Pfizer Limited
Walton Oaks, Dorking Road, Walton on the Hill,
Tadworth, Surrey KT20 7NS, UK
Telephone: +44 (0)1304 616161

Worldwide Biopharmaceutical Businesses

Prescribing information for Pfizer medicines that will be referenced at these meetings can be found at the end of this document.

Dear Healthcare Professional,

You are invited to attend a virtual promotional meeting organised and funded by Pfizer Ltd on behalf of the Bristol Myers Squibb - Pfizer Alliance and may include reference to Pfizer medicines relevant to the agenda topics. This meeting is available to join via WebEx.

'The Series - Anticoagulation Stewardship: Pulling Pharmacists Together to Deliver Optimal Patient Care'

What you will learn from this series:
Utilising the Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme framework to better understand the impact of the changing NHS landscape though the lenses of pharmacy professionals, in order to deliver the best patient outcomes, value from anticoagulation medicines and excellence in practice.

Session 1: 'Taking the Discharge Medicines Service (DMS) to The Next Level - The Patient Journey Matters'

Thursday 21st October 2021, 19:15 – 20:45

What will you learn from this meeting? Further to the launch of this service in February 2021, regardless of where your implementation plan sits, this is an opportunity to enhance your strategy to achieve excellence in delivering this evolving, essential service whilst considering the importance of collaboration across the pharmacy sectors.

Session 2: 'The New Medicines Service (NMS) – Connecting All the Pharmacy Sectors'

Wednesday 17th November 2021, 19:15 – 20:45

What will you learn from this meeting? An understanding of how NMS impacts all pharmacy sectors in order to deliver high-quality care for all patients through optimal communication around safety, dosing, compliance and adherence.

Session 3: 'CVDPREVENT: Understanding the New National Audit - The Pharmacist's Role, Focus & Opportunity'
Wednesday 19th January 2022, 19:15 – 20:45

What will you learn from this meeting? CVDPREVENT is evolving. This new pharmacy element will launch across to pharmacy professionals by the beginning 2022. This session will support your understanding of this new national audit and prepare for implementation across all pharmacy sectors.

Session 4: 'Pulling Together and Driving Clinical Excellence in Practice: Implementation Examples'
Wednesday 16th February 2022, 19:15 – 20:45

What will you learn from this meeting? The final part of this series will deliver an opportunity to reflect and share the implementation of DMS, NMS and CVDPREVENT, to enable learning to become conscious and pro-active across pharmacy professionals in the field of anticoagulation.

These promotional meetings are organised and funded by Pfizer Ltd on behalf of the Bristol Myers Squibb - Pfizer Alliance. Please note that, under the law and the ABPI Code of Practice, Pfizer may only provide hospitality and/or promote its medicines to members of the healthcare professions and other relevant decision makers. Therefore, no unqualified person (e.g. medical students, non-medical spouses, partners) may be invited to or attend Pfizer meetings.

*Your personal data shall be processed in accordance with the attached Pfizer EEA HCP PRIVACY NOTICE, which explains among others the disclosures of transfer of value.

PP-ELI-GBR-9691 September 2021

Pfizer Ltd
Registered in England: No 526209
Registered Office: Ramsgate Road
Sandwich, Kent CT13 9NJ, UK

Pfizer Limited
Walton Oaks, Dorking Road, Walton on the Hill,
Tadworth, Surrey KT20 7NS, UK
Telephone: +44 (0)1304 616161

Worldwide Biopharmaceutical Businesses

If you are a healthcare professional resident in the UK and wish to keep up to date with other Pfizer-organised educational meetings in your area that may be of interest, please click on the following link to view the available meetings. https://hcpevents.pfizerpro.co.uk/

Session 1 Agenda: Thursday 21st October 2021

19:15 – 19:30 Joining & Registration

19:30 – 19:35 **Welcome, Introduction & Meeting Series Objectives**
Dr Richard Brown, Chief Officer, Avon LPC

19.35 – 19:40 **Integrating Care - What Is the Role of The Pharmacy Teams In DMS?**
Dr Richard Brown, Chief Officer

19:40 – 19:45 **Optimal Anticoagulation – Pharmacists Getting It Right for DMS Patients**
Mr Raj R Patel, Pharmacist/Director of Operations, Consortium.Media

19:45 – 19:55 **Evolving the Discharge Medicines Service – Quality Patient Choice & Care**
Miss Alison Freemantle, Professional Services Development Manager, Community Pharmacy South Central

19:55 – 20:25 **A Case Study: Improving the Patient Journey Through DMS**
Dr Michael Jackson, Lead Cardiovascular Pharmacist/Deputy Lead Clinical Services Pharmacist, East Kent Hospitals University NHS Foundation Trust

20:25 – 20:40 **Panel Q&A Session**
All

20:40 – 20:45 **Key Take Home Messages/ What's Next in This Pharmacist Meeting Series?**
Dr Richard Brown, Chief Officer

20:45 Meeting close

Session 2 Agenda: Wednesday 17th November 2021

19:15 – 19:30 Joining & Registration

19:30 – 19:35 **Welcome, Introduction & Learnings**
Mr Raj R Patel, Pharmacist/Director of Operations, Consortium.Media

19.40 – 19:45 **Integrating Care - What Is the Role of The Pharmacist in NMS?**
Miss Alison Freemantle, Professional Services Development Manager, Community Pharmacy South Central

