

welcome to the future of asthma management with objective data from the DigiHaler system¹⁻³

DigiHaler is the only smart inhaler system with built-in sensors that capture inhalation parameters and may help you make more informed treatment decisions¹⁻³

Patient missed doses of ICS/LABA within the past seven days

Mon 3:15 AM SABA – good inhalation*

Mon 5:00 PM ICS/LABA – fair inhalation†

Tues 6:00 AM ICS/LABA – good inhalation

Thur 4:30 PM SABA – good inhalation

Thur 5:30 PM ICS/LABA – fair inhalation

Fri 5:00 PM ICS/LABA – good inhalation



digihaler®

asthma management updated

Not an actual patient.

*Good inhalation: An inhalation was recorded with a flow rate >45 L/min.

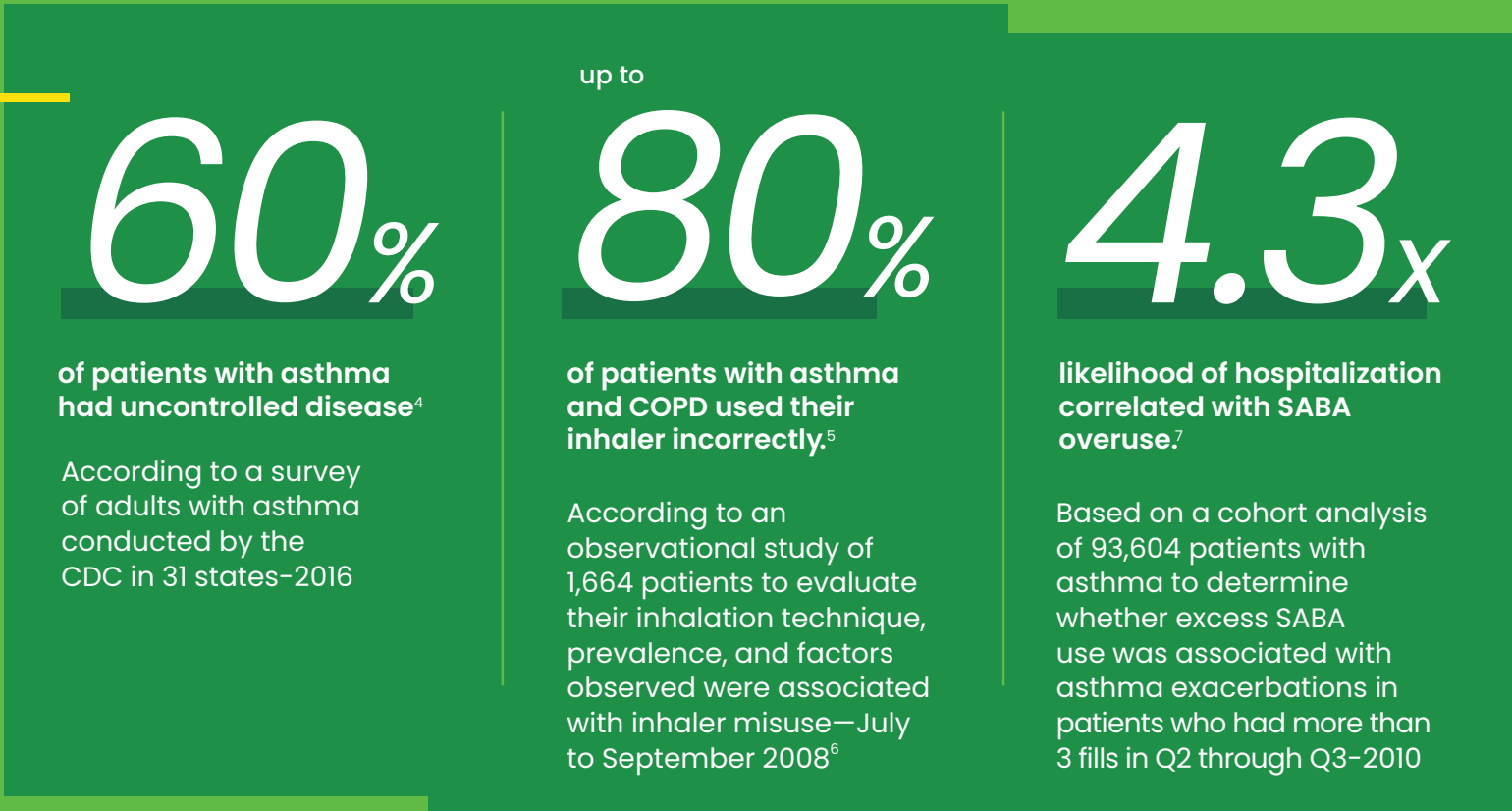
†Fair inhalation: An inhalation was recorded with a flow rate between 30 L/min and 45 L/min.

Abbreviations: ICS=inhaled corticosteroids, LABA=long-acting beta₂-agonist, SABA=short-acting beta₂-agonist

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

caring for the asthmatic patient

What may be happening between visits and challenging the management of your patients?



