TOBI® PODHALER®

(Tobramycin Inhalation Powder) 28 mg per capsule

Each Day Your Way

Actual Adult CF Patient, Nick Kelly

Nick was compensated by Viatris for use of his image

INDICATION

TOBI® PODHALER® (Tobramycin Inhalation Powder) 28 mg per capsule is indicated for the management of cystic fibrosis patients with *Pseudomonas aeruginosa*.

Safety and efficacy have not been demonstrated in patients under the age of 6 years, patients with forced expiratory volume in 1 second (FEV_1) <25% or >80% predicted, or patients colonized with *Burkholderia cepacia*.

IMPORTANT SAFETY INFORMATION

TOBI PODHALER is contraindicated in patients with known hypersensitivity to any aminoglycoside.

Bronchospasm can occur with inhalation of TOBI PODHALER. Bronchospasm should be treated as medically appropriate.

Caution should be exercised when prescribing TOBI PODHALER to patients with known or suspected auditory, vestibular, renal, or neuromuscular dysfunction.

Ototoxicity, as measured by complaints of hearing loss or tinnitus, was reported by patients in the TOBI PODHALER clinical studies. Tinnitus may be a sentinel symptom of ototoxicity, and therefore the onset of this symptom warrants caution. Ototoxicity, manifested as both auditory and vestibular toxicity, has been reported with parenteral aminoglycosides. Vestibular toxicity may be manifested by vertigo, ataxia, or dizziness.

TOBI® Podhaler®
Tobramycin Inhalation Powder
28 mg per capsule

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

VIATRIS™

The only inhaled antipseudomonal treatment using dry powder formulation

Twice-daily treatment with fast administration time of **2 to 7 minutes** as observed in a clinical trial[1*]

No nebulizer, refrigeration or power source needed

No washing, drying, or disinfection required

Simply wipe clean with a dry cloth[1]

TOBI PODHALER is **compact and lightweight**

Each day, **patients can easily carry** what they need while on treatment

*Average time as observed in a randomized, open-label, active controlled study to evaluate safety.

IMPORTANT SAFETY INFORMATION (Continued)

Cases of ototoxicity with aminoglycosides have been observed in patients with certain variants in the mitochondrially encoded 12S rRNA gene (*MT-RNR1*), particularly the m.1555A>G variant. Ototoxicity occurred in some patients even when their aminoglycoside serum levels were within the recommended range. Mitochondrial DNA variants are present in less than 1% of the general US population, and the proportion of the variant carriers who may develop ototoxicity as well as the severity of ototoxicity is unknown. In case of known maternal history of ototoxicity due to aminoglycoside use or a known mitochondrial DNA variant in the patient, consider alternative treatments other than aminoglycosides unless the increased risk of permanent hearing loss is outweighed by the severity of infection and lack of safe and effective alternative therapies.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

PULMOSPHERE® Technology

TOBI PODHALER delivers proprietary PULMOSPHERE powder particles[2]

- Low in density
- Light and porous - Hollow particle
- Particle size: median geometric diameter is 1.7-2.7 µm
- Minimal effort is required to disperse the particles
- Low particle-to-particle cohesion supporting dispersibility
- Lung deposition to both central and peripheral airways

Watch a video on PULMOSPHERE Technology by visiting **TOBIPODHALERHCP.com or scanning the QR code**

IMPORTANT SAFETY INFORMATION (Continued)

Caution should be exercised when prescribing TOBI PODHALER to patients with known or suspected renal dysfunction. Nephrotoxicity was not observed during TOBI PODHALER clinical studies but has been associated with aminoglycosides as a class.

TOBI PODHALER should be used cautiously in patients with neuromuscular disorders, such as myasthenia gravis or Parkinson's disease, since aminoglycosides may aggravate muscle weakness because of a potential curare-like effect on neuromuscular function.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

In a clinical study, patients with moderate to severe CF were able to use the PODHALER device[1]

