

MEET DIANE*

“Even walking up a slight incline leaves me short of breath lately. The coughing and breathlessness have been interfering with my life.”



Personal history

- 65 years old
- Insurance broker
- Loves to go on her electric bike
- Recently divorced, 3 children

Treatment history¹

- Started on a LAMA
- Took a round of antibiotics and oral corticosteroids during her last moderate exacerbation, over 12 months ago
- Escalated to LAMA/LABA after her exacerbation

Clinical history

- Diagnosed with COPD 10 years ago
- No history of exacerbations in the last 12 months, but symptomatic

Current symptoms¹

- 2 days of cough and change in sputum colour
- Since her last visit, she has experienced more dyspnea at rest, and has been limiting her daily activities

Consider BREZTRI® AEROSPHERE® for symptomatic patients like Diane*

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 KRONOS* trial, BREZTRI AEROSPHERE demonstrated:



52% reduction in **moderate or severe exacerbations**[†] vs. a LAMA/LABA (GFF MDI)

0.46 vs. 0.95, respectively (HR: 0.48; 95% CI: 0.37, 0.64; $p < 0.0001$; 2^o endpoint)^{2,3}

18% numerical reduction in rate of moderate or severe exacerbations vs. an ICS/LABA (BFF MDI; HR: 0.82; 95% CI: 0.58, 1.17; $p = 0.2792$)^{2,3}



Statistically significant **improvements in lung function** as measured by trough FEV₁ (mL) over 24 weeks²

- 22 mL improvement vs. a LAMA/LABA (GFF MDI) (95% CI: 4, 39; $p = 0.0139$)[†]
- 74 mL improvement vs. an ICS/LABA (BFF MDI) (95% CI: 52, 95; $p < 0.0001$)[†]



Numerical improvements in **breathlessness and quality of life** vs. a LAMA/LABA (GFF MDI), as measured by TDI and SGRQ scores over 24 weeks, respectively (2^o endpoint)²

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 and 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**.

* KRONOS: 24-week randomized, double-blind, multicentre, chronic-dosing, parallel-group study in 1,896 patients with moderate to very severe COPD with or without exacerbations in the year prior to the screening. Patients were allocated BREZTRI AEROSPHERE (320/14.4/10 mcg), GFF MDI (14.4/10 mcg), BFF MDI (320/10 mcg), or open-label budesonide/formoterol fumarate dihydrate (400/12 mcg) dry powder for inhalation, all administered twice daily. The two primary endpoints were FEV₁ area under the curve from 0–4 hours and change from baseline in morning pre-dose trough FEV₁ over 24 weeks.

† Moderate exacerbation was defined as: treatment with systemic corticosteroids

and/or antibiotics for 3 or more days required. Severe exacerbation was defined as: resulting in hospitalization or death.

‡ Statistically significant.

BFF: budesonide and formoterol fumarate dihydrate; CI: confidence interval; COPD: chronic obstructive pulmonary disease; FEV₁: forced expiratory volume in 1 second; 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. Ferguson GT, et al. Triple therapy with budesonide / glycopyrrolate / formoterol fumarate with co-suspension delivery technology versus dual therapies in chronic obstructive pulmonary disease (KRONOS): a double-blind, parallel-group, multicentre, phase 3 randomised controlled trial. *Lancet Respir Med.* 2018(6):747-758.

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