For your adult patients with hereditary angioedema (HAE) facing the possibility of unexpected attacks...

Be prepared with FIRAZYR

FIRAZYR® (icatibant injection) can be a key part of a complete treatment plan for adults with HAE, even for those taking preventive therapy.[1,2]

Take on what's ahead.

Indication

FIRAZYR® (icatibant injection) is indicated for the treatment of acute attacks of hereditary angioedema (HAE) in adults 18 years of age and older.

Important Safety Information

Warnings and precautions: Given the potential for airway obstruction during acute laryngeal HAE attacks, patients should be advised to seek medical attention in an appropriate healthcare facility immediately in addition to treatment with FIRAZYR.

Please see the complete Important Safety Information on page 7 and click here for Full Prescribing Information, which is also available at www.firazyr.com.

firazyr®
(icatibant injection)

WAO/EAACI guidelines for treating HAE recommend that an acute therapy be part of every HAE treatment plan[2]

Patients are strongly encouraged to[2]:

- Carry acute therapy with them at all times
- Have enough acute treatment for 2 attacks, or at least 2 doses, on hand to be prepared if an attack happens

Treatment of acute HAE attacks should be administered[2]:

- As early as possible in an attack
- For all attacks, regardless of location, as soon as they are clearly recognized

Guidelines also support exploring both preventive and acute therapy as part of an HAE treatment plan[2]:

- Patients should be evaluated for long-term preventive treatment at every doctor's visit, or at least once a year

EAACI=European Academy of Allergy and Clinical Immunology; WAO=World Allergy Organization.

Important Safety Information

Adverse reactions: The most commonly reported adverse reactions were injection-site reactions, which occurred in almost all patients (97%) in clinical trials. These injection-site reactions included bruising, hematoma, burning, erythema, hypoesthesia, irritation, numbness, edema, pain, pressure sensation, pruritus, swelling, urticaria, and warmth.

Other common adverse reactions included pyrexia (4%), transaminase increase (4%), and dizziness (3%), as well as rash, nausea, and headache.

A portable, subcutaneous treatment that can be carried with patients every day[1]

FIRAZYR® (icatibant injection) is the first prefilled, self-administered, subcutaneous injection to treat acute HAE attacks, that is ready to use as soon as patients recognize symptoms of an attack[1]

- Requires no reconstitution/mixing, no dose calculation, no special handling, no dose titration, and no refrigeration[1]
  - FIRAZYR may be stored at room temperature. Store between 36°F to 77°F (2°C to 25°C)
- FIRAZYR is administered over at least 30 seconds into the abdominal area[1]
- Patients may self-administer FIRAZYR upon recognition of symptoms of an HAE attack, after training by a healthcare professional[1]

- FIRAZYR is available as a 3-mL, prefilled, single-use syringe (30 mg)[1]
- If response is inadequate or symptoms recur, additional doses may be administered at intervals of 6 hours or longer[1]
  - No more than 3 doses may be used in any 24-hour period
- FIRAZYR is available in a convenient pack containing 3 cartons[1,2]
  - Single cartons are also available

Important Safety Information

Drug interactions: FIRAZYR is a bradykinin B2 receptor antagonist and thereby has the potential to have a pharmacodynamic interaction with ACE inhibitors where FIRAZYR may attenuate the antihypertensive effect of ACE inhibitors. Clinical trials to date have excluded subjects taking ACE inhibitors.

