oefen sonder om die inhaleerder te spuit sodat die inaseming en spuit-aksie van die inhaleerder op dieselfde tyd gedoen word.

Namibië:	
Beceze 50 CFC Free, Reg. Nr.: 11/21.5.1/0185	NS2
Beceze 100 CFC Free, Reg. Nr.: 16/21.5.1/0072	NS2
Beceze 250 CFC Free, Reg. Nr.: 16/21.5.1/0073	NS2