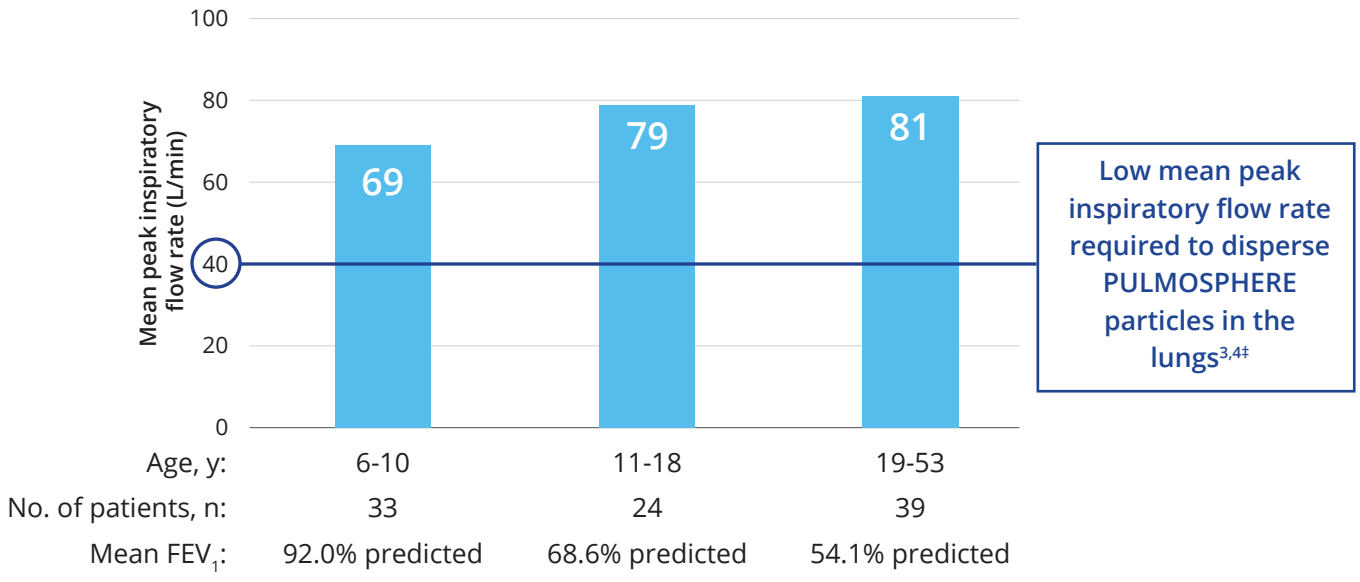
Patient types that were able to generate the inspiratory flow rates and volumes required to receive medication included[1]:

Older patients with significant disease progression and associated decreases in FEV_1

Younger patients (aged >6 years) with inhaled volumes <1 L

Patients followed the Instructions for Use. Pediatric patients aged 6 to 10 years of age with FEV_1 <40% predicted were not evaluated

Mean inspiratory flow rate of 96 CF patients exceeded the minimal requirement for dispersion of PULMOSPHERE particles[3,4‡§]



CF patient profiles with various degrees of lung function[3,4‡]

‡This study explored inspiratory variables of 96 patients with CF aged ≥6 years with varying degrees of lung disease while inhaling through mouthpieces with resistance that simulated dry-powder inhaler devices. Enrolled patients were aged 6 to 53 years, with FEV_1 19% to 126% predicted.[3,4] TOBI PODHALER is indicated for patients with an FEV_1 25% to 80% predicted.[1]

§A flow rate of 40 L/min represents a flow rate more than 2 standard deviations below the mean peak inspiratory flow rates measured for pediatric patients in the study.[2]

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Dosing

- One treatment cycle consists of **28 days on and 28 days off** treatment[1]
- Each dose of 4 capsules should be taken as close to 12 hours apart as possible. Each dose should not be taken less than 6 hours apart[1]
- The powder from all 4 capsules must be inhaled to receive the full dose of 112 mg. **Inhale 2 times from each capsule in order to empty it**[1]
- Capsules are for use with the PODHALER device only[1]
- TOBI PODHALER capsules must not be swallowed and are for oral inhalation only[1]
- Capsules should always be stored in the blister card, each capsule should **only be removed IMMEDIATELY BEFORE USE**[1]

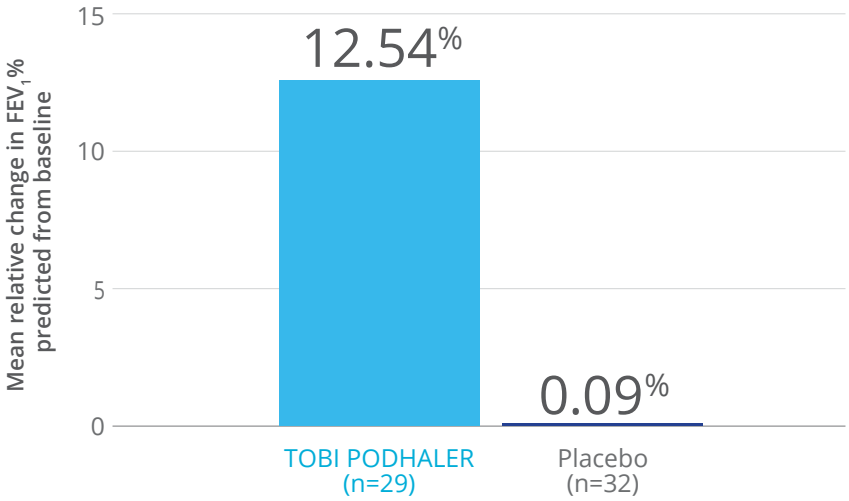
IMPORTANT SAFETY INFORMATION (Continued)

Aminoglycosides can cause fetal harm when administered to a pregnant woman. Patients who use TOBI PODHALER during pregnancy, or who become pregnant while taking TOBI PODHALER, should be apprised of the potential hazard to the fetus. The amount of tobramycin excreted in human breast milk is unknown.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

In a placebo-controlled study, TOBI PODHALER significantly improved lung function

Mean relative change in FEV_1% predicted from baseline to the end of first 28 days on treatment (*P*=0.002)[1†]



Primary endpoint in EVOLVE (Study 2)

Mean absolute changes in FEV_1% predicted

TOBI PODHALER: +6.38%; placebo: -0.52%; difference of 6.90% (95% CI: 2.40, 11.40)[1]

EVOLVE: EValuate tObramycin inhaLed dry powder efficacy Versus placebo in cystic fibrosis patiEnts.