Abbreviations: CDC=Centers for Disease Control; COPD=Chronic obstructive pulmonary disease

More information about your patients’ inhaler use may help you as you:

- Assess whether suboptimal disease control is related to inhaler use⁵
- Make informed treatment decisions⁵

GINA guidelines recommend

assessing asthma control along with inhaler use and technique before making an adjustment or change in treatment^{5*†}

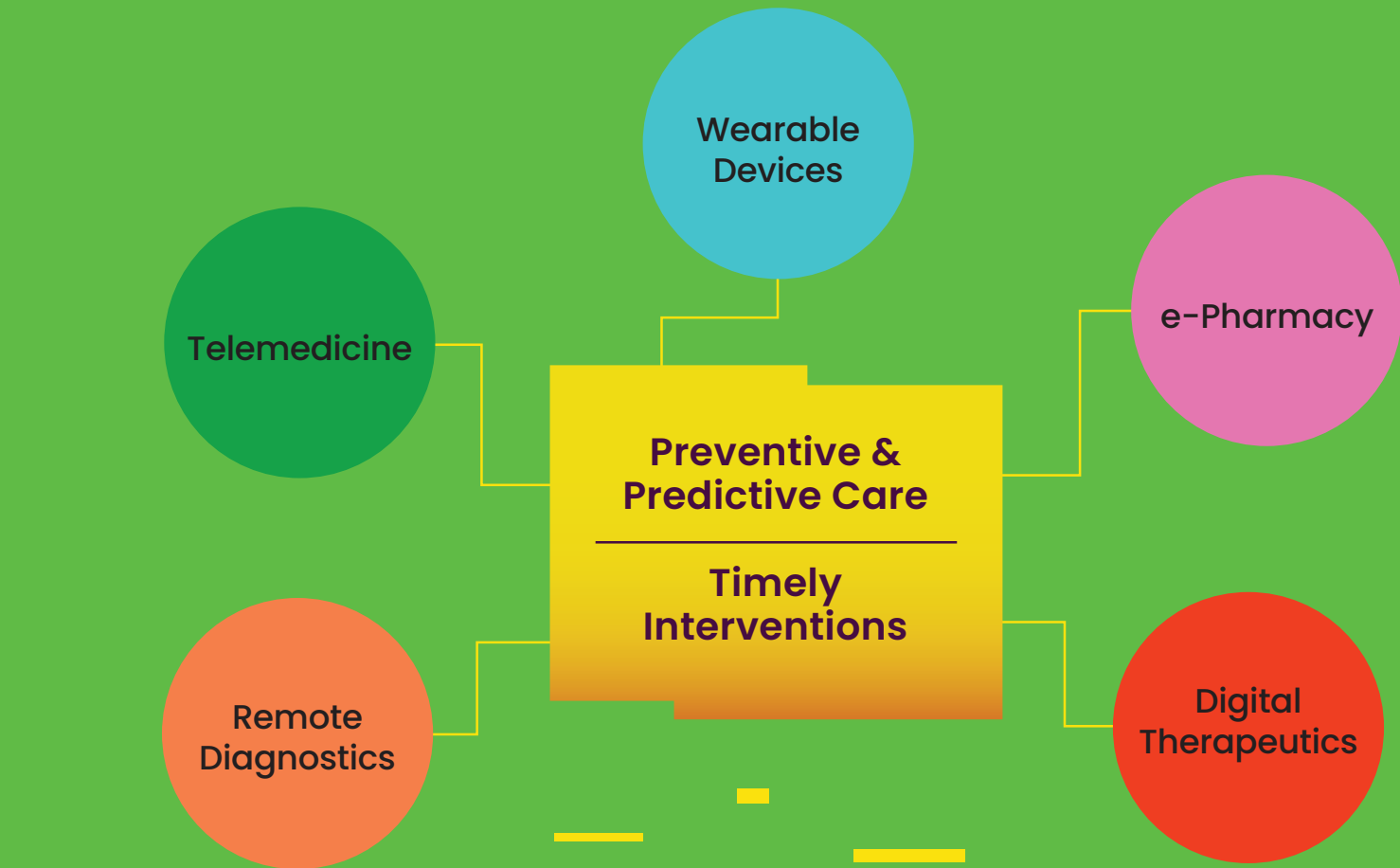


- Assessing patient inhaler use and technique is often based on patient-reported information and dose counters.^{8,9}
- Patients may not realize their inhaler technique needs improvement.⁸
- Patient self-assessments may leave you with an incomplete picture of your patients' inhaler use.⁵

*Inhaler use is recorded as an event when the cap is opened or a patient inhales.
†As categorized by inspiratory flow rates.

digital health technologies & medical care

Digital technology has been applied to many aspects of health and health care¹⁰



Evolving Applications of Digital Technology in Health and Health Care
SOURCE: National Academy of Medicine. 2019. Digital Health Action Collaborative, NAM Leadership Consortium: Collaboration for a Value & Science-Driven Health System

Studies Have Shown Digital Technology and the objective data they provide can aid in patient engagement, disease awareness, and more informed patient-clinical communication¹¹

- **Diabetes:** Continuous glucose monitoring can reduce patient time spent in hypoglycemia and improve overall glucose control¹²
- **Hypertension:** Remote monitoring can diagnose and help manage blood pressure¹³
- **Asthma:** Digital spirometers for remote monitoring of lung function can support breathing improvement^{10,14}
- **Depression:** Digital interventions provide access to treatment for affected persons in rural areas.¹⁵
- **Epilepsy:** Patient engagement with smartphone applications have shown to reduce patient risk of injury and death through uncontrolled epileptic seizures¹⁶

reimagine asthma management with the objective data provided by the Digihaler® system^{2,3}

