Wondering whether you could benefit from the convenience of Hizentra self-administered immunoglobulin (Ig) therapy? This guide was developed to help you talk to your doctor about options available to you. If any of the circumstances below apply to you, don’t wait. Set up an appointment with your doctor to discuss your treatment options.

Hizentra is a prescription medicine used to treat primary immune deficiency (PI) in patients 2 years and older and chronic inflammatory demyelinating polyneuropathy (CIDP) in adults.

Before your appointment, ask yourself:

1. How often do you currently receive IVIg infusions? _____________________________
   • How many hours does it take to get your IVIg infusion (include travel time if you go to a clinic)? _____________________________
   • How many days per month do you devote to getting treatment? _____________________________

2. Do you have a port or does your nurse have difficulty finding a vein for IVIg infusions? _____________________________

3. Have you experienced a return of symptoms on your current Ig therapy? If so, how often?
   _____________________________
   • Do these symptoms ever require unscheduled medical appointments? _____________________________

4. What IVIg-related side effects do you experience, how often do they occur, and how long do they last? (be sure to report side effects to your physician)
   _____________________________

5. Are regular daily activities ever difficult due to health issues? If so, which ones?
   _____________________________

6. Do you ever miss work/school or see decreased productivity due to health problems?____________
   If so, how often? _______ days per month (on average)

7. Do you ever feel like you’re scheduling your life around your Ig infusions or avoiding making plans altogether? _____________________________

Please see full Important Safety Information on page 4 and full prescribing information for Hizentra, including boxed warning.
8. Would you like to have more freedom, control, and flexibility over your Ig administration? _____   

During your appointment, ask your doctor:

9. What are the differences between IV Ig and Hizentra subcutaneous Ig?

   ____________________________________________________________

   ____________________________________________________________

10. What would my treatment schedule look like with Hizentra compared to my current Ig treatment?
    • Where would Hizentra be infused in my body? ____________________________________________
    • How long would infusions take? ______________________________________________________
    • Could I travel and still self-infuse? __________________________________________________

11. Would you recommend Hizentra for me? _______________________________________________

12. Are you confident that I could successfully self-administer Hizentra Ig treatment?
    • How would I learn to self-administer? ________________________________________________
    • What supplies are needed for subcutaneous Ig therapy? ________________________________
    • How would I get my Ig therapy and other supplies? ___________________________________

Please see full Important Safety Information on page 4 and full prescribing information for Hizentra, including boxed warning.
<table>
<thead>
<tr>
<th>Concern</th>
<th>Discuss</th>
<th>You should know:</th>
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</thead>
<tbody>
<tr>
<td>Lack of confidence in being able to successfully self-infuse.</td>
<td>Current IVIg is working; worried about risking a setback by changing treatment.</td>
<td>To train yourself or your caregiver on how to self-infuse, IgIQ provides free at-home visits by a trained nurse. You can also receive reminders to perform your infusions.</td>
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<td>Unsafe how affordable Hizentra is, what health insurance will cover, or what assistance is available.</td>
<td>Setbacks can occur at any time, although Ig treatments substantially reduce that risk.</td>
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<td>What are the chances that I will experience a setback at some point on my current treatment? Could we develop a plan to try self-infusions, with a backup plan in case it doesn’t work out?</td>
<td>IgIQ provides a free 1-month supply, free infusion equipment, free at-home visits by a trained nurse, and for those eligible, co-pay assistance and protection if you lose insurance.</td>
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<td>Can we call IgIQ to see what support is available for me?</td>
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Have more questions? **1-877-355-IGIQ (4447)**  
Monday–Friday, 8 AM to 8 PM ET
Important Safety Information

WARNING: Thrombosis (blood clots) can occur with immune globulin products, including Hizentra. Risk factors can include: advanced age, prolonged immobilization, a history of blood clotting or hyperviscosity (blood thickness), use of estrogens, installed vascular catheters, and cardiovascular risk factors.

If you are at high risk of blood clots, your doctor will prescribe Hizentra at the minimum dose and infusion rate practicable and will monitor for signs of clotting events and hyperviscosity. Always drink sufficient fluids before infusing Hizentra.

See your doctor for a full explanation, and the full prescribing information for complete boxed warning.

Hizentra is a prescription medicine used to treat:

- Primary immune deficiency (PI) in patients 2 years and older
- Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults

Treatment with Hizentra might not be possible if your doctor determines you have hyperprolinemia (too much proline in the blood), or are IgA-deficient with antibodies to IgA and a history of hypersensitivity. Tell your doctor if you have previously had a severe allergic reaction (including anaphylaxis) to the administration of human immune globulin. Tell your doctor right away or go to the emergency room if you have hives, trouble breathing, wheezing, dizziness, or fainting. These could be signs of a bad allergic reaction.

Inform your doctor of any medications you are taking, as well as any medical conditions you may have had, especially if you have a history of diseases related to the heart or blood vessels, or have been immobile for some time. Inform your physician if you are pregnant or nursing, or plan to become pregnant.

Infuse Hizentra under your skin only; do not inject into a blood vessel. Self-administer Hizentra only after having been taught to do so by your doctor or other healthcare professional, and having received dosing instructions for treating your condition.

Immediately report to your physician any of the following symptoms, which could be signs of serious adverse reactions to Hizentra:

- Reduced urination, sudden weight gain, or swelling in your legs (possible signs of a kidney problem).
- Pain and/or swelling or discoloration of an arm or leg; unexplained shortness of breath; chest pain or discomfort that worsens on deep breathing; unexplained rapid pulse; or numbness/weakness on one side of the body (possible signs of a blood clot).
- Bad headache with nausea; vomiting; stiff neck; fever; and sensitivity to light (possible signs of meningitis).
- Brown or red urine; rapid heart rate; yellowing of the skin or eyes; chest pains or breathing trouble; fever over 100°F (possible symptoms of other conditions that require prompt treatment).

Hizentra is made from human blood. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent and its variant (vCJD), cannot be completely eliminated.

The most common side effects in the clinical trials for Hizentra include redness, swelling, itching, and/or bruising at the infusion site; headache; chest, joint or back pain; diarrhea; tiredness; cough; rash; itching; fever, nausea, and vomiting. These are not the only side effects possible. Tell your doctor about any side effect that bothers you or does not go away.

Before receiving any vaccine, tell immunizing physician if you have had recent therapy with Hizentra, as effectiveness of the vaccine could be compromised.

Please see full prescribing information for Hizentra, including boxed warning and 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.

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