[†]Each cycle consisted of 28 days on treatment followed by 28 days off treatment.[1]

EVOLVE was a 24-week, randomized, double-blind (during Cycle 1) trial in patients aged 6 to 21 years with CF, *Pa*, and FEV_1 ≥25% and ≤80% predicted at screening. The first cycle was double-blind and placebo-controlled with eligible patients randomized 1:1 to TOBI PODHALER (four 28-mg capsules twice daily) or placebo. For Cycles 2 and 3, patients who were initially randomized to placebo received TOBI PODHALER. Of the 79 patients included in the prespecified interim analysis, 18 were excluded due to a failure to meet spirometry quality review criteria, which resulted in a total of 61 patients included in the primary analysis.[1,5]

IMPORTANT SAFETY INFORMATION (Continued)

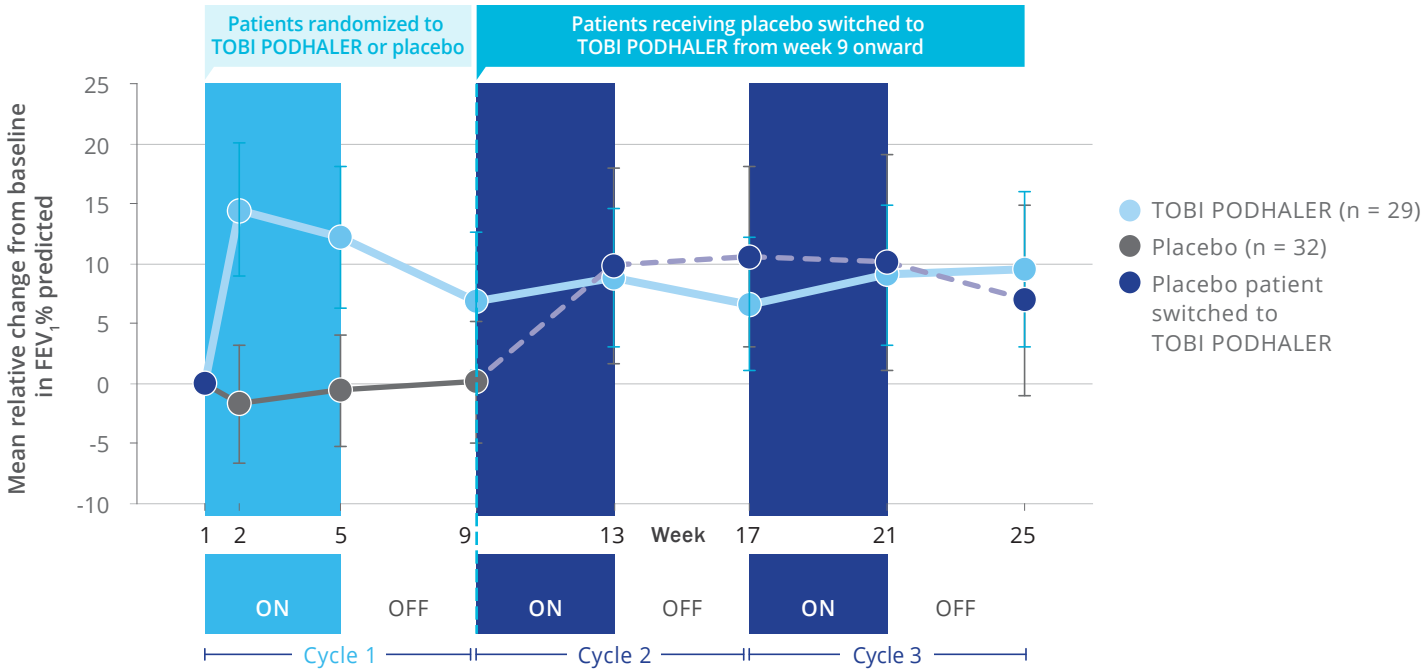
However, systemic absorption of tobramycin following inhaled administration is expected to be minimal. A decision should be made whether to discontinue nursing or TOBI PODHALER. TOBI may cause intestinal flora alteration. Advise a woman to monitor the breastfed infant for loose or bloody stools and candidiasis.

