ProAir® HFA is preferred on the South Carolina Medicaid PDL

ProAir HFA—
the rescue inhaler designed to be different

Designed for deposition

- **Warm, low-impact, long-duration plume[1,2]**
  - Designed to reduce the likelihood of a cold, Freon-like effect that causes patients to involuntarily pause inhalation[3]
  - Less medication deposited in the throat[1,4]
  - More time to inhale the medication[1,3]
    - May be more forgiving for patients who have difficulty with their inhaler technique[1,3]

Designed for efficiency

- **Long-lasting 24-month efficacy and safety[5]**
  - Consistent dosing from day 1 through month 24[6]
  - More time to use all 200 doses
  - Same inhaler can be used for nearly 2 years by patients who use their inhaler once a week
- **No need to reprime if dropped—ProAir HFA is ready to use with less medication used for priming**

Designed for portability

- **Designed to give patients the flexibility to carry in any position without concerns about valve leakage[7,8]**
- **ProAir HFA can be stored[*†] in any position without concerns about valve leakage[7,8]**

[*] Must be stored at room temperature (between 59°F and 77°F).[9]
[†] All albuterol HFA inhalers should always be actuated, primed, and used in an upright position.

ProAir HFA—when patients need it most

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. Data on file. Teva Respiratory, LLC. **2.** Colice GL. New drugs for asthma. *Respir Care*. 2008;53(6):688-698. **3.** Gabrio BJ, Stein SW, Velasquez DJ. A new method to evaluate plume characteristics of hydrofluoroalkane and chlorofluorocarbon metered dose inhalers. *Int J Pharm*. 1999;186:3-12. **4.** Longest PW, Hindle M, Choudhuri SD. Effects of generation time on spray aerosol transport and deposition in models of the mouth-throat geometry. *J Aerosol Med Pulm Drug Deliv*. 2009;22(2):67-83. **5.** FDA letter [January 14, 2008]. Data on file. Teva Respiratory, LLC. **6.** Johns Hopkins Health Alerts. Ask the doctor about your prescriptions. Available at: http://www.johnshopkinshealthalerts.com/alerts/prescription_drugs/JohnsHopkinsPrescriptionDrugs HealthAlert_3017-1.html. Accessed on August 4, 2009. **7.** Everard ML, Devadason SG, Summers QA, Le Souef PN. Factors affecting total and "respirable" dose delivered by a salbutamol metered dose inhaler. *Thorax*. 1995;50:746-749. **8.** Graham SJ, Ormsby ED, Lovering EG. Single spray drug content in a metered-dose aerosol formulation and a collection scheme for content uniformity. *Pharm Forum*. 1992;18(6):4400-4403. **9.** ProAir® HFA Prescribing Information. Teva Respiratory, LLC, 2008.

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ProAir® HFA
(albuterol sulfate)
Inhalation Aerosol

Fits More Lives—By Design

TEVA RESPIRATORY