

Advair® and Asthma Fact Sheet **(fluticasone propionate and salmeterol)**

What is Advair?

Research has shown there are two main components of asthma: inflammation, or swelling inside the airways, and constriction, or tightening of the muscles that surround the airways.

Both of these components play crucial roles in causing asthma symptoms such as shortness of breath, wheezing, chest tightness and cough.

Optimal therapy for many patients with moderate to severe persistent asthma requires maintenance treatment of both of these components.

Advair is a combination product that contains both an inhaled corticosteroid, fluticasone propionate (FP), to reduce inflammation and an inhaled long-acting beta₂-agonist, salmeterol, to help prevent airway constriction.

Use of combination therapy, like *Advair*, is supported by the National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma. The guidelines recommend an inhaled corticosteroid (ICS) and a long-acting beta₂-agonist (LABA) as a preferred therapy for patients with moderate to severe persistent asthma.

What Data Support the use of the combination therapy Advair Diskus?

In the U.S., *Advair* has been studied in more than **30 clinical trials** involving more than **14,300 patients** with asthma. The drug was approved in 2000 based on research that showed *Advair* meets the primary goals for effective asthma treatment compared with its individual components:

- **Superior reduction in asthma symptoms**
- **Superior improvement of lung function which was maintained over the study period**
- **Significant reduction in the need for a rescue medication**

These are primary goals for effective asthma treatment.

In addition, *Advair* works quickly. The majority of patients experienced significant improvements in lung function within 30 to 60 minutes of taking their first dose of *Advair*.

Other data has further confirmed the safety and efficacy profile of *Advair*. The Gaining Optimal Asthma control (GOAL) study was a 1-year, prospective trial in 3,416 patients with uncontrolled asthma that compared step-wise increases in the dose of both *Advair Diskus* and FP alone. Patients receiving *Advair Diskus* had significantly fewer exacerbations requiring oral corticosteroids and/or hospitalization or emergency visits than patients receiving FP alone.

What are the Guideline Recommendations for the Treatment of Asthma?

Use of combination therapy, such as *Advair*, is supported by the NIH Guidelines for the Diagnosis and Management of Asthma. Those guidelines call for the use of an ICS and a LABA as a preferred therapy for patients five years of age and older who are not controlled on ICS alone.

When initiating therapy in patients 12 years of age and older with moderate to severe persistent asthma, the guidelines recommend the combination of a LABA and ICS.

Important Information about Advair:

Advair won't replace fast-acting inhalers for sudden symptoms and should not be taken more than twice a day. *Advair* contains salmeterol. In patients with asthma, medicines like salmeterol may increase the chance of asthma-related death. So *Advair* is not for people whose asthma is well controlled on another controller medicine. People should speak to their doctor about the risks and benefits of treating their asthma with *Advair*. People taking *Advair* should see their doctor if their asthma does not improve. Thrush in the mouth and throat may occur. People should tell their doctor if they have a heart condition or high blood pressure. Some people may experience increased blood pressure, heart rate, or changes in heart rhythm. *Advair Diskus* is for patients 4 years and older. For patients 4 to 11 years old, *Advair Diskus* 100/50 is for those who have asthma symptoms while on an inhaled corticosteroid. *Advair HFA* is for patients 12 years and older.

See full Prescribing Information and Medication Guide at www.gsk.com.