19:45 – 19:50 **Optimal Anticoagulation - Pharmacists Collaborating to Get It Right for NMS Patients**
Mr Raj R Patel, Pharmacist/Director of Operations

19:50 – 20:00 **Evolving the New Medicines Service – Quality Patient Choice & Care**
Dr Richard Brown, Chief Officer, Avon LPC

PP-ELI-GBR-9691 September 2021

Pfizer Ltd
Registered in England: No 526209
Registered Office: Ramsgate Road
Sandwich, Kent CT13 9NJ, UK

Pfizer Limited
Walton Oaks, Dorking Road, Walton on the Hill,
Tadworth, Surrey KT20 7NS, UK
Telephone: +44 (0)1304 616161

Worldwide Biopharmaceutical Businesses

20:00 – 20:30 **A Case Study: Improving the Patient Journey Through NMS**
Dr Michael Jackson, Lead Cardiovascular Pharmacist/Deputy Lead Clinical Services Pharmacist, East Kent Hospitals University NHS Foundation Trust

20:30 – 20:40 **Panel Q&A Session**
All

20:40 – 20:45 **Key Take Home Messages/ What's Next in This Pharmacist Meeting Series?**
Mr Raj R Patel, Pharmacist/Director of Operations

20:45 Meeting close

Session 3 Agenda: Wednesday 19th January 2022

19:15 – 19:30 Joining & Registration

19:30 – 19:40 **Welcome, Introduction and Learnings**
Mr Raj R Patel, Pharmacist/Director of Operations, Consortium.Media

19:40 – 19:50 **CVDPREVENT – What is it? How does it fit with the NHS Long Term Plan?**
Dr Richard Brown, Chief Officer, Avon LPC

19:50 – 20:00 **CVDPREVENT – Delivering Optimal Anticoagulation to Fulfil This Audit**
Detection, Protection and Perfection: The Implications for each Pharmacy Sector
Miss Alison Freemantle, Professional Services Development Manager, Community Pharmacy South Central

20:00 – 20:30 **A Theoretical Interactive Case Study: Detecting NVAF in the Pharmacy setting**.
Dr Michael Jackson, Lead Cardiovascular Pharmacist/Deputy Lead Clinical Services Pharmacist, East Kent Hospitals University NHS Foundation Trust

20:30 – 20:40 **Panel Q&A Session**
All

20:40 – 20:45 **Key Take Home Messages/ What's Next in This Pharmacist Meeting Series?**
Mr Raj R Patel, Pharmacist/Director of Operations

20:45 Meeting close

*Your personal data shall be processed in accordance with the attached Pfizer EEA HCP PRIVACY NOTICE, which explains among others the disclosures of transfer of value.

PP-ELI-GBR-9691 September 2021

Pfizer Ltd
Registered in England: No 526209
Registered Office: Ramsgate Road
Sandwich, Kent CT13 9NJ, UK

Pfizer Limited
Walton Oaks, Dorking Road, Walton on the Hill,
Tadworth, Surrey KT20 7NS, UK
Telephone: +44 (0)1304 616161

Worldwide Biopharmaceutical Businesses

Session 4 Agenda: Wednesday 16th February 2022

19:15 – 19:30 Joining & Registration

19:30 – 19:35 **Welcome and Introduction**
Miss Alison Freemantle, Professional Services Development Manager, Community Pharmacy South Central

19:35 -19:50 **Anticoagulation Stewardship - Sharing Best Practice: DMS**
Dr Michael Jackson, Lead Cardiovascular Pharmacist/Deputy Lead Clinical Services Pharmacist, East Kent Hospitals University NHS Foundation Trust

19:50 – 20:05 **Anticoagulation Stewardship - Sharing Best Practice: NMS**
Dr Richard Brown, Chief Officer, Avon LPC

20:05 – 20:20 **Anticoagulation Stewardship - Sharing Best Practice: CVDPREVENT**
Mr Raj R Patel, Pharmacist/Director of Operations, Consortium.Media

20:20 – 20:35 **The Key to Pharmacist Collaboration Across the Integrated Care Systems (ICS) – Series Summation**
Miss Alison Freemantle, Professional Services Development Manager

20:35 – 20:45 **Panel Q&A Session**
All

20:45 Meeting close

……

These promotional meetings are organised & funded by Pfizer Ltd on behalf of the Bristol Myers Squibb - Pfizer Alliance. Please note that, under the law and the ABPI Code of Practice, Pfizer may only provide hospitality and/or promote its medicines to members of the healthcare professions and other relevant decision makers. Therefore, no unqualified person (e.g. medical students, non-medical spouses, partners) may be invited to or attend Pfizer meetings. We ask that you ensure that you are in a private location when joining the virtual meeting and that no unqualified persons or members of the public are able to hear or view the meeting content.

These meetings will be broadcast via a virtual platform enabling you to join the meetings from your own computer or mobile device. The virtual platform will allow you to receive audio and video streaming of the speaker presentations and you will be able to view the speaker's slides and pose questions to the speakers. You should not need to download any additional software onto your computer or mobile device in order to access the meetings but is dependent on your device.

REPLY*

Please reply by email or telephone to: **Gurjit.Dhesi@pfizer.com or Gurjit Dhesi 07770 804831** to confirm your attendance at this meeting. In order to register you must identify the meeting date(s) and time(s) that you would like to join in your response and provide an email address for further Joining Instructions to be sent to you.

