

ENCOURAGE YOUR PATIENTS TO STAY ON TRACK

Since 2008, CINRYZE® (C1 esterase inhibitor [human]) has delivered the power of prophylaxis to your patients with hereditary angioedema (HAE), and staying compliant is an important part of their treatment plan that you can help with. Use this guide when you talk to your patients about following their infusion schedule.

EXPLAIN THE IMPORTANCE OF PROPHYLACTIC HAE THERAPY

- ▶ About 50% of patients experience at least one laryngeal attack in their lifetime^{1,a}
- ▶ Untreated abdominal attacks may require, on average, between 24 and 50 hours of bed rest^{2,b}

^aIn a survey of 209 patients.

^bIn a survey of 23 patients.

EDUCATE ON THE BENEFITS OF PROVEN PREVENTION

- ▶ Prevention with CINRYZE has been proven to reduce the burden of HAE attacks, including attack frequency, severity, duration, and days of swelling, in a clinical trial of adults and adolescents³
 - The mean (average) number of HAE attacks experienced in 12 weeks was 6.1 with CINRYZE vs 12.7 with placebo³
 - While taking CINRYZE, the majority of the 22 patients in the clinical trial had fewer attacks compared to those receiving placebo. However, the response to CINRYZE varied: 2 patients had more attacks³
- ▶ CINRYZE has also been proven to help prevent attacks in a clinical trial of pediatric patients 7 to 11 years old³
 - The time-normalized mean number of HAE attacks per month experienced with 500 U and 1,000 U doses of CINRYZE was 1.2 and 0.7, respectively vs 3.7 during the baseline observation period³
 - CINRYZE demonstrated a reduction in the time-normalized number of HAE attacks per month (71.1% and 84.5% mean reduction with 500 U and 1,000 U, respectively) vs baseline observation period³

ENCOURAGE COMPLIANCE WITH CINRYZE®

- ▶ Remind patients and caregivers about the benefits of staying compliant. Even if patients are experiencing fewer or no attacks, by taking their medication as prescribed they will continue to help reduce the frequency and severity of HAE attacks³

EMPOWER YOUR PATIENTS TO TAKE ADVANTAGE OF SHIRE'S ONEPATH® PRODUCT SUPPORT PROGRAM

- ▶ Consider self-administration for all of your CINRYZE patients
 - Path to Independence™ provides hands-on self-administration training to patients and their caregivers or family members
 - OnePath will coordinate this self-administration training program for your CINRYZE patients
- ▶ Patient Support Managers work with your patients to navigate insurance, facilitate access to therapy, and connect them with educational resources

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.

CINRYZE®
C1 esterase inhibitor (human)



IMPORTANT SAFETY INFORMATION

Hypersensitivity Reactions: Severe hypersensitivity reactions may occur during or after administration of CINRYZE® (C1 esterase inhibitor [human]). 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.

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.

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.

Adverse Reactions: The only serious adverse reaction observed in clinical studies of CINRYZE was cerebrovascular accident. The most common adverse reactions ($\geq 5\%$) 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.

Please click [here](#) for Full Prescribing Information.

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.

References: 1. Bork K, Meng G, Staubach P, et al. Hereditary angioedema: new findings concerning symptoms, affected organs, and course. *Am J Med.* 2006;119(3):267-274. 2. Bork K, Staubach P, Eckardt AJ, et al. Symptoms, course, and complications of abdominal attacks in hereditary angioedema due to C1 inhibitor deficiency. *Am J Gastroenterol.* 2006;101(3):619-627. 3. CINRYZE® (C1 esterase inhibitor [human]) Prescribing Information. Shire.



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