Women and Hereditary Angioedema (HAE)

Sponsored by: CSL Behring

Program Disclosures

The information you are about to see details product information for the purposes of patient education only.

Questions concerning personal medical matters should be directed to your treating healthcare professional.

Presentation Overview

- Overview of HAE
- Signs and symptoms of HAE
- HAE diagnosis and treatment
- Considerations for women living with HAE
- Preventive Therapy Option

OVERVIEW OF HAE

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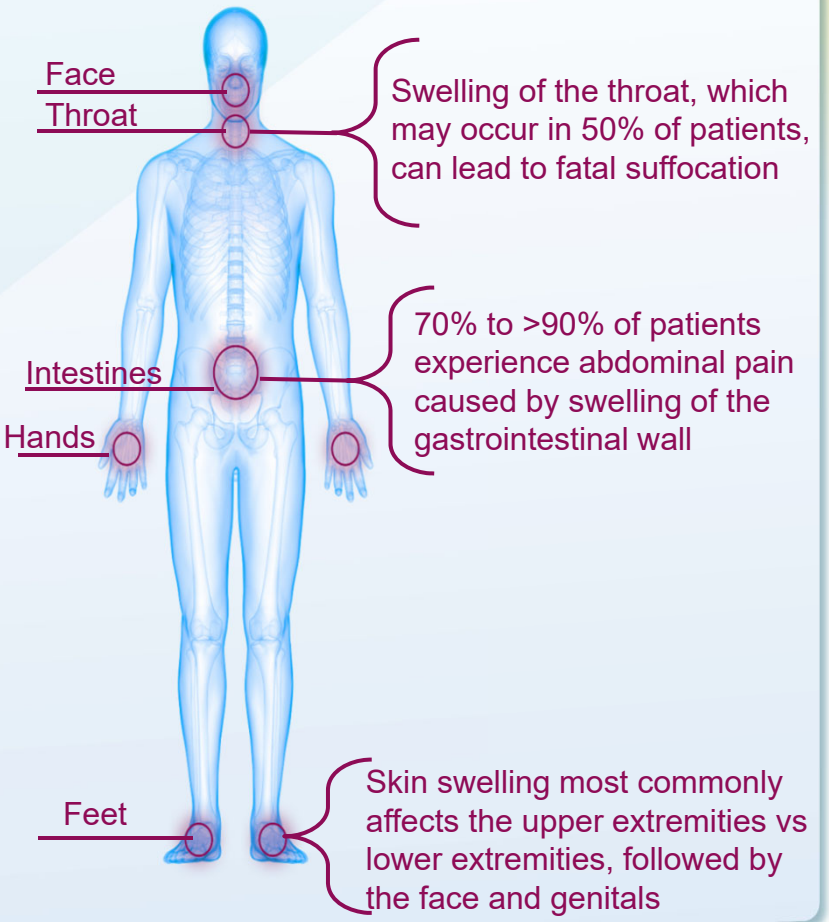
Overview of Hereditary Angioedema (HAE)

HAE is rare and affects about 1 in 10,000 to 150,000 worldwide

Symptoms May Include

- Unpredictable angioedema attacks of **severe swelling** in various body parts
- Debilitation due to **extreme pain, vomiting, nausea,** and, if the airway is affected, **choking/difficulty breathing**
- **Patients may experience symptoms for 10 or more years before HAE is identified**



Lumry WR. Am J Manag Care. 2013;19:S103-S110

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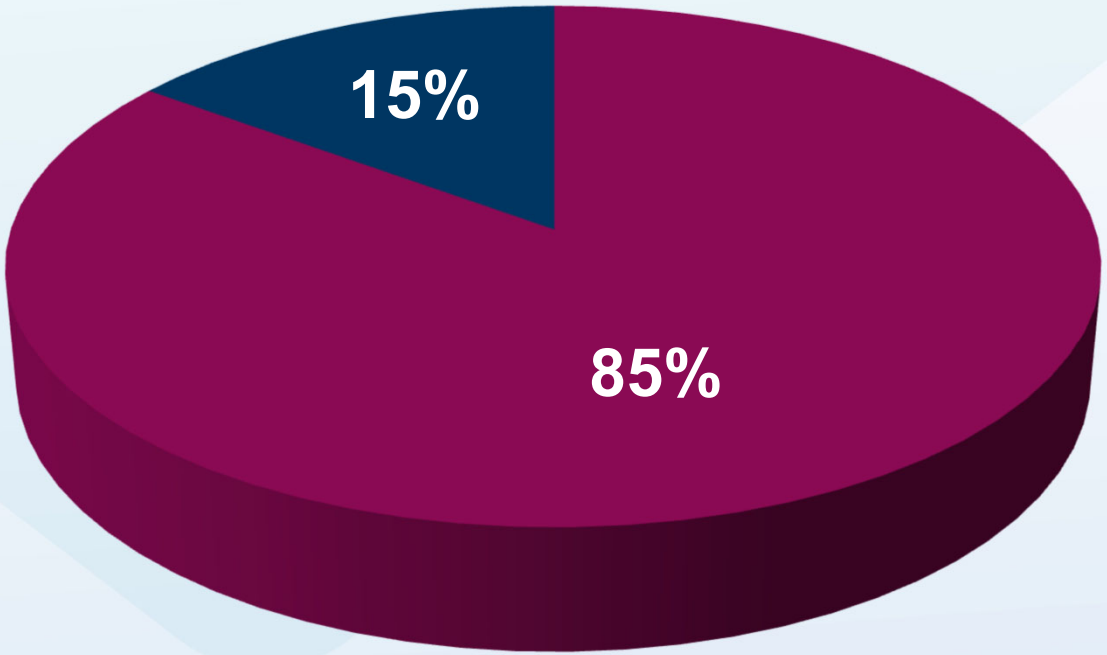
The root cause of HAE is missing or nonworking C1 inhibitor (C1-INH), a key protein in your body that controls swelling



HAE Types

- Type 1: The body does not produce enough C1-INH
- Type 2: The body produces C1-INH that does not function correctly

Lumry WR. Am J Manag Care. 2013;19:S103-S110

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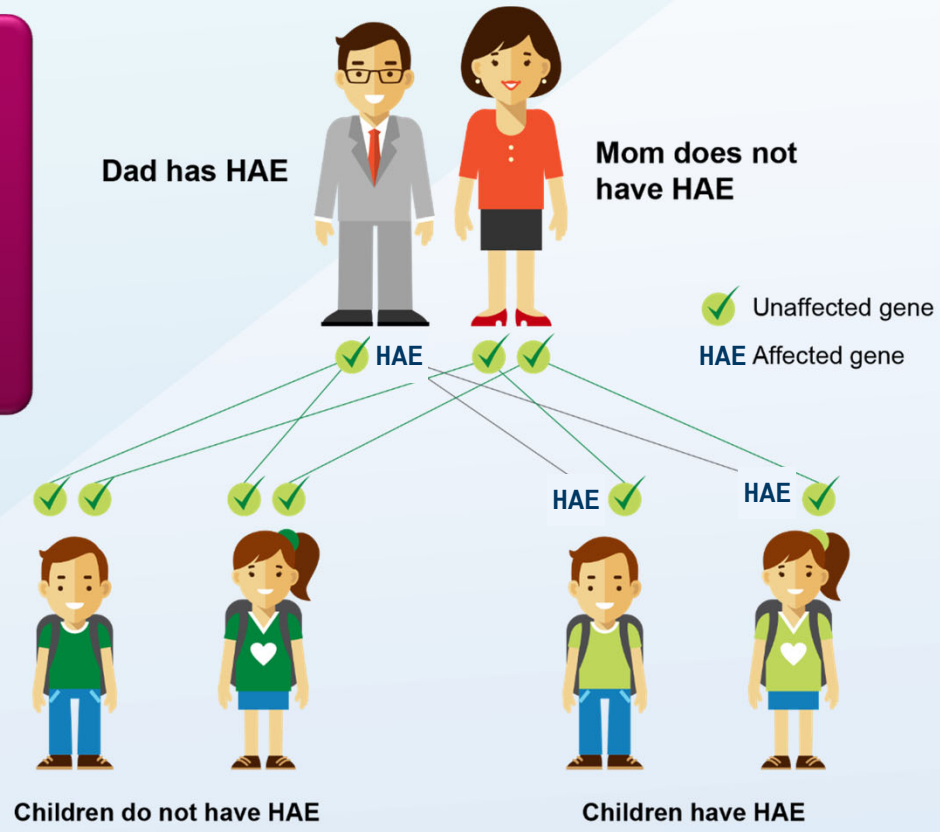
HAE Is Inherited Through an Autosomal Dominance Pattern

Children who have 1 parent with HAE have a 50% chance of inheriting the disease



Maurer M, Magerl M, Ansotegui I, Aygören-Pürsün E, Betschel S et al. The international WAO/EAACI guideline for the management of hereditary angioedema – the 2017 revision and update. *World Allergy Organ J.* 2018;11:5. doi: 10.1186/s40413-017-0180-1.

