Job Title
Surgery
Address 1
Address 2
Address 3
Address 4
Post code

10th February 2015

NEW: Eklira® Genuair®▼(aclidinium bromide) and Duaklir® Genuair®▼ (aclidinium bromide / formoterol) Dispensing Doctor Manufacturers Discount Scheme (MDS)

Dear Sir /Madam,

Recently you would have received a notification letter informing you of the impending move from the previous Almirall Eklira® Genuair® tiered discount scheme to a new AstraZeneca flat discount scheme from 1st February 2015.
I am delighted to confirm that the new flat rate discount for both Eklira® Genuair® and Duaklir® Genuair® the new LAMA/LABA dual bronchodilator is **26%** and will be applied at the point of purchase through our agents Alliance Healthcare Ltd or AAH Pharmaceuticals Ltd.

Product	**New Discount 01.02.15**
Eklira® Genuair® Inhaler 322 mcg inhalation powder	26%
Duaklir® Genuair® Inhaler 340 mcg inhalation powder	26%

The discounts on other AstraZeneca products remain unchanged. You can access the current prices at any time on the AstraZeneca Supply Chain website:
http://www.simply4doctors.co.uk/az-medicines/supply-of-medicines/dispensing-doctors.html

Should you have any queries regarding this communication, please do not hesitate to contact the Astra Zeneca Supply Chain Team on 0844 800 0808 (option 1) or email:
supply.chain@astrazeneca.com

Yours sincerely,

Amanda Flanagan
Business Unit Director
AstraZeneca UK Limited ·

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PRESCRIBING INFORMATION

(Please consult the Summary of Product Characteristics (SmPC) before prescribing.)

Eklira® Genuair® ▼

322 micrograms inhalation powder aclidinium

Presentation: Each delivered dose (the dose leaving the mouthpiece) contains 375 µg Aclidinium bromide (equivalent to 322 µg of aclidinium). Each metered dose contains 12.6 mg lactose monohydrate. **Indication:** Eklira Genuair is indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Dosage and Administration:** The recommended dose is one inhalation of 322 µg aclidinium twice daily. *Consult SmPC and package leaflet for method of administration.* **Contraindications, Warnings, Precautions:** *Contraindications:* Hypersensitivity to aclidinium bromide, atropine or its derivatives, including ipratropium, oxitropium or tiotropium, or to the excipient lactose monohydrate. *Precautions:* Should not be used to treat asthma or for relief of acute episodes of bronchospasm, i.e. rescue therapy. Paradoxical bronchospasm has been observed with other inhalation therapies. If this occurs, stop medicine and consider other treatment. Reevaluation of the treatment regimen should be conducted if there is a change in COPD intensity. Use with caution in patients with a myocardial infarction during the previous 6 months, unstable angina, newly diagnosed arrhythmia within the previous 3 months, or hospitalisation within the previous 12 months for heart failure functional classes III and IV as per the "New York Heart Association". Consistent with its anticholinergic activity, dry mouth has been observed and may in the long term be associated with dental caries. Also, use with caution in patients with symptomatic prostatic hyperplasia or bladder-neck obstruction or with narrowangle glaucoma. Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. *Interactions:* Co-administration with other anticholinergic-containing medicinal products has not been studied and is not recommended. Although no formal *in vivo* drug interaction studies have been performed with Eklira Genuair, it has been used concomitantly with other COPD medicinal products including sympathomimetric bronchodilators, methylxanthines, and oral and inhaled steroids without clinical evidence of drug interactions. *Fertility, Pregnancy and Lactation:* It is considered unlikely that Eklira Genuair administered at the recommended dose will affect fertility in humans. Aclidinium bromide should only be used during pregnancy if the expected benefits outweigh the potential risks. It is unknown whether aclidinium bromide and/or its metabolites are excreted in human milk. The benefit for the breast-feeding child and long-term benefit of therapy for the mother should be considered when making a decision whether to discontinue therapy. *Ability to drive and use machines:* The effects on the ability to drive and use machines are negligible. The occurrence of headache or blurred vision may influence the ability to drive or use machinery. **Adverse Reactions:** *Common:* sinusitis, nasopharyngitis, headache, cough, diarrhoea. *Uncommon:* Blurred vision, tachycardia, dysphonia, dry mouth, rash, pruritus, urinary retention. *Rare:* Hypersensitivity. *Not known*: Angioedema. **Legal Category:** POM **Marketing Authorisation Number(s):** EU/1/12/778/002 – *Carton containing 1 inhaler with 60 unit doses.* **NHS Cost:** £28.60 (excluding VAT) **Marketing Authorisation Holder:** Almirall S.A. Ronda General Mitre, 151 08022 Barcelona Spain **Further information is available from:** AstraZeneca UK Ltd. 600 Capability Green, Luton LU1 3LU, UK Tel: 0800 783 0033 / 01582 836836 Fax: +44 (0)1582 838 003 Email: Medical.informationuk@astrazeneca.com

Date of Revision: 01/2015 **RSP 15 0008** Eklira and Genuair are both registered trademarks

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. **Adverse events should also be reported to AstraZeneca on 0800 783 0033.**

PRESCRIBING INFORMATION

(Please consult the Summary of Product Characteristics (SmPC) before prescribing.)