The first and only smart inhaler system with built-in sensors that may help you assess inhalation parameters as measured by inspiratory flow, evaluate asthma control, and consider intervention as needed¹⁻³



*Good inhalation: An inhalation was recorded with a flow rate >45 L/min.
†Fair inhalation: An inhalation was recorded with a flow rate between 30L/min and 45 L/min.
‡Inhaler use is recorded as an event when the cap is opened or a patient inhales.
§As categorized by inspiratory flow rates

There is no evidence that the use of the Digihaler app leads to improved clinical outcomes, including safety and effectiveness.¹⁻³

Indication and Important Safety Information ProAir Digihaler
Indications

ProAir® Digihaler® (albuterol sulfate) Inhalation Powder is indicated in patients ≥4 years of age for the treatment or prevention of bronchospasm with reversible obstructive airway disease and in patients ≥4 years of age for the prevention of exercise-induced bronchospasm.

Important Safety Information

- **Contraindications:** ProAir Digihaler (albuterol sulfate) Inhalation Powder is contraindicated in patients with hypersensitivity to albuterol or patients with a severe hypersensitivity to milk proteins. Rare cases of hypersensitivity reactions, including urticaria, angioedema, and rash have been reported after the use of albuterol sulfate. There have been reports of anaphylactic reactions in patients using inhalation therapies containing lactose

personalized feedback for more informed treatment decisions¹⁻⁵

Objective data from the Digihaler Sysem may help you identify underlying causes of poor disease control and personalize your patients' treatment plans.

The Digihaler system may help as you:	
Review quality of inhalations as measured by inspiratory flow. ¹⁻³	Evaluate whether patients may need to improve their inhaler technique. ¹⁻³
Detect missed doses of their maintenance inhaler over time. ¹⁻³	Determine whether the patient may need coaching, as it relates to missed doses, to use their maintenance inhaler as prescribed. ¹⁻³
Monitor SABA use and potential overuse. ^{7-9, 18}	Identify an increase in SABA use and assess whether it may be related to the level of asthma control and indicate a need for a treatment plan adjustment. ¹⁹

Objective data from the Digihaler System may help you identify underlying causes of poor disease control and personalize your patients' treatment plans¹⁻³

Indications ArmonAir and AirDuo Digihaler
Indications

ArmonAir® Digihaler® (fluticasone propionate) inhalation powder is indicated for the maintenance treatment of asthma as prophylactic therapy in patients 12 years of age and older.

Limitation of Use: ArmonAir Digihaler is not indicated for the relief of acute bronchospasm.

AirDuo® Digihaler® (fluticasone propionate and salmeterol) inhalation powder is indicated for the treatment of asthma in patients aged 12 years and older. AirDuo Digihaler is only for patients uncontrolled on an inhaled corticosteroid (ICS) or whose disease severity clearly warrants an ICS/Long-acting beta₂-agonist (LABA).

Limitation of Use: AirDuo Digihaler is not indicated for the relief of acute bronchospasm.

see specific patient inhaler use data^{1-3*}

Examining patient data over time may help you identify patterns in inhaler use and address them as needed.¹⁻³



Maintenance inhaler data

Missing AM and PM inhalations indicate that the patient is not using their AirDuo Digihaler twice a day as prescribed.¹⁻³

Determine whether the patient may need coaching, as it relates to missed doses.

Rescue inhaler data

The number of daily recorded inhalations may indicate an increase in the use of their ProAir Digihaler.^{7,9,18}

Inspiratory flow data

Less than 50% of total inhalations being categorized† as “Good” or “Fair” may indicate that the patient’s inhaler technique needs improvement.¹⁻³

Objective data are collected through the Digihaler smartphone app and stored in the cloud.¹⁻³

When patients choose to share data, you have the flexibility to review it:

- **Either during office visits** in the Digihaler app or a PDF to download
- **Or between visits** with the Digihaler dashboard

Connection to the app is required for transmission of data, but is not required for the delivery of the medicine from the inhaler. Data can only be viewed if the patient chooses to share it with you.

*Inhaler use is recorded as an event when the cap is opened or a patient inhales.
†A Good Inhalation is defined in the app as having an inspiratory flow rate of >45 L/min. A Fair Inhalation is defined in the app as having an inspiratory flow rate between 30-45 L/min.

ProAir Digihaler Important Safety Information (Continued)

- **Paradoxical Bronchospasm:** ProAir Digihaler can produce paradoxical bronchospasm that may be life-threatening. Discontinue ProAir Digihaler and institute alternative therapy if paradoxical bronchospasm occurs

discover the potential of objective inhaler data for your patients¹⁻³

Having access to their inhalation data may help you and your patients have more informed treatment discussions²⁰

AirDuo digihaler
(fluticasone propionate 113 mcg and salmeterol 14 mcg) Inhalation Powder

ProAir digihaler
(albuterol sulfate 117 mcg) Inhalation Powder

ArmonAir digihaler
(fluticasone propionate 113 mcg) Inhalation Powder

Patients receive alerts and reminders from the Digihaler app¹⁻³

Patients are reminded to use their maintenance inhalers as recommended^{1-3,18}

Timely feedback on inhalation quality and notifications alert patients when their technique may need improvement^{1-3,18}

Patients are reminded to contact you in situations of increased SABA use¹⁻³

These notifications and reminders may help encourage patients to take an active role in their asthma management

- Follow up in cases of missed doses, potential technique issues, and/or increased SABA use

*Good inhalation: An inhalation was recorded with a flow rate >45 L/min.
†Fair inhalation: An inhalation was recorded with a flow rate between 30 L/min and 45 L/min.

