



For your asthma patients ≥12 years of age uncontrolled on an ICS or whose disease severity clearly warrants an ICS/LABA

**SYMBICORT** provided

- Significant and sustained\* improvement in lung function\*\*
- Control across multiple measures\*\*
- SYMBICORT is NOT a rescue medication and does NOT replace fast-acting inhalers to treat acute symptoms
- Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (for example, discontinue SYMBICORT) if possible without loss of asthma control, and maintain the patient on a long-term asthma control medication, such as an ICS

risks

Benefit clearly exceeds Uncontrolled on ICS

PATIENT RECORDS FILE

Name: *Angie S.*  
Age: *36 years old*



HISTORY

- Initially diagnosed with moderate persistent asthma
- Asthma symptoms have become more severe/frequent over the past year

REASON FOR VISIT

- Experiencing symptoms daily that require SABA<sup>†</sup>
- Awakening at night due to symptoms 2x/week



Patient profile

Significant and sustained improvement in lung function

Control across multiple measures

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- Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy (for example, discontinue SYMBICORT) if possible without loss of asthma control, and maintain the patient on a long-term asthma control medication, such as an ICS

risks

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING, AND INDICATIONS

• WARNING: Long-acting beta<sub>2</sub>-adrenergic agonists (LABA), such as formoterol, one of the active ingredients in SYMBICORT, increase the risk of asthma-related deaths in patients receiving salmeterol. This risk was considered a class effect of LABA, including formoterol. Currently available data are inadequate to determine whether concurrent use of inhaled LABAs with ICSs increases the risk of asthma-related deaths.

For your asthma patients ≥12 years of age uncontrolled on an ICS or whose disease severity clearly warrants

**SYMBICORT** provided significant and sustained\* improvement in lung function with a majority of improvement occurring at 15 minutes<sup>1,2,†</sup>



- 2-hour postdose FEV<sub>1</sub> over 12 weeks was a secondary end point<sup>2</sup>
- SYMBICORT significantly improved **predose FEV<sub>1</sub>**, (P<.05 vs budesonide, formoterol, and placebo) averaged over the course of the study, and also improved **12-hour average postdose FEV<sub>1</sub>**, (P<.001 vs budesonide, formoterol, and placebo at week 2) (coprimary end points)<sup>2</sup>

HOME Adverse Reactions Dosing/Device Access Clinical Resources

Symbicort TSI 2013  
Symbicort CAMPAIGN 2013

Because not all ICS/LABAs are the same...