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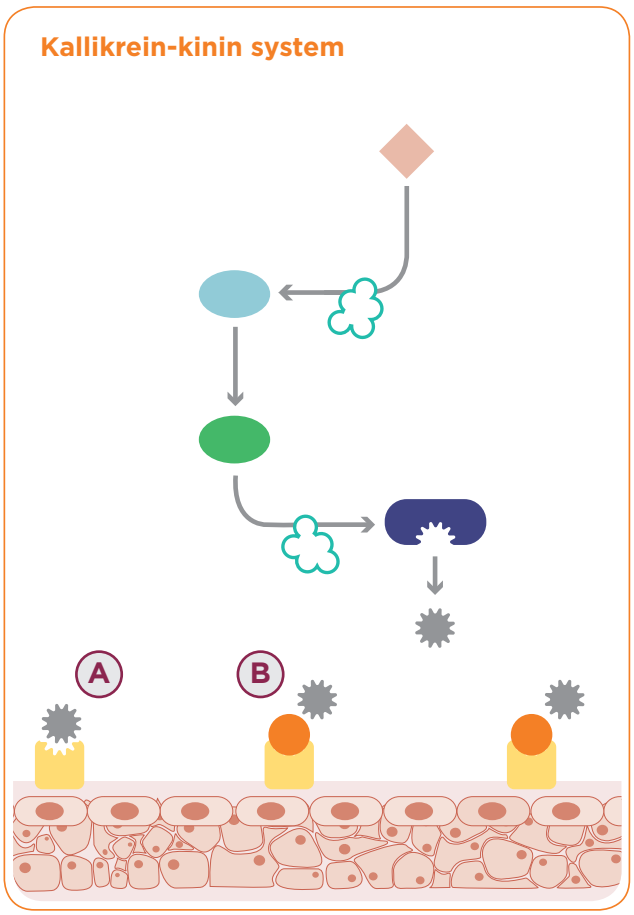
Increased bradykinin levels trigger symptoms of an HAE attack[3]

Most patients with HAE have an underlying deficiency of functional C1 esterase inhibitor that leads to an increase in plasma kallikrein activity, triggering an overproduction of bradykinin. This causes an increase in blood vessel permeability, which allows fluid to pass through the blood vessel walls causing subcutaneous or submucosal swelling.[3-5]



Adapted from Zuraw 2008 and Kaplan 2010.

FIRAZYR® (icatibant injection) is a proven bradykinin B2-receptor antagonist used to treat HAE attacks[1]

FIRAZYR inhibits bradykinin from binding to the B2 receptor and thereby treats the clinical symptoms of an acute, episodic attack of HAE[1]

A Bradykinin binding to the B2 receptor

B FIRAZYR inhibiting bradykinin from binding to the B2 receptor

Important Safety Information

Use in specific populations: Clinical studies of FIRAZYR included a limited number of subjects aged 65 and over. Elderly patients are likely to have increased systemic exposure. Reported clinical experience has not identified differences in efficacy and safety between elderly and younger patients.

firazyr® (icatibant injection)

Proven acute treatment that is ready for your adult patients if an unexpected attack occurs[1]

FIRAZYR can be used to treat all types of acute HAE attacks: cutaneous, abdominal, and laryngeal[1]

- Patients experienced significantly faster relief with FIRAZYR vs placebo[1]

Results from the pivotal trial for FIRAZYR (Trial 1)[1,a]

	FIRAZYR 30 mg (n=43)	**Placebo** (n=45)
Median time to 50% reduction in symptoms for patients with cutaneous or abdominal attacks	**2.0 hours** [95% CI 1.5, 3.0] (*P*<0.001)	19.8 hours [95% CI 6.1, 26.3]
Median time to almost complete symptom relief	**8.0 hours**	36.0 hours

- In a second placebo-controlled trial and an active-controlled trial, a total of 26 and 35 patients, respectively, received FIRAZYR 30 mg for the treatment of an acute HAE attack[1]
- Across the 3 controlled trials, median time to 50% reduction from baseline symptoms ranged from 2.0 to 2.3 hours with FIRAZYR (N=223)[1]
- 9 out of 10 attacks were treated with a single dose of FIRAZYR[1]