Adverse events should be reported.
Reporting forms and information can be found at: UK - www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Bristol-Myers Squibb via medical.information@bms.com or 0800 731 1736 (UK).

PP-ELI-GBR-9691 September 2021

Pfizer Ltd
Registered in England: No 526209
Registered Office: Ramsgate Road
Sandwich, Kent CT13 9NJ, UK

Pfizer Limited
Walton Oaks, Dorking Road, Walton on the Hill,
Tadworth, Surrey KT20 7NS, UK
Telephone: +44 (0)1304 616161

Worldwide Biopharmaceutical Businesses

Dr Richard Brown PhD, FRPharmS, Chief Officer, Avon LPC

Richard is a pharmacist and has extensive experience working as the Chief Officer of Avon LPC whilst also running a successful Pharmacy Consulting business, BRR Consulting and online training company, VirtualOutcomes.
His passion for supporting and promoting community pharmacy has led to the successful deployment of the newly commissioned NHS Community Pharmacist Consultation Service and Discharge Medicines Service across Avon with support offered to LPCs across the country.
His vision for the future of community pharmacy is for the highly skilled pharmacy team to be offering both preventative health advice to stop people becoming ill, whilst also supporting people with a diagnosed condition. That way pharmacies can truly be part of the local community.
Richard also has a PhD in Medicinal Chemistry and is currently a Senior Visiting Lecturer at The University of Bath, Pharmacy and Pharmacology department.

Miss Alison Freemantle MRPharmS Professional Services Development Manager, Community Pharmacy South Central

Alison joined Community Pharmacy South Central in May 2019 as Professional Services Development Manager. Her role includes providing support to c. 340 pharmacy contractors for national and locally commissioned services. She is responsible for managing over 50 local contracts and maintaining effective communication and relationships with the 12 commissioning CCGs and Local Authorities.
Alison qualified as a pharmacist in 1996. She has had a varied career within the pharmacy sector including 13 years as part of clinical service development team for Lloyds Pharmacy where she was the subject matter expert for Diabetes and Cardiovascular Disease. Alison has also previously worked in the pharmaceutical industry and currently continues to practice as a community pharmacist.

*Your personal data shall be processed in accordance with the attached Pfizer EEA HCP PRIVACY NOTICE, which explains among others the disclosures of transfer of value.

PP-ELI-GBR-9691 September 2021

Pfizer Ltd
Registered in England: No 526209
Registered Office: Ramsgate Road
Sandwich, Kent CT13 9NJ, UK

Pfizer Limited
Walton Oaks, Dorking Road, Walton on the Hill,
Tadworth, Surrey KT20 7NS, UK
Telephone: +44 (0)1304 616161

Worldwide Biopharmaceutical Businesses

Mr Raj R Patel Pharmacist/Director of Operations, Consortium.Media

Raj is a Pharmacist that is Nationally recognised in Community Pharmacy circles across the United Kingdom. Former Board Director at the National Pharmacy Association, Chairman of Merton & Sutton Local Pharmaceutical Committee & other Leadership roles – very passionate about Community Pharmacy and the potential it can bring to the N.H.S.
He was previously a Pioneering pharmacy owner in Surrey for over 15 years delivering innovative services, installing a dispensing robot & growing his business with innovative marketing techniques. Winner of many Industry Awards during his illustrious career from Independent Pharmacist of the Year, Alphega European Pharmacist of the Year and many others.
After selling his chain of pharmacies in the last year he moved on to a Senior PCN clinical pharmacist role as an Independent Prescriber. He also runs a community pharmacy consultancy organisation where he helps local businesses with online media & marketing. He is PR trained and has great gravitas in delivering motivational and inspiring talks on various topics relating to Pharmacy.

Dr Michael Jackson, Lead Cardiovascular Pharmacist/Deputy Lead Clinical Services Pharmacist, East Kent University NHS Foundation Trust

Dr Michael Jackson is a secondary care senior pharmacist new to the East Kent hospitals, with a specialist (and enthusiastic) knowledge in cardiovascular and anticoagulation medicine. He brings over 25 years of clinical experience working in pharmacist-led clinics (i.e. anticoagulation, heart failure and pulmonary hypertension) along with an extensive educational background as lecturer and trainer for Universities (most recently Queens' University, Belfast), regional professional learning and development for doctors/pharmacists/nurses, patient support organisations, and private consultations. He has been formally trained as a teacher and mentor and is an associate member of the higher education academy. He has been a guest speaker at national and international medical/nursing/pharmacy conferences such as Clinical Pharmacy Congress, Nursing in Practice, International Society of geriatric medicine, International haematology society, All Ireland Cardiology congress, All Ireland haematology society, and Masterclasses (Budapest, Rome, London). Michael is also a creator of an online training Masterclass in Practical Geriatrics and YouTube channel collaborator.

