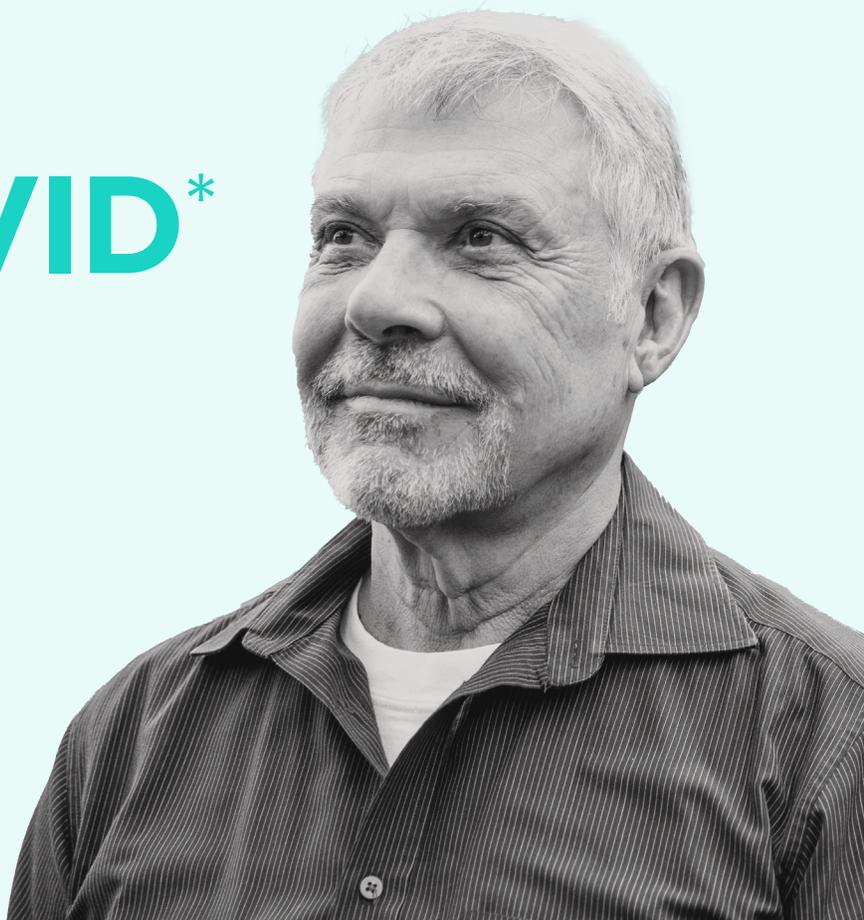


MEET DAVID*



“Just working my job and going about my everyday activities leaves me short of breath, and I wake up every night coughing. I worry that my symptoms will get worse with time.”

Personal history

- 55 years old
- Plumber
- Loves to watch hockey and go to rock concerts
- Married with 2 children

Treatment history¹

- Started on a LAMA
- Escalated to LAMA/LABA after 1 year due to symptom worsening
- Took antibiotics and oral corticosteroids to acutely treat his exacerbation

Clinical history

- 30 pack-year history of smoking
- Diagnosed with COPD 2 years ago
- Experienced a moderate exacerbation 8 months ago

Current symptoms¹

- Shortness of breath with daily activities, going on 1 week
- Wakes up coughing at night in the last 2 weeks
- Showing worsening of symptoms in the last week

Consider BREZTRI® AEROSPHERE® for patients like David*

BREZTRI AEROSPHERE is indicated for the long-term maintenance treatment to reduce exacerbations of COPD and treat airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema, who are not adequately treated by a combination of an ICS/LABA or a combination of LAMA/LABA.²

* Fictitious COPD patient. May not be representative of the general population.

COPD: chronic obstructive pulmonary disease; ICS: inhaled corticosteroid; LABA: long-acting beta₂-adrenergic agonist; LAMA: long-acting muscarinic antagonist.

CHOOSE BREZTRI AEROSPHERE FOR ITS POWER TO REDUCE EXACERBATIONS IN COPD²

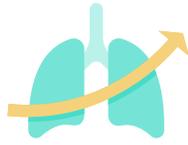
In the ETHOS* trial, BREZTRI AEROSPHERE demonstrated:



Statistically significant **reduction of 20% in severe exacerbations (resulting in hospitalization or death)** vs. an ICS/LABA (BFF MDI)

0.13 vs. 0.16 respectively (HR: 0.80; 95% CI: 0.66, 0.97; $p=0.0221$; 2° endpoint)²