Patients receiving concomitant TOBI and parenteral aminoglycoside therapy should be monitored as clinically appropriate for toxicities associated with aminoglycosides as a class. Serum tobramycin levels should be monitored.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

After cycle 1, patients who switched from placebo to TOBI PODHALER showed improvement in their lung function

Mean relative change in FEV_1% predicted from baseline (Cycles 1 to 3)[1]



Error bars represent mean relative change (95% CI)[1]

Improvements in lung function were achieved during the subsequent cycles of treatment with TOBI PODHALER, although the magnitude of improvement was reduced.[1]

IMPORTANT SAFETY INFORMATION (Continued)

Concurrent and/or sequential use of TOBI PODHALER with other drugs with neurotoxic, nephrotoxic, or ototoxic potential should be avoided. Some diuretics can enhance aminoglycoside toxicity by altering antibiotic concentrations in serum and tissue. TOBI PODHALER should not be administered concomitantly with ethacrynic acid, furosemide, urea, or mannitol.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

TOBI® Podhaler®
Tobramycin Inhalation Powder 28 mg per capsule

In a secondary analysis,

TOBI PODHALER patients experienced fewer respiratory-related hospitalizations and needed less intravenous antipseudomonal antibiotics vs. placebo[1,5]

15% fewer patients needed IV antipseudomonal antibiotics[1]

8.7% in the TOBI PODHALER treatment group vs. 10.2% in the placebo group

Secondary endpoint in EVOLVE (Study 2, Cycle 1)

64% reduction in the percentage of patients with respiratory-related hospitalizations[1]

4.4% (n=2) in the TOBI PODHALER treatment group vs.12.2% (n=6) in the placebo group

Secondary endpoint in EVOLVE (Study 2, Cycle 1)

EVOLVE was a 24-week, randomized, double-blind (during Cycle 1) trial in patients aged 6 to 21 years with CF, *Pa*, and FEV_1 ≥25% and ≤80% predicted at screening. The first cycle was double-blind and placebo-controlled with eligible patients randomized 1:1 to TOBI PODHALER (four 28-mg capsules twice daily) or placebo. For Cycles 2 and 3, patients who were initially randomized to placebo received TOBI PODHALER. Of the 79 patients included in the prespecified interim analysis, 18 were excluded due to a failure to meet spirometry quality review criteria, which resulted in a total of 61 patients included in the primary analysis.[1,5]

IMPORTANT SAFETY INFORMATION (Continued)

In a clinical trial, the most commonly observed adverse events with TOBI PODHALER occurring at a frequency of at least 10%, were cough, lung disorder, productive cough, dyspnea, pyrexia, oropharyngeal pain, dysphonia, hemoptysis, and headache.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

In a separate placebo-controlled study,

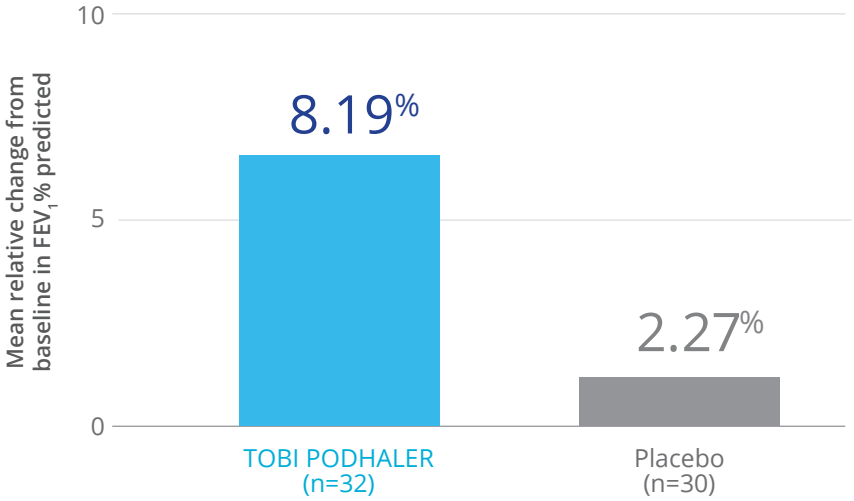
Lung function was evaluated in patients treated with TOBI PODHALER *vs.* placebo[1]

EDIT study design[1,6]

- EDIT was an 8-week, randomized, double-blind, placebo-controlled study in patients aged 6 to 21 years with CF, *Pa*, and FEV_1 ≥25% and ≤80% predicted at screening
- Patients with any use of inhaled antipseudomonal antibiotics within 4 months prior to screening were excluded
- Eligible patients were randomized 1:1 to receive TOBI PODHALER (4 times 28-mg capsules twice daily; n=32) or placebo (n=30) for 1 cycle (28 days on treatment and 28 days off treatment)
- The EDIT study was underpowered due to an inability to recruit the prespecified number of TOBI-naïve patients into each arm

EDIT, Establish tobramycin Dry powder effIcacy In cysTic fibrosis.