[a]Trial 1 study design: Trial 1 was a randomized, placebo-controlled, double-blind, parallel-group study of 98 adult patients with a median age of 36 years. Patients who had developed moderate to severe cutaneous or abdominal or mild to moderate laryngeal attacks of HAE were randomized to receive either FIRAZYR 30 mg or placebo by subcutaneous injection. Patients with severe laryngeal attacks of HAE received open-label FIRAZYR 30 mg. The primary endpoint was assessed using a 3-item composite visual analog scale (VAS), comprising averaged assessments of skin swelling, skin pain, and abdominal pain. Response was defined as at least a 50% reduction from the pretreatment composite 3-item VAS score.[1]

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firazyr® (icatibant injection)

FIRAZYR offers access to OnePath® product support services

Eligible patients will be connected to personalized product support to help them access FIRAZYR

Upon enrollment in OnePath, your patients will have a dedicated Patient Support Manager (PSM) who can assist them by:

- Providing important and helpful information about FIRAZYR® (icatibant injection) and other Takeda HAE products that are part of their treatment plan
- Helping to facilitate an insurance benefits investigation, and explaining insurance coverage and financial assistance options (if applicable)
- Connecting patients and their caregiver(s) with educational resources and the OnePath Mobile App at no cost
- Arranging in-home injection training at no cost for FIRAZYR administration

In addition to OnePath PSMs, Patient Access Managers (PAMs) are available, if needed, to address insurance or access challenges for your patients.

For questions about OnePath, call **1-866-888-0660**. OnePath is available Monday through Friday, from 8:30 AM to 8:00 PM ET.

Indication

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Important Safety Information

Warnings and precautions: Given the potential for airway obstruction during acute laryngeal HAE attacks, patients should be advised to seek medical attention in an appropriate healthcare facility immediately in addition to treatment with FIRAZYR.

Adverse reactions: The most commonly reported adverse reactions were injection-site reactions, which occurred in almost all patients (97%) in clinical trials. These injection-site reactions included bruising, hematoma, burning, erythema, hypoesthesia, irritation, numbness, edema, pain, pressure sensation, pruritus, swelling, urticaria, and warmth.

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Drug interactions: FIRAZYR is a bradykinin B2 receptor antagonist and thereby has the potential to have a pharmacodynamic interaction with ACE inhibitors where FIRAZYR may attenuate the antihypertensive effect of ACE inhibitors. Clinical trials to date have excluded subjects taking ACE inhibitors.

Use in specific populations: Clinical studies of FIRAZYR included a limited number of subjects aged 65 and over. Elderly patients are likely to have increased systemic exposure. Reported clinical experience has not identified differences in efficacy and safety between elderly and younger patients.

Safety and effectiveness in patients below 18 years of age have not been established.

Please click here for Full Prescribing Information, which is also available at www.firazyr.com.

Be prepared with FIRAZYR

Not a real patient.

FIRAZYR® (icatibant injection) is a proven acute therapy option that can help complete your patient's HAE treatment plan[1,2]

Portable, prefilled, self-administered, subcutaneous injection that is ready to use if an unexpected HAE attack occurs[1]

Eligible patients prescribed FIRAZYR get access to personalized product support services from OnePath®

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References: 1. FIRAZYR® (icatibant injection) Prescribing Information. Shire. **2.** Maurer M, Magerl M, Ansotegui I, et al. The international WAO/EAACI guideline for the management of hereditary angioedema—the 2017 revision and update. *Allergy.* 2018;73(8):1575-1596. **3.** Gompels MM, Lock RJ, Abinun M, et al. C1 inhibitor deficiency: consensus document. *Clin Exp Immunol*. 2005;139(3):379-394. **4.** Zuraw BL, Banerji A, Bernstein JA, et al. US Hereditary Angioedema Association Medical Advisory Board 2013 recommendations for the management of hereditary angioedema due to C1 inhibitor deficiency. *J Allergy Clin Immunol Pract*. 2013;1(5):458-467. **5.** Kaplan AP, Joseph K. The bradykinin-forming cascade and its role in hereditary angioedema. *Ann Allergy Asthma Immunol*. 2010;104(3):193-204.

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