ArmonAir Digihaler and AirDuo Digihaler Important Safety Information

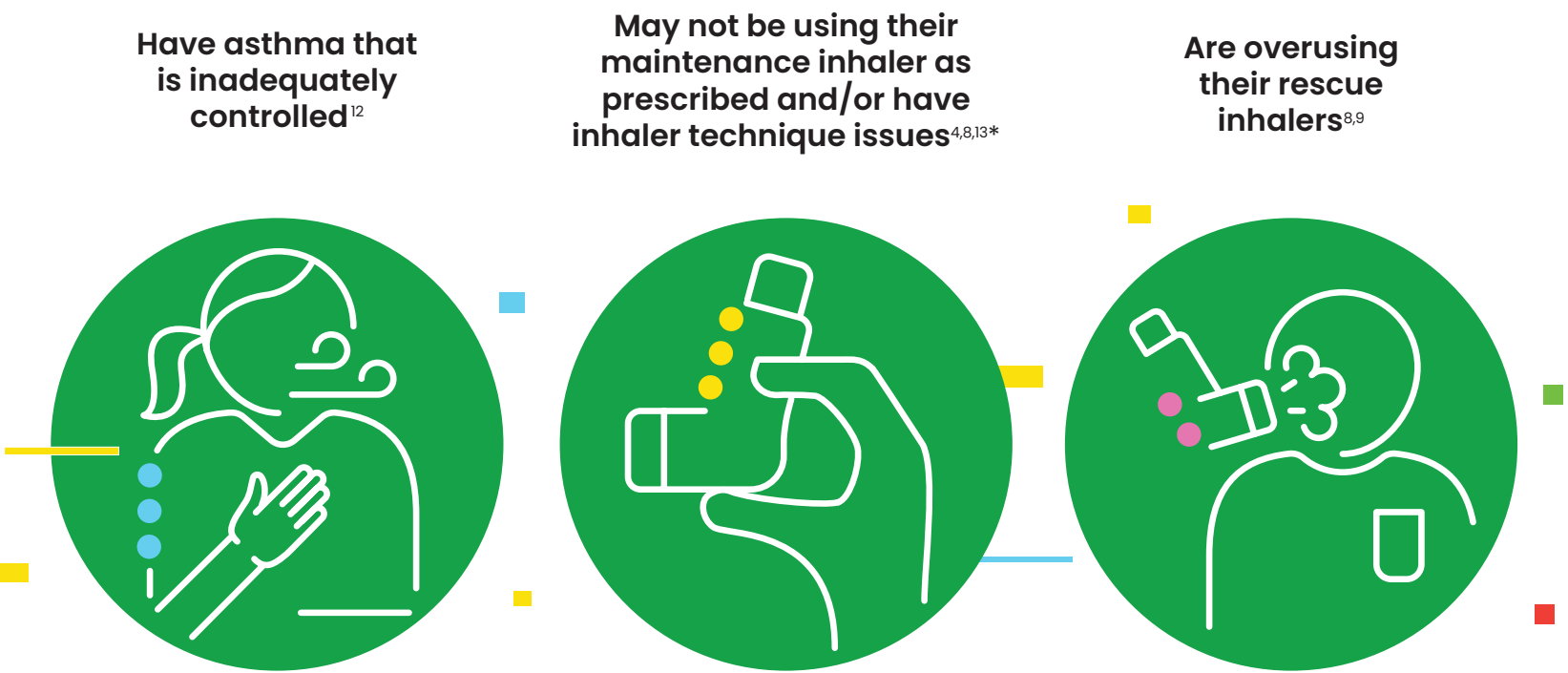
Contraindications: ArmonAir Digihaler and AirDuo Digihaler are contraindicated in:

- Primary treatment of status asthmaticus or other acute episodes of asthma requiring intensive measures
- Patients with known severe hypersensitivity to milk proteins or any ingredients of ArmonAir Digihaler or AirDuo Digihaler

• **Serious Asthma-Related Events – Hospitalizations, Intubations, Death:** Use of a LABA as monotherapy (without an ICS) for asthma is associated with an increased risk of asthma-related death. Available data from controlled clinical trials also suggest that use of LABA as monotherapy increases the risk of asthma-related hospitalization in pediatric and adolescent patients. These findings are considered a class effect of LABA monotherapy. When LABA are used in fixed-dose combination with ICS (such as AirDuo Digihaler), data from large clinical trials do not show a significant increase in the risk of serious asthma-related events (hospitalizations, intubations, death) compared with ICS alone

what might the objective data from Digihaler® reveal?