Mean relative change in FEV_1% predicted from baseline to the end of first 28 days on treatment (*P*=0.167)



Primary endpoint in EDIT (Study 3)[1]

- Results not statistically significant[1]
- Mean absolute change in FEV_1% predicted was 4.86% for TOBI PODHALER and 0.48% for placebo, with a difference of 4.38% (95% CI: -0.17, 8.94)[1]

Decreased susceptibility of *Pa* to tobramycin has been seen with use of TOBI PODHALER. The relationship between in vitro susceptibility test results and clinical outcome with TOBI PODHALER therapy is not clear. Occurrence of decreased susceptibility on treatment should be monitored, and treatment with an alternative therapy should be considered if clinical worsening is observed.[1]

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Safety considerations for patients taking TOBI PODHALER

In a head-to-head study, TOBI PODHALER was evaluated for safety *vs.* TOBI® (Tobramycin Inhalation Solution, USP)[1]:

Adverse reactions (≥10%)	TOBI PODHALER (n=308)	TOBI (n=209)
Cough	48.4%	31.1%
Lung disorders[a]	33.8%	30.1%
Productive cough	18.2%	19.6%
Dyspnea	15.6%	12.4%
Pyrexia	15.6%	12.4%
Oropharyngeal pain	14.0%	10.5%
Dysphonia	13.6%	3.8%
Hemoptysis	13.0%	12.4%
Headache	11.4%	12.0%

Discontinuations due to adverse events were higher in the TOBI PODHALER arm (14%) than in the TOBI arm (8%)[1]

EAGER: Establish A new Gold standard Efficacy and safety with tobramycin in cystic fibRosis.

[a]This includes adverse events of pulmonary or CF exacerbations.[1]

The EAGER study was a randomized, open-label, parallel-group study in 517 patients with CF and *Pa* (within 6 months of screening) aged ≥6 years with FEV_1 ≥25% to ≤75% predicted. The study consisted of 3 cycles; each cycle consisted of 28 days on treatment followed by 28 days off treatment, for a total duration of 24 weeks. Patients were randomized (3:2) to receive TOBI PODHALER 112 mg BID (n=308) or TOBI 300 mg/5 mL BID (n=209).[1,7]

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

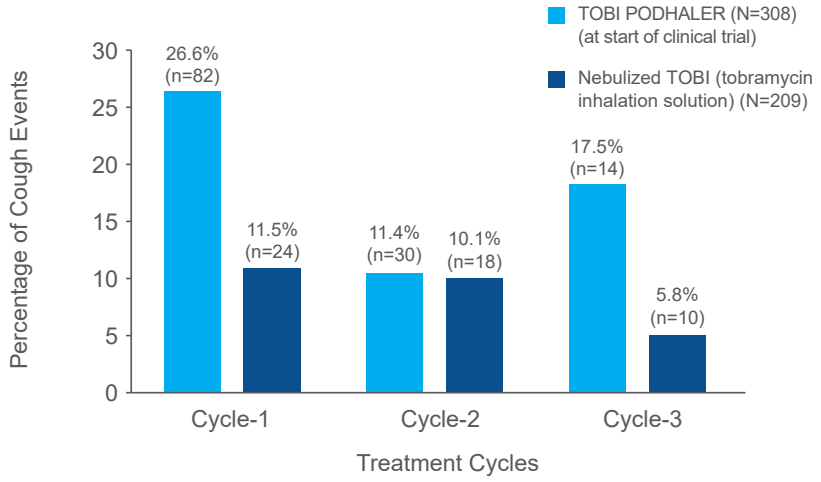
Managing cough with TOBI PODHALER

Cough is among the most common side effects of TOBI® PODHALER®. The following information reflects the clinical data regarding cough associated with TOBI® (tobramycin inhalation solution) versus TOBI PODHALER.

Study 1 was a randomized, open-label, active-controlled parallel arm trial. A total of 517 patients were randomized and received TOBI PODHALER (n=308) or TOBI (n=209).[1]

Not actual size

Cough events decreased after Cycle 1 in a 3-cycle study with consistent use of TOBI PODHALER[2,8]



Cough was the most frequent AE leading to discontinuation in the TOBI PODHALER treatment group (12 patients), with a slightly higher incidence than the TOBI Solution group (2 patients).

In a clinical trial evaluating the safety of TOBI PODHALER vs. TOBI nebulizer solution:

- Patients using TOBI PODHALER, the dry-powder inhalation, experienced cough more frequently than patients using TOBI nebulizer solution (48% vs. 31%).[1]
- After the first week of treatment, the time to first cough was similar for patients using TOBI PODHALER and TOBI nebulizer solution.[1]
- Five percent of patients using TOBI PODHALER discontinued due to cough compared with 1% of patients using TOBI nebulizer solution.[1]
- Discontinuations due to adverse events across the trial were higher in the TOBI PODHALER arm (14%) than in the TOBI arm (8%).[1]

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Helpful tips for using TOBI PODHALER

1 Preparation

Do not press the blue button on the PODHALER device more than once,

as the capsule may break into pieces if the button is pressed multiple times.[1]

2 Before Use

Tilt head up slightly when inhaling.

This helps straighten your throat out and provides the powder a more direct path to the lungs instead of hitting the back of the throat.[2]

3 During Use

Inhale deeply with an even speed.

