Reimbursement guide
for nebulized BROVANA®
(arformoterol tartrate) Inhalation
Solution under Medicare Part B*

*No guarantee of coverage.

**Indication**

BROVANA® (arformoterol tartrate) Inhalation Solution is a long-acting beta₂-adrenergic agonist (LABA) indicated for the long-term, twice-daily (morning and evening) maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. BROVANA is for use by nebulization only.

Important limitations: BROVANA is not indicated to treat acute deteriorations of COPD and is not indicated to treat asthma.

**Important Safety Information**

**WARNING: ASTHMA-RELATED DEATH**

Long-acting beta₂-adrenergic agonists (LABAs) increase the risk of asthma-related death. Data from a large placebo-controlled US study that compared the safety of another LABA (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 LABAs, including arformoterol, the active ingredient in BROVANA. The safety and efficacy of BROVANA in patients with asthma have not been established. BROVANA is not indicated for the treatment of asthma.

Please see full Important Safety Information on page 8 and full BROVANA Prescribing Information and Medication Guide, including BOXED WARNING, at www.sunovionprofile.com/sp/brovana.
Nebulized BROVANA® (arformoterol tartrate) Inhalation Solution is covered under Medicare Part B*

- Prior use of short-acting beta-agonists (SABAs) is no longer required under Medicare Part B
- Medicare Part B covers BROVANA and nebulizers used for its administration¹
  - Most nebulizers are considered durable medical equipment (DME) by Medicare²
  - A local retail or DME supplier may assist in:
    - Delivery of the home nebulizer to your patients
    - Providing patients with instructions for use
    - Coordinating coverage through Medicare Part B
- BROVANA is typically covered under the medical benefit (Medicare Part B); however, coverage under Medicare Part A or Part D occurs in some circumstances (eg, for inpatients or patients in skilled nursing facilities)³,⁴

Commercial health plans
- BROVANA is unrestricted in the majority of commercial plans⁵

*No guarantee of coverage.

Please see full Important Safety Information on page 8 and full BROVANA Prescribing Information and Medication Guide, including BOXED WARNING, at www.sunovionprofile.com/sp/brovana.
Medicare prescription requirements for patients new to nebulized therapy*

When prescribing nebulized BROVANA® (arformoterol tartrate) Inhalation Solution for Medicare patients new to nebulized therapy, include:

1. **A prescription for BROVANA**
   - Be sure to specify:
     - Dosing instructions
     - “By nebulizer”
     - Number of refills
     - ICD-10 code(s)

2. **A prescription for a nebulizer†**
   - Be sure to specify:
     - Compressor E0570
     - Administration set A7005
     - Mask A7015
     - Mouthpiece A7016

New patients need 2 separate prescriptions

*No guarantee of coverage.
†DME suppliers may require additional documentation.

Please see full Important Safety Information on page 8 and full BROVANA Prescribing Information and Medication Guide, including BOXED WARNING, at www.sunovionprofile.com/sp/brovana.
Medicare prescription requirements for patients new to nebulized therapy* (cont’d)

3 Detailed written order

Medicare requires a physician to document that a face-to-face encounter/examination with the patient, detailing the treatment and/or evaluation for a condition that supports the need for the nebulizer, occurred in the 6 months prior to the written order for a nebulizer.

- A copy of this face-to-face encounter must be signed and dated by the physician; only physicians with a National Provider Identifier (NPI) can sign the prescription
- The date of the written order must not be prior to the date of the face-to-face encounter

Always include the beneficiary’s name, the prescribing practitioner’s NPI, and specify the item of durable medical equipment ordered

*No guarantee of coverage.

Please see full Important Safety Information on page 8 and full BROVANA Prescribing Information and Medication Guide, including BOXED WARNING, at www.sunovionprofile.com/sp/brovana.
Proper ICD-10 coding helps ensure patients receive their benefits

<table>
<thead>
<tr>
<th>ICD-10 codes for COPD7</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J40</td>
<td>Bronchitis, not specified as acute or chronic</td>
</tr>
<tr>
<td>J41</td>
<td>Simple and mucopurulent chronic bronchitis</td>
</tr>
<tr>
<td>J41.0</td>
<td>Simple chronic bronchitis</td>
</tr>
<tr>
<td>J41.1</td>
<td>Mucopurulent chronic bronchitis</td>
</tr>
<tr>
<td>J41.8</td>
<td>Mixed simple and mucopurulent chronic bronchitis</td>
</tr>
<tr>
<td>J42</td>
<td>Unspecified chronic bronchitis</td>
</tr>
<tr>
<td>J43</td>
<td>Emphysema</td>
</tr>
<tr>
<td>J43.0</td>
<td>MacLeod syndrome</td>
</tr>
<tr>
<td>J43.1</td>
<td>Panlobular emphysema</td>
</tr>
<tr>
<td>J44.8</td>
<td>Other specified chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>J44.9</td>
<td>Chronic obstructive pulmonary disease, unspecified</td>
</tr>
</tbody>
</table>

Nebulized BROVANA® (arformoterol tartrate) Inhalation Solution is reimbursed under the unique J-code J7605*

*No guarantee of coverage.