Objective data from the Digihaler system may help you identify patients with asthma who:



*As categorized by inspiratory flow rates.¹⁻³

ProAir Digihaler Important Safety Information (Continued)

- **Deterioration of Asthma:** Need for more doses of ProAir Digihaler than usual may be a marker of acute or chronic deterioration of asthma and requires reevaluation of treatment, such as possible need for anti-inflammatory treatment, e.g., corticosteroids
- **Use of Anti-Inflammatory Agents:** ProAir Digihaler alone may not be adequate to control asthma in many patients. Early consideration should be given to adding anti-inflammatory agents, e.g., corticosteroids
- **Cardiovascular Effects:** ProAir Digihaler, like other beta-adrenergic agonists, can produce clinically significant cardiovascular effects in some patients, as measured by heart rate, blood pressure, and/or symptoms. If such effects occur, the drug may need to be discontinued. ProAir Digihaler, like all sympathomimetic amines, should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension
- **Do Not Exceed Recommended Dose:** Fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs in patients with asthma

8 Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

see the innovative technology inside

AirDuo® digihaler®
(fluticasone propionate 113 mcg and salmeterol 14 mcg) Inhalation Powder

ProAir® digihaler®
(albuterol sulfate 117 mcg) Inhalation Powder

ArmonAir® digihaler®
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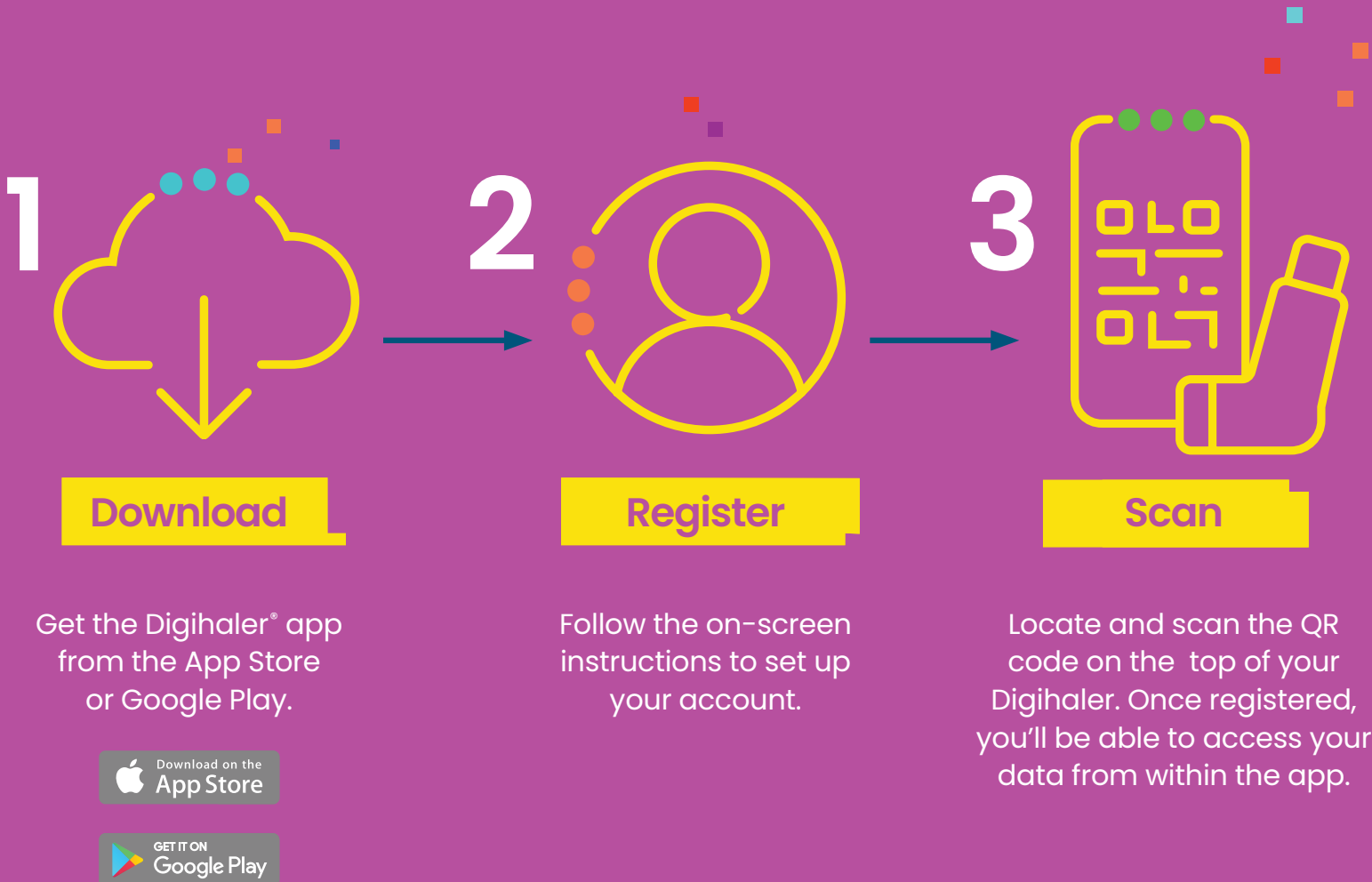


ArmonAir Digihaler and AirDuo Digihaler Important Safety Information (Continued)

