

HAE Doctor Discussion Guide

Get the most out of your doctor visit

Use this discussion guide to help remember and communicate important details that can help you and your doctor have a thorough conversation about your treatment needs.

1. Have you been diagnosed with HAE?

Yes

Proceed to questions 2–9 to complete your guide

No

Skip to question 10

Answer these questions if you've been diagnosed with HAE

Background

2. Do you know what type of HAE you've been diagnosed with?

Type I

Type II

HAE with normal C1-INH

I'm not sure

3. How often do you experience symptoms of an HAE attack?

_____ times

per week

per month

per year

4. How many of these attacks do you treat?

All of them

Most of them

Some of them

I rarely or never treat them

Symptoms

5. Which areas are typically affected during an attack?

Hands, feet, legs

Face

Stomach (abdomen)

Throat (larynx)

Chest (airway)

Genitals

6. Are you able to identify onset symptoms just before an attack begins?

Yes

No

Sometimes



7. How old were you when you had your first HAE attack?

- Less than 8
- 8–12
- 13–17
- 18–24
- 25–30
- Over 30
- I'm not sure

Treatments

8a. What type of therapy are you currently taking?

- On-demand (such as BERINERT)
- Preventive
- Multiple therapies
- I'm not on any treatment

8b. If you use on-demand treatment, how long does it take to start feeling relief after treating an attack?

- I notice it immediately
- 30–45 minutes
- About 1 hour
- 2 hours or more

9. Do you have an emergency plan?

- Yes No

All patients should have an on-demand, or acute, treatment plan, even if they are on preventive therapy. Current preventive therapies are not 100% effective and breakthrough attacks may occur.

Answer these questions if you have **NOT** been diagnosed with HAE

Background

10. Have you been tested for HAE?

- Yes No

11. Have any family members had HAE?

- Yes
- No
- I'm not sure

Symptoms

12. Have you experienced unexplained and uncomfortable/painful episodes of swelling?

- Yes No

13. Which areas are typically affected during an attack?

- Hands, feet, legs
- Face
- Stomach (abdomen)
- Throat (larynx)
- Chest (airway)
- Genitals
- I have not experienced symptoms in these areas

Symptoms (cont.)

14. How often do you experience these symptoms?

- _____ times
- per week
- per month
- per year

Treatments

15. How are you managing or treating these symptoms?

- Steroids
- Antihistamines
- I'm not using any treatment
- Other

You have completed your Doctor Discussion Guide!

Share these answers at your next visit to help your doctor evaluate your condition and recommend appropriate treatment.

Important Safety Information

BERINERT is used in adults and children to treat swelling and/or painful attacks of hereditary angioedema (HAE) affecting the abdomen, face or throat. The safety and efficacy of BERINERT in preventing HAE attacks have not been established.

Do not use BERINERT if you have experienced life-threatening allergic reactions or severe hypersensitivity to the product. Inform your healthcare provider of all medications you are taking and of any medical conditions, especially any history of blood-clotting problems.

Blood clots have occurred in patients receiving BERINERT. Tell your healthcare provider if you have a history of heart or blood vessel disease, stroke, or blood clots, or if you have thick blood, an indwelling catheter/access device in a vein, or have been immobile for some time. Certain medications, such as birth control pills, may also increase your risk of clotting problems.

Report to your physician or an emergency room any signs and symptoms of a blood clot, including pain and/or swelling or discoloration of an arm or leg, with warmth over 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 addition, report immediately any signs or symptoms of allergic reactions to BERINERT, including hives, chest tightness, wheezing, difficulty breathing, turning blue, faintness, facial swelling and fast heartbeat.

If you have been trained to self-administer BERINERT, immediately prepare the prescribed dose at the first symptoms of an attack. Seek immediate medical attention and do not begin to self-

administer if an HAE attack has progressed to a point where you will be unable to prepare or administer a dose of BERINERT.

If you self-administer to treat a laryngeal attack, immediately seek medical attention afterward. If you self-administer for an abdominal attack, inform your physician so that other possible causes can be ruled out.

Call your doctor right away if swelling is not controlled after use of BERINERT.

In clinical studies, the most serious adverse reaction reported in subjects who received BERINERT was an increased severity of the pain associated with HAE. In the placebo-controlled clinical trial, the most common adverse reaction reported more often among subjects who received BERINERT than those receiving placebo was dysgeusia (a bad taste in mouth). Tell your healthcare provider about any side effect that bothers you or does not go away.

Because BERINERT 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 BERINERT, including the patient product information.

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.