PP-ELI-GBR-9691 September 2021

Pfizer Ltd
Registered in England: No 526209
Registered Office: Ramsgate Road
Sandwich, Kent CT13 9NJ, UK

ELIQUIS® (apixaban) PRESCRIBING INFORMATION
United Kingdom

Consult Summary of Product Characteristics (SmPC) before prescribing

PRESENTATION: Film-coated tablets; 5 mg and 2.5 mg apixaban. **INDICATION (SPC section 4.1):** Prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation (NVAF) with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA), age ≥ 75 years, hypertension, diabetes mellitus or symptomatic heart failure (NYHA Class ≥ II). Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults (see Special warnings and precautions for information on haemodynamically unstable PE patients). Prevention of venous thromboembolic events (VTE) in adults who have undergone elective hip or knee replacement surgery (2.5 mg only). **DOSAGE AND ADMINISTRATION (SPC section 4.2):** Oral. Taken with water, with or without food. *Prevention of stroke and systemic embolism in patients with NVAF:* The recommended dose is 5 mg twice a day. In patients who meet at least two of the following criteria: serum creatinine ≥ 1.5 mg/dL (133 micromole/L), age ≥ 80 years, or body weight ≤ 60 kg the recommended dose is Eliquis, 2.5 mg twice daily. Patients with severe renal impairment (creatinine clearance 15-29 ml/min) should receive Eliquis 2.5 mg twice daily. Therapy should be continued long term. *Treatment of DVT, treatment of PE and prevention of recurrent DVT and PE (VTEt):* The recommended dose for the treatment of acute DVT and treatment of PE is 10 mg twice daily for the first 7 days followed by 5 mg twice daily. As per available medical guidelines, short duration of treatment (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, immobilisation). The recommended dose for the prevention of recurrent DVT and PE is 2.5 mg twice daily. When prevention of recurrent DVT and PE is indicated, the 2.5 mg twice daily dose should be initiated following completion of 6 months of treatment with Eliquis 5 mg twice daily or with another anticoagulant. The duration of overall therapy should be individualised after careful assessment of the treatment benefit against the risk for bleeding. *Prevention of VTE (VTEp): elective hip or knee replacement surgery:* The recommended dose is 2.5 mg twice a day. The initial dose should be taken 12 to 24 hours after surgery. Hip replacement surgery, the recommended duration of treatment is 32 to 38 days. Knee replacement surgery, the recommended duration of treatment is 10 to 14 days. *Missed Dose for All Indications:* If a dose is missed, Eliquis should be taken immediately and then continue with twice daily dose as before. *Switching:* Switching treatment from parenteral anticoagulants to Eliquis (and vice versa) can be done at the next scheduled dose. These medicinal products should not be administered simultaneously. *Switching treatment from VKA therapy to Eliquis:* Warfarin or other VKA therapy should be discontinued and Eliquis started when the international normalized ratio (INR) is < 2. *Switching treatment from Eliquis to VKA therapy:* Administration of Eliquis should be continued for at least 2 days after beginning VKA therapy. After 2 days of co- administration of Eliquis with VKA therapy, an INR should be obtained prior to next scheduled dose of Eliquis. Co-administration of Eliquis and VKA therapy should be continued until the INR is ≥ 2. *Renal Impairment - mild or moderate renal impairment:* For the prevention of VTE in elective hip or knee replacement surgery (VTEp), for the treatment of DVT, treatment of PE and prevention of recurrent DVT and PE (VTEt), no dose adjustment is necessary. For the prevention of stroke and systemic embolism in patients with NVAF and serum creatinine ≥ 1.5 mg/dL (133 micromole/L) associated with age ≥ 80 years or body weight ≤ 60 kg, a dose reduction is necessary. In the absence of other criteria for dose reduction (age, body weight), no dose adjustment is necessary. *Severe renal impairment (creatinine clearance 15-29 mL/min):* For the prevention of VTE in elective hip or knee replacement surgery (VTEp), for the treatment of DVT, treatment of PE and prevention of recurrent DVT and PE (VTEt), Eliquis is to be used with caution. For the prevention of stroke and systemic embolism in patients with NVAF, patients should receive the lower dose of Eliquis 2.5 mg twice daily. In patients with creatinine clearance < 15 mL/min, or in patients undergoing dialysis, there is no clinical experience therefore Eliquis is not recommended. See SmPC for further details. *Hepatic impairment:* Contraindicated in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk. Not recommended in patients with severe hepatic impairment. Use with caution in patients with mild or moderate hepatic impairment (Child Pugh A or B). No dose adjustment is required in patients with mild or moderate hepatic impairment. Use with caution in patients with elevated liver enzymes (ALT/AST > 2 x ULN) or total bilirubin ≥ 1.5 x ULN. Prior to initiating Eliquis, liver function testing should be performed. *Catheter ablation (NVAF):* Patients can continue Eliquis use while undergoing catheter ablation. *Cardioversion (NVAF):* Eliquis can be initiated or continued in NVAF patients who may require cardioversion. See SmPC for further details. *Patients with NVAF and acute coronary syndrome (ACS) and/or percutaneous coronary intervention (PCI):* There is limited experience of treatment with apixaban at the recommended dose for NVAF patients when used in combination with antiplatelet agents in patients with ACS and/or undergoing PCI after haemostasis is achieved. See SmPC for further details. *Paediatric population:* Eliquis is not recommended in children and adolescents below the age of 18. **CONTRAINDICATIONS (SPC section 4.3):** Hypersensitivity to active substance or to excipients, active clinically significant bleeding, hepatic disease associated with coagulopathy and clinically relevant bleeding risk, lesion or condition if considered a significant risk factor for major bleeding, see SmPC for further details. Concomitant treatment with any other anticoagulant agent except under specific circumstances of switching anticoagulant