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CONSIDERATIONS FOR WOMEN





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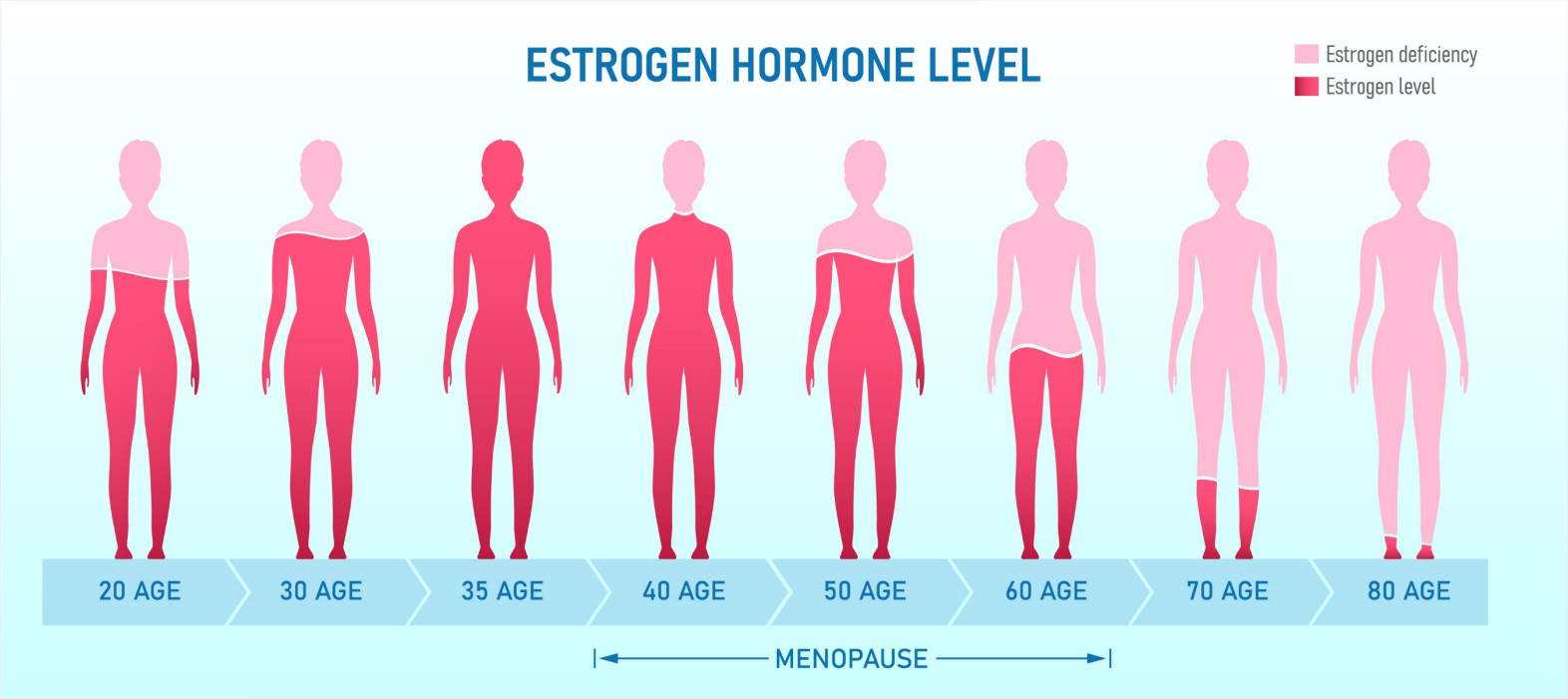
Women Often Experience HAE Differently Than Men Do

- Are more likely to be symptomatic than men
- More severe episodes
- More frequent episodes
- Severity and frequency may change as women go through various life stages

Bouillet L. *Allergy Asthma Clin Immunol.* 2010;6:17.

Estrogen Plays a Role

Fluctuations in estrogen, a hormone, may trigger HAE attacks and affect the severity/frequency of the disease



Bouillet L. *Allergy Asthma Clin Immunol*. 2010;6:17.

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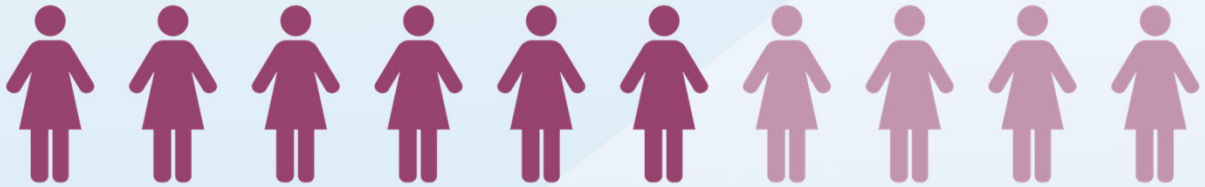
Puberty and Menstruation May Trigger Attacks or Worsen HAE Symptoms

Menstruation triggers attacks in about 1 in 3 women with HAE



Puberty worsens HAE in about 6 in 10 women with HAE

n=150 from the PREHEAT project

Bouillet L et al. *Am J Obstet Gynecol.* 2008;199:484.e1-484.e4.

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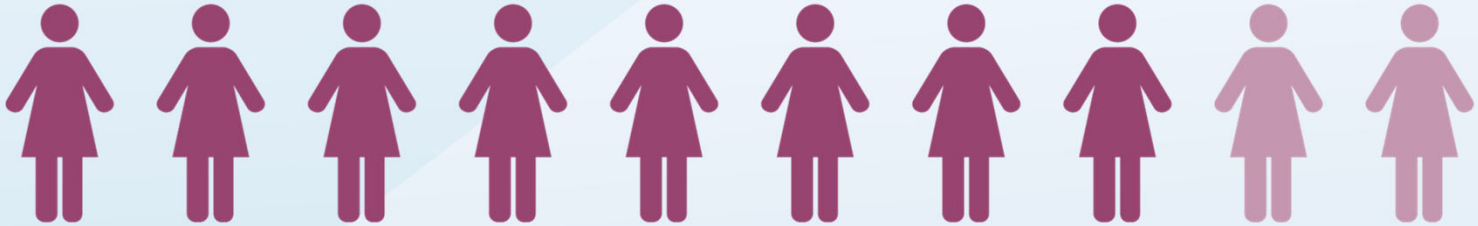
Combination Oral Contraceptives Can Worsen HAE Symptoms

Birth control pills that contain both estrogen and progestin can worsen HAE symptoms in up to 8 in 10 women



n=150 from the PREHEAT project

Bouillet L et al. *Am J Obstet Gynecol.* 2008;199:484.e1-484.e4.

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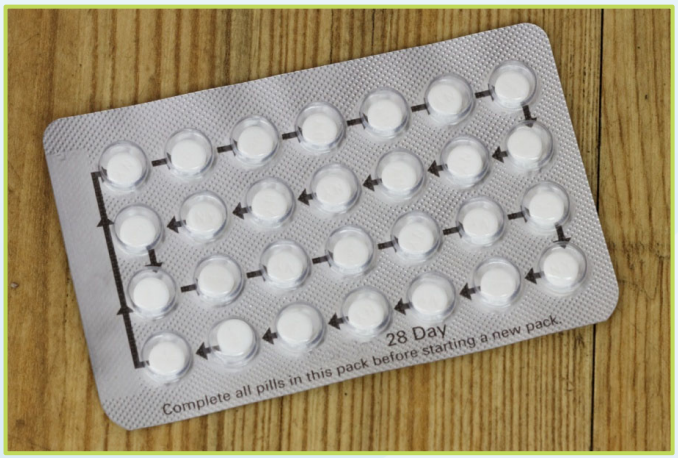
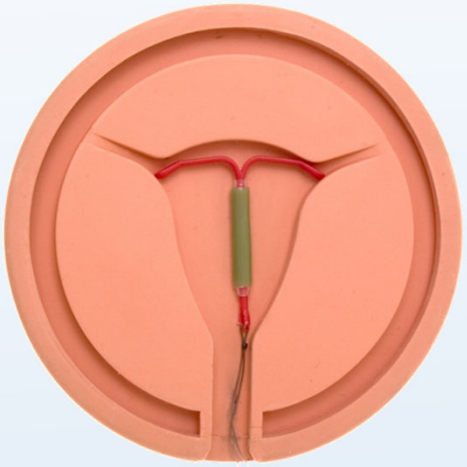
Consider Alternatives If Combination Contraceptives Worsen Your HAE Symptoms

Options include:

- Progestin-only pills



- Intrauterine devices



Work with your doctor to find the contraceptive method that works best for you

Bouillet L et al. *Am J Obstet Gynecol.* 2008;199:484.e1-484.e4.

