DID YOU KNOW?...

After being trained

~85%

of Ruconest patients **were confident self-injecting their IV**[6]

RUCONEST®

C1 esterase inhibitor (recombinant)

Symptom relief that's proven rapid and reliable*† 1,7-9

- Ruconest addresses the **root cause** of an HAE attack by replacing the missing or dysfunctional **C1-INH**
- **97%** of attacks needed **just one** dose of Ruconest in the open label study[1]
- Ruconest stopped **93% of attacks** for at least **3 days** (n=68 [280 attacks])*† [2]
- Plasma-Free Ruconest **eliminates the risk** of passing on human viruses
- The most common adverse reactions were headache, nausea, and diarrhea

INDICATION

RUCONEST 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.

Please see full Important Safety Information inside and accompanying full prescribing information.

*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 an acute HAE attack. Patients were treated with RUCONEST (50IU/kg for those weighing <84kg 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.

†Based on a post hoc analysis of pooled data from the randomized controlled trial and open-label extension phases of 2 studies involving 127 patients aged ≥13 years treated with RUCONEST 50 IU/kg for acute attacks of HAE. Data for 72 hours available for 68 of 127 patients.[2]

IMPORTANT SAFETY INFORMATION

RUCONEST is contraindicated in patients with a history of allergy to rabbits or rabbit-derived products and for patients with a history of life-threatening immediate hypersensitivity reactions, including anaphylaxis, to C1 esterase inhibitor (C1-INH) preparations.

Monitor patients for early signs of allergic or hypersensitivity reactions (including hives, generalized urticaria, tightness of the chest, wheezing, hypotension, and/or anaphylaxis). Should symptoms occur, discontinue RUCONEST and administer appropriate treatment.

Serious arterial and venous thromboembolic (TE) events have been reported at the recommended dose of plasma-derived C1-INH products. 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.

Appropriately trained patients may self-administer RUCONEST upon recognition of an HAE attack. Advise patients to seek medical attention if progress of any attack makes them unable to properly prepare or administer dose of RUCONEST.

The serious adverse reaction reported in clinical trials was anaphylaxis.

The most common adverse reactions (incidence ≥2%) were headache, nausea, and diarrhea.

Before prescribing RUCONEST, please read the accompanying full prescribing information.

References: 1. Ruconest [package insert]. **2.** 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;118(4):452-455. **3.** Berinert [package insert]. Kankakee, IL:CSL Behring LLC; 2016. **4.** Cinryze [package insert]. Lexington, MA: Shire ViroPharma Incorporated; 2016. **5.** Haegarda [package insert]. Kankakee, IL: CSL Behring LLC; 2017. **6.** Pharming Healthcare, data on file; 2019. **7.** 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. **8.** 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. **9.** Zuraw B, Cicardi M, Levy RJ, et al. Recombinant human C1-inhibitor for the treatment of acute angioedema attacks in patients with hereditary angioedema. *J Allergy Clin Immunol.* 2010:126(4): 821-827.

Pharming