You are Cordially Invited to Attend

Treatment of DVT and PE and Reducing the Risk of Recurrent DVT and PE

Program Information

1175853
Thursday, November 6, 2014 at 6:30 PM
Fleming's Prime Steakhouse & Wine Bar
4432 Walnut Street
Dayton, OH
(937) 320-9548

Meeting ID

1175853

Program Faculty

Matthew Kauflin, PharmD BCPS
Grandview Medical Center
Dayton, Ohio

You have been cordially invited by

Sandra Guthrie
Chris Lieswyn
Darren Amburgy
Scott Marcum

To RSVP:

To make a reservation, please call

1-866-491-1780.

Please refer to Meeting ID when making your reservation.

In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this educational program is limited to healthcare professionals. As such, attendance by guests or spouses is not permitted.

By accepting any food and/or refreshments at this program, you represent that neither your employer nor the particular state(s) in which you are licensed impose restrictions that preclude you from accepting these items.

This invitation is non-transferable.

INDICATIONS

ELIQUIS® (apixaban) is indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.

ELIQUIS is indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery.

IMPORTANT SAFETY INFORMATION

WARNINGS: (A) DISCONTINUING ELIQUIS IN PATIENTS WITH NONVALVULAR ATRIAL FIBRILLATION WITHOUT ADEQUATE CONTINUOUS ANTICOAGULATION INCREASES RISK OF STROKE, (B) SPINAL/EPIDURAL HEMATOMA

(A) Discontinuing ELIQUIS places patients at an increased risk of thrombotic events. An increased rate of stroke was observed following discontinuation of ELIQUIS in clinical trials in patients with nonvalvular atrial fibrillation. If anticoagulation with ELIQUIS must be discontinued for a reason other than pathological bleeding, coverage with another anticoagulant should be strongly considered.

(B) When neuraxial anesthesia (epidural/spinal anesthesia) or spinal puncture is employed, patients anticoagulated or scheduled to be anticoagulated with low molecular weight heparins, heparinoids, or Factor Xa inhibitors for prevention of thromboembolic complications are at risk of developing an epidural or spinal hematoma which can result in long-term or permanent paralysis.

The risk of these events may be increased by the use of indwelling epidural catheters for administration of analgesia or by the concomitant use of drugs affecting hemostasis such as nonsteroidal anti-inflammatory drugs (NSAIDs), platelet aggregation inhibitors, or other anticoagulants. The risk also appears to be increased by traumatic or repeated epidural or spinal puncture.

Monitor patients for signs and symptoms of neurologic impairment. If neurologic compromise is noted, urgent treatment is necessary. Consider the potential benefit versus risk before neuraxial intervention in patients anticoagulated or to be anticoagulated for thromboprophylaxis.

Please see additional Important Safety Information continued on back and Full Prescribing Information, including **Boxed WARNINGS**, for ELIQUIS provided by the representative.

Eliquis® (apixaban) tablets 5mg 2.5mg

Bristol-Myers Squibb Pfizer