

Help ensure patient satisfaction. SWITCH your patients to ProAir® HFA NOW!



50 DAYS
until CFC albuterol
inhalers banned

30 DAYS

15 DAYS

LINKS

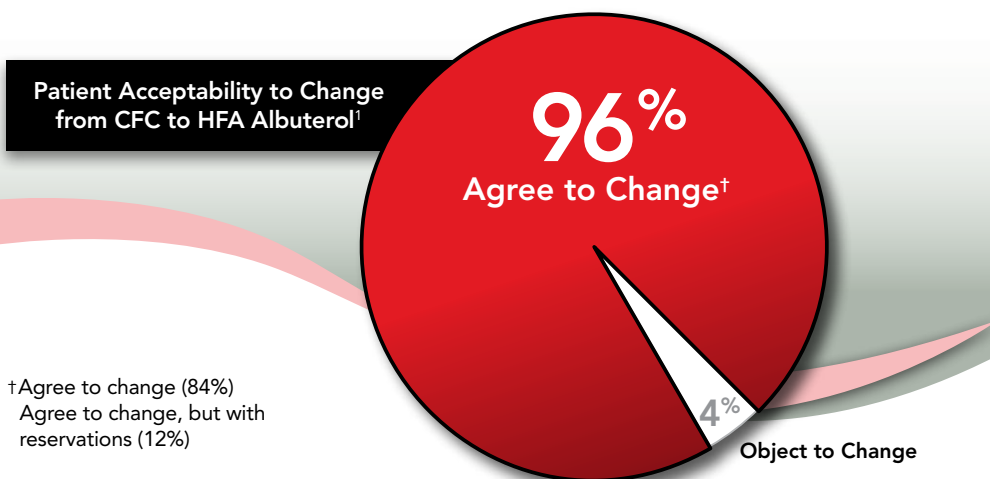
- www.Switch2HFA.com
- www.ProAirHFA.com
- FDA Public Health Advisory on switching patients now
- Web presentation on "...Why You Should Make the Switch Now"
- Save your qualified patients up to \$100 off ProAir HFA*
- Prescribing Information

*Up to \$20 off their next 5 prescriptions

Switching patients now has important benefits:

- Gives patients time to get used to their new HFA inhaler, before the deadline
- Eliminates the element of surprise, helping avoid callbacks from confused patients
- Gives you control, freeing your patients from potentially alternating between albuterol CFC and HFA inhalers as CFC supplies run low

Patients respond favorably when asked to switch



FDA urges physicians to switch patients NOW!

Recently, the FDA issued a Public Health Advisory and press release to alert patients, caregivers, and healthcare professionals of the CFC-to-HFA albuterol transition and urged them to **Switch NOW!**^{2,3}

- Learn more about the switch and receive a FREE medically relevant gift. Watch "[CFC-to-HFA Albuterol: Why You Should Make the Switch NOW,](#)" a Web presentation by a leading pulmonary expert.

Dispense the #1 albuterol inhaler,⁴ ProAir HFA – Now FDA-approved for patients as young as 4

ProAir® HFA is indicated in patients 4 years of age and older for the treatment or prevention of bronchospasm with reversible obstructive airway disease and for the prevention of exercise-induced bronchospasm.

Important Safety Information

- Inhaled albuterol sulfate can produce paradoxical bronchospasm that may be life-threatening. It should be recognized that paradoxical bronchospasm, when associated with inhaled formulations, frequently occurs with the first use of a new canister.
- Fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs in patients with asthma.
- ProAir® HFA, as with all sympathomimetic amines, should be used with caution in patients with cardiovascular disorders (especially coronary insufficiency, cardiac arrhythmias, and hypertension), convulsive disorders, hyperthyroidism, and diabetes.
- Potential drug interactions can occur with beta-blockers, diuretics, digoxin, or monoamine oxidase inhibitors, and tricyclic antidepressants.
- Do not exceed the recommended dose.
- Adverse events, which occurred at an incidence rate of at least 3% with ProAir® HFA, include headache, tachycardia, pain, dizziness, pharyngitis, and rhinitis.

REFERENCES: 1. Hartung TK, Allbutt H, Dewar M, Innes JA, Crompton GK. Moving from CFC aerosol to HFA aerosol or dry powder inhalers: what do patients think? *Respiration*. 2002;69:314-319. 2. U.S. Food and Drug Administration. FDA Advises Patients to Switch to HFA-Propelled Albuterol Inhalers Now: CFC-propelled inhalers no longer available as of Dec. 31, 2008. Available at: <http://www.fda.gov/bbs/topics/news/2008/new01842.html>. Accessed July 15, 2008. 3. U.S. Food and Drug Administration. FDA Public Health Advisory: National Transition from Chlorofluorocarbon (CFC) Propelled Albuterol Inhalers to Hydrofluoroalkane (HFA) Propelled Albuterol Inhalers. Available at: http://www.fda.gov/cder/drug/advisory/albuterol_cfc.htm. Accessed July 15, 2008. 4. IMS Health National Prescription Audit, TRx Data, August 2008.



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ProAir® HFA
(albuterol sulfate)
Inhalation Aerosol