



LISTEN TO THEIR LUNGS

And answer with PERFOROMIST® for wide and favorable coverage

Covered by Medicare Part B, Medicare Part D, and 89% of commercial plans without prior therapy restrictions.^{1,2} See below for the Managed Care Plans available to you.



Alabama

Commercial	Epipen		Adrenaclick		Twinject	
	Status	Co-Pay	Status	Co-Pay	Status	Co-Pay
Aetna, Inc. Alabama (3 Tier Open)	Preferred	\$13-28	Non Preferred	\$29-45	Non Preferred	\$29-45
Blue Cross and Blue Shield of Alabama (BCBSAL) (3 Tier Open)	Preferred	\$30	Non Preferred	\$50	Non Preferred	\$50
UnitedHealth Group, Inc. (Alabama) (3 Tier Open)	Preferred (QL)	\$25-30	Non Preferred (QL)	\$55-60	Non Preferred (QL)	\$55-60
VIVA Health, Inc. (3 Tier Open)	Preferred	\$30	Non Preferred	\$50	Non Preferred	\$50
Public Education Employees' Health Insurance (PEEHIP) (3 Tier Open)	Preferred (QL)	\$40	Non Preferred (QL)	\$60	Non Preferred (QL)	\$60
State Medicaid		Status	Co-Pay	Status	Co-Pay	Status
Alabama Medicaid	Preferred	\$.50-3	Non Preferred (PA)	\$.50-3	Preferred	\$.50-3

Formulary data provided by Pinsonault Associates, LLC, May, 2011

Plan formularies will vary and are subject to change without notice. Please check directly with the health plan to determine the most up to date formulary information.

WARNING: ASTHMA-RELATED DEATH

Long-acting beta₂-adrenergic agonists (LABA) increase the risk of asthma-related death. Data from a large placebo-controlled US study that compared the safety of another long-acting beta₂-adrenergic agonist (salmeterol) or placebo added to usual asthma therapy showed an increase in asthma-related deaths in patients receiving salmeterol. This finding with salmeterol is considered a class effect of LABA, including formoterol, the active ingredient in PERFOROMIST Inhalation Solution.

The safety and efficacy of PERFOROMIST in patients with asthma have not been established. All LABA, including PERFOROMIST, are contraindicated in patients with asthma without use of a long-term asthma control medication.

Please see Important Safety Information on reverse side, and accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

Perforomist®
(formoterol fumarate) Inhalation Solution
20 mcg/2 mL vial

Indication

PERFOROMIST® (formoterol fumarate) Inhalation Solution is indicated for the long-term, twice-daily (morning and evening) administration in the maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

Important Limitations for Use:

- It is not indicated to treat acute deteriorations of COPD
- It is not indicated to treat asthma. The safety and effectiveness of PERFOROMIST Inhalation Solution in asthma has not been established.

Important Safety Information

PERFOROMIST Inhalation Solution like other LABAs is contraindicated in patients with asthma without use of a long term asthma control medication.

PERFOROMIST Inhalation Solution should not be initiated in patients with acutely deteriorating COPD, which may be a life-threatening condition.

PERFOROMIST Inhalation Solution should not be used for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm.

As with other inhaled beta₂-agonists, PERFOROMIST Inhalation Solution can produce paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs, PERFOROMIST Inhalation Solution should be discontinued immediately and alternative therapy instituted.

PERFOROMIST Inhalation Solution should not be used more often, at higher doses than recommended, or in conjunction with other inhaled, long-acting beta₂-agonists, as an overdose may result. Clinically significant cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs.

PERFOROMIST Inhalation Solution should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension; in patients with convulsive disorders or thyrotoxicosis; and in patients who are unusually responsive to sympathomimetic amines.

SABA=short-acting beta₂-agonist.

Please see accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

References: 1. Medicare benefits. Medicare.gov Web site. <http://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html>. Accessed August 23, 2012. 2. Data on file. Mylan Specialty L.P. 3. Centers for Medicare & Medicaid Services. 2012 Table of drugs. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/DRUG2012.pdf>. Updated September 14, 2011. Accessed August 23, 2012.



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PER12-4009 U.S. Patent Nos. 6,814,953 and 6,667,344.

PERFOROMIST Inhalation Solution, like other beta₂-agonists, can produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, systolic and/or diastolic blood pressure, and/or symptoms.

PERFOROMIST Inhalation Solution, like other sympathomimetic amines, should be used with caution. Doses of the related beta₂-agonist albuterol, when administered intravenously, have been reported to aggravate preexisting diabetes mellitus and ketoacidosis.

Beta agonist medications may produce significant hypokalemia in some patients, which has the potential to produce adverse cardiovascular effects. The decrease in serum potassium is usually transient, not requiring supplementation.

Immediate hypersensitivity reactions may occur after administration of PERFOROMIST Inhalation Solution, as demonstrated by cases of anaphylactic reactions, urticaria, angioedema, rash, and bronchospasm.

PERFOROMIST Inhalation Solution, as with other beta₂-agonists, should be used with extreme caution in patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or drugs known to prolong the QTc interval because the action of adrenergic agonists on the cardiovascular system may be potentiated by these agents.

Beta-blockers and formoterol fumarate may inhibit the effect of each other when administered concurrently. Therefore, patients with COPD should not normally be treated with beta-blockers except under certain circumstances e.g., as prophylaxis after myocardial infarction, there may be no acceptable alternatives to the use of beta-blockers in patients with COPD.

Concomitant treatment with Xanthine derivatives, steroids, or diuretics may potentiate any hypokalemic effect of adrenergic agonists. The EKG changes and/or hypokalemia that may result from the administration of non-potassium sparing diuretics (such as loop or thiazide diuretics) can be acutely worsened by beta-agonists, so caution is advised in the co-administration.