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Pregnancy Affects Women With HAE in Different Ways

In about 1 in 3 women…

HAE symptoms don't change

HAE symptoms get worse

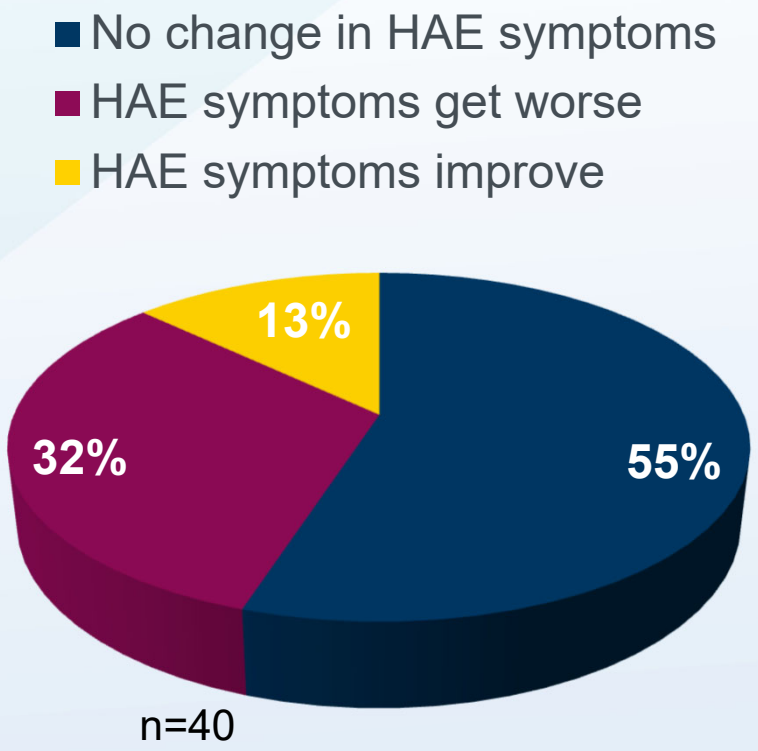
HAE symptoms improve

n=150 from the PREHEAT project

Bouillet L et al. *Am J Obstet Gynecol.* 2008;199:484.e1-484.e4.

Menopause May Affect HAE Symptoms

- About 55% of women—nearly 6 in 10—experience no change in HAE symptoms during menopause.
- In 32%, or about 1 in 3 women, HAE symptoms worsen during menopause.
- And in about 13% of women, HAE symptoms were less frequent.



Bouillet L et al. *Am J Obstet Gynecol.* 2008;199:484.e1-484.e4.

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DIAGNOSIS AND MANAGEMENT OF HAE

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The Key to Proper Management of HAE Is Early Testing and Diagnosis

Misdiagnosis is common

Nearly 2 in 3 received a misdiagnosis*

About 1 in 4 had an unnecessary medical procedure*

Diagnosing HAE

- **To confirm HAE**: Your doctor will order simple blood tests for your child if HAE is suspected
- **When to test**: If there is a family history of HAE, experts recommend testing around 1 year of age as testing sooner may giver inaccurate results

*In one survey of 313 patients

Lunn ML, Santos CB, Craig TJ. Is there a need for clinical guidelines in the United States for the diagnosis of hereditary angioedema and the screening of family members of affected patients? *Ann Allergy Asthma Immunol.* 2010;104(3):211-214.

Maurer M, Magerl M, Ansotegui I, Aygören-Pürsün E, Betschel S et al. The international WAO/EAACI guideline for the management of hereditary angioedema – the 2017 revision and update. *World Allergy Organ J.* 2018;11:5. doi: 10.1186/s40413-017-0180-1.

MacGinnitie AJ. Pediatric hereditary angioedema. *Pediatr Allergy Immunol.* 2014;25(5):420-427.

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HAE Is Managed With Two Types of Therapy

On-demand (Acute)

- Used to treat HAE attacks as they occur. This type of therapy can help reduce the severity and duration of HAE attacks.
- People with HAE should always have ready access to their on-demand therapy

Preventive therapy

- Ongoing treatment you take to prevent HAE attacks
- Your doctor may recommend this type of ongoing therapy if you experience frequent or severe attacks, or if your lifestyle is dramatically impaired by HAE

Work with your doctor on a therapy plan that's right for you.

Maurer M, et al. *World Allergy Organ J.* 2018;11:5. doi:10.1186/s40413-017-0180-1

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Preventive Therapy Can Help You to Better Manage HAE

If you have frequent attacks or attacks make it hard to go about your day-to-day life, preventive therapy may:

- Reduce frequency and severity of attacks[1]
- Reduce use of rescue medications[1]
- Reduce some of the burden of HAE

1. Longhurst H, et al. *N Engl J Med.* 2017; 376:1131-1140.

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MANAGING HAE DURING AND AFTER PREGNANCY

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HAE Treatment During Pregnancy

- Create an individualized HAE treatment plan for each pregnancy[1]
- Avoid steroids during pregnancy[2]
- Have an acute treatment available at the facility where you plan to deliver[1]

Before taking any HAE therapies, consult with your doctor if you are pregnant or considering becoming pregnant

1. US Hereditary Angioedema Association [website]. 2019. https://www.haea.org/pregnancy.php.
2. Maurer M, et al. *World Allergy Organ J.* 2018;11:5. doi:10.1186/s40413-017-0180-1

HAE Treatment After Delivery

- Have an HAE therapy in place for after you are discharged[1]
- Talk with your doctor about HAE medications you can use safely when breastfeeding[2]
- Consider testing your baby for HAE at 1 year of age[2]
  - Testing sooner may give inaccurate results[2]

HAEA has additional information on pregnancy.
To learn more go to: haea.org/pregnancy

1. US Hereditary Angioedema Association [website]. 2019. https://www.haea.org/pregnancy.php.
2. Maurer M, et al. *World Allergy Organ J.* 2018;11:5. doi:10.1186/s40413-017-0180-1

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The Only C1-INH Subcutaneous Injection for the Prevention of HAE Attacks

Important Safety Information

- HAEGARDA®, C1 Esterase Inhibitor Subcutaneous (Human), is an injectable medicine used to prevent swelling and/or painful attacks in adults and adolescents with hereditary angioedema (HAE).
- A healthcare professional can teach you to self-administer HAEGARDA for prophylaxis. Do not use HAEGARDA to treat an acute HAE attack once it starts; work with your physician to plan for attacks if they occur.
- Do not use HAEGARDA if you have previously experienced life-threatening immediate hypersensitivity reactions, such as shock, to HAEGARDA or other C1-INH products.
- Immediately report any symptoms of allergic reactions to HAEGARDA, including hives, chest tightness, wheezing, difficulty breathing, turning blue, faintness, facial swelling and fast heartbeat.
- Before starting HAEGARDA, tell your healthcare provider about all medical conditions you have—including pregnancy or nursing; a history of heart disease or stroke; an indwelling catheter/access device in a vein; or immobilization for a sustained period. Also tell your physician about any other medications you are taking, as some medications, such as birth control pills and certain androgens, can increase risk of clotting problems. High doses of C1-INH have been known to increase the risk of blood clots.

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

Important Safety Information

- Immediately report to your physician or an emergency room if you have any of the following symptoms of a blood clot: pain or swelling of arm or leg, with warmth or discoloration over the affected area; unexplained shortness of breath; chest pain or discomfort that worsens on deep breathing; rapid pulse; and numbness or weakness on one side of the body.
- In clinical studies, the most common side effects reported with HAEGARDA were injection-site reactions (pain, redness, swelling); hypersensitivity (itching and rash), dizziness, and nasal symptoms, including stuffy or runny nose and sneezing. These are not the only side effects possible with HAEGARDA. Tell your healthcare provider about any side effect that bothers you or does not go away.
- Because HAEGARDA is made from human blood, the risk that it may transmit infectious agents, including viruses and theoretically, the agents of Creutzfeldt-Jakob Disease (CJD) and its variant form (vCJD), cannot be completely eliminated.
- *Please see full prescribing information for HAEGARDA, including the patient product information at www.HAEGARDA.com.*
- 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.

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

Treat Your Disease—Not Just Your Symptoms

- HAE attacks can occur when your levels of working C1-INH are too low
- **HAEGARDA brings your working C1-INH levels back up and closer to normal,** reducing your risk of an HAE attack

Replaces missing or nonworking C1-INH

C1 esterase inhibitors have been used to manage HAE for over 40 years.

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

Prevention of HAE Attacks With HAEGARDA

As a preventive therapy, HAEGARDA can effectively reduce the number of HAE attacks you experience

With HAEGARDA, HAE attacks were reduced by

*Median reduction in the number of HAE attacks vs placebo

HAEGARDA® C1 Esterase Inhibitor Subcutaneous (Human)

HAEGARDA Can Reduce Your Use of On-Demand Medications

People taking HAEGARDA in clinical trials reduced their use of on-demand rescue medication

Always have HAE rescue medication available at all times in case of a breakthrough attack

Use of rescue medication was nearly eliminated by

†Median reduction in rescue medication use vs placebo

HAEGARDA®
C1 Esterase Inhibitor Subcutaneous (Human)

Only 1 Attack Per Year‡ Could be a Realty for You

In a long-term study following patients for more than 1.5 years, HAEGARDA reduced the HAE attack rate to 1 per year.‡