This allows for a steady full inhalation of the powder. An inhalation that is too fast may send too much powder to the back of the throat. A slow inhalation may not fully empty the capsule.[2]

4 After Use

Take a sip of water after inhaling each capsule.[2]

1. Prescribing information. TOBI® PODHALER®. February 2023. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=c4b5bb1f-e158-4ac1-9c35-e98a416c743a&type=display.
2. Data on file [Expert consultation with David E. Geller, MD; April 19, 2013].

Watch a summary video on how to use TOBI PODHALER

Scan to Download

IMPORTANCE OF TRAINING

Patients and caregivers should be initially trained by their CF Care Team on the proper use of TOBI PODHALER. In addition to live training, patients should be advised to read and understand the Patient Information and the Full Instructions for Use. Also be sure to watch the summary video on how to use TOBI PODHALER by visiting www.TOBIPODHALER.com or scanning the QR Code.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Counseling TOBI PODHALER patients

Talk to your patients about what to expect

Acknowledge

- Cough is a common symptom of cystic fibrosis[1]
- In a clinical trial, patients taking TOBI PODHALER reported a higher incidence of cough than patients taking TOBI (Tobramycin Inhalation Solution, USP) during the first week of active treatment[1]

Educate

- After the first week of treatment in the same study, the time to first cough was similar in patients taking TOBI PODHALER and patients taking TOBI. Five percent of patients taking TOBI PODHALER discontinued due to cough compared with 1% of patients taking TOBI[1]

Train

- Patients and caregivers should be initially trained by their CF Care Team on the proper use of TOBI PODHALER[1]
- In addition to the training you provide your patients, advise patients to read the Patient Information and the Full Instructions for Use[1]

IMPORTANT SAFETY INFORMATION (Continued)

Aminoglycosides can cause fetal harm when administered to a pregnant woman. Patients who use TOBI PODHALER during pregnancy, or who become pregnant while taking TOBI PODHALER, should be apprised of the potential hazard to the fetus. The amount of tobramycin excreted in human breast milk is unknown.

However, systemic absorption of tobramycin following inhaled administration is expected to be minimal. A decision should be made whether to discontinue nursing or TOBI PODHALER. TOBI may cause intestinal flora alteration. Advise a woman to monitor the breastfed infant for loose or bloody stools and candidiasis.

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Packaging overview

Each 28-day supply of TOBI PODHALER package contains[1]:

- **4 weekly packs (28-day supply), each containing:**
  - 56 capsules (7 blister cards of 8 capsules). Each blister card contains 8 TOBI PODHALER capsules (4 capsules for inhalation in the morning and 4 capsules for inhalation in the evening)
  - 1 PODHALER device and its storage case
- **1 reserve PODHALER device (to be used if needed) and its storage case**

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Patient profile

TOBI PODHALER (Tobramycin Inhalation Powder)

Case Presentation

Profiles and photos do not represent actual patients.
For example only.

18 years/Male/50th percentile

First *Pa* diagnosis at age 10

FEV_1: 63%

Average hospitalizations ~1/year

- **Looking for ways to help decrease his treatment time**
- High school graduate moving away to college this year
- Believes existing nebulized treatment time will impact his busy class and extracurricular schedule

Profiles and photos do not represent actual patients.
For example only.

38 years/Female/18.1 percentile

First *Pa* diagnosis at age 15

FEV_1: 60%

Average hospitalizations ~1/year

- **Unable to take her treatments with her during her busy day**
- Works as a local wedding coordinator
- Difficulty fitting in all her daily treatments due to travel around town for work and her son's school commitments and sporting events

Please see additional Important Safety Information on page 20.
Please see Full Prescribing Information.

Access and Adherence Resources

Patient access and coverage

TOBI® PODHALER® is COVERED for approximately

81%*

of Commercial and Medicaid Insurance lives combined nationwide*

*Fingertip Formulary® - January 2025

A Prior Authorization to indication for the class may still be required.

TOBI PODHALER IS

- PREFERRED BRAND on **Express Scripts** National Commercial Formularies.*
- COVERED on **Cigna** commercial insurance plans.
- COVERED on **Optum Rx** National Commercial Formularies.*
- COVERED on **United Health Care** National Commercial Formularies.*

*Preferred designation is determined by the plan, i.e. Express Scripts/OptumRx. Preferred does not mean there are no formulary restrictions or utilization management. Commercial plan coverage for 2023 based on 179,707,720 members. Formulary data is provided by Fingertip Formulary® and is current as of January 2025. Formularies vary and are subject to change without notice; please check directly with the plan to determine the most up-to-date information. Not a guarantee of coverage or payment (full or partial); state of residency may impact coverage. Restrictions such as quantity limits, prior authorizations, or step edits may also vary by tier and plan. Formulary designations (e.g., preferred, non-preferred, specialty) are based on individual plan definitions and are not determined by Fingertip Formulary or Viatris Specialty. Individual costs and coverage may vary. Please check with the health plan directly to determine coverage for an individual product.