Please see full Important Safety Information on page 8 and full BROVANA Prescribing Information and Medication Guide, including BOXED WARNING, at www.sunovionprofile.com/sp/brovana.
Need support? Ask Sunovion Answers

Sunovion Answers is a support resource for patients that can provide information about nebulized BROVANA® (arformoterol tartrate) Inhalation Solution coverage and connect Medicare patients with a pharmacy.

INFORMATION ABOUT BROVANA
INFORMATION ON REIMBURSEMENT

PHARMACY FINDER
TOLL-FREE HOTLINE
CALLS ANSWERED IN 30 SECONDS (AFTER MENU SELECTION)

SunovionAnswers
1-844-BROVANA (1-844-276-8262)
8am-8pm ET MONDAY-FRIDAY

Please see full Important Safety Information on page 8 and full BROVANA Prescribing Information and Medication Guide, including BOXED WARNING, at www.sunovionprofile.com/sp/brovana.
References

**Indication**

BROVANA® (arformoterol tartrate) Inhalation Solution is a long-acting beta₂-adrenergic agonist (LABA) indicated for the long-term, twice-daily (morning and evening) maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. BROVANA is for use by nebulization only.

Important limitations: BROVANA is not indicated to treat acute deteriorations of COPD and is not indicated to treat asthma.

**Important Safety Information**

**WARNING: ASTHMA-RELATED DEATH**

Long-acting beta₂-adrenergic agonists (LABAs) increase the risk of asthma-related death. Data from a large placebo-controlled US study that compared the safety of another LABA (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 LABAs, including arformoterol, the active ingredient in BROVANA.

The safety and efficacy of BROVANA in patients with asthma have not been established. BROVANA is not indicated for the treatment of asthma.

All LABAs, including BROVANA, are contraindicated in patients with asthma without use of a long-term asthma control medication; BROVANA is also contraindicated in patients with a history of hypersensitivity to arformoterol, racemic formoterol or to any of the ingredients.

BROVANA should not be initiated in patients with acutely deteriorating COPD or potentially life-threatening episodes of COPD, or used as rescue therapy for acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting beta₂-agonist.

BROVANA should not be used more often, at higher doses than recommended, or in conjunction with other medications containing LABAs as an overdose may result. Patients who have been taking inhaled short-acting beta₂-agonists on a regular basis should be instructed to discontinue their regular use and to use them only for symptomatic relief for acute respiratory symptoms. Clinically significant cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs. Patients using BROVANA should not use another medicine containing a LABA for any reason.

Immediate hypersensitivity reactions may occur with BROVANA. If signs occur, discontinue immediately and institute alternative therapy.

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

BROVANA, like other beta₂-agonists, can produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, systolic or diastolic blood pressure, and/or symptoms. BROVANA should be used with caution in patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension. Beta₂-adrenergic agonists may produce significant hypokalemia in some patients.

As with other beta₂-agonists, BROVANA, should be administered with extreme caution to patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or drugs known to prolong the QTc interval because these agents may potentiate the action of adrenergic agonists on the cardiovascular system.

BROVANA, like all medicines containing sympathomimetic amines, should be used with caution in patients treated with additional adrenergic drugs, non-potassium-sparing diuretics, and beta-blockers.

Overall efficacy of BROVANA was maintained throughout the 12-week trial duration. Some tolerance to the bronchodilator effect of BROVANA was observed after 6 weeks of dosing (at the end of the dosing interval), although the FEV₁ improvement remained statistically significant. This was not accompanied by other clinical manifestations of tolerance.

The five most common adverse events reported with frequency ≥2% in patients taking BROVANA, and occurring more frequently than in patients taking placebo, were pain (8% vs 5%), chest pain (7% vs 6%), back pain (6% vs 2%), diarrhea (6% vs 4%), and sinusitis (5% vs 4%).

BROVANA should not be swallowed as the intended effects on the lungs will not be obtained. BROVANA is only for oral inhalation via a standard jet nebulizer connected to an air compressor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For additional information, please see the accompanying full Prescribing Information including BOXED WARNING, and Medication Guide for BROVANA (arformoterol tartrate) Inhalation Solution at www.sunovionprofile.com/sp/brovana.