Promotional meeting organised and funded by Napp Pharmaceuticals Limited. Napp's products will be discussed at this meeting. There will be a separate area at the meeting with a promotional stand.

BEYOND THE BASICS:

Ensuring excellence in asthma care 2017

FRIDAY 20TH JANUARY 2017

Venue: Monks Yard, Ilminster, Somerset

RSVP

To register your place at this meeting, please contact:

David Cope, *Account Manager, Napp Pharmaceuticals Limited*

Email: david.cope@napp.co.uk

Telephone: 07753 579838

There is no charge to attend this meeting

NAPP RESPIRATORY

About your trainer
BEVERLEY BOSTOCK-COX

Key Qualifications

RGN St George's Hospital, London 1982

Independent and supplementary prescribing Coventry University 2002/2003

BSc Professional Nursing Studies University of Wolverhampton 2003

MSc (Respiratory Care) Open University 2008

2015-2017 studying for an MA in Medical Ethics and Law at Keele University.

Queen's Nurse

In May 2015 Beverley joined the ranks of the Queen's Nursing Institute as a Queen's Nurse. The title is given to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice.

Synopsis of current roles:

Beverley has a useful mix of theory and practice in her role as both hands-on health care professional and clinical lecturer. She is a nurse practitioner/ prescriber and has worked in general practices across the Midlands since 1984 and is now working in a rural practice in the Cotswolds as an NP for long term conditions. She also works as an education lead for cardio-respiratory disease and diabetes at Education for Health.

Key positions:

Beverley was a member of the Topic Expert Group which developed the Asthma Quality Standards for NICE; She also sat on the National Review of Asthma Deaths.

Other roles

Writes extensively for a range of journals on respiratory care, diabetes and other subjects.

Advancing your asthma care
COURSE OUTLINE

Venue: **Monks Yard Horton Cross Farm, Horton Cross, Ilminster TA19 9PT**
(includes working coffee and tea breaks am and pm)

09:30 **Registration and coffee**

09:45 **Introduction**
Aims and objectives of the day.

10:00 **Diagnosing Asthma – NICE 2015**
From Spirometry to FeNO to eosinophils
– what's new in asthma diagnosis?

10:45 **An Update of the BTS/SIGN Guidelines**
A review of the new BTS/SIGN Guidelines 2016 and the role of new therapies.

11:30 **Effectiveness Study**
Real World Outcome.
(Napp's product will be discussed in this presentation).

12:00 **Lunch**

12:45 **Using behaviour change technique in respiratory care**
From smoking to non-adherence.

13:15 **Medico-Legal Issues in respiratory prescribing**
Lesson from the NRAD 2014 report on asthma deaths.

14:15 **The Breathless Patient – working up to a diagnosis**
History, examination, diagnosis, and treatment of range of conditions (an interactive session).

15:30 **Action Planning & Reflection**
Putting learning into practice.

16.00 End

flutiform® (fluticasone propionate and formoterol fumarate) pressurised inhalation suspension

Prescribing Information United Kingdom

Please read the Summary of Product Characteristics before prescribing.

Presentation Pressurised inhalation suspension, in a pressurised metered dose inhaler (pMDI), containing fluticasone propionate and formoterol fumarate dihydrate at strengths of 50 µg/5 µg, 125 µg/5 µg or 250 µg/10 µg per actuation.

Indications Regular treatment of asthma where the use of a combination product (inhaled corticosteroid and long-acting β_2-agonist) is appropriate: For patients not adequately controlled with inhaled corticosteroids and 'as required' inhaled short-acting β_2-agonist (SABA), or for patients already adequately controlled on both an inhaled corticosteroid and a long-acting β_2-agonist (LABA). ***flutiform*** 50 µg/5 µg and 125 µg/5 µg per actuation are indicated for use in adults and adolescents 12 years and above. ***flutiform*** 250 µg/10 µg per actuation is only indicated for use in adults.

Dosage and administration For inhalation use. The patient should be shown how to use the inhaler correctly by a physician or other healthcare professional. Patients should be given the strength of ***flutiform*** containing the appropriate fluticasone propionate dose for their disease severity (note that ***flutiform*** 50 µg/5 µg per actuation is not appropriate in patients with severe asthma). The appropriate strength should be taken as two inhalations, twice-daily (normally in the morning and evening) and used every day, even when asymptomatic. ***flutiform*** should not be used in children under 12 years. Prescribers should be aware that in asthmatics, fluticasone propionate is as effective as some other inhaled steroids when administered at approximately half the total daily microgram dose. Total daily dose can be increased if asthma remains poorly controlled by administering a higher strength inhaler. Appropriate doses of the β_2-agonist and inhaled corticosteroid (ICS) in separate inhalers, or the ICS alone, should be prescribed if a patient requires doses outside the recommended dose regimens. Patients should be assessed regularly and once asthma is controlled, treatment should be reviewed and stepped down to the lowest effective dose, or an ICS alone. It is extremely important to regularly review patients as their treatment is stepped down. ICSs alone are first line treatment for most patients. ***flutiform*** is not intended for initial treatment of mild asthma. For patients with severe asthma the ICS therapy should be established before prescribing a fixed-dose combination product. Patients on ***flutiform*** must not use an additional LABA. An inhaled SABA should be taken for immediate relief of asthma symptoms arising between doses. The ***AeroChamber Plus***® spacer device is recommended in patients who find it difficult to use inhalers; re-titration should always follow the introduction of a spacer device. Patients should be advised to contact their prescriber when the ***flutiform*** dose counter is getting near zero.