- **Deterioration of Disease and Acute Episodes:** AirDuo Digihaler should not be initiated in patients during rapidly deteriorating or potentially life-threatening episodes of asthma. ArmonAir Digihaler and AirDuo Digihaler are not indicated for the relief of acute bronchospasm. An inhaled, short-acting beta₂-agonist, not ArmonAir Digihaler or AirDuo Digihaler, should be used to relieve acute symptoms such as shortness of breath

patient support

Help your patients get started



NOTE: As of February 2023, more than one-third of Digihaler users are 45 years and older²¹

ProAir Digihaler Important Safety Information (Continued)

- **Hypersensitivity Reactions including Anaphylaxis:** Immediate hypersensitivity reactions may occur after administration of albuterol sulfate, as demonstrated by rare cases of urticaria, angioedema, rash, bronchospasm, anaphylaxis, and oropharyngeal edema. Hypersensitivity reactions including anaphylaxis, angioedema, pruritus, and rash have been reported with the use of therapies containing lactose, an inactive ingredient in ProAir Digihaler.
- **Coexisting Conditions:** ProAir Digihaler, like all sympathomimetic amines, should be used with caution in patients with convulsive disorders, hyperthyroidism, or diabetes mellitus; and in patients who are unusually responsive to sympathomimetic amines.
- **Hypokalemia:** As with other beta-agonists, ProAir Digihaler may produce significant hypokalemia in some patients. The decrease is usually transient, not requiring supplementation
- **Most common adverse reactions** ($\geq 1\%$ and $>$ placebo) are back pain, pain, gastroenteritis viral, sinus headache, urinary tract infection, nasopharyngitis, oropharyngeal pain and vomiting

¹⁰ Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

help your patients save on the Digihaler system

AirDuo® digihaler®
(fluticasone propionate 113 mcg and salmeterol 14 mcg) Inhalation Powder

ProAir® digihaler®
(albuterol sulfate 117 mcg) Inhalation Powder

ArmonAir® digihaler®
(fluticasone propionate 113 mcg) Inhalation Powder

With the Digihaler Savings Card:

- Most commercially insured patients pay \$20 for each inhaler in the Digihaler family*
- Let patients who qualify know they can sign up online: Digihaler.com/#savings

Please note that this offer is not available for patients eligible for Medicare, Medicaid, or any other form of government insurance.

*Visit Digihaler.com to see full terms and conditions.



Not a real card.

Patients can visit **Digihaler.com/support** for technical support

OR

Call customer support at:
877-410-DIGI (3444)
Monday through Friday
9 AM to 5 PM EST

ArmonAir Digihaler and AirDuo Digihaler Important Safety Information (Continued)

- **Avoid Excessive Use and Avoid Use with Other Long acting Beta₂-Agonists:** AirDuo Digihaler should not be used more often than recommended, at higher doses than recommended, or in conjunction with other medicines containing LABA, as an overdose may result. Clinically significant cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs. Patients using AirDuo Digihaler should not use another medicine containing a LABA (e.g., salmeterol, formoterol fumarate, arformoterol tartrate, indacaterol) for any reason



Not an actual patient.

AirDuo[®] digihaler[™]
(fluticasone propionate
113 mcg and salmeterol
14 mcg) Inhalation Powder

ProAir[®] digihaler[™]
(albuterol sulfate 117 mcg)
Inhalation Powder

ArmonAir[®] digihaler[™]
(fluticasone propionate
113 mcg) Inhalation Powder

Tues 8:00 AM AirDuo[®] Digihaler[™] – good inhalation*

Tues 6:00 PM AirDuo Digihaler – good inhalation

Wed 7:30 AM AirDuo Digihaler – fair inhalation†

Wed 6:30 PM AirDuo Digihaler – good inhalation

Wed 10:00 PM ProAir[®] Digihaler[™] – fair inhalation

Thur 3:30 PM ProAir Digihaler – good inhalation

No missed AirDuo Digihaler inhalations in the past
30 days but increasing ProAir Digihaler events

ArmonAir Digihaler and AirDuo Digihaler Important Safety Information (Continued)

- **Oropharyngeal Candidiasis** has occurred in patients treated with ArmonAir Digihaler or AirDuo Digihaler. Advise patients to rinse the mouth with water without swallowing following inhalation
- **Immunosuppression and Risks of Infections:** Patients who use corticosteroids, such as found in AirDuo Digihaler and ArmonAir Digihaler are at risk for potential worsening of existing tuberculosis; fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex. A more serious or even fatal course of chickenpox or measles may occur in susceptible patients. Use with caution in patients with the above because of the potential for worsening of these infections
- **Transferring Patients from Systemic Corticosteroid Therapy:** Particular care is needed for patients who have been transferred from systemically active corticosteroids to ICS because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids to less systemically available ICS. Taper patients slowly from systemic corticosteroids if transferring to ArmonAir Digihaler or AirDuo Digihaler

Please see additional Important Safety Information throughout and accompanying full Prescribing Information. 13

Important Safety Information for ProAir Digihaler (Continued)