therapy or when unfractionated heparin (UFH) is given at doses necessary to maintain an open central venous or arterial catheter or when UFH is given during catheter ablation for atrial fibrillation, see SmPC for further details. **SPECIAL WARNINGS AND PRECAUTIONS (SPC section 4.4):** *Haemorrhage risk:* Carefully observe for signs of bleeding. Use with caution in conditions with increased risk of haemorrhage. Discontinue administration if severe haemorrhage occurs. An agent to reverse the anti-factor Xa activity of apixaban is available. For information on reversal and managing bleeding, see SmPC for further details. *Interaction with other medicinal products affecting haemostasis:* Concomitant treatment with any other anticoagulant is contraindicated (see contraindications). Concomitant use of Eliquis with antiplatelet agents increases the risk of bleeding. Care with concomitant SSRIs, SNRIs or NSAIDs, including acetylsalicylic acid. Following surgery, other platelet aggregation inhibitors are not recommended concomitantly with Eliquis. In patients with atrial fibrillation and conditions that warrant mono or dual antiplatelet therapy, a careful assessment of the potential benefits against the potential risks should be made before combining this therapy with Eliquis. A clinical trial enrolled patients with atrial fibrillation with ACS and/or undergoing PCI and a planned treatment period with a P2Y12 inhibitor, with or without ASA, and oral anticoagulant (either apixaban or VKA) for 6 months. Concomitant use of ASA increased the risk of ISTH (International Society on Thrombosis and Hemostasis) major or CRNM (Clinically Relevant Non-Major) bleeding in apixaban-treated subjects. See SmPC for further details. *Use of thrombolytic agents for the treatment of acute ischemic stroke:* Limited experience. *Patients with prosthetic heart valves:* safety and efficacy of Eliquis have not been studied in patients with prosthetic heart valves, with or without atrial fibrillation. Therefore, the use of Eliquis is not recommended in this setting. *Patients with antiphospholipid syndrome:* Direct acting Oral Anticoagulants (DOACs), including Eliquis, are not recommended for patients with a history of thrombosis who are diagnosed with antiphospholipid syndrome (see SmPC for further details). *Surgery and invasive procedures:* Discontinue at least 48 hours prior to elective surgery or invasive procedures with a moderate or high risk of bleeding. Discontinue at least 24 hours prior to elective surgery or invasive procedures with a low risk of bleeding. If surgery or invasive procedures cannot be delayed, appropriate caution should be exercised, taking into consideration an increased risk of bleeding. Eliquis should be restarted after the invasive procedure or surgical intervention as soon as possible provided the clinical situation allows and adequate haemostasis has been established. For patients undergoing catheter ablation for atrial fibrillation, Eliquis treatment does not need to be interrupted. *Temporary discontinuation:* Discontinuing anticoagulants, including Eliquis, for active bleeding, elective surgery, or invasive procedures places patients at an increased risk of thrombosis. Lapses in therapy should be avoided and if anticoagulation with Eliquis must be temporarily discontinued for any reason, therapy should be restarted as soon as possible. *Spinal/epidural anaesthesia or puncture:* Patients treated with antithrombotic agents for prevention of thromboembolic complications are at risk of developing an epidural or spinal haematoma which can result in long- term or permanent paralysis. The risk of these events may be increased by the post- operative use of indwelling epidural catheters or the concomitant use of medicinal products affecting haemostasis. Indwelling epidural or intrathecal catheters must be removed at least 5 hours prior to the first dose of Eliquis. The risk may also be increased by traumatic or repeated epidural or spinal puncture. Patients are to be frequently monitored for signs and symptoms of neurological impairment (e.g., numbness or weakness of the legs, bowel or bladder dysfunction). If neurological compromise is noted, urgent diagnosis and treatment is necessary. Prior to neuraxial intervention the physician should consider the potential benefit versus the risk in anticoagulated patients or in patients to be anticoagulated for thromboprophylaxis. There is no clinical experience with the use of Eliquis with indwelling intrathecal or epidural catheters. See SmPC for further details. *Haemodynamically unstable PE patients or patients who require thrombolysis or pulmonary embolectomy:* Eliquis is not recommended as an alternative to unfractionated heparin in patients with pulmonary embolism who are haemodynamically unstable or may receive thrombolysis or pulmonary embolectomy since the safety and efficacy of Eliquis have not been established. *Patients with active cancer:* Patients with active cancer can be at high risk of both venous thromboembolism and bleeding events. When apixaban is considered for DVT or PE treatment in cancer patients, a careful assessment of the benefits against the risks should be made. *Renal impairment:* see dosage and administration section. *Elderly patients:* Increasing age may increase haemorrhagic risk. Also, the co-administration of Eliquis with ASA in elderly patients should be used cautiously because of a potentially higher bleeding risk. *Body weight:* Low body weight (< 60 kg) may increase haemorrhagic risk. *Hepatic impairment:* see dosage and administration section. *Interaction with Inhibitors of CYP3A4 and P-gp:* Not recommended with strong inhibitors of both CYP3A4 and P-gp. These medicinal products may increase Eliquis exposure by 2-fold or greater in the presence of additional factors that increase Eliquis exposure (e.g. severe renal impairment) see SmPC for further details. *Interaction with Inducers of CYP3A4 and P-gp:* Eliquis should not be used for the treatment of DVT and PE in patients receiving concomitant systemic treatment with strong inducers of both CYP3A4 and P-gp since efficacy may be compromised. Concomitant systemic treatment with strong inducers of both CYP3A4 and P-gp, Eliquis should be used