



REAL PATIENT JOURNEYS TO TAKHZYRO

Patient with previous prophylactic use

INDICATION

TAKHZYRO is indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients ≥ 12 years of age.

IMPORTANT SAFETY INFORMATION

Hypersensitivity reactions have been observed. In case of a severe hypersensitivity reaction, discontinue TAKHZYRO administration and institute appropriate treatment.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).


TAKHZYRO[®]
(lanadelumab-flyo) injection

MEET LISA

HAE history

- Type: **HAE type I**
- Age: **62 years old**
- Age at diagnosis: **31 years old**
- Primary attack locations: **Abdomen, hand**
- History of laryngeal attacks: **No**

Treatment history

- **Acute treatment since diagnosis**
- **Previous prophylactic treatment**

Lisa's experience with HAE

- **Attack rate:** ~2 attacks/month
- **Debilitating attacks:** Experienced many painful abdominal attacks. Symptoms consisted of stomach swelling and vomiting
- **Impact of attacks:** The unpredictability and frequency of her attacks made it difficult for Lisa to make plans, go to work, and perform her daily activities
- **Finding time to administer:** Treatment became challenging due to the duration and frequency of infusions



She was frustrated with her attacks and was ready for a change. Since she started on TAKHZYRO, she has had less frequent attacks."

Corinna S Bowser, MD FAAAAI, FACAAI

Allergist/Clinical Immunologist
Narberth, Pennsylvania
11 years treating HAE, 10 patients



IMPORTANT SAFETY INFORMATION (cont'd)

Adverse Reactions: The most commonly observed adverse reactions ($\geq 10\%$ and higher than placebo) associated with TAKHZYRO® (lanadelumab-flyo) were injection site reactions consisting mainly of pain, erythema, and bruising at the injection site; upper respiratory infection; headache; rash; myalgia; dizziness; and diarrhea. Less common adverse reactions observed included elevated levels of transaminases; one patient discontinued the trial for elevated transaminases.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

STARTING TAKHZYRO WAS RIGHT FOR LISA

Dr Bowser and Lisa had a discussion about how this first-of-its-kind mAb preventive treatment could help Lisa reimagine her life with HAE¹



Lisa was in need of a preventive treatment that could help reduce the frequency and severity of her attacks. TAKHZYRO every 2 weeks was proven to significantly reduce mean monthly attacks vs placebo by 87% (0.26 vs 1.97), which included 83% fewer moderate or severe attacks (0.20 vs 1.22) and 87% fewer attacks requiring acute treatment (0.21 vs 1.64). Attack reduction was consistently greater vs placebo regardless of previous prophylaxis use during the run-in period^{1*}



In an exploratory analysis, 44% of patients taking TAKHZYRO had zero attacks vs 2% taking placebo during the entire 26-week treatment period. In a post hoc analysis, 77% of patients taking TAKHZYRO had zero attacks vs 3% taking placebo during the steady-state period^{1,2†}



One subcutaneous self-injection taken every 2 weeks in ≤1 minute (for most patients) was ideal for Lisa who prefers to administer her own treatment^{1‡}



Available as a ready-to-use single dose vial that does not require reconstitution¹

Additional information about the pivotal trial

*The pivotal trial was a multicenter, double-blind, parallel-group, placebo-controlled, dose-ranging study, which assessed the safety and efficacy of TAKHZYRO in 125 patients with HAE type I or II (≥12 years of age). Patients were randomized to receive TAKHZYRO 150 mg every 4 weeks (n=28), TAKHZYRO 300 mg every 4 weeks (n=29), TAKHZYRO 300 mg every 2 weeks (n=27), or placebo (n=41) for 26 weeks (6.5 months, where 1 month was defined as 28 days). Patients with ≥1 investigator-confirmed HAE attack during the 4-week run-in period were eligible for study enrollment and randomization. The primary efficacy endpoint was the rate of investigator-confirmed attacks during the treatment period (time frame: from Day 0 to Day 182) (Adjusted $P < 0.001$ vs placebo for all; adjusted P -values for multiple testing).^{1,2}

†Percentage of patients who had zero attacks over the entire 26-week study duration was a prespecified, exploratory endpoint; n=27 for TAKHZYRO, n=41 for placebo. Percentage of patients who had zero attacks during the steady-state period (Day 70 to Day 182) was a post hoc analysis; n=26 for TAKHZYRO, n=37 for placebo.²

‡The recommended starting dose is 300 mg every 2 weeks. TAKHZYRO every 4 weeks is also effective and may be considered if the patient is well-controlled (eg, attack free) for more than 6 months.¹

mAb=monoclonal antibody.



"My experience on TAKHZYRO has been strong. I've seen firsthand how TAKHZYRO can decrease both the frequency and severity of attacks. I've gone weeks and even months without experiencing an attack."

– Lisa

Real TAKHZYRO patient

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

TAKHZYRO[®]
(lanadelumab-flyo) injection

A FIRST-OF-ITS-KIND mAb PREVENTIVE TREATMENT FOR HAE¹



Rediscover prevention

- Significant reduction in mean monthly attacks vs placebo¹
- Secondary endpoints of reduction in moderate or severe attacks and attacks requiring acute treatment vs placebo were met¹
- There were patients who had zero attacks according to an exploratory analysis^{1*}



Rethink dosing and administration

- One subcutaneous self-injection every 2 weeks^{1†}



Refine the approach

- The first and only mAb for HAE, TAKHZYRO inhibits plasma kallikrein activity¹

Get your patients started today

Visit [TAKHZYRO.com/hcp](https://www.takhyro.com/hcp)

SELECT IMPORTANT SAFETY INFORMATION

Hypersensitivity reactions have been observed. In case of a severe hypersensitivity reaction, discontinue TAKHZYRO administration and institute appropriate treatment.

Use in Specific Populations: The safety and efficacy of TAKHZYRO in pediatric patients <12 years of age have not been established.

No data are available on TAKHZYRO in pregnant women. No data are available on the presence of lanadelumab in human milk or its effects on breastfed infants or milk production.

To report SUSPECTED ADVERSE REACTIONS, contact Dyax Corp., a Takeda company, at 1-800-828-2088, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information throughout and full [Prescribing Information](#).

See additional information about the pivotal trial inside.

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†The recommended starting dose is 300 mg every 2 weeks. TAKHZYRO 300 mg every 4 weeks is also effective and may be considered if the patient is well-controlled (eg, attack free) for more than 6 months.¹

References: **1.** TAKHZYRO (lanadelumab-flyo) [prescribing information]. Lexington, MA: Shire LLC; 2018. **2.** Banerji A, Riedl MA, Bernstein JA, et al. Effect of lanadelumab compared with placebo on prevention of hereditary angioedema attacks: a randomized clinical trial. *JAMA*. 2018;320(20):2108-2121. doi:10.1001/jama.2018.16773



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