Patient resources for access

podcare+®

PODCARE+ offers support for your patients who have been prescribed TOBI PODHALER

Electronic Prior Authorization (PA) Support:

Seamless integration with CoverMyMeds® to efficiently coordinate PA process

Savings Card:

Eligible, commercially insured patients may pay as little as $0 for a TOBI PODHALER prescription*

Visit ActivateTheCard.com/TOBI to see eligibility requirements and to view full terms and conditions

Visit TOBIPODHALERHCP.com or
call 1-877-999-TOBI (8624) for more information

*With this Savings Card, your eligible patients may pay as little as $0 for each 28-day fill of TOBI® PODHALER® (Tobramycin Inhalation Powder), while this program remains in effect. This Savings Card may be used to reduce the amount of your eligible patient's out-of-pocket costs for TOBI PODHALER up to the full amount of your eligible patient's out-of-pocket cost per 28-day prescription, up to an aggregate maximum of $14,000 per calendar year while this program remains in effect. No other purchase is necessary. Valid prescription with Prescriber ID# is required. Viatris Specialty LLC reserves the right to amend or end this program at any time without notice. For full terms and conditions visit https://bit.ly/TPH_TandC.

Eligibility Requirements: This Savings Card can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the United States and its territories. Patients must have commercial insurance. This program is not valid for uninsured patients (but may be used by commercially insured patients without coverage for TOBI PODHALER) and patients who are covered by any state or federally funded healthcare program, including but not limited to any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE (regardless of whether TOBI PODHALER is covered by such government program); not valid if the patient is Medicare-eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This program is void outside the US and its territories or where prohibited by law, taxed, or restricted. Absent a change in Massachusetts law, this program will no longer be valid for Massachusetts residents as of January 1, 2026.

This Savings Card is not health insurance. This Savings Card is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs. This Savings Card cannot be combined with any other rebate/coupon, cash discount card, free trial, or similar offer for the specified prescription. This Savings Card is not redeemable for cash.

The PODCARE+ Hotline is available to answer your questions, Monday through Friday, 8am to 5pm ET

Savings Card Program

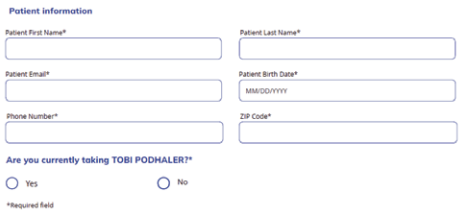
STEPS TO **SIGN UP ONLINE**

1

Visit TOBIPODHALER.com
and click on the **"Savings"** tab

2

Fill out information form completely to determine eligibility and hit the **"GET YOUR SAVINGS CARD"** button



3

Eligible patients will receive their confirmation of enrollment on the next screen and receive their Savings Card via their registered email.
They can also download it directly by clicking the **"DOWNLOAD"** button

Nick Kelly is a CF patient with *Pa*, he has been compensated by Viatris for his time.

4

Clicking **"DOWNLOAD"** opens a new tab with the Savings Card information for printing or capturing. Share this information with the pharmacy dispensing the TOBI PODHALER prescription

*With this Savings Card, your eligible patients may pay as little as $0 for each 28-day fill of TOBI® PODHALER® (Tobramycin Inhalation Powder), while this program remains in effect. This Savings Card may be used to reduce the amount of your eligible patient's out-of-pocket costs for TOBI PODHALER up to the full amount of your eligible patient's out-of-pocket cost per 28-day prescription, up to an aggregate maximum of $14,000 per calendar year while this program remains in effect. No other purchase is necessary. Valid prescription with Prescriber ID# is required. Viatris Specialty LLC reserves the right to amend or end this program at any time without notice. For full terms and conditions visit https://bit.ly/TPH_TandC.

Eligibility Requirements: This Savings Card can be redeemed only by patients or patient guardians who are 18 years of age or older and who are residents of the United States and its territories. Patients must have commercial insurance. This program is not valid for uninsured patients (but may be used by commercially insured patients without coverage for TOBI PODHALER) and patients who are covered by any state or federally funded healthcare program, including but not limited to any state pharmaceutical assistance program, Medicare (Part D or otherwise), Medicaid, Medigap, VA or DOD, or TRICARE (regardless of whether TOBI PODHALER is covered by such government program); not valid if the patient is Medicare-eligible and enrolled in an employer-sponsored health plan or prescription benefit program for retirees; and not valid if the patient's insurance plan is paying the entire cost of this prescription. This program is void outside the US and its territories or where prohibited by law, taxed, or restricted. Absent a change in Massachusetts law, this program will no longer be valid for Massachusetts residents as of January 1, 2026.

INDICATION and IMPORTANT SAFETY INFORMATION

INDICATION

TOBI® PODHALER® (Tobramycin Inhalation Powder) 28 mg per capsule is indicated for the management of cystic fibrosis patients with *Pseudomonas aeruginosa*.

Safety and efficacy have not been demonstrated in patients under the age of 6 years, patients with forced expiratory volume in 1 second (FEV_1) <25% or >80% predicted, or patients colonized with *Burkholderia cepacia.*

IMPORTANT SAFETY INFORMATION

TOBI PODHALER is contraindicated in patients with known hypersensitivity to any aminoglycoside.