with caution for the prevention of VTE in elective hip or knee replacement surgery, for the prevention of stroke and systemic embolism in patients with NVAF and for the prevention of recurrent DVT and PE, though no dose adjustment for Eliquis is required during concomitant therapy with such medicinal products. *Hip fracture surgery:* Eliquis has not been studied in clinical trials in patients undergoing hip fracture surgery. Therefore, it is not recommended in these patients. *Laboratory parameters:* Clotting tests (PT, INR, and aPTT) are affected by the mechanism of action of apixaban. Changes observed at the expected therapeutic dose are small and subject to a high degree of variability, see SmPC for further details. *Information about excipients:* Eliquis contains lactose. Patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take Eliquis. **DRUG INTERACTIONS (SPC section 4.5):** Eliquis should be used with caution when co-administered with SSRIs/SNRIs, NSAIDs, ASA and/or P2Y12 inhibitors because these medicinal products typically increase the bleeding risk. There is limited experience of co-administration with other platelet aggregation inhibitors (such as GPIIb/IIIa receptor antagonists, dipyridamole, dextran or sulfinpyrazone) or thrombolytic agents. As such agents increase the bleeding risk, co-administration of these products with Eliquis is not recommended. See SmPC for further details. Due to an increased bleeding risk, concomitant treatment with any other anticoagulants is contraindicated, except under specific circumstances of switching anticoagulant therapy, when UFH is given at doses necessary to maintain an open central venous or arterial catheter or when UFH is given during catheter ablation for atrial fibrillation. Administration of activated charcoal reduces Eliquis exposure. Also see contraindications and special warnings and precautions section; Consult SmPC (contraindications, special warnings and precautions and drug interactions) for full details on interactions. **FERTILITY, PREGNANCY AND LACTATION (SPC section 4.6):** *Pregnancy:* As a precautionary measure, it is preferable to avoid the use of apixaban during pregnancy *Breastfeeding:* A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from apixaban therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. **UNDESIRABLE EFFECTS (SPC section 4.8):** Increased risk of occult or overt bleeding from any tissue or organ, which may result in post haemorrhagic anaemia. The signs, symptoms, and severity will vary according to the location and degree or extent of the bleeding. Frequencies: common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); not known (cannot be estimated from the available data). **Prevention of VTE in adult patients who have undergone elective hip or knee replacement surgery (VTEp):** *Common:* anaemia; haemorrhage*; haematoma*; nausea; contusion. *Uncommon:* thrombocytopenia*; epistaxis*; haematochezia*; liver function test abnormal (including blood bilirubin increased*); haematuria*; specific haemorrhage such as gastrointestinal*, abnormal vaginal*, urogenital*, post procedural*, wound secretion*, incision site*, operative*. *Rare:* hypersensitivity*; anaphylaxis*; haemoptysis*; gingival bleeding*; specific haemorrhage such as eye (including conjunctival)*, rectal*, muscle*. *Not known:* angioedema*; specific haemorrhage such as brain (encompassing intracranial, intraspinal)*, intra-abdominal*, respiratory tract*, haemorrhoidal*, mouth*, retroperitoneal*, traumatic*, erythema multiforme*. **Prevention of stroke and systemic embolism in adult patients with NVAF, with one or more risk factors (NVAF):** *Common:* anaemia; haemorrhage*; haematoma*; hypotension (including procedural hypotension); epistaxis*; nausea; gingival bleeding*; gamma-glutamyltransferase increased; haematuria*; contusion; specific haemorrhage such as eye (including conjunctival)*, gastrointestinal*, rectal*. *Uncommon:* thrombocytopenia*; hypersensitivity*; anaphylaxis*; haemoptysis*; haematochezia*; liver function test abnormal (including blood bilirubin increased*); specific haemorrhage such as brain (encompassing intracranial, intraspinal)*, intra-abdominal*, haemorrhoidal*, mouth*, abnormal vaginal*, urogenital*, post procedural*, wound secretion*, incision site*, operative*, traumatic*. *Rare:* specific haemorrhage such as respiratory tract*, retroperitoneal*, muscle*. *Very Rare:* erythema multiforme*. *Not known:* angioedema*. **Treatment of DVT and PE, and prevention of recurrent DVT and PE (VTEt):** *Common:* anaemia; thrombocytopenia*; haemorrhage*; haematoma*; epistaxis*; nausea; gingival bleeding*; gamma-glutamyltransferase increased; alanine aminotransferase increased; skin rash; haematuria*; contusion; specific haemorrhage such as gastrointestinal*, mouth*, rectal*, abnormal vaginal*, urogenital*. *Uncommon:* hypersensitivity*; anaphylaxis*; haemoptysis*; haematochezia*; liver function test abnormal (including blood bilirubin increased*); specific haemorrhage such as eye (including conjunctival)*, haemorrhoidal*, muscle*, post procedural*, wound secretion*, incision site*, operative*, traumatic*. *Rare:* specific haemorrhage such as brain (encompassing intracranial, intraspinal)*, respiratory tract*. *Not Known:* angioedema*; specific haemorrhage such as intra-abdominal* and retroperitoneal*, erythema multiforme*. *Denotes serious adverse reaction **Refer to SmPC for all other adverse events LEGAL CATEGORY:** POM. **MARKETING AUTHORISATION NUMBER and BASIC NHS PRICE (SPC section 8):** Great Britain: PLGB 54213/0001 and PLGB 54213/0002 / Northern Ireland: EU/1/11/691/001-3, EU/1/11/691/008 and EU/1/11/691/014 Carton of 10 film-coated tablets 2.5 mg £9.50, 20 film-coated tablets 2.5 mg £19.00, 60 film-coated tablets 2.5 mg £57.00, 56 film-coated tablets 5 mg £53.20, 28 film-coated tablets 5 mg £26.60. **MARKETING AUTHORISATION HOLDER (SPC section 7):** Bristol-Myers Squibb/Pfizer EEIG, Plaza 254, Blanchardstown Corporate Park 2, Dublin 15, D15 T867, Ireland. **FOR FURTHER INFORMATION CONTACT:** medical.information@bms.com or 0800 731 1736 (United Kingdom) **DATE OF PREPARATION:** May 2021 **Approval Code: 432-GB-2100399; PP-ELI-GBR-8933 ADDITIONAL INFORMATION AVAILABLE ON REQUEST**