16% numerical reduction in rate of severe exacerbations vs. a LAMA/LABA (GFF MDI; HR: 0.84; 95% CI: 0.69, 1.03; $p=0.0944$)²



Statistically significant **improvements in breathlessness** vs. a LAMA/LABA (GFF MDI) and an ICS/LABA (BFF MDI), as measured by the TDI focal score over 24 weeks (2° endpoint)^{2,3}

- 31% improvement vs. a LAMA/LABA (GFF MDI; mean change 0.40; 95% CI: 0.24, 0.55)
- 24% improvement vs. an ICS/LABA (BFF MDI; mean change 0.31; 95% CI: 0.15, 0.46)



Statistically significant **improvements in quality of life** vs. a LAMA/LABA (GFF MDI) and an ICS/LABA (BFF MDI), as measured by the SGRQ score over 24 weeks (2° endpoint)^{2,3}

- 25% improvement vs. a LAMA/LABA (GFF MDI; mean change -1.62; 95% CI: -2.27, -0.97)
- 21% improvement vs. an ICS/LABA (BFF MDI; mean change -1.38; 95% CI: -2.02, -0.73)

Choose the powerful demonstrated efficacy of BREZTRI AEROSPHERE in COPD²

Clinical use:

BREZTRI AEROSPHERE is not indicated for:

- Treatment of acute episodes of bronchospasm or asthma.
- Use in pediatric patients <18 years of age.

Relevant warnings & precautions:

- Risk of serious asthma-related events, including hospitalization, intubations, and death
- Should not be used in patients with deteriorating COPD
- Excessive use with other LAMA and LABA products
- Anticholinergic activity: Use with caution in patients with symptomatic prostatic hyperplasia, urinary retention, or narrow-angle glaucoma
- Cardiovascular effects, including arrhythmias, changes in pulse and blood pressure, or QTc prolongation
- Driving and operating machinery
- Candidiasis
- Risk of systemic effects, including Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, hypokalemia and hyperglycemia, cataract, intraocular pressure, and glaucoma
- Hypercorticism, adrenal suppression
- Adrenal insufficiency in patients transferred from systemic steroid
- Patients with symptomatic prostatic

hyperplasia, glaucoma, convulsive disorders, thyrotoxicosis, sensitivity to sympathomimetic amines, severe hepatic impairment/hepatic disease, or urinary retention

- In rare cases, eosinophilic conditions
- Susceptibility or decreased resistance to infections
- Monitoring of hypokalemia, hyperglycemia, bone and ocular effects, and corticosteroid effects in patients with hepatic impairment
- Paradoxical bronchospasm
- Increased risk of pneumonia
- Pregnant and nursing women
- Geriatrics (≥65 years of age)

For more information:

Consult the Product Monograph at breztri-en.azpm.ca for important information regarding adverse reactions, drug interactions, and dosing. The Product Monograph is also available by calling AstraZeneca Canada at **1-800-668-6000**.

* ETHOS: 52-week randomized, double-blind, multicentre, parallel-group study in 8,509 patients with moderate to very severe COPD with a history of 1 or more moderate or severe COPD exacerbation(s) in the year prior to screening. Patients were allocated BREZTRI AEROSPHERE (320/14.4/10 mcg), BGF MDI (160/14.4/10 mcg), GFF MDI

(14.4/10 mcg), or BFF MDI (320/10 mcg), all administered twice daily. The primary endpoint was the rate of moderate or severe COPD exacerbations.²

BFF: budesonide/formoterol fumarate dihydrate; BGF: budesonide/glycopyrronium/formoterol fumarate dihydrate; CI: confidence interval; COPD: chronic obstructive pulmonary disease; GFF: glycopyrronium/formoterol fumarate dihydrate; HR: hazard ratio; ICS: inhaled corticosteroid; LABA: long-acting beta₂-adrenergic agonist; LAMA: long-acting muscarinic antagonist; MDI: metered-dose inhaler; SGRQ: St. George's Respiratory Questionnaire; TDI: transition dyspnea index.

References:

1. Bourbeau J, et al. 2023 Canadian Thoracic Society Guideline on Pharmacotherapy in Patients with Stable COPD. *Can J Respir Crit Care Sleep Med*. 164(5):1159-1183.
2. BREZTRI AEROSPHERE Product Monograph. AstraZeneca Canada Inc.
3. Rabe KF, et al. Triple Inhaled Therapy at Two Glucocorticoid Doses in Moderate-to-Very-Severe COPD — Supplementary Appendix. *NEJM*. 2020;383(1):35-48.

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BREZTRI[®]
AEROSPHERE[®]
budesonide / glycopyrronium / formoterol fumarate dihydrate pressurized inhalation suspension