INVITATION

Cipla

Advances in Asthma Management Options in Australia

28th October 2021
7:00 PM - 9:00 PM

Learning Objectives:

- How to assess asthma control
- How to approach patients with suboptimal asthma control
- Improve understanding of NAC guidelines on how to adjust asthma medications
- Understand the use of dual and triple therapy options in asthma management in Australia

VENUE: The Beach House Hotel, 344 Esplanade, Scarness, QLD 4655

AGENDA:

6:30 PM	Registration
7:00 PM	Advances in Asthma Management Options in Australia Dinner will be served during the presentation
8:45 PM	Q&A discussion
9:00 PM	Close

RSVP: Please RSVP before 26th October 2021

E: william.mcculloch@Cipla.com

Ph: 0419 343 890

Doctor name: _____

Clinic name: _____

Phone: _____ Email: _____

Dietary requirements: _____

_____

SPEAKER:

Dr Alex Ritchie

BA BSc MBBS (Hons) FRACP

Respiratory Specialist

Dr Alex Ritchie graduated class Valedictorian from the University of Queensland in 2004, receiving the University Medal for Medicine. He completed Thoracic Medicine training at the Royal Brisbane and Women's Hospital and then a Sleep Fellowship at The Prince Charles Hospital in 2013. After obtaining his RACP Fellowship he completed a year-long Clinical Research Fellowship at the British Columbia Cancer Agency, based in Vancouver.

Dr Ritchie is available for consultation in general thoracic medicine and has a special interest in the early diagnosis of lung cancer, lung cancer screening and lung nodule evaluation. He is a skilled bronchoscopist, with extensive training in endobronchial ultrasound (EBUS).
In addition to his interest in thoracic oncology, Dr Ritchie provides consultation to help clinicians and patients with the comprehensive evaluation and management of the broad range of respiratory and non-respiratory sleep disorders.

See approved Product Information before prescribing. Full Product Information is available at http://www.novartis.com.au/products_healthcare.html

PBS Information: Authority required. For the treatment of severe asthma in patients aged 18 years or older. Refer to PBS Schedule for full Authority Information.

ENERZAIR® BREEZHALER® (indacaterol, glycopyrronium and mometasone furoate). **Presentation:** Inhalation powder hard capsules delivering indacaterol 114 µg, glycopyrronium 46 µg and mometasone furoate 68 or 136 µg respectively. **Indication:** Maintenance treatment of asthma in adult patients ≥18 years not adequately controlled with a maintenance combination of a ICS/LABA with one or more exacerbations in the previous year. **Dosage and administration: Adult patients:** Inhalation of the content of one capsule of Enerzair Breezhaler 114/46/68 µg or 114/46/136 µg once-daily is the recommended dose. The maximum recommended dose is Enerzair Breezhaler 114/46/136 µg once daily. Patients should be prescribed Enerzair Breezhaler containing the appropriate dosage of mometasone furoate for the severity of their disease. **Paediatric patients (below 18 years):** Not recommended in patients under 18 years of age. **Special populations:** *Renal impairment:* No dose adjustment in patients with mild to moderate renal impairment. Should be used only if the expected benefit outweighs the potential risk in patients with severe renal impairment or end-stage renal disease requiring dialysis. *Hepatic impairment:* No dose adjustment in patients with mild and moderate hepatic impairment. No data are available for patients with severe hepatic impairment, should be used in these patients only if the expected benefit outweighs the potential risk. *Geriatric patients (65 years of age and older):* No dose adjustment. **Contraindications:** Hypersensitivity to any of the active substances or excipients. **Precautions:** Not indicated for the treatment of acute asthma including acute bronchospasm, for which a short acting bronchodilator should be used. If hypersensitivity or paradoxical bronchospasm occurs treatment should be discontinued immediately. Caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension, known or suspected prolongation of the QT interval), convulsive disorders, thyrotoxicosis, patients who are unusually responsive to $beta_2$-adrenergic agonists, narrow-angle glaucoma, urinary retention, severe renal or hepatic impairment, pulmonary tuberculosis, chronic or untreated infections. Caution for hypokalemia, hyperglycemia. **Pregnancy:** (Category B3). **Interactions:** Beta-adrenergic blockers, products affecting the QTc interval, monoamine oxidase inhibitors, tricyclic antidepressants, methylxanthine derivatives, steroids, non-potassium sparing diuretics, and other LAMAs and LABAs. **Adverse effects: Common (≥1% to <10%) and potentially serious:** hypersensitivity. **Common (≥1% to <10%):** candidiasis, urinary tract infection, headache, tachycardia, oropharyngeal pain, cough, dysphonia, gastroenteritis, dry mouth, rash, musculoskeletal pain, muscle spasms, pyrexia. **Uncommon (≥0.1% to <1%):** hyperglycaemia, pruritus, dysuria. **Dosage and administration:** Inhalation of the content of one capsule of Enerzair Breezhaler 114/46/68 µg or 114/46/136 µg once-daily. The maximum recommended dose is 114/46/136 µg once daily. Patients should be prescribed Enerzair Breezhaler containing the appropriate dosage of mometasone furoate for the severity of their disease. *(ene091020m)*

NEW ONCE DAILY[1]
ENERZAIR® breezhaler®
Indacaterol acetate / glycopyrronium bromide / mometasone furoate inhalation powder

Abbreviations: ICS, inhaled corticosteroid; LABA, long-acting $beta_2$-agonist; LAMA, long-acting muscarinic receptor antagonist; FEV_1, forced expiratory volume in 1 second; µg, microgram.