Go for the one with a little something extra

For the maintenance treatment of COPD

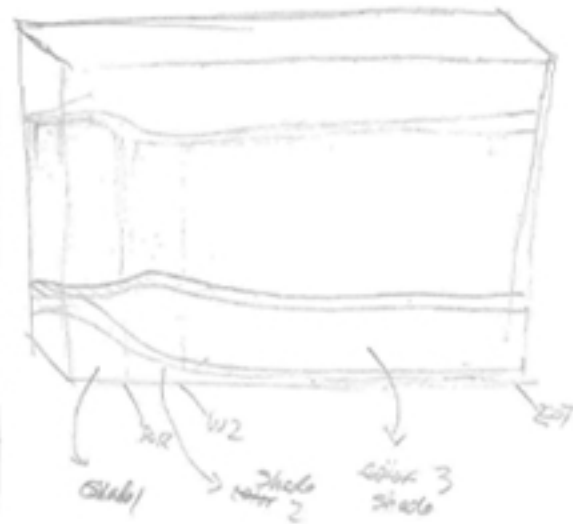
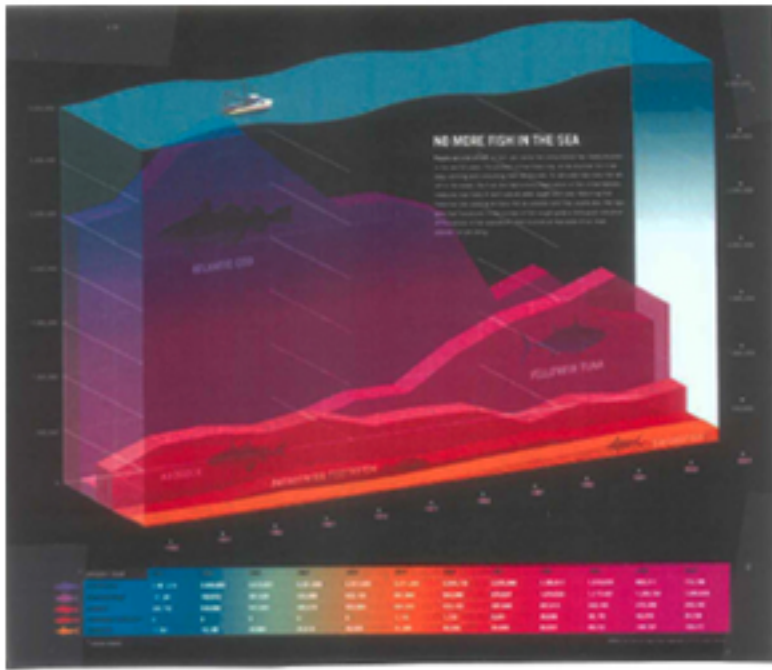
**SYMBICORT 160/4.5** improves lung function\* and offers better breathing, starting within 5 minutes\*—that **little something extra** your patients can count on<sup>1,2</sup>



SYMBICORT offers the little extra of early onset...and the fulfillment of knowing you're doing everything you can to support your patients.



# Symbicort iPad CHART Brainstorms



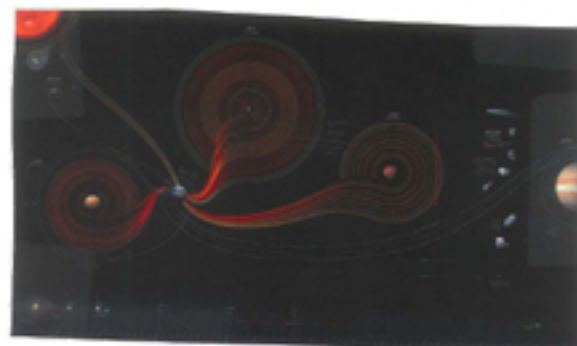
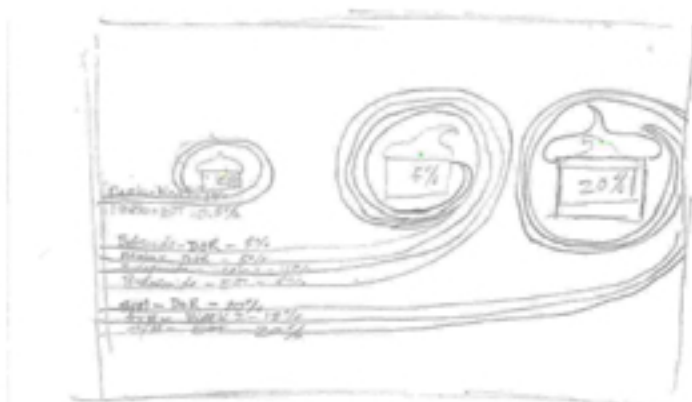
(color = different nodes  
shape = different days)

Significant + Sustained

Side view and shape comp up to shape to improve @ 15m



## Patient Profile



# Symbicort iPad selections



COPD Home

CONTROL:  
Symptoms & SABA Use

CONTROL:  
Lung Function

For the maintenance treatment of COPD

**SYMBICORT 160/4.5 improves lung function\* and offers better breathing, starting within 5 minutes<sup>1</sup>—that little something extra your patients can count on<sup>1,2</sup>**