Contra-indications Hypersensitivity to any of the active substances or excipients.

Precautions and warnings ***flutiform*** should not be used for the first treatment of asthma, to treat acute asthma symptoms or for prophylaxis of exercise-induced asthma. It should not be initiated during an exacerbation, during significantly worsening or acutely deteriorating asthma, and should not be stopped abruptly. Patients should use their ***flutiform*** maintenance treatment as prescribed, even when asymptomatic. If a patient experiences serious asthma-related adverse events or exacerbations, they should continue treatment but also seek medical advice. Patients should be reviewed as soon as possible if there is any indication of deteriorating asthma control. In the case of sudden and progressive deterioration, which is potentially life-threatening, an urgent medical assessment should be carried out. Use with caution in patients with: pulmonary tuberculosis; quiescent tuberculosis; fungal, viral or other infections of the airway; thyrotoxicosis; pheochromocytoma; diabetes mellitus (consider additional blood sugar controls); uncorrected hypokalaemia; predisposition to low levels of serum potassium; impaired adrenal function (monitor HPA axis function regularly) ; hypertrophic obstructive cardiomyopathy; idiopathic subvalvular aortic stenosis; severe hypertension; aneurysm or other severe cardiovascular disorders. There is risk of potentially serious hypokalaemia with high doses of β_2-agonists or concomitant treatment with β_2-agonists and drugs that can induce or potentiate a hypokalaemic effect. Particular caution is recommended in unstable or acute severe asthma and other conditions when the likelihood for hypokalemia adverse effects is increased. Monitoring of serum potassium levels is recommended during these circumstances. Formoterol may induce prolongation of the QTc interval. Caution must be observed when treating patients with existing prolongation of QTc interval. ***flutiform*** should be discontinued immediately if there is evidence of paradoxical bronchospasm. Systemic effects with an ICS may occur, particularly at high doses for prolonged periods or when combined with potent CYP3A4 inhibitors, but are less likely than with oral corticosteroids. Use of a spacer device may also cause an increased systemic exposure. Increased exposure can be expected in patients with severe hepatic impairment. Prolonged treatment with high doses of corticosteroids may result in adrenal suppression and acute adrenal crisis, particularly in adolescents and children or potentially as a result of trauma, surgery, infection or rapid dose reduction. Patients should be advised that ***flutiform*** contains a small amount of ethanol; however this negligible amount does not pose a risk to patients. ***flutiform*** is not recommended in children under 12 years of age.

Interactions Caution is advised in long-term co-administration with strong CYP3A4 inhibitors (e.g. ritonavir, atazanavir, clarithromycin, indinavir, itraconazole, nelfinavir, saquinavir, ketoconazole and telithromycin); co-administration should be avoided if possible. Ritonavir in particular should be avoided, unless the benefits outweigh the risks of systemic side-effects. Caution is advised with use of non-potassium sparing diuretics (e.g. loop or thiazide), xanthine derivatives, glucocorticosteroids, L-Dopa, L-thyroxine, oxytocin, alcohol or other adrenergic drugs. There is an increased risk of arrhythmias in patients receiving concomitant anaesthesia with halogenated hydrocarbons. Hypokalaemia may increase the risk of arrhythmias in patients being treated with digitalis glycosides. Concomitant use of β-adrenergic drugs can have a potentially additive effect. Caution should be taken when using formoterol fumarate with drugs known to prolong the QTc interval, such as tricyclic antidepressants or MAOIs (and for two weeks following their discontinuation), as well as antipsychotics (including phenothiazines), quinidine, disopyramide, procainamide and antihistamines. Concomitant use of an MAOI or a similar agent, such as furazolidone or procarbazine, may precipitate hypertensive reactions. β-blockers and formoterol fumarate may inhibit the effect of each other. β-blockers may produce severe bronchospasm in asthma patients, and they should not normally be treated with β-blockers including those that are used as eye drops to treat glaucoma. Under certain circumstances, e.g. as prophylaxis after myocardial infarction, cardioselective β blockers could be considered with caution.

Pregnancy and lactation ***flutiform*** is not recommended during pregnancy. It should only be considered if benefits to the mother outweigh risks to the foetus. It is not known whether fluticasone propionate or formoterol are excreted in breast milk; a risk to the breast feeding infant cannot be excluded. A decision should be made on whether to discontinue breastfeeding or discontinue/ abstain from ***flutiform***.

Side-effects Potentially serious side-effects: hyperglycaemia; depression; aggression; behavioural changes (predominantly in children); paradoxical bronchospasm; agitation; vertigo; palpitations; ventricular extrasystoles; angina pectoris; tachycardia; hypertension; dyspnoea; peripheral oedema; Cushings Syndrome; adrenal suppression; growth retardation; cataract and glaucoma; hypersensitivity reactions and QTc interval prolongation. Please consult the SPC for details of non-serious side-effects and those reported for the individual molecules.

Legal category POM

Package quantities and price One inhaler containing 120 actuations
50 µg/5 µg - £14.40
125 µg/5 µg - £28.00
250 µg/10 µg - £45.56

Marketing Authorisation numbers PL 16950/0167 PL 16950/0168 PL16950/0169

Marketing Authorisation holder

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