

Serevent[®] Diskus[®] Fact Sheet **(salmeterol xinafoate inhalation powder)**

What is Serevent?

Serevent is an inhaled long-acting bronchodilator also known as a long-acting beta₂-agonist (LABA). It has an important medical purpose in treating asthma – keeping airways open. It's very important that *Serevent* be used according to the product label and guidelines for asthma treatment. **For persistent asthma, *Serevent* should only be used in combination with another controller, such as an inhaled corticosteroid (ICS).**

Serevent is indicated for the maintenance treatment of asthma and in the prevention of airway constriction in patients 4 years of age and older and should only be used as additional therapy for patients not adequately controlled on other asthma-controller medications (e.g., low- to medium-dose inhaled corticosteroids) or whose asthma severity warrants initiation of treatment with 2 maintenance therapies, including *Serevent*.

The use of *Serevent* in a single inhaler for asthma has sharply declined since combination therapy, like *Advair* (fluticasone propionate and salmeterol), became available – in fact, less than .3% of people treating their asthma use *Serevent* in a single inhaler.

Serevent is also an important medicine in the treatment of patients with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis

What are Long-Acting Beta₂-Antagonists (LABAs)?

LABAs, including *Serevent*, are medicines that are designed to treat airway constriction – causing muscles in the lungs to relax, thereby allowing better air flow. Airway constriction and inflammation are the two main components of asthma. Many patients require treatment of both components to maintain asthma control.

For the treatment of persistent asthma, LABAs should be used only in combination with another controller medicine, such as an ICS. LABAs can be used as monotherapy to treat COPD.

LABAs are different than short-acting beta-agonists (SABAs), such as albuterol, which are used as-needed as “rescue medication” for the treatment of acute asthma symptoms.

What Data Support the Use of Serevent?

When used appropriately, *Serevent* has a favorable safety profile backed up by nearly 20 years of clinical experience. It is one of the most extensively studied medicines in asthma and COPD.

Serevent was approved in 1994 and has been used in millions of patients over the past decade. The approvals to treat both asthma and COPD were based on rigorous double-blind clinical trials that demonstrated favorable efficacy and safety.

In patients with persistent asthma, *Serevent Diskus* in combination with an ICS (either as a single device or in separate inhalers), has been shown to:

- Improve lung function
- Help reduce asthma symptoms (wheezing, shortness of breath, and chest tightness) and allow fewer nighttime awakenings
- Reduce the need for quick-relief medicine (e.g. albuterol)

Serevent has also been shown to prevent exercise induced bronchoconstriction (EIB), and in COPD patients, *Serevent Diskus* has been shown to improve lung function

What are Guideline Recommendations for Use of LABAs in the Treatment of Asthma?

Use of LABAs, such as *Serevent*, is **supported by the National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma** which recommend the addition of a LABA to an ICS in patients 5 years of age and older who are not well-controlled on an ICS alone or they recommend an ICS/LABA combination, such as *Advair*, as initial therapy for patients 12 years of age and older with moderate-to-severe persistent asthma. The guidelines do not support the use of a LABA alone for the treatment of asthma, and the label for *Serevent* specifically states that *Serevent* should only be used with another controller, such as an ICS.

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The American Thoracic Society Guidelines for the standards and management of patients with COPD recommend *Serevent* as first line therapy.

Important information about Serevent

***Serevent Diskus* does not replace fast-acting inhalers for sudden symptoms and should not be taken more than twice a day.** In patients with asthma, medicines like *Serevent* may increase the chance of asthma-related death. Patients should talk to their doctor about this risk and the benefits of treating their asthma with *Serevent*. *Serevent* should not be the only controller medicine prescribed for your asthma and is not a substitute for anti-inflammatory medications (inhaled or oral corticosteroids). Patients taking *Serevent* should not take another beta₂-agonist for any reason. Patients 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. Patients should see their doctor if their asthma does not improve.

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

This information is provided by GlaxoSmithKline, a research-based pharmaceutical company and a world leader in respiratory care.