

Ellipta® Fact Sheet

Breo® (vilanterol and fluticasone furoate) is a combination medication consisting of a long-acting, beta₂-adrenergic agonist (LABA) and an inhaled corticosteroid. The use of fluticasone furoate and vilanterol is intended for the maintenance of patients with chronic obstructive pulmonary disease (COPD).

Generic Name: Vilanterol and fluticasone furoate

Brand Name: Breo®

Dosage Administration and Strength

- One inhalation of Breo® Ellipta®: administer once daily (every 24 hours)
- One inhalation of Breo® Ellipta®: delivers 100mcg/25 mcg of fluticasone furoate/vilanterol

Indications

- Treatment for the maintenance of airway obstruction and reduction of exacerbations in patients with COPD.

Contraindications

- Hypersensitivity or allergic to milk proteins
- Breo® should not be used for sudden symptoms of shortness of breath or acute episodes of COPD

Side Effects

- Oral candida albicans (thrush), pneumonia, and immunosuppression
- Reduction of bone mineral density, hypercorticism, and adrenal suppression
- Cataracts, glaucoma, runny nose, sore throat, and headaches
- Increase the risk of asthma related deaths (BREO® ELLIPTA® is not intended for the treatment of asthma)

Cleaning Instructions

- Routine cleaning is not required
- Use a dry cloth or tissue to clean mouthpiece

References

1. GlaxoSmithKline. "BREO® ELLIPTA® (fluticasone furoate and vilanterol...)"[PDF document].2014; Retrieved from: www.gsksource.com/gskprm/htdocs/documents.



Patient Name: _____
 Patient ID: _____
 Evaluator Initials: _____
 Date: ___/___/___

BREO[®] ELLIPTA[®] INHALATION TECHNIQUE CHECKLIST

***Trained assessor to read to participant: Please show me exactly* how you use your BREO[®] ELLIPTA[®] at home
 *If using actual medicine (not placebo) the patient should mimic use (i.e. do not take repeated doses)***

	Pre		Post 1		Post 2		Post 3	
	Wrong	Correct	Wrong	Correct	Wrong	Correct	Wrong	Correct
1. Opens and slides cover down until “click” noise	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
2. Breathes out fully	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
3. Breathes out away from BREO [®] ELLIPTA [®]	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
4. Closes lips around mouthpiece	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
5. Does not block air vent with fingers	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
6. Takes one long, steady, deep breath	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
7. Holds breath for at least 10 seconds (with or without inhaler in mouth)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
8. Removes device from mouth before breathing normally	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
9. Closes BREO [®] ELLIPTA [®] by placing thumb or finger in the thumb grip and sliding it closed	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
10. Rinses mouth	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
Participant's Score:	___/10		___/10		___/10		___/10	
	[] N/A		[] N/A		[] N/A		[] N/A	

Score the participant's performance by assigning 1 point to each correct step and adding across the 10 steps. If score is less than 10, demonstrate to the participant appropriate technique and repeat inhaler assessment.

Comments: _____