Only

per year‡ could be a reality for you

‡Median attack rate in patients followed over an average of 1.5 years

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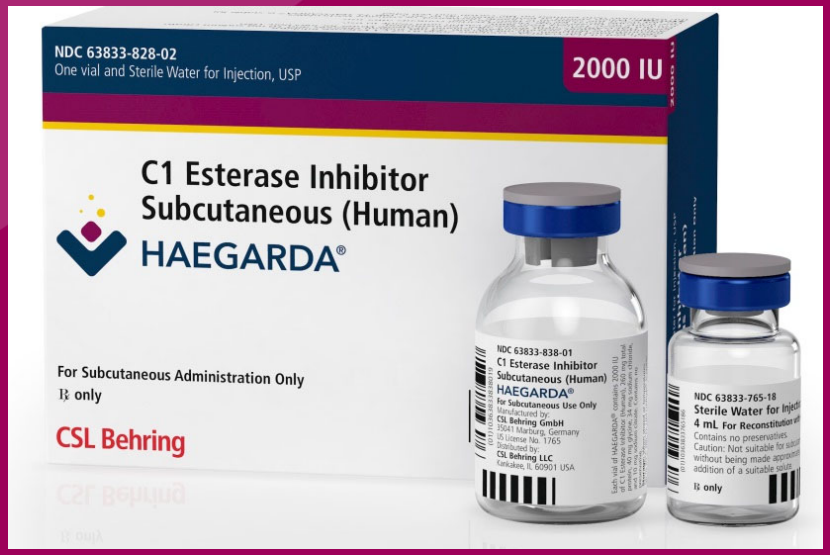
C1 Esterase Inhibitor Subcutaneous (Human)

How and When to Take HAEGARDA



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Subcutaneous (Human)

Dosing Created For Your Body

- **You can self-administer HAEGARDA after appropriate training**
- **Your dose of HAEGARDA is based on body weight, so you get a dose that's tailored to you**
- **Your doctor will prescribe an individualized dose based on your weight. Take HAEGARDA every 3 to 4 days as prescribed by your doctor**

HAEGARDA Dosing Example

150 lbs (68 kg) » About 8mL	175 lbs (80 kg) » About 10mL

For example, 10mL ≈ 2 Teaspoons

**Teaspoons are for example purposes only to demonstrate product volume*

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HAEGARDA® C1 Esterase Inhibitor Subcutaneous (Human)

Tips for Starting and Staying on HAEGARDA

- **Participate in self-administration training with a specially trained nurse**
- **Refer to injection preparation & self-administration instructions**
- **Create a routine**
- **Rotate injection sites**
- **Continue to take HAEGARDA as prescribed**
- **Try to stay calm and relaxed**

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C1 Esterase Inhibitor Subcutaneous (Human)

HAEGARDA Safety and Side Effects

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

Most Common Side Effects with HAEGARDA Occurring in >4% of Patients

- Redness, swelling at the injection site (31%)

- Itching and rash (6%)

- Sneezing, runny or stuffy nose (11%)

- Dizziness (5%)

Side effects were usually mild.
Tell your doctor about side effects you experience.

Safety in Special Populations

- There are no prospective clinical data from HAEGARDA use in pregnant women
- A review of past pregnancies showed pregnant women with type 1 HAE received C1-INH doses of 500 or 1000 IU per I.V. administration for the treatment of acute attacks before, during, and/or after pregnancy (22 patients, 35 pregnancies)
- Additionally, in an observational registry, data was collected on 11 pregnancies in 10 patients who received up to 3000 IU C1-INH (I.V. administration) doses to treat or prevent HAE attacks
- No adverse events were associated with C1-INH treatment before, during, or after pregnancy.
- The WAO addressed C1-INH use in pregnancy or breastfeeding in patients with type 1 and type 2 HAE

Before taking any HAE therapies, consult with your doctor if you are pregnant or considering becoming pregnant

C1-INH May Be Part of Your Therapy Plan During and After Pregnancy

Talk with your doctor about whether you should use C1-INH during pregnancy or when you are breastfeeding

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C1 Esterase Inhibitor Subcutaneous (Human)

HAEGARDA Manufacturing Process

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

Committed to Safety and Quality Manufacturing

HAEGARDA goes through an advanced screening and purification process to reduce the risk of transmitting infection*

Our process includes:

- **US Donor Screening & Selection**
- **Rigorous Viral Testing**
- **Pasteurization** (heat treatment for 10 hours)
- **Virus Nanofiltration**

*The risk of transmission of infectious agents cannot be completely eliminated.

HAEGARDA® C1 Esterase Inhibitor Subcutaneous (Human)

Get Comprehensive HAE Support From

HAEGARDA Connect℠

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

HAEGARDA Connect℠

Call 1-844-HAEGARDA
(1-844-423-4273)
for HAEGARDA Connect℠ 8 AM - 8 PM

WITH HAEGARDA CONNECT YOU'LL GET:

Personalized support from your dedicated case manager

Self-administration training from a specially trained nurse available in-home or by phone or video chat

Financial assistance programs including co-pay support, insurance navigation for eligible patients, and assistance getting access to therapy*

You can register **to connect with a HAEGARDA Advocate 1:1** over the phone and learn more about educational events in your area at HAEGARDA.com/patient-resources

*Terms and conditions may apply. Call HAEGARDA Connect to learn more

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HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

HAEGARDA Summary

Proven efficacy: HAEGARDA reduced the number of HAE attacks by a median of 95% and the use of rescue medication was nearly eliminated by a median of 100%

HAEGARDA treats your disease not just your symptoms: Replaces missing or nonfunctioning C1-INH, which regulates the normal production of bradykinin

Safe and Effective: Proven prevention in patients with HAE type 1 and type 2 based on clinical trial. C1 esterase inhibitors have been studied and used to manage HAE for more than 40 years.

Reduces attacks: HAEGARDA reduced the HAE attack rate to 1 per year in a long term study following patients over 1.5 years.

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

TALK TO YOUR DOCTOR ABOUT THE INFORMATION THAT YOU REVIEWED IN THIS PRESENTATION

HAEGARDA®
C1 Esterase Inhibitor
Subcutaneous (Human)

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use HAEGARDA safely and effectively. See full prescribing information for HAEGARDA.

HAEGARDA® (C1 Esterase Inhibitor Subcutaneous [Human])
For Subcutaneous Injection, Freeze-Dried Powder for Reconstitution
Initial U.S. Approval: 2017

----------INDICATIONS AND USAGE----------

HAEGARDA is a plasma-derived concentrate of C1 Esterase Inhibitor (Human) (C1-INH) indicated for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in adolescent and adult patients. (1)

----------DOSAGE AND ADMINISTRATION----------

For subcutaneous use after reconstitution only.

- Administer 60 International Units per kg body weight twice weekly (every 3 or 4 days). (2)
- Reconstitute HAEGARDA prior to use using Sterile Water for Injection, USP. (2.1)
- Use a silicone-free syringe for reconstitution and administration. (2.1)
- Administer at room temperature within 8 hours after reconstitution. (2.1)

----------DOSAGE FORMS AND STRENGTHS----------

HAEGARDA is available as a white lyophilized powder supplied in single-use vials containing 2000 or 3000 International Units (IU) of C1-INH. (3)

----------CONTRAINDICATIONS----------

Do not use in patients with a history of life-threatening immediate hypersensitivity reactions, including anaphylaxis to C1-INH preparations or its excipients. (4)

----------WARNINGS AND PRECAUTIONS----------

- Severe hypersensitivity reactions may occur. In case of severe hypersensitivity, discontinue HAEGARDA administration and institute appropriate treatment. Epinephrine should be immediately available for treatment of severe hypersensitivity reaction. (5.1)
- At the recommended subcutaneous (S.C.) dose, a causal relationship between thromboembolic events (TEEs) and the use of HAEGARDA has not been established. However, thrombosis has occurred in treatment attempts with high doses of C1-INH intravenous (I.V.) for prevention or therapy of capillary leak syndrome before, during or after cardiac surgery (unapproved indication and dose). (5.2)
- Because HAEGARDA is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. (5.3)

----------ADVERSE REACTIONS----------

- Adverse reactions occurring in more than 4% of subjects treated with HAEGARDA were injection site reaction, hypersensitivity, nasopharyngitis and dizziness. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact the CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch.*

See 17 **for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.**

Revised: October 2017

FULL PRESCRIBING INFORMATION: CONTENTS*

***Sections or subsections omitted from the full prescribing information are not listed.**

CSL Behring

FULL PRESCRIBING INFORMATION

HAEGARDA®

[C1 Esterase Inhibitor Subcutaneous (Human)

1 INDICATIONS AND USAGE

HAEGARDA is a plasma-derived concentrate of C1 Esterase Inhibitor (Human) (C1-INH) indicated for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in adolescent and adult patients.

2 DOSAGE AND ADMINISTRATION

After reconstitution, for subcutaneous use only.

HAEGARDA is intended for self-administration after reconstitution at a dose of 60 International Units (IU) per kg body weight by subcutaneous (S.C.) injection twice weekly (every 3 or 4 days). The patient or caregiver should be trained on how to administer HAEGARDA.

HAEGARDA is provided as a freeze-dried powder for reconstitution with Sterile Water for Injection, USP.

2.1 Preparation and Handling

- Check the expiration date on the product vial label. Do not use beyond the expiration date.
- Work on a clean surface and wash hands before performing the following procedures.
- Prepare and administer using aseptic techniques *[see Dosage and Administration (2.2)]*.
- Use a silicone-free syringe for reconstitution and administration.
- Each vial of HAEGARDA is for single-use only. Promptly use the reconstituted solution. The solution must be used within 8 hours. Discard partially used vials. HAEGARDA contains no preservative.
- Do not freeze the reconstituted solution.