Bronchospasm can occur with inhalation of TOBI PODHALER. Bronchospasm should be treated as medically appropriate.

Caution should be exercised when prescribing TOBI PODHALER to patients with known or suspected auditory, vestibular, renal, or neuromuscular dysfunction.

Ototoxicity, as measured by complaints of hearing loss or tinnitus, was reported by patients in the TOBI PODHALER clinical studies. Tinnitus may be a sentinel symptom of ototoxicity, and therefore the onset of this symptom warrants caution. Ototoxicity, manifested as both auditory and vestibular toxicity, has been reported with parenteral aminoglycosides. Vestibular toxicity may be manifested by vertigo, ataxia, or dizziness.

Cases of ototoxicity with aminoglycosides have been observed in patients with certain variants in the mitochondrially encoded 12S rRNA gene (*MT-RNR1*), particularly the m.1555A>G variant. Ototoxicity occurred in some patients even when their aminoglycoside serum levels were within the recommended range. Mitochondrial DNA variants are present in less than 1% of the general US population, and the proportion of the variant carriers who may develop ototoxicity as well as the severity of ototoxicity is unknown. In case of known maternal history of ototoxicity due to aminoglycoside use or a known mitochondrial DNA variant in the patient, consider alternative treatments other than aminoglycosides unless the increased risk of permanent hearing loss is outweighed by the severity of infection and lack of safe and effective alternative therapies.

Caution should be exercised when prescribing TOBI PODHALER to patients with known or suspected renal dysfunction. Nephrotoxicity was not observed during TOBI PODHALER clinical studies but has been associated with aminoglycosides as a class.

TOBI PODHALER should be used cautiously in patients with neuromuscular disorders, such as myasthenia gravis or Parkinson's disease, since aminoglycosides may aggravate muscle weakness because of a potential curare-like effect on neuromuscular function.

Aminoglycosides can cause fetal harm when administered to a pregnant woman. Patients who use TOBI PODHALER during pregnancy, or who become pregnant while taking TOBI PODHALER, should be apprised of the potential hazard to the fetus. The amount of tobramycin excreted in human breast milk is unknown. However, systemic absorption of tobramycin following inhaled administration is expected to be minimal. A decision should be made whether to discontinue nursing or TOBI PODHALER. TOBI may cause intestinal flora alteration. Advise a woman to monitor the breastfed infant for loose or bloody stools and candidiasis.

Patients receiving concomitant TOBI and parenteral aminoglycoside therapy should be monitored as clinically appropriate for toxicities associated with aminoglycosides as a class. Serum tobramycin levels should be monitored.

Concurrent and/or sequential use of TOBI PODHALER with other drugs with neurotoxic, nephrotoxic, or ototoxic potential should be avoided. Some diuretics can enhance aminoglycoside toxicity by altering antibiotic concentrations in serum and tissue. TOBI PODHALER should not be administered concomitantly with ethacrynic acid, furosemide, urea, or mannitol.

In a clinical trial, the most commonly observed adverse events with TOBI PODHALER occurring at a frequency of at least 10%, were cough, lung disorder, productive cough, dyspnea, pyrexia, oropharyngeal pain, dysphonia, hemoptysis, and headache.

Please see Full Prescribing Information.

Notes

Notes

Notes

TOBI® Podhaler®

Tobramycin Inhalation Powder 28 mg per capsule

References:

1. TOBI PODHALER (tobramycin) inhalation powder. Prescribing information. Mylan Specialty L.P., Morgantown, WV; 2023.
2. Geller DE, Weers J, Heuerding S. Development of an inhaled dry-powder formulation of tobramycin using PulmoSphere® Technology. *J Aerosol Med Pulm Drug Deliv.* 2011;24(4):175-182.
3. Tiddens HA, Geller DE, Challoner P, et al. Effect of dry powder inhaler resistance on the inspiratory flow rates and volumes of cystic fibrosis patients of six years and older. *J Aerosol Med.* 2006;19(4):456-465.
4. Data on file [TSB-001 The inspiratory volume and flow of cystic fibrosis patients while using a simulated dry powder inhaler]. Mylan Specialty L.P.; 2003.
5. Konstan MW, Geller DE, Minic P, Brockhaus F, Zhang J, Angyalosi G. Tobramycin inhalation powder for *P. aeruginosa* infection in cystic fibrosis: the EVOLVE trial. *Pediatr Pulmonol.* 2011;46(3):230-238.
6. Galeva I, Konstan MW, Higgins M, et al. Tobramycin inhalation powder manufactured by improved process in cystic fibrosis: the randomized EDIT trial. *Curr Med Res Opin.* 2013;29(8):947-956.
7. Konstan MW, Flume PA, Kappler M, et al. Safety, efficacy and convenience of tobramycin inhalation powder in cystic fibrosis patients: the EAGER trial. *J Cyst Fibros*. 2011;10(1):54-61.
8. Data on file [C2302_CSR_Study 1].

TOBI-2022-0034 V6

VIATRIS™