Duaklir® Genuair® ▼

340 micrograms /12 micrograms inhalation powder aclidinium and formoterol fumarate dihydrate.

Presentation: Each delivered dose (the dose leaving the mouthpiece) contains 396 micrograms of aclidinium bromide (equivalent to 340 micrograms of aclidinium) and 11.8 micrograms of formoterol fumarate dihydrate. Each delivered dose contains approximately 11 mg lactose (as monohydrate). **Indication:** Duaklir Genuair is indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Dosage and Administration:** The recommended dose is one inhalation of Duaklir Genuair 340 micrograms /12 micrograms twice daily. *Consult SmPC and package leaflet for method of administration.* **Contraindications, Warnings, Precautions:** *Contraindications:* Hypersensitivity to the active substances or to the excipient lactose monohydrate *Precautions:* Should not be used to treat asthma or for treatment of acute episodes of bronchospasm, i.e. rescue therapy. In clinical studies, paradoxical bronchospasm was not observed at recommended doses. Paradoxical bronchospasm has been observed with other inhalation therapies. If this occurs, stop medicine and consider other treatment. Use with caution in patients with a myocardial infarction during the previous 6 months, unstable angina, newly diagnosed arrhythmia within the previous 3 months, QTc above 470 msec or hospitalisation within the previous 12 months for heart failure functional classes III and IV as per the "New York Heart Association". β_2-adrenergic agonists such as formoterol fumarate dihydrate may produce increases in pulse rate and blood pressure, electrocardiogram (ECG) changes such as T wave flattening, ST segment depression and prolongation of the QTc-interval in some patients. If effects occur, treatment may need to be discontinued. Use with caution in patients with severe cardiovascular disorders, convulsive disorders, thyrotoxicosis and phaeochromocytoma. Metabolic effects of hyperglycaemia and hypokalaemia may be observed with high doses of β_2-adrenergic agonists. Consistent with its anticholinergic activity, use with caution in patients with symptomatic prostatic hyperplasia or bladder-neck obstruction or with narrow-angle glaucoma. Dry mouth has been observed and may in the long term be associated with dental caries. Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. *Interactions:* Co-administration with other anticholinergic and/or β_2-adrenergic agonist containing medicines has not been studied and is not recommended. Although no formal *in vivo* drug interaction studies have been performed with Duaklir Genuair, it has been used concomitantly with other COPD medicinal products including short-acting β_2-adrenergic bronchodilators, methylxanthines, and oral and inhaled steroids without clinical evidence of drug interactions. Caution is advised in concomitant treatment with methylxanthine derivatives, steroids, or non-potassium-sparing diuretics as this may potentiate the possible hypokalaemic effect of β_2-adrenergic agonists. β -adrenergic blockers may weaken or antagonise the effect of β_2-adrenergic agonists. If β-adrenergic blockers are required (including eye drops), cardioselective beta-adrenergic blockers are preferred, and these should be administered with caution. The action of formoterol on the cardiovascular system may be potentiated with medicinal products known to prolong the QTc interval such as monoamine oxidase inhibitors, tricyclic antidepressants, antihistamines or macrolides. Such medicines that prolong QTc interval are known to increase the risk of ventricular arrhythmias and should be administered with caution. *Fertility Pregnancy and lactation:* It is considered unlikely that Duaklir Genuair administered at the recommended dose will affect fertility in humans. Duaklir Genuair should only be used during pregnancy if the expected benefits to the mother outweigh the potential risks to the infant. It is unknown whether aclidinium bromide (and/or its metabolites) or formoterol are excreted in human milk. The benefit for the breast-feeding child and long-term benefit of therapy for the mother should be considered when making a decision whether to discontinue therapy. *Ability to drive and use machines:* The effects on the ability to drive and use machines are negligible. The occurrence of headache or blurred vision may influence the ability to drive or use machinery. **Adverse Reactions:** *Common:* Nasopharyngitis, urinary tract infection, sinusitis, tooth abscess, insomnia, anxiety, headache, dizziness, tremor, cough, diarrhoea, nausea, dry mouth, myalgia, muscle spasm, peripheral oedema, blood creatine phosphokinase increased. *Uncommon:* Hypokalaemia, hyperglycaemia, agitation, dysgeusia, blurred vision, tachycardia, ECG QTc prolonged palpitations, dysphonia, throat irritation, rash, pruritus, urinary retention, blood pressure increased. *Rare*: Hypersensitivity, bronchospasm including paradoxical. **Legal Category:** POM **Marketing Authorisation Number(s):** EU/1/14/964/001 **-** *Carton containing 1 inhaler with 60 unit doses.* **NHS Cost:** £32.50 (excluding VAT) **Marketing Authorisation Holder:** Almirall S.A. Ronda General Mitre, 151 08022 Barcelona, Spain **Further information is available from:** AstraZeneca UK Ltd. 600 Capability Green, Luton, LU1 3LU, UK Tel: 0800 783 0033 / 01582 836836 Fax: +44 (0)1582 838 003 Email: Medical.informationuk@astrazeneca.com

Date of Revision: 12/2014 **RSP 14 0096** Duaklir and Genuair are both registered trademarks.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. **Adverse events should also be reported to AstraZeneca on 0800 783 0033.**

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