- SYMBICORT is NOT a rescue medication and does NOT replace fast-acting inhalers to treat acute symptoms
- The most common adverse reactions ≥3% reported in COPD clinical trials included nasopharyngitis, oral candidiasis, bronchitis, sinusitis, and upper respiratory tract infection

REFERENCES | STUDY DESIGNS | FOOTNOTES



**IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING, AND INDICATIONS**

- Lower respiratory tract infections, including pneumonia, have been reported following the inhaled administration of corticosteroids
- In 2 placebo-controlled SYMBICORT COPD clinical studies, pneumonia did not occur with greater incidence in the SYMBICORT 160/4.5 group, compared with placebo, while the incidence of lung

More ▲

PI

Resources



COPD Home

CONTROL:  
Symptoms & SABA Use

CONTROL:  
Lung Function

For the maintenance treatment of COPD

For COPD patients, like Christina, whose days are interrupted by symptoms and rescue medication use...

**SYMBICORT 160/4.5 provided control of COPD symptoms and rescue medication use—helping patients do more with their day<sup>3,4,5</sup>**

- Reduction in COPD symptoms<sup>3</sup>
- Reduction in rescue medication<sup>4</sup>



SUN STUDY: PATIENT CHARACTERISTICS  
COPD REGISTRATION TRIALS

- The most common adverse reactions ≥3% reported in COPD clinical trials included nasopharyngitis, oral candidiasis, bronchitis, sinusitis, and upper respiratory tract infection

**PATIENT RECORDS FILE**

NAME Christina G. AGE 67

**HISTORY**

- Diagnosed with severe COPD
- Smoker (40 pack-year history continues to smoke)
- Hypertensive

**REASON FOR VISIT**

- Experiences symptoms requiring SABA<sup>6</sup> >2 times/day
- Reports breathlessness, "At times, too breathless to walk for a few minutes at normal pace"

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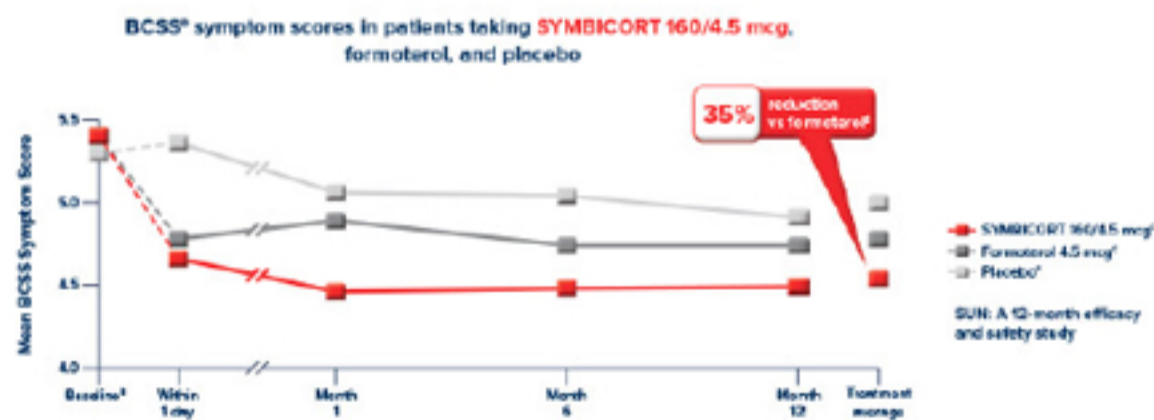
COPD Home

CONTROL:  
Symptoms & SABA Use

CONTROL:  
Lung Function

For the maintenance treatment of COPD

**SYMBICORT 160/4.5 reduced COPD symptom scores by 35% vs formoterol alone over 12 months<sup>3,8</sup>**



- The most common adverse reactions ≥3% reported in COPD clinical trials included nasopharyngitis, oral candidiasis, bronchitis, sinusitis, and upper respiratory tract infection

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Resources