- **Drug Interactions:** Other short-acting sympathomimetic bronchodilators should not be used concomitantly with ProAir Digihaler
 - **Beta-Blockers:** Beta-adrenergic-receptor blocking agents not only block the pulmonary effect of beta-agonists, such as ProAir Digihaler, but may produce severe bronchospasm in asthmatic patients. Therefore, patients with asthma should not normally be treated with beta-blockers
 - **Diuretics:** Caution is advised in the coadministration of beta-agonists with non-potassium sparing diuretics (such as loop or thiazide diuretics). Consider monitoring potassium levels
 - **Digoxin:** Carefully evaluate the serum digoxin levels in patients who are currently receiving digoxin and ProAir Digihaler
 - **Monoamine Oxidase Inhibitors or Tricyclic Antidepressants:** ProAir Digihaler should be administered with extreme caution to patients being treated with these agents, or within 2 weeks of discontinuation of these agents, because the action of albuterol on the cardiovascular system may be potentiated. Consider alternative therapy

Important Safety Information for ArmonAir Digihaler and AirDuo Digihaler (Continued)

- **Hypercorticism and Adrenal Suppression** may occur with high doses of ICS, including fluticasone propionate, or at the recommended dose in susceptible individuals. If such changes occur, discontinue ArmonAir Digihaler or AirDuo Digihaler slowly
- **Drug Interactions with Strong Cytochrome P450 3A4 Inhibitors:** The use of strong cytochrome P450 3A4 (CYP3A4) inhibitors (e.g., ritonavir, ketoconazole) with ArmonAir Digihaler or AirDuo Digihaler is not recommended because increased systemic corticosteroid adverse effects may occur; increased cardiovascular adverse effects may also occur with AirDuo Digihaler
- **Paradoxical Bronchospasm and Upper Airway Symptoms:** Paradoxical bronchospasm may occur. if bronchospasm occurs treat immediately with an inhaled, short-acting bronchodilator discontinue AirDuo Digihaler or ArmonAir Digihaler and institute alternative therapy
- **Hypersensitivity Reactions, Including Anaphylaxis:** Immediate hypersensitivity reactions (e.g., urticaria, angioedema, rash, bronchospasm, hypotension), including anaphylaxis, may occur after administration of ArmonAir Digihaler or AirDuo Digihaler. Discontinue ArmonAir Digihaler or AirDuo Digihaler if such reactions occur
- **Cardiovascular and Central Nervous System Effects:** The salmeterol component of AirDuo Digihaler, can be associated with excessive beta-adrenergic stimulation which could present as the following symptoms: seizures, angina, hypertension or hypotension, tachycardia with rates up to 200 beats/min, arrhythmias, nervousness, headache, tremor, palpitation, nausea, dizziness, fatigue, malaise, and insomnia. Use with caution in patients with cardiac arrhythmias, hypertension, coronary insufficiency. Drug may need to be discontinued in certain patients.
- **Reduction in Bone Mineral Density (BMD):** Decreases in BMD have been observed with long-term administration of products containing ICS. Patients with major risk factors for decreased bone mineral content, such as prolonged immobilization, family history of osteoporosis, or chronic use of drugs that can reduce bone mass (e.g., anticonvulsants, oral corticosteroids) should be monitored and treated with established standards of care when using ArmonAir Digihaler or AirDuo Digihaler



Important Safety Information for ArmonAir Digihaler and AirDuo Digihaler (Continued)

- **Effect on Growth:** ICS may cause a reduction in growth velocity, Patients should be maintained on the lowest dose of inhaled corticosteroid that effectively controls their asthma. Monitor growth of pediatric patients receiving ArmonAir Digihaler and AirDuo Digihaler.
- **Glaucoma and Cataracts:** Long-term use of ICS, including fluticasone propionate, a component of ArmonAir Digihaler and AirDuo Digihaler, may increase the risk for cataracts or glaucoma. Regular eye exams should be considered
- **Eosinophilic Conditions and Churg–Strauss Syndrome:** Systemic eosinophilic conditions, such as Churg–Strauss syndrome, may occur when using ArmonAir Digihaler or AirDuo Digihaler. Be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy
- **Coexisting Conditions:** Use AirDuo Digihaler with caution in patients with convulsive disorders, thyrotoxicosis, diabetes mellitus, ketoacidosis, and in patients who are unusually responsive to sympathomimetic amines
- **Hypokalemia and Hyperglycemia:** Beta-adrenergic agonist medicines may produce significant hypokalemia in some patients, possibly through intracellular shunting, which has the potential to produce adverse cardiovascular effects. Decrease in serum potassium are usually transient, not requiring supplementation. Be alert to hypokalemia and hyperglycemia in patients using AirDuo Digihaler
- **Adverse Reactions with ArmonAir Digihaler:** Most common adverse reactions (greater than or equal to 3%) are: upper respiratory tract infection, nasopharyngitis, oral candidiasis, headache, and cough
- **Adverse Reactions with AirDuo Digihaler:** Most common adverse reactions (greater than or equal to 3%) include nasopharyngitis, oral candidiasis, headache, cough and back pain