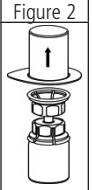
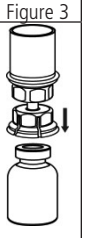
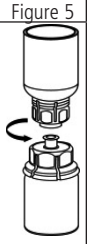
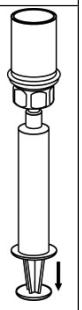
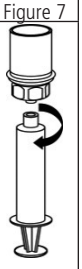
2.2 Reconstitution and Administration

Use either the Mix2Vial® transfer set provided with HAEGARDA or a commercially available double-ended needle and vented filter spike *[see How Supplied/Storage and Handling (16)]*.

Reconstitution

The procedures below are provided as general guidelines for the reconstitution and administration of HAEGARDA.

Table 1. HAEGARDA Reconstitution Instructions

1.	Ensure that the HAEGARDA vial and Sterile Water for Injection (diluent) vial are at room temperature.	
2.	Place the HAEGARDA vial, diluent vial and Mix2Vial transfer set on a flat surface.	
3.	Remove flip caps from the HAEGARDA and diluent vials.	
4.	Wipe the stoppers with an alcohol swab and allow to dry prior to opening the Mix2Vial transfer set package.	
5.	Open the Mix2Vial transfer set package by peeling away the lid (Figure 1). Do not remove the device from the package.	 Figure 1
6.	Place the diluent vial on a flat surface and hold the vial tightly. Grip the Mix2Vial transfer set together with the clear package and push the plastic spike at the blue end of the Mix2Vial transfer set firmly through the center of the stopper of the diluent vial (Figure 2).	 Figure 2
7.	Carefully remove the clear package from the Mix2Vial transfer set. Do not remove the Mix2Vial transfer set or touch the exposed end of the device (Figure 3).	 Figure 3
8.	With the HAEGARDA vial placed firmly on a flat surface, invert the diluent vial with the Mix2Vial transfer set attached and push the plastic spike of the transparent adapter firmly through the center of the stopper of the HAEGARDA vial (Figure 4). The diluent will automatically transfer into the HAEGARDA vial.	 Figure 4
9.	With the diluent and HAEGARDA vial still attached to the Mix2Vial transfer set, gently swirl the HAEGARDA vial to ensure that the powder is fully dissolved (Figure 5). Do not shake the vial.	 Figure 5
10.	With one hand, grasp the HAEGARDA side of the Mix2Vial transfer set and with the other hand grasp the blue diluent side of the Mix2Vial transfer set, and unscrew the set into two pieces (Figure 6).	 Figure 6
11.	Draw air into an empty, sterile syringe. Use a silicone-free syringe. While the HAEGARDA vial is upright, screw the syringe to the Mix2Vial transfer set. Inject air into the HAEGARDA vial.	
12.	While keeping the syringe plunger pressed, invert the system upside down and draw the concentrate into the syringe by pulling the plunger back slowly (Figure 7).	 Figure 7
13.	Disconnect the filled syringe by unscrewing it from the Mix2Vial transfer set (Figure 8). The reconstituted solution should be colorless, clear, and free from visible particles. Do not use if particles or discoloration are observed.	 Figure 8
14.	Use immediately or within 8 hours of reconstitution. Store reconstituted solution at room temperature. Do not refrigerate.	
15.	If the dose requires more than one vial, use a separate, unused Mix2Vial transfer set and diluent vial for each product vial. Repeat steps 10-12 to pool the contents of the vials into one syringe.	

Administration

For subcutaneous injection only.

- Train the patient or caregiver on how to self-administer HAEGARDA.
- Do not mix HAEGARDA with other medicinal products.
- Visually inspect the final solution for particles and discoloration prior to administration, and whenever solution and container permit. Do not use if particles or discoloration is observed.
- Attach the syringe containing the reconstituted HAEGARDA solution to a hypodermic needle or subcutaneous infusion set and administer by subcutaneous injection. Adapt the rate of administration to the comfort level of the patient.
- Inject in the abdominal area or other subcutaneous injection sites. Rotate injection sites so that the same site is not used repeatedly.
- Administer HAEGARDA at room temperature and within 8 hours after reconstitution. Following administration, discard any unused solution and all administration equipment in an appropriate manner as per local requirements.

3 DOSAGE FORMS AND STRENGTHS

HAEGARDA is available as a white lyophilized powder supplied in single-use vials containing 2000 or 3000 IU of C1-INH.

- The 2000 IU vial must be reconstituted with 4 mL of Sterile Water for Injection, USP.
- The 3000 IU vial must be reconstituted with 6 mL of Sterile Water for Injection, USP.

4 CONTRAINDICATIONS

HAEGARDA is contraindicated in individuals who have experienced life-threatening hypersensitivity reactions, including anaphylaxis, to C1-INH preparations or its excipients *[see Description (11)]*.

5 WARNINGS AND PRECAUTIONS

The physician should discuss the risks and benefits of this product with the patient before prescribing or administering it to the patient *[see Patient Counseling Information (17)]*.

Initiate individualized treatment in case of an acute HAE attack.

5.1 Hypersensitivity

Severe hypersensitivity reactions may occur. The signs and symptoms of hypersensitivity reactions may include hives (local and generalized), tightness of the chest, difficulty breathing, wheezing, hypotension, and/or anaphylaxis during or after injection of HAEGARDA. In case of severe hypersensitivity, discontinue HAEGARDA administration and institute appropriate treatment. Epinephrine should be immediately available for treatment of severe hypersensitivity reaction *[see Patient Counseling Information (17)]*.

5.2 Thromboembolic Events

At the recommended subcutaneous dose, a causal relationship between thromboembolic events (TEEs) and the use of HAEGARDA has not been established *[see Patient Counseling Information (17)]*. Thrombosis has occurred in treatment attempts with high doses of C1-INH intravenous (I.V.) for prevention or therapy of capillary leak syndrome before, during or after cardiac surgery (unapproved indication and dose).

5.3 Transmissible Infectious Agents

Because HAEGARDA is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors for prior exposure to certain viruses, by testing for the presence of certain current virus infections, and by processes demonstrated to inactivate and/or remove certain viruses during manufacturing *[see Description (11) and Patient Counseling Information (17)]*. Despite these measures, such products may still contain human pathogenic agents, including those not yet known or identified. Thus, the risk of transmission of infectious agents cannot be totally eliminated.

All infections thought by a physician possibly to have been transmitted by HAEGARDA should be reported by lot number, by the physician or other healthcare provider, to the CSL Behring Pharmacovigilance Department at 1-866-915-6958.

6 ADVERSE REACTIONS

Adverse reactions occurring in more than 4% of subjects treated with HAEGARDA were injection site reaction, hypersensitivity, nasopharyngitis and dizziness.

6.1 Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Of the 90 subjects randomized in the double-blind, placebo-controlled, cross-over study *[see Clinical Studies (14)]*, 86 subjects received at least one dose of HAEGARDA and 86 subjects received at least one dose of placebo (Table 2). A total of 5081 injections of HAEGARDA and placebo were administered over a range of 3 to 19 weeks (median of 16.6 weeks for HAEGARDA; median of 16.3 weeks for placebo).

Table 2. Adverse Reactions in >4% of Subjects Treated with HAEGARDA

MedDRA System Organ Class	Adverse Reaction	HAEGARDA			Placebo (N=86)
		60 IU/kg (N=43)	40 IU/kg (N=43)	Overall* (N=86)	
		n (%)	n (%)	n (%)	n (%)
General Disorders and Administration Site Conditions	Injection Site Reaction†	15 (35)	12 (28)	27 (31)	21 (24)
Immune System Disorders	Hypersensitivity‡	3 (7)	2 (5)	5 (6)	1 (1)
Infections and Infestations	Nasopharyngitis	8 (19)	1 (2)	9 (11)	6 (7)
Nervous System Disorders	Dizziness	0 (0)	4 (9)	4 (5)	1 (1)

N = number of subjects receiving the treatment; n = number of subjects experiencing ≥1 event.

* Includes subjects who were treated with 40 IU/kg or 60 IU/kg HAEGARDA.

† Includes: Injection site bruising, coldness, discharge, erythema, hematoma, hemorrhage, induration, edema, pain, pruritus, rash, reaction, scar, swelling, urticaria, warmth.

‡ Includes: hypersensitivity, pruritus, rash, and urticaria.

Of the injection site reactions occurring after treatment with HAEGARDA, 95% were of mild intensity and 83% resolved within 1 day after onset.

7 DRUG INTERACTIONS

No interaction studies have been conducted.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no prospective clinical data from HAEGARDA use in pregnant women. C1-INH is a normal component of human plasma. Animal developmental or reproduction toxicity studies have not been conducted with HAEGARDA. In the U.S. general population, the estimated background risk of major birth defects occurs in 2-4% of the general population and miscarriage occurs in 15-20% of clinically recognized pregnancies.

Data

In a retrospective case collection study, 22 pregnant women with type I HAE and ranging in age from 20 to 38 years received C1-INH doses of 500 or 1000 IU per I.V. administration for the treatment of acute attacks before, during, and/or after pregnancy (total of 35 pregnancies). No adverse events were associated with C1-INH treatment before, during, or after pregnancy.[1]

In an observational registry (overall 318 subjects) data were collected on 11 pregnancies in 10 subjects (16 to 40 years old) receiving up to 3000 IU C1-INH (I.V. administration) to treat or prevent HAE attacks. No adverse events were associated with C1-INH treatment.[2]

8.2 Lactation

Risk Summary

There is no information regarding the excretion of HAEGARDA in human milk, the effect on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for HAEGARDA and any potential adverse effects on the breastfed infant from HAEGARDA or from the underlying maternal condition.