Reference: 1. ENERZAIR® BREEZHALER® approved Product Information. Novartis Pharmaceuticals Australia Pty Limited. October 2020.

PBS Information: Authority Required (STREAMLINED). Treatment of asthma in patients over 12 years of age. Refer to PBS Schedule for full Authority Information.

ATECTURA® BREEZHALER® (indacaterol and mometasone) **Presentation:** Inhalation powder hard capsules delivering indacaterol 125 micrograms and mometasone furoate 62.5 or 127.5 or 260 micrograms respectively. **Indication:** Atectura Breezhaler is indicated as a once-daily maintenance treatment of asthma in adults and adolescents 12 years of age and older where use of a combination of long-acting $beta_2$-agonist and inhaled corticosteroid is appropriate:,- patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short-acting $beta_2$-agonists or,- patients not adequately controlled with long-acting $beta_2$-agonists and low dose of inhaled corticosteroids and "as needed" inhaled short-acting $beta_2$-agonists. **Dosage and administration:** Adults and adolescent age 12 years and above: Inhalation of the content of one capsule of Atectura Breezhaler 125/62.5 micrograms once daily is recommended in patients who require a combination of a long-acting $beta_2$-agonist and a low dose of inhaled corticosteroid. Inhalation of the content of one capsule of Atectura Breezhaler 125/127.5 micrograms or 125/260 micrograms once-daily is recommended in patients who require a combination of a long-acting $beta_2$-agonist and a medium or high dose of inhaled corticosteroid. Patients should be informed that regular daily usage is necessary to maintain control of asthma symptoms and that use should be continued even when asymptomatic. The maximum recommended dose is Atectura Breezhaler 125/260 micrograms once daily. **Special populations:** Renal impairment: No dose adjustment. *Hepatic impairment:* No dose adjustment in patients with mild and moderate hepatic impairment. No data is available for subjects with severe hepatic impairment, should be used in these patients only if the expected benefit outweighs the potential risk. *Geriatric patients (65 years of age and older):* No dose adjustment. **Contraindications:** Hypersensitivity to any of the active substances or excipients. **Warnings and Precautions: Acute asthma:** Should not be used to treat acute asthma including acute bronchospasm. A short acting bronchodilator should be used. **Hypersensitivity:** If hypersensitivity reaction occurs, Atectura Breezhaler should be discontinued immediately and alternative therapy instituted. **Paradoxical bronchospasm:** As with other inhalation therapy, administration may result in paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs, Atectura Breezhaler should be discontinued immediately and alternative therapy instituted. **Cardiovascular effects:** Like other medicinal products containing $beta_2$-adrenergic agonists, may produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, blood pressure, and/or symptoms, ECG changes. Should be used with caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension), convulsive disorders, thyrotoxicosis, or in patients who are unusually responsive to $beta_2$-adrenergic agonists. **Hypokalemia:** $Beta_2$-adrenergic agonists may produce significant hypokalemia in some patients, which has the potential to produce adverse cardiovascular effects. In patients with severe condition, hypokalemia may be potentiated by hypoxia and concomitant treatment which may increase the susceptibility to cardiac arrhythmias. **Hyperglycemia:** Inhalation of high dose of $beta_2$-adrenergic agonist may produce increase in plasma glucose. Upon initiation of treatment with Atectura Breezhaler, plasma glucose should be monitored more closely in diabetic patients. **Systemic effects of corticosteroids:** Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods. **Pregnancy (Category B3):** Should only be used if the expected benefit to the patient justifies the potential risk to the foetus. **Lactation:** The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Atectura Breezhaler and any potential adverse effects on the breast-fed child from Atectura Breezhaler or from the underlying maternal condition. Labor and delivery: Like other medicinal products containing $beta_2$-adrenergic agonist, indacaterol may inhibit labor due to a relaxant effect on uterine smooth muscle. **Interactions:** Beta-adrenergic blockers: Should not be given together with beta-adrenergic blockers (including eye drops) unless there are compelling reasons for their use. Medicinal products prolong QTc interval: Should be administered with caution to patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or drugs known to prolong the QT-interval. Hypokalemic treatment: Concomitant treatment with methylxanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate the possible hypokalemic effect of $beta_2$-adrenergic agonists. CYP3A4 and P-glycoprotein inhibitors: Inhibition of CYP3A4 and P-gp has no impact on the safety of therapeutic doses of Atectura Breezhaler. Other long acting $beta_2$-adrenergic agonists: Co-administration with other medicinal products containing long-acting $beta_2$-adrenergic agonists is not recommended. **Adverse effects: Common (≥1 to <10%) and potentially serious: hypersensitivity. Uncommon (≥0.1 to <1%) and potentially serious:** angioedema. **Common (≥ 1 to <10%)**: headache, oropharyngeal pain, dysphonia, musculoskeletal pain. **Uncommon (≥0.1 to <1%)**: candidiasis, hyperglycaemia, tachycardia, rash, pruritus, muscle spasms. *(ate210720m)*

ONCE DAILY[2]
ATECTURA® breezhaler®
Indacaterol acetate / mometasone furoate inhalation powder

Reference: 2. ATECTURA® BREEZHALER® approved Product Information. Novartis Pharmaceuticals Australia Pty Limited. July 2020.

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