Adverse events should be reported. Reporting forms and information can be found via:
United Kingdom – The yellow card scheme at www.mhra.gov.uk/yellowcard, or search for MHRA Yellow Card in the Google Play or Apple App Store
Adverse events should also be reported to Bristol-Myers Squibb via medical.information@bms.com or 0800 731 1736 (United Kingdom)

EEA HCP PRIVACY NOTICE

INTRODUCTION

This EEA Privacy Notice for Health Care Professionals ("HCP Privacy Notice" or "Privacy Notice") describes the Personal Data that the EEA Pfizer companies named in the Contact Us section below (hereinafter, "Pfizer", "us" or "we") collect about you as a healthcare professional ("HCP") when we interact with you; how we use that data; how we protect it; and the choices you may make with respect to your Personal Data.
If you are interacting with us online, please also see the privacy notice posted on the website or application that you are using.

PERSONAL DATA

"Personal Data" is data that identifies you as an individual or relates to an identifiable individual. We will collect Personal Data when we meet with you, when you participate in our programs, activities, industry events, trade shows, or in connection with your inquiries and communications with us. We also collect Personal Data from data companies providing information services in the healthcare sector, publicly accessible sources of professional information, and joint marketing partners.

Personal Data that we may collect includes:
Name
Contact information (postal address, telephone numbers, email address, fax number)
Your preferred language
Professional photograph
Your interests (such as in health care topics about which you request information from us)
Professional biography including data related to your education, licensures, specialties, professional affiliations (e.g., memberships in medical societies or HCP networks), publications, credentials, and other professional achievements
Data related to your use of our products, your interactions with us, your preferred method of communications with us, and services for those you care for
Financial and banking data that you provide to us to pay you for services and provide reimbursement for professional fees, travel, accommodation and out of pocket expenses
National ID number, passport number, tax identification number
Travel preferences

When you are asked to provide Personal Data, you may decline. But if you choose not to provide data that is necessary for us to provide requested services or perform our contractual obligations we may not be able to provide you those services or perform those contractual obligations.
If you provide or permit us to collect any Personal Data relating to another person, including adverse event data, you are telling us that you have the authority to share that data and to permit us to use the data as described in this EEA HCP Privacy Notice.

HOW WE USE PERSONAL DATA

We use Personal Data in order to:
Interact and engage with you when we have a contractual relationship or a legitimate interest.

Interacting and engaging with you includes:
Responding to your inquiries and your requests.
Enforcing the contractual terms and conditions that govern our relationship with you (e.g., medical events, publications, advisory meetings, etc.) and, where applicable, paying you for defined or agreed upon services or reimbursing your expenses, planning calls, meetings, trips and other related interactions with you, sending administrative information to you, and documenting our interactions with you.
Creating and maintaining Pfizer's database of health care providers to identify and, if applicable, engaging with you (by digital or other means) as a scientific expert or a key opinion leader in various health care fields based on your professional expertise and opinions, and where applicable, your past interactions with us, such as:
inviting you to attend congresses/panels, HCP professional meetings and educational activities
reaching out to you for your professional expertise by communicating information about our products through our professional representatives or in the context of surveys relating to pharmaceutical products or services.

Operate our business to comply with our legal obligations, for statistical purposes or to meet our legitimate interests in maintaining our business.

Operating our business includes:
Complying with our regulatory monitoring and reporting obligations, including those related to adverse events, product complaints and product safety.
Verifying your eligibility to access certain products, services and data that may be provided only to licensed HCPs or otherwise conducting background checks to ensure we are not precluded from working with you.
Conducting training and ensuring quality control.
Detecting, preventing, or investigating misconduct.
Complying with anti-corruption and transparency obligations.
Analysing or predicting HCP preferences in order to identify aggregated trends to develop, improve or modify our products, services and business activities.
Protecting our rights, privacy, safety or property, and/or that of our affiliates, you or others.

Provide you with marketing and promotional communications on scientific/health matters (by digital means or otherwise), which may be personalized to your professional area and interests when we have your consent or a legitimate interest.

