RUCONEST: Rapid and Sustained Relief of HAE Attacks With Just One Dose[1-5]

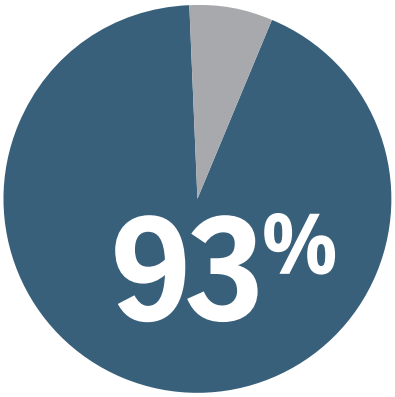
Rapid onset of symptom relief[1-3]

- Significant reduction in median time to beginning of symptom relief[1-3,a]
  - 90 minutes vs 152 minutes with placebo (*P*=.031)[1,2]
  - 75 minutes in the open-label phase[1,3]

Once-and-done dosing with RUCONEST 50 IU/kg[1-3,a]

- 89% of patients in the pivotal clinical trial experienced complete relief with one dose[1]
- 97% of patients in the open-label extension phase experienced complete relief with one dose[1]

Most RUCONEST patients were symptom-free for at least 3 days[4,5,b]



RUCONEST stopped 93% of attacks for at least 3 days
Post hoc analysis, n=68 (280 attacks)[5,b]

Count on RUCONEST supply

- RUCONEST is not dependent on blood availability
- There is a reliable supply of RUCONEST with a large reserve

[a] Data from a randomized, double-blind, placebo (saline)-controlled, multicenter, multinational study of patients (N=75) aged ≥13 years (in North America) and aged ≥18 years (outside North America) presenting with acute HAE attacks. Patients were treated with RUCONEST (50 IU/kg for those weighing <84 kg or 4200 IU for those weighing ≥84 kg [n=44]) or placebo (n=31). The primary endpoint was time to beginning of HAE symptom relief by patient-reported TEQ. An OLE phase following the trial was comprised of 44 patients receiving RUCONEST 50 IU/kg for multiple attacks. Patients with life-threatening laryngeal attacks were excluded from the RCT phase of study.[1-3]

[b] Based on a post hoc analysis of pooled data from the RCT and OLE phases of 2 studies involving 127 patients ≥13 years treated with RUCONEST 50 IU/kg for acute attacks of HAE. Data for 72 hours are available for 68 of 127 patients.[5]

HAE, hereditary angioedema; OLE, open-label extension; RCT, randomized controlled trial; TEQ, Treatment Effect Questionnaire.

INDICATION

RUCONEST® (C1 esterase inhibitor [recombinant]) is indicated for the treatment of acute attacks in adult and adolescent patients with hereditary angioedema (HAE). Effectiveness in clinical studies was not established in HAE patients with laryngeal attacks.

IMPORTANT SAFETY INFORMATION

- RUCONEST® (C1 esterase inhibitor [recombinant]) is contraindicated in:
  - Patients with a history of allergy to rabbits or rabbit-derived products
  - Patients with a history of life-threatening immediate hypersensitivity reactions to C1 esterase inhibitor preparations, including anaphylaxis

RUCONEST®
C1 esterase inhibitor (recombinant)

Please see Important Safety Information on back and accompanying full Prescribing Information here, or visit www.ruconest.com.

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  - Patients with a history of life-threatening immediate hypersensitivity reactions to C1 esterase inhibitor preparations, including anaphylaxis
- Severe hypersensitivity reactions may occur. The signs and symptoms of hypersensitivity reactions may include hives, generalized urticaria, tightness of the chest, wheezing, hypotension, and/or anaphylaxis during or after injection of RUCONEST. Should symptoms occur, discontinue RUCONEST and administer appropriate treatment. Because hypersensitivity reactions may have symptoms similar to HAE attacks, treatment methods should be carefully considered
- Serious arterial and venous thromboembolic (TE) events have been reported at the recommended dose of plasma-derived C1 esterase inhibitor products in patients with risk factors. Risk factors may include the presence of an indwelling venous catheter/access device, prior history of thrombosis, underlying atherosclerosis, use of oral contraceptives or certain androgens, morbid obesity, and immobility. Monitor patients with known risk factors for TE events during and after RUCONEST administration
- RUCONEST is for intravenous use after reconstitution only. No more than 2 doses should be administered within a 24-hour period
- RUCONEST has not been studied in pregnant women; therefore, it should only be used during pregnancy if clearly needed. Advise patients to notify their physician if they are breastfeeding or plan to breastfeed
- The serious adverse reaction in clinical studies of RUCONEST was anaphylaxis
- The most common adverse reactions (incidence ≥2%) were headache, nausea, and diarrhea

Please see accompanying full Prescribing Information here, or visit www.ruconest.com.

References: 1. Ruconest [package insert]. **2.** Riedl MA, Bernstein JA, Li H, et al; on behalf of Study 1310 Investigators. Recombinant human C1-esterase inhibitor relieves symptoms of hereditary angioedema attacks: phase 3, randomized, placebo-controlled trial. *Ann Allergy Asthma Immunol*. 2014;112(2):163-169.e1. **3.** Li HH, Moldovan D, Bernstein JA, et al. Recombinant human-C1 inhibitor is effective and safe for repeat hereditary angioedema attacks. *J Allergy Clin Immunol Pract*. 2015;3(3):417-423. **4.** Data on file. **5.** Bernstein JA, Relan A, Harper JR, Riedl M. Sustained response of recombinant human C1 esterase inhibitor for acute treatment of hereditary angioedema attacks. *Ann Allergy Asthma Immunol*. 2017 Mar 8 [ePub ahead of Print].

Pharming

RUCONEST® C1 esterase inhibitor (recombinant)