The following individuals from our hospital/practice would also like to attend

Name(s) and Role(s): .....

.....

.....

Practice Address: .....

.....

.....

Special dietary requirements for all attendees: .....

.....

.....

As places are strictly limited, please return as soon as possible

IM2-12535

The Role of the Pharmacist in the Asthma Patient Pathway

Meeting Information

The meeting is to be held on

Tuesday, 13th May 2014

starting at

6.00pm until 8.00pm

RELVAR® ELLIPTA®

(fluticasone furoate and vilanterol inhalation powder)

UK/COMM/0026/14

Meeting organised and funded by

gsk

This is a promotional meeting

Prescribing information can be found on page 5

Venue

Meeting to be held in private facilities at

Arooj

286 Attercliffe Road, Sheffield S4 7WZ

Contact Details

For further information please contact

Kathryn H Kemp, on **07717 800110** or email **kathryn.m.kemp@gsk.com**

This is a personal invitation to you to join us for what promises to be a most interesting and informative meeting. Certificate of attendance will be made available at the meeting. This invitation can only be extended to the medical and allied professions. As places are limited, allocations will be made on a first-come, first served basis.

Please tear off and return

The Role of the Pharmacist in the Asthma Patient Pathway

Please detach and return this page using the envelope provided.
(No stamp required)

Arooj, 286 Attercliffe Road, Sheffield S4 7WZ

Tuesday, 13th May 2014 at 6.00pm to 8.00pm

I will be able to attend the meeting: ☐

Please email to remind me the day before the meeting: ☐

Email address:.....

Signature: .....

PTO to add attendees

Your email address will only be used by GSK and its third party service providers for logistics associated with this meeting and will not be used for promotional purposes.

Meeting organised and funded by

gsk

UK/COMM/0026/14

Speaker Information

James Wood
Community Pharmacist
The Wicker Pharmacy, Sheffield
The Role of the Pharmacist in the Asthma Patient Pathway

Jill Leyshon
GSK
Medical Scientific Liaison Advisor
Relvar Ellipta - A New Medicine for Asthma & COPD

Agenda

6.00pm	Arrival & Registration
6.30pm	The Role of the Pharmacist in the Asthma Patient Pathway
7.00pm	Relvar Ellipta - A New Medicine for Asthma & COPD
8.00pm	Meeting Close and Hot Buffet

Relvar® ▼ Ellipta® (fluticasone furoate/ vilanterol [as trifenatate]) Prescribing information
(Please consult the full Summary of Product Characteristics (SmPC) before prescribing)

Relvar® Ellipta® (fluticasone furoate/vilanterol [as trifenatate]) inhalation powder. Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg) and vilanterol (VI) 25mcg provides a delivered dose of 92mcg FF and 22mcg VI. Each single inhalation of FF 200mcg and VI 25mcg provides a delivered dose of 184mcg of FF and 22mcg of VI. **Indications:** *Asthma:* Regular treatment of asthma in patients ≥12 years and older not adequately controlled on inhaled corticosteroids and ''as needed" short-acting inhaled β_2-agonists, where a long-acting β_2-agonist and inhaled corticosteroid combination is appropriate. *COPD:* Symptomatic treatment of adults with COPD with a FEV_1<70% predicted normal (post-bronchodilator) and an exacerbation history despite regular bronchodilator therapy. **Dosage and administration**: Inhalation only. *Asthma:* Adults and adolescents ≥12 years: one inhalation once daily of: Relvar 92/22mcg for patients who require a low to mid dose of inhaled corticosteroid in combination with a long-acting beta2-agonist. If patients are inadequately controlled then the dose can be increased to one inhalation once daily Relvar 184/22mcg. Relvar 184/22mcg can also be considered for patients who require a higher dose of inhaled corticosteroid in combination with a long-acting beta2-agonist. Regularly review patients and reduce dose to lowest that maintains effective symptom control. *COPD:* one inhalation once daily of Relvar 92/22mcg. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions**: Pulmonary tuberculosis, severe cardiovascular disorders, chronic or untreated infections, diabetes mellitus. Paradoxical bronchospasm – substitute alternative therapy if necessary. In patients with hepatic with moderate to severe impairment 92/22mcg dose should be used. *Acute symptoms:* Not for acute symptoms, use short-acting inhaled bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. Asthma-related adverse events and exacerbations may occur during treatment. Patients should continue treatment but seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of Relvar. *Systemic effects:* Systemic effects of inhaled corticosteroids may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. *Possible Systemic effects include:* Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents, cataract, glaucoma. More rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Increased incidence of pneumonia has been observed in patients with COPD receiving Relvar. *Risk factors for pneumonia include:* current smokers, patients with a history of prior pneumonia, patients with a body mass index <25 kg/m^2 and patients with a FEV_1<50% predicted. If pneumonia occurs with Relvar treatment should be re-evaluated. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Relvar. **Interactions with other medicinal products**: Interaction studies have only been performed in adults. Avoid β-blockers. Caution is advised when co-administering with strong CYP 3A4 inhibitors (e.g. ketoconazole, ritonavir). Concomitant administration of other sympathomimetic medicinal products may potentiate the adverse reactions of FF/VI. Relvar should not be used in conjunction with other long-acting β_2-adrenergic agonists or medicinal products containing long-acting β_2-adrenergic agonists. **Pregnancy and breast-feeding**: Experience limited. Balance risks against benefits. **Side effects**: Very Common (≥1/10): Headache, nasopharyngitis. Common (≥1/100 to <1/10): Candidiasis of the mouth and throat, dysphonia, pneumonia, bronchitis, upper respiratory tract infection, influenza, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, abdominal pain, arthralgia, back pain, fractures, pyrexia. Uncommon (≥1/1,000 to <1/100): Extrasystoles. **Legal category**: POM. **Presentation and Basic NHS cost:** Relvar® Ellipta®. 1 inhaler x 30 doses. *Relvar Ellipta 92/22* - £27.80 . *Relvar Ellipta 184/22* - £38.87. **Marketing authorisation (MA) nos. 92/22mcg 1x30 doses [EU/1/13/886/002]; 184/22mcg 1x30 doses [EU/1/13/886/005]. MA holder**: Glaxo Group Ltd, 980 Great West Road, Brentford, Middlesex TW8 9GS, UK. **Last date of revision:** *November 2013*. Relvar® and Ellipta® are registered trademarks of the GlaxoSmithKline group of companies. All rights reserved. Relvar® Ellipta® was developed in collaboration with Theravance,Inc.

UK/RESP/0209a/13 November 2013

Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard. For Ireland, adverse events should be reported directly to the IMB; Pharmacovigilance Section, Irish Medicines Board, Kevin O'Malley House, Earlsfort Centre, Earlsfort Terrace, Dublin 2, Tel: +353 1 6764971. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441 in the UK or 1800 244 255 in Ireland.