HOW WE DISCLOSE PERSONAL DATA

We disclose Personal Data as follows:
To other Pfizer companies (visit https://selfservehosteu.pfizer.com/legal-entities for a list of our companies) for the purposes described in this EEA HCP Privacy Notice.
To our third party service providers, to provide services such as data analysis, data technology and related infrastructure provision, customer service, auditing and other services.
To data companies providing information services in the healthcare sector to ensure your data remains up to date and accurate.
To other companies with which we collaborate regarding joint development, distribution and/or marketing of particular products or services.
To comply with a regulatory requirement, judicial proceeding, court order, government request, or legal process served on us.
To take legal action or otherwise protect the safety, rights, or property of our customers, the public, Pfizer and our affiliates.
To prepare, complete and implement any reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings).

DISCLOSURES OF TRANSFER OF VALUE

A Pfizer company in the country of your professional practice will make public disclosures of the transfers of value that you receive from any Pfizer company according to the EFPIA Transparency Code of Conduct and/or applicable local law (such as payment of professional fees, travel, accommodations and out of pocket expenses).

Unless otherwise required by law, we will disclose your identity, city and country of professional practice and the date, nature and amount of value that you receive from Pfizer. Your ID or social security number will only be published if required by local law. These disclosures will be published on our websites and/or EFPIA local pharmaceutical industry association websites. When legally required, disclosure will also occur on relevant government websites. The data, once published, will be available for 3 years (unless another legal period applies in your country).

We disclose this data pursuant to consent, law or legitimate interests.

The publication of this data serves multiple legitimate interests of society, including patients, health care systems, the pharmaceutical industry, and to you as an HCP by:
Instilling public confidence in the integrity and independence of HCPs.
Helping safeguard public health by promoting HCP accountability to patients for decisions about their treatment.
Demonstrating a commitment to continual education of HCPs which helps provide better care to patients.

INDIVIDUAL RIGHTS

If you would like to request to review, correct, update, suppress, restrict, object or delete Personal Data that you have provided to us, withdraw a consent or if you would like to request to receive an electronic copy of such Personal Data for purposes of transmitting it to another company, you may contact us as indicated in the Contact Us section. We will respond to your request consistent with applicable law.
In your request, please tell us what Personal Data you would like to have changed, whether you would like to have it suppressed from our database, or otherwise let us know what limitations you would like to put on our use of it. For your protection, we may need to verify your identity before implementing your request. We will try to comply with your request as soon as reasonably practicable.
Please note that we may need to retain certain Personal Data for recordkeeping purposes and/or to

complete any transactions that you began prior to requesting a change or deletion.

DATA SECURITY
We seek to use reasonable organizational, technical and administrative measures to protect your Personal Data. Unfortunately, no data transmission or storage system can be guaranteed to be 100% secure.

RETENTION PERIOD
We will retain your Personal Data for as long as needed or permitted in light of the purpose(s) for which it was obtained and as outlined in this Privacy Notice. The criteria used to determine our retention periods include: (i) the length of time we have an ongoing relationship with you and provide our products, services or contents to you; (ii) whether there is a legal obligation to which we are subject; or (iii) whether retention is advisable in light of our legal position (such as in regard to the enforcement of applicable contract terms, applicable statutes of limitations, litigation or regulatory investigations).

CROSS BORDER TRANSFERS
The data we collect may be stored and processed in any country where we have facilities or in which we engage service providers, including in the U.S. and where our affiliates operate.
Some non-EEA countries are recognized by the European Commission as providing an adequate level of data protection according to EEA standards (the full list of these countries is available at https://ec.europa.eu/info/law/law-topic/data-protection/data-transfers-outside-eu/adequacy-protection-personal-data-non-eu-countries_en. For transfers from the EEA to countries not considered adequate by the European Commission, we have put in place adequate measures, such as by ensuring that the recipient is bound by EU Standard Contractual Clauses, to protect your Personal Data.
To obtain a copy of these measures please visit https://ec.europa.eu/info/law/law-topic/data-protection/data-transfers-outside-eu/model-contracts-transfer-personal-data-third-countries_en.

DATA OF MINORS
If you are providing us with Personal Data of individuals under the age of sixteen (16), you represent that you have the appropriate authority to do so, and that you can demonstrate such authority to Pfizer upon request.

UPDATES
From time to time, we will update this EEA HCP Privacy Notice. Any changes will become effective when we post the revised Privacy Notice at privacycenter.pfizer.com. This Privacy Notice was last updated as of the "Last Updated" date shown above.

CONTACT US
The company responsible for collection, use and disclosure of your Personal Data under this Privacy Notice is:
Pfizer Limited
Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS

If you have questions about this Privacy Notice, or if you would like to request to exercise any individual rights, please contact us at DataProtectionUK@Pfizer.com, or write to the following address:
Pfizer Limited, IPC 1-1, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS

You may also contact our data protection officer responsible for your country or region, if applicable. To find their contact information, visit dpo.pfizer.com.

LODGING A COMPLAINT WITH A REGULATOR
You may lodge a complaint with a data protection authority competent for your country or region or place of alleged infringement. Please click visit http://ec.europa.eu/newsroom/article29/item-detail.cfm?item_id=612080 for contact information for such authorities.

EEA HCP PRIVACY NOTICE:
May 2018
Version 2
Date of Preparation May 2018
PP-PFE-GBR-1168