References: **1.** ProAir Digihaler. Prescribing Information. Teva; 2022. Accessed July 1, 2022. https://www.digihalerhcp.com/globalassets/proair_digihaler/proair_digihaler_pi.pdf **2.** AirDuo Digihaler. Prescribing information. Teva; 2022. Accessed July 1, 2022. https://www.digihalerhcp.com/globalassets/airduo_digihaler/airduo_digihaler_pi.pdf **3.** ArmonAir Digihaler. Prescribing Information. Teva; 2022. Accessed July 1, 2022. https://www.digihalerhcp.com/globalassets/armonair_digihaler/armonair_digihaler_pi.pdf **4.** Global strategy for asthma management and prevention. Global Initiative for Asthma. 2021. Accessed December 23, 2021. <https://www.ginasthma.org> **5.** Melani AS, Bonavia M, Cilenti V, et al. Inhaler mishandling remains common in real life and is associated with reduced disease control. *Respir Med.* 2011;105(6):930–938. **6.** Silver HS, Blanchette CM, Kamble S, et al. Quarterly assessment of short-acting beta₂-adrenergic agonist use as a predictor of subsequent health care use for asthmatic patients in the United States. *J Asthma.* 2010;47(6):660–666. **7.** Uncontrolled Asthma Among Adults, 2016. Centers for Disease Control and Prevention. July 8, 2019. Accessed December 23, 2021. https://www.cdc.gov/asthma/asthma_stats/uncontrolled-asthma-adults.htm **8.** Patel M, Perrin K, Pritchard A, et al. Accuracy of patient self-report as a measure of inhaled asthma medication use. *Respirology.* 2013;18(3):546–552. **9.** Sulaiman I, Seheult J, MacHale E, et al. Irregular and ineffective: a quantitative observational study of the time and technique of inhaler use. *J Allergy Clin Immunol Pract.* 2016;4(5):900–909. **10.** Unni E, Gabriel S, Ariely R. A review of the use and effectiveness of digital health technologies in patients with asthma. *Ann Allergy Asthma Immunol.* 2018;121(6):680–691. **11.** Azzi EA, Kritikos V, Peters MJ, et al. Understanding reliever overuse in patients purchasing over-the-counter short-acting beta₂ agonists: an Australian community pharmacy-based survey. *BMJ Open.* 2019;9:e028995. doi:10.1136/bmjopen-2019-028995 **12.** Merchant RK, Inamdar R, Quade R, et al. Effectiveness of population health management using the propeller health asthma platform: a randomized clinical trial. *J Allergy Clin Immunol Pract.* 2016;4(3):455–463. **13.** Sharma G, Mahler DA, Mayorga VM, et al. Prevalence of low peak inspiratory flow rate at discharge in patients hospitalized for COPD exacerbation. *Chronic Obstr Pulm Dis.* 2017;4(3):217–224. **14.** Scullion JE. Top tips: diagnosing and managing asthma in adults. Updated September 10, 2021. Accessed July 11, 2022. https://www.guidelinesinpractice.co.uk/respiratory/top-tips-diagnosing-and-managing-asthma-in-adults/456186_article **15.** Digihaler System USA Usage Analysis. Teva Pharmaceuticals. Data on File. July 9, 2022.

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Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Teva Digihaler inhalers vs nondigital inhalers


AirDuo[®] digihaler[®]
(fluticasone propionate 113 mcg and salmeterol 14 mcg) Inhalation Powder

ProAir[®] digihaler[®]
(albuterol sulfate 117 mcg) Inhalation Powder

ArmonAir[®] digihaler[®]
(fluticasone propionate 113 mcg) Inhalation Powder

Digihaler is the first and only smart inhaler system with built-in sensors. Clinical data demonstrate the impact of the Digihaler System on asthma management resulting in a reduction in SABA use and increase in SABA-free days. The objective data support more timely physician-patient interactions versus standard of care.¹⁻³

	Digihaler (AirDuo Digihaler, ProAir Digihaler, and ArmonAir Digihaler)	Nondigital inhalers (AirDuo RespiClick [®] , ProAir RespiClick [®] , and ArmonAir RespiClick [®])
Efficacy	Digihaler inhalers and their nondigital counterparts share the same efficacy and safety profile ^{1-3*}	
Tracks and categorizes the quality of inhalations	YES ¹⁻³	NO
Measures inspiratory flow	YES ¹⁻³	NO
Captures patterns of maintenance inhaler use and missed doses	YES ¹⁻³	NO
Indicates patterns of increasing SABA use	YES ^{1-4, 8}	NO
Records SABA use at night†	YES ^{1-4, 8}	NO



*The Digihaler products were approved based on the safety and efficacy data from their nondigital counterparts.¹⁻³
†Inhaler use is recorded as an event when the cap is opened or a patient inhales.

Important Safety Information for ProAir Digihaler (Continued)

- **Contraindications:** ProAir Digihaler (albuterol sulfate) Inhalation Powder is contraindicated in patients with hypersensitivity to albuterol or patients with a severe hypersensitivity to milk proteins. Rare cases of hypersensitivity reactions, including urticaria, angioedema, and rash have been reported after the use of albuterol sulfate. There have been reports of anaphylactic reactions in patients using inhalation therapies containing lactose

Important Safety Information for ArmonAir Digihaler and AirDuo Digihaler (Continued)

- **Contraindications:** ArmonAir Digihaler and AirDuo Digihaler are contraindicated in:
 - Primary treatment of status asthmaticus or other acute episodes of asthma requiring intensive measures
 - Patients with known severe hypersensitivity to milk proteins or any ingredients of ArmonAir Digihaler or AirDuo Digihaler

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