Data

In a retrospective case collection study, breastfeeding was documented for neonates from 21 of 35 births with a median duration of 4.8 months (ranging from 1 to 34 months). Mothers were treated postpartum with C1-INH doses up to 1000 IU per I.V. administration for the treatment of acute HAE attacks. No adverse events to the mothers were associated with C1-INH treatment after pregnancy. No information regarding the effect on the breastfed infant was reported.[1]

8.4 Pediatric Use

The safety and effectiveness of HAEGARDA were evaluated in a subgroup of six patients 12 to <17 years of age in the randomized, double-blind, placebo-controlled, crossover, routine prophylaxis trial. Results of subgroup analysis by age were consistent with overall study results.

8.5 Geriatric Use

The safety and effectiveness of HAEGARDA were evaluated in a subgroup of eight patients 65 to 72 years of age in the randomized, double-blind, placebo-controlled, crossover, routine prophylaxis trial. Results of subgroup analysis by age were consistent with overall study results.

10 OVERDOSAGE

No case of overdose has been reported. Doses corresponding to up to 117 IU/kg S.C. have been administered twice weekly in a fixed-dose clinical study.

11 DESCRIPTION

HAEGARDA is a human plasma-derived, purified, pasteurized, lyophilized concentrate of C1-INH to be reconstituted for S.C. administration. HAEGARDA is prepared from large pools of human plasma from U.S. donors. The potency of C1-INH is expressed in International Units (IU), which is related to the current WHO Standard for C1-INH products.

Reconstituted HAEGARDA has a concentration of 500 IU/mL C1-INH, 65 mg/mL total protein, 10 mg/mL glycine, 8.5 mg/mL sodium chloride and 2.7 mg/mL sodium citrate.

C1 Esterase Inhibitor-

C1-INH is a soluble, single-chain highly glycosylated protein containing 478 amino acid residues which belongs to the serine protease inhibitor (serpin) family.

All plasma used in the manufacturing of C1-INH is obtained from U.S. donors and is tested using serological assays for hepatitis B surface antigen and antibodies to HIV-1/2 and HCV. Additionally, the plasma is tested with Nucleic Acid Testing (NAT) for HBV, HCV, HIV-1 and HAV and found to be nonreactive (negative). The plasma is also tested by NAT for Human Parvovirus B19. Only plasma that has passed virus screening is used for production, and the limit for Parvovirus B19 in the fractionation pool is set not to exceed 10^4 IU of Parvovirus B19 DNA per mL.

The manufacturing process for HAEGARDA includes multiple steps that reduce the risk of virus transmission. The virus inactivation/reduction capacity consists of three steps:

- Pasteurization in aqueous solution at 60°C for 10 hours
- Hydrophobic interaction chromatography
- Virus filtration (also called nanofiltration) by two filters, 20 nm and 15 nm, in series.

Viral inactivation and reduction were evaluated in a series of in vitro spiking experiments. The total mean cumulative virus inactivation/reduction is shown in Table 3.

Table 3. Mean Virus Inactivation/Reductions in HAEGARDA

Virus Studied	Pasteurization [log_{10}]	Hydrophobic Interaction Chromatography [log_{10}]	Virus Filtration [log_{10}]	Total Cumulative [log_{10}]
Enveloped Viruses				
HIV-1	≥6.6	≥4.5	≥5.1	≥16.2
BVDV	≥9.2	≥4.7	≥5.3	≥19.2
PRV	6.3	≥6.5	≥7.1	≥19.9
WNV	≥7.0	ND	≥8.0	≥15.0
Non-Enveloped Viruses				
HAV	≥6.4	2.8	≥5.3	≥14.5
CPV	1.4	6.4	≥7.2	≥15.0
B19V	3.9	ND	ND	NA

HIV-1, Human immunodeficiency virus type 1, a model for HIV-1 and HIV-2
BVDV, Bovine viral diarrhea virus, a model for HCV
PRV, Pseudorabies virus, a model for large enveloped DNA viruses
WNV, West Nile virus
HAV, Hepatitis A virus
CPV, Canine parvovirus
B19V, Human Parvovirus B19
ND, Not determined
NA, Not applicable

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

C1-INH is a normal constituent of human plasma and belongs to the group of serine protease inhibitors (serpins) that includes antithrombin III, $alpha_1$-protease inhibitor, $alpha_2$-antiplasmin, and heparin cofactor II. As with the other inhibitors in this group, C1-INH has an important inhibiting potential on several of the major human cascade systems, including the complement, fibrinolytic and coagulation systems. Regulation of these systems is performed through the formation of complexes between the protease and the inhibitor, resulting in inactivation of both and consumption of the C1-INH.

C1-INH, which is usually activated during the inflammatory process, inactivates its substrate by covalently binding to the reactive site. C1-INH is the only known inhibitor for the C1r and C1s subcomponents of complement component 1 (C1), coagulation factor XIIa, and plasma kallikrein. Additionally, C1-INH is the main inhibitor for coagulation factor XIa of the intrinsic coagulation cascade.

HAE patients have absence or low levels of endogenous or functional C1-INH. Although the events that cause attacks of angioedema in HAE patients are not well defined, it has been postulated that increased vascular permeability and the clinical manifestation of HAE attacks may be primarily mediated through contact system activation. Suppression of contact system activation by C1-INH through the inactivation of plasma kallikrein and factor XIIa is thought to modulate this vascular permeability by preventing the generation of bradykinin. Administration of HAEGARDA replaces the missing or malfunctioning C1-INH protein in patients with HAE.

12.2 Pharmacodynamics

In untreated patients, insufficient levels of functional C1-INH lead to increased activation of C1, which results in decreased levels of complement component 4 (C4). The administration of HAEGARDA increases plasma levels of C1-INH in a dose-dependent manner and subsequently increases plasma concentrations of C4. The C4 plasma concentrations after S.C. administration of 60 IU/kg HAEGARDA were in the normal range (16 to 38 mg/dL).

12.3 Pharmacokinetics

The pharmacokinetics (PK) of C1-INH were described using population PK analysis.

The PK parameters of C1-INH following twice weekly subcutaneous 60 IU/kg dosing are shown in Table 4.

Table 4. Pharmacokinetic Parameter for HAEGARDA (60 IU/kg) from Population Pharmacokinetic Analysis

Parameter	Mean	95% CI
CL (mL/hr/kg)*	1.03	0.90-1.17
Vd (L/kg)*	0.05	0.04-0.06
Bioavailability %	42.7	35.2-50.2
C_{max} %	60.7†	31.8-128‡
C_{trough} %	48.0†	25.1-102‡
T_{max} (hr)	59§	23-134‡
Half-life (hr)‖	69§	24-251‡

*Calculated based on median weight of 80.7 kg of the population, †Geometric mean, ‡2.5-97.5 percentile of the population, §Median, ‖Apparent half-life.

The steady state PK of S.C. C1-INH is independent of dose between 20-80 IU/kg in HAE subjects.

Studies have not been conducted to evaluate the PK of C1-INH in specific patient populations stratified by gender, race, age, or the presence of renal or hepatic impairment. The PK of C1-INH was not influenced at the age range of 12-72 years.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

No animal studies have been conducted to evaluate the effects of C1-INH on carcinogenesis, mutagenesis, and impairment of fertility.

13.2 Animal Toxicology and/or Pharmacology

Single subcutaneous administration of HAEGARDA in rabbits at dose levels up to approximately 670 IU/kg did not result in adverse findings.

14 CLINICAL STUDIES

The efficacy and safety of HAEGARDA for routine prophylaxis to prevent HAE attacks were demonstrated in a multicenter, randomized, double-blind, placebo-controlled, crossover study. The study assessed 90 adult and adolescent subjects with symptomatic HAE type I or II. The median (range) age of subjects was 40 (12 to 72) years; 60 subjects were female and 30 subjects were male. Subjects were randomized to receive either 60 IU/kg or 40 IU/kg HAEGARDA in one 16-week treatment period and placebo in the other 16-week treatment period. Patients self-administered HAEGARDA or placebo subcutaneously 2 times per week. Efficacy was evaluated for the last 14 weeks of each treatment period.

Twice per week S.C. doses of 60 IU/kg or 40 IU/kg HAEGARDA resulted in a significant difference in the time-normalized number of HAE attacks (the rate of attacks) relative to placebo (Table 5). The time-normalized number of HAE attacks in subjects dosed with 60 IU/kg was 0.52 attacks per month compared to 4.03 attacks per month while receiving placebo ($p < 0.001$). The time-normalized number of HAE attacks in subjects dosed with 40 IU/kg was 1.19 attacks per month compared to 3.61 attacks per month while receiving placebo ($p < 0.001$).

