CINRYZE®

C1 esterase inhibitor (human)

HELP PATIENTS DISCOVER THEIR OWN WAY WITH PATH TO INDEPENDENCE™

A personalized self-administration training program for CINRYZE offered by OnePath®

INTRODUCING PATH TO INDEPENDENCE™

For eligible patients who are receiving therapy with CINRYZE® (C1 esterase inhibitor [human]) and their caregiver(s), Path to Independence™ provides self-administration training at no cost. The program has a network of specially trained infusion nurses who are available to help patients learn proper infusion technique, reinforce storage and disposal practices, and provide ongoing support throughout the infusion training process.

Is offered to eligible patients enrolled in OnePath® **at no cost**. Patients will not be responsible for any out-of-pocket charges associated with the nursing services provided.

Offers **training** to patients and their caregivers and/or family members, so that patients can have a **support network** even after the training sessions have finished.

Indication

CINRYZE® (C1 esterase inhibitor [human]) is indicated for routine prophylaxis against angioedema attacks in adults, adolescents, and pediatric patients (6 years of age and older) with Hereditary Angioedema (HAE).

Important Safety Information

Contraindications: CINRYZE is contraindicated in patients who have manifested life-threatening immediate hypersensitivity reactions, including anaphylaxis, to the product.

Please see additional Important Safety Information on the next page and click here for Full Prescribing Information.

ADMINISTRATION OPTIONS PUT PROVEN PREVENTION IN PATIENTS' HANDS

When you prescribe CINRYZE® (C1 esterase inhibitor [human]), consider recommending self-administration to all of your patients.

You can work together with your patient to determine if the Path to Independence™ training program is the right option for him or her.

In addition to self-administration training, family members and/or caregivers can also be trained to provide patients with an additional administration option.

Important Safety Information

Hypersensitivity Reactions: Severe hypersensitivity reactions may occur during or after administration of CINRYZE. Consider treatment methods carefully, because hypersensitivity reactions may have symptoms similar to HAE attacks. In case of hypersensitivity, discontinue CINRYZE infusion and institute appropriate treatment. Have epinephrine immediately available for treatment of an acute severe hypersensitivity reaction.

Please see additional Important Safety Information on the next page and click here for Full Prescribing Information.

SELF-ADMINISTRATION TRAINING

Once a patient is enrolled in the program, a Path to Independence™ infusion nurse will visit the patient's home or other agreed upon location, and begin the training process. The goal of this program is to help patients and their caregiver(s) learn how to self-administer safely, proficiently, and with confidence.

- The infusion nurse will train your patient, a caregiver, and/or a family member in:
  - Proper preparation of CINRYZE® (C1 esterase inhibitor [human])
  - IV infusion techniques
  - Appropriate methods for storage, handling, and disposal of CINRYZE
- Your patient will also be assigned a Patient Support Manager (PSM) who can help support self-administration training by:
  - Coordinating in-home injection training with the infusion nurse
  - Ordering more medication and infusion supplies from a specialty pharmacy
  - Providing feedback to you or your office staff and keeping you informed of your patient's injection training progress

Important Safety Information

Thromboembolic Events: Serious arterial and venous thromboembolic (TE) events have been reported at the recommended dose of C1 Esterase Inhibitor (Human) products, including CINRYZE, following administration in patients with HAE. Risk factors may include presence of an indwelling venous catheter/access device, prior history of thrombosis, underlying atherosclerosis, use of oral contraceptives, certain androgens, morbid obesity, and immobility. Benefits of CINRYZE for routine prophylaxis of HAE attacks should be weighed against the risks of TE events in patients with underlying risk factors. Monitor patients with known risk factors for TE events during and after CINRYZE administration.

Please see additional Important Safety Information on the next page and click here for Full Prescribing Information.

ONGOING SUPPORT

Typically, it takes 3 to 5 visits for patients to become comfortable with the infusion process. Even after a patient has been trained to self-administer CINRYZE® (C1 esterase inhibitor [human]), he or she can still receive periodic visits from an infusion nurse. During these visits the infusion nurse will:

- Answer questions about the patient's experience with self-administration
- Provide feedback and guidance on infusion techniques
- Serve as a resource about the infusion process and the importance of staying on track with CINRYZE therapy

> "I like being able to self-administer, because I can do my infusions at home, at work, or when traveling. I don't have to worry about the infusion center being closed. I like having more control of my schedule that way."
>
> ***—A real patient with HAE***

Important Safety Information

Transmissible Infectious Agents: Because CINRYZE is made from human blood, it may carry a risk of transmitting infectious agents, e.g. viruses, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. ALL infections thought by a physician possibly to have been transmitted by CINRYZE should be reported to Shire Medical Information at 1-800-828-2088.

Please see additional Important Safety Information on the next page and click here for Full Prescribing Information.

PATH TO INDEPENDENCE™

*For more information about the Path to Independence program, contact a OnePath® Patient Support Manager at **1-866-888-0660**.*

Important Safety Information

Adverse Reactions: The only serious adverse reaction observed in clinical studies of CINRYZE® (C1 esterase inhibitor [human]) was cerebrovascular accident. The most common adverse reactions (≥5%) observed were headache, nausea, rash, vomiting, and fever. Post marketing adverse reactions include local infusion site reactions and hypersensitivity. Post marketing thromboembolic events have been reported, including catheter-related and deep venous thromboses, transient ischemic attack, and stroke.

To report SUSPECTED ADVERSE REACTIONS, contact Shire Medical Information at 1-800-828-2088 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please click here for Full Prescribing Information.

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