Table 5. Time-normalized Number of HAE Attacks (Number/Month)

	60 IU/kg HAEGARDA Treatment Sequences (N = 45)		40 IU/kg HAEGARDA Treatment Sequences (N = 45)	
	HAEGARDA	Placebo	HAEGARDA	Placebo
n	43	42	43	44
Mean (SD)	0.5 (0.8)	4.0 (2.3)	1.2 (2.3)	3.6 (2.1)
Min, Max	0.0, 3.1	0.6, 11.3	0.0, 12.5	0.0, 8.9
Median	0.3	3.8	0.3	3.8
LS Mean (SE)*	0.5 (0.3)	4.0 (0.3)	1.2 (0.3)	3.6 (0.3)
95% CI for LS Mean*	(0.0, 1.0)	(3.5, 4.6)	(0.5, 1.9)	(3, 4.3)
Treatment difference (within-subjects)	**60 IU/kg HAEGARDA – Placebo**		**40 IU/kg HAEGARDA – Placebo**	
LS Mean* (95% CI)	-3.5 (-4.2, -2.8)		-2.4 (-3.4, -1.5)	
p-value*	< 0.001		< 0.001	

CI = confidence interval; HAE = hereditary angioedema; N = number of randomized subjects; n = number of subjects with data; LS = Least squares.

*From a mixed model

The median (25th, 75th percentile) percentage reduction in the time-normalized number of HAE attacks relative to placebo was 95% (79, 100) on 60 IU/kg HAEGARDA and 89% (70, 100) on 40 IU/kg HAEGARDA among subjects with evaluable data in both treatment periods.

The percentage of responders (95% CI) with a ≥50% reduction in the time-normalized number of HAE attacks on HAEGARDA relative to placebo was 83% (73%, 90%). Ninety percent (90%) of subjects on 60 IU/kg responded to treatment and 76% of subjects on 40 IU/kg responded to treatment.

The percentages of subjects (95% CI) with ≥70% and ≥90% reductions in the time-normalized number of HAE attacks on HAEGARDA relative to placebo were 74% (64%, 83%) and 50% (39%, 61%), respectively. The percentages of subjects with ≥70% and ≥90% reductions in comparison to placebo in the time-normalized number of HAE attacks were 83% and 58% on 60 IU/kg and 67% and 43% on 40 IU/kg. Seventy-one percent (71%) of subjects on 60 IU/kg and 53% of subjects on 40 IU/kg had ≥1 HAE attack per 4 week period on placebo and <1 HAE attack per 4 week period on HAEGARDA.

A total of 40% of subjects on 60 IU/kg and 38% of subjects on 40 IU/kg were attack-free, and the median rate of HAE attacks per month was 0.3 on both doses.

HAEGARDA resulted in a significant difference in the time-normalized number of uses of rescue medication (the rate of rescue medication use) relative to placebo. A dose of 60 IU/kg resulted in a mean rate of rescue medication of 0.3 uses per month, compared to 3.9 uses per month on placebo. A dose of 40 IU/kg resulted in a mean rate of rescue medication use of 1.1 uses per month, compared to 5.6 uses per month with placebo.

15 REFERENCES

1. Martinez-Saguer I, Rusicke E, Aygören-Pürsün E, et al. Characterization of acute hereditary angioedema attacks during pregnancy and breast-feeding and their treatment with C1 inhibitor concentrate. *Am J Obstet Gynecol.* 2010;203:131.e1-7.

2. Fox J, Vegh AB, Martinez-Saguer I, et al. Safety of a C1-inhibitor concentrate in pregnant women with hereditary angioedema. *Allergy Asthma Proc*. 2017;38(3):216-221.

16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

HAEGARDA is supplied in a kit containing a lyophilized powder in a single-use vial. HAEGARDA is packaged with Sterile Water for Injection, USP (4 mL for reconstitution of 2000 IU or 6 mL for reconstitution of 3000 IU) and one Mix2Vial filter transfer set. Not made with natural rubber latex.

Nominal Strength	Fill Size Color Indicator	Kit NDC
2000 IU	Fuschia	63833-828-02
3000 IU	Yellow	63833-829-02

Storage and Handling

- When stored at temperatures up to 30°C (86°F), HAEGARDA is stable for the period indicated by the expiration date on the carton and vial label.
- Keep HAEGARDA in its original carton until ready to use.
- Do not freeze.
- Protect from light.

17 PATIENT COUNSELING INFORMATION

See FDA-approved patient labeling (Patient Product Information).

All risks and benefits of HAEGARDA should be discussed with the patient/caregiver before prescribing or administering it to the patient.

Inform patients/caregivers to immediately report the following to their physician:

- Signs and symptoms of allergic hypersensitivity reactions, such as hives, tightness of the chest, difficulty breathing, wheezing, hypotension and/or anaphylaxis experienced during or after injection of HAEGARDA *[see Warnings and Precautions (5.1)]*.
- Signs and symptoms of a thromboembolic event, including pain and/or swelling of an arm or leg with warmth over the affected area, discoloration of an arm or leg, unexplained shortness of breath, chest pain or discomfort that worsens on deep breathing, unexplained rapid pulse, numbness or weakness on one side of the body *[see Warnings and Precautions (5.2)]*.

Inform all patients/caregivers:

- HAEGARDA is indicated for HAE prophylaxis and should not be used for the treatment of acute HAE attacks. Patients/caregivers should be counselled regarding the appropriate course of action if breakthrough HAE attacks occur while on HAEGARDA, including:
  - Individualized rescue treatment for acute HAE attacks.
  - Situations in which to seek immediate medical attention, such as acute laryngeal HAE attacks.
- Patients/caregivers must ensure an adequate supply of HAEGARDA when traveling.
- Because HAEGARDA is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent *[see Warnings and Precautions (5.3) and Description (11)]*. Inform patients of the risks and benefits of HAEGARDA before prescribing or administering it to the patient.
- Patients with known risk factors for thromboembolic events are at an increased risk for these events *[see Warnings and Precautions (5.2)]*.
- Ensure that the patient/caregiver has access to and has received training in the administration of subcutaneous epinephrine and/or other appropriate supportive therapy for the treatment of any acute anaphylactic or severe hypersensitivity reaction *[see Warnings and Precautions (5.1)]*.

Advise female patients:

- Patients should notify their physician if they become pregnant or intend to become pregnant while taking HAEGARDA *[see Use in Specific Populations (8.1)]*.
- Patients should notify their physician if they are breastfeeding or plan to breastfeed while taking HAEGARDA *[see Use in Specific Populations (8.2)]*.

Self-administration - Ensure that the patient/caregiver receives clear instructions and training on S.C. administration in the home or other appropriate setting and has demonstrated the ability to perform S.C. injection.

- The patient (or caregiver) has the necessary dexterity and comprehension to be trained to self-administer.
- Instruct patients/caregivers to record the lot number from the HAEGARDA vial label every time they use HAEGARDA.

The attached HAEGARDA "Patient Product Information (PPI)" contains more detailed instructions for patients/caregivers who will be self-administering HAEGARDA.

FDA-Approved Patient Labeling – Patient Product Information (PPI)

HAEGARDA (*hay-GAR-duh*)
C1 Esterase Inhibitor Subcutaneous (Human)
Freeze-dried Powder for Reconstitution

This leaflet summarizes important information about HAEGARDA. Please read it carefully before using HAEGARDA and each time you get a refill. There may be new information provided. This information does not take the place of talking with your healthcare provider, and it does not include all of the important information about HAEGARDA. If you have any questions after reading this, ask your healthcare provider.

Do not attempt to self-administer unless you have been taught how by your healthcare provider.

What is HAEGARDA?

HAEGARDA is an injectable medicine used to prevent swelling and/or painful attacks in adults and adolescents with Hereditary Angioedema (HAE). HAE is caused by the poor functioning or lack of a protein called C1 that is present in your blood and helps control inflammation (swelling) and parts of the immune system. HAEGARDA contains C1 esterase inhibitor (C1-INH), a protein that helps control C1.

HAEGARDA should not be used to treat an acute HAE attack. In case of an acute HAE attack, initiate individualized treatment as discussed with your prescribing health care professional.

Who should not use HAEGARDA?

You should not use HAEGARDA if you have experienced life-threatening immediate hypersensitivity reactions, including anaphylaxis, to the product.

What should I tell my healthcare provider before using HAEGARDA?

Tell your healthcare provider about all of your medical conditions, including if you:

- Are pregnant or planning to become pregnant. It is not known if HAEGARDA can harm your unborn baby.
- Are breastfeeding or plan to breastfeed. It is not known if HAEGARDA passes into your milk and if it can harm your baby.
- Have a history of blood clotting problems. Blood clots have occurred in patients receiving HAEGARDA. Very high doses of C1-INH could increase the risk of blood clots. Tell your healthcare provider if you have a history of heart or blood vessel disease, stroke, blood clots, or have thick blood, an indwelling catheter/access device in one of your veins, or have been immobile for some time. These things may increase your risk of having a blood clot after using HAEGARDA. Also, tell your healthcare provider what drugs you are using, as some drugs, such as birth control pills or certain androgens, may increase your risk of developing a blood clot.
- Tell your healthcare provider and pharmacist about all of the medicines you take, including all prescription and non-prescription medicines such as over-the-counter medicines, supplements, or herbal remedies.

What are the possible side effects of HAEGARDA?

Allergic reactions may occur with HAEGARDA. Call your healthcare provider or seek emergency support services right away if you have any of the following symptoms after using HAEGARDA:

- wheezing
- difficulty breathing
- chest tightness
- turning blue (look at lips and gums)
- fast heartbeat
- swelling of the face
- rash or hives

Signs of a blood clot include:

- pain and/or swelling of an arm or leg with warmth over the affected area
- discoloration of an arm or leg
- unexplained shortness of breath
- chest pain or discomfort that worsens on deep breathing
- unexplained rapid pulse
- numbness or weakness on one side of the body

Because HAEGARDA is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

The most common side effects with HAEGARDA are injection site reactions (pain, redness, swelling), hypersensitivity (itching and rash), nasopharyngitis (runny or stuffy nose, sneezing, watery eyes) and dizziness.

These are not all the possible side effects of HAEGARDA.

Tell your healthcare provider about any side effect that bothers you or that does not go away. You can also report side effects to the FDA at 1-800-FDA-1088.

How should I store HAEGARDA?

- Keep the non-reconstituted HAEGARDA in its original carton to protect from light until ready to use.
- When stored at temperatures up to 30°C (86°F), HAEGARDA is stable for the period indicated by the expiration date on the carton and vial label.
- Do not freeze.

What else should I know about HAEGARDA?

Medicines are sometimes prescribed for purposes other than those listed here. Do not use HAEGARDA for a condition for which it is not prescribed. Do not share HAEGARDA with other people, even if they have the same symptoms that you have.
This leaflet summarizes the most important information about HAEGARDA. If you would like more information, talk to your healthcare provider. You can ask your healthcare provider or pharmacist for information about HAEGARDA that was written for healthcare professionals. For more information, go to www.HAEGARDA.com or call 1-877-236-4423.

What should I know about self-administration?

- You should prepare the prescribed dose of HAEGARDA for self-administration as directed by your healthcare provider.

Instructions for Use

- **Do not attempt to self-administer unless you have been taught how by your healthcare provider.**
- **See the step-by-step instructions for injecting HAEGARDA at the end of this leaflet.** You should always follow the specific instructions given by your healthcare provider. The steps listed below are general guidelines for using HAEGARDA. If you are unsure of the steps, please contact your healthcare provider or pharmacist before using.
- Your healthcare provider will prescribe the dose that you should administer, which is based on your body weight.
- Call your healthcare provider if you miss a dose of HAEGARDA.
- Talk to your healthcare provider before traveling to make sure you have an adequate supply of HAEGARDA**.**
- Use a new needle for each HAEGARDA injection. **Do not reuse or share your needles with other people. You may give other people a serious infection, or get a serious infection from them.**

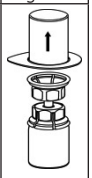
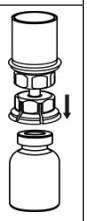
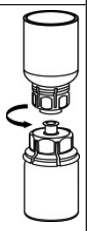
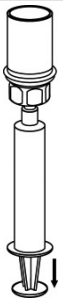
Reconstitution and Administration

- The 2000 IU HAEGARDA vial contains C1-INH as a lyophilized concentrate for reconstitution with 4 mL of Sterile Water for Injection, USP provided; or, the 3000 IU HAEGARDA vial contains C1-INH as a lyophilized concentrate for reconstitution with 6 mL of Sterile Water for Injection, USP provided.
- Check the expiration date on the product vial label. Do not use beyond the expiration date.
- Work on a clean surface and wash hands before performing the following procedures.
- Use either the Mix2Vial transfer set provided with HAEGARDA or a commercially available double-ended needle and vented filter spike.
- Prepare and administer using aseptic techniques.
- Each vial of HAEGARDA is for single-use only. Promptly use the reconstituted solution. The solution must be used within 8 hours. Discard partially used vials. HAEGARDA contains no preservative.
- After reconstitution and prior to administration inspect HAEGARDA. The reconstituted solution should be colorless, clear, and free from visible particles. Do not use if the solution is cloudy, discolored, or contains particulates.

<u>Reconstitution</u>

The procedures below are provided as general guidelines for the reconstitution of HAEGARDA.

Table 1. HAEGARDA Reconstitution Instructions

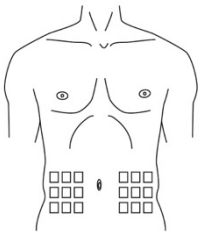
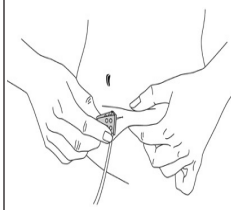
1.	Ensure that the HAEGARDA vial and Sterile Water for Injection (diluent) vial are at room temperature.	
2.	Place the HAEGARDA vial, diluent vial and Mix2Vial transfer set on a flat surface.	
3.	Remove flip caps from the HAEGARDA and diluent vials.	
4.	Wipe the stoppers with an alcohol swab and allow to dry prior to opening the Mix2Vial transfer set package.	
5.	Open the Mix2Vial transfer set package by peeling away the lid (Figure 1). Do not remove the device from the package.	 Figure 1
6.	Place the diluent vial on a flat surface and hold the vial tightly. Grip the Mix2Vial transfer set together with the clear package and push the plastic spike at the blue end of the Mix2Vial transfer set firmly through the center of the stopper of the diluent vial (Figure 2).	 Figure 2
7.	Carefully remove the clear package from the Mix2Vial transfer set. Do not remove the Mix2Vial transfer set or touch the exposed end of the device (Figure 3).	 Figure 3
8.	With the HAEGARDA vial placed firmly on a flat surface, invert the diluent vial with the Mix2Vial transfer set attached and push the plastic spike of the transparent adapter firmly through the center of the stopper of the HAEGARDA vial (Figure 4). The diluent will automatically transfer into the HAEGARDA vial.	 Figure 4
9.	With the diluent and HAEGARDA vial still attached to the Mix2Vial transfer set, gently swirl the HAEGARDA vial to ensure that the powder is fully dissolved (Figure 5). Do not shake the vial.	 Figure 5
10.	With one hand, grasp the HAEGARDA side of the Mix2Vial transfer set and with the other hand grasp the blue diluent side of the Mix2Vial transfer set, and unscrew the set into two pieces (Figure 6).	 Figure 6
11.	Draw air into an empty, sterile syringe. Use a silicone-free syringe. While the HAEGARDA vial is upright, screw the syringe to the Mix2Vial transfer set. Inject air into the HAEGARDA vial.	
12.	While keeping the syringe plunger pressed, invert the system upside down and draw the concentrate into the syringe by pulling the plunger back slowly (Figure 7).	 Figure 7
13.	Disconnect the filled syringe by unscrewing it from the Mix2Vial transfer set (Figure 8). The reconstituted solution should be colorless, clear, and free from visible particles. Do not use if particles or discoloration is observed.	 Figure 8

14. Use immediately or within 8 hours of reconstitution. Store reconstituted solution at room temperature. Do not refrigerate.	
15. If the dose requires more than one vial, use a separate, unused Mix2Vial transfer set and diluent vial for each product vial. Repeat steps 10-12 to pool the contents of the vials into one syringe.	

Self-Administration (subcutaneous administration)

Your healthcare provider will teach you how to safely administer HAEGARDA. Once you learn how to self-administer, follow the instructions provided below.

Table 2. HAEGARDA Self-Administration Instructions

Step 1: Assemble supplies Gather the HAEGARDA syringe, the following disposable supplies (not provided with HAEGARDA), and other items (sharps or other container, treatment diary or log book): • Hypodermic needle or S.C. infusion set • Sterile syringe (Use a silicone-free syringe) • Alcohol wipes • Gloves (if recommended by your healthcare provider)	
Step 2: Clean surface • Thoroughly clean a table or other flat surface using alcohol wipes.	
Step 3: Wash hands • Thoroughly wash and dry your hands. • If you have been told to wear gloves when preparing your infusion, put the gloves on.	
Step 4: Prepare injection site • Select an area on your abdomen (stomach) or another site for the injection as discussed with your doctor (Figure 9). • Use a different place from your last injection; you should rotate the places where you are injecting. • New injection sites should be at least 2 inches (5 centimeters) away from the place where you gave yourself an injection before. • Never give yourself an injection in areas where the skin is itchy, swollen, painful, bruised, or red. • Avoid giving yourself injections in places where you have scars or stretch marks. • Clean the skin at the injection site with an alcohol swab and let the skin dry (Figure 10).	 Figure 9  Figure 10
Step 5: Injection in the abdominal area As instructed by your healthcare provider: • Attach a hypodermic needle or S.C. infusion set (butterfly) as instructed by your healthcare provider. Prime the needle or tubing as required and instructed. Injection with Hypodermic Needle: • Insert the needle into the fold of skin (Figure 11). Injection by S.C Infusion Set: • Insert the needle into the fold of skin (Figure 12).	 Figure 11  Figure 12

Step 6: Clean up • After injecting the entire amount of HAEGARDA, remove the needle. • Discard any unused solution and all administration equipment in an appropriate manner as per local requirements.	
Step 7: Record treatment • Record the lot number from the HAEGARDA vial label in your treatment diary or log book with the date and time of infusion every time you use HAEGARDA.	

Resources at CSL Behring available to the patient:
For Adverse Reaction Reporting contact:
CSL Behring Pharmacovigilance Department at 1-866-915-6958

Contact CSL Behring to receive more product information:
Customer Support 1-800-683-1288

For more information, visit www.HAEGARDA.com.

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