

Helping your patients with **acute intermittent porphyria (AIP)** be **better prepared** for **AIP attacks**

Here are a few things you may want to discuss with your patients to help them better understand and prepare for AIP attacks and help them get the care they need.



Review warning signs and common symptoms of an AIP attack

Early warning symptoms, which can occur hours or a few days before an attack, may include:

- Pain that is not abdominal pain
- Brain “fog” or feeling mentally cloudy, confused, or unfocused
- Irritability
- Extreme tiredness
- Anxiety and/or agitation
- Headache
- Insomnia or trouble sleeping

Common symptoms during an attack include:

- Severe, unremitting abdominal pain
- Pain in extremities, back, chest, neck, or head
- Vomiting
- Constipation
- Paresis
- Tachycardia
- Systemic arterial hypertension
- Psychological symptoms



Help your patient develop a plan for what to do if an AIP attack occurs

The plan may include:

- Steps to take when experiencing early warning symptoms or an AIP attack
- Phone numbers to call (physician; friends or family who can drive to medical facility)
- Back-up contacts and phone numbers (physician, nurse, friends or family)
- After-hours phone numbers (nights, weekends, holidays)
- Recommended treatment/medical care facilities (hospital, infusion center, physician office, ER)
- Accessing medical records



Provide an AIP Emergency Protocol letter for your patient to give to practitioners less familiar with AIP

The letter may include:

- Your patient's AIP diagnosis
- Results of genetic testing confirming the diagnosis
- Instructions for treating your patient's AIP attack
- Your contact information



Scan to download

<http://panhematin.com/healthcare-professionals/patient-resources>

Download an interactive AIP attack plan and an AIP Emergency Protocol letter template to fill out and personalize

Please see Important Safety Information on the next page.

PANHEMATIN
(HEMIN FOR INJECTION)

INDICATIONS AND USAGE

PANHEMATIN is a hemin for injection indicated for the amelioration of recurrent attacks of acute intermittent porphyria temporally related to the menstrual cycle in susceptible women, after initial carbohydrate therapy is known or suspected to be inadequate.

Limitations of Use

- Before administering PANHEMATIN, consider an appropriate period of carbohydrate loading (i.e., 400 g glucose/day for 1 to 2 days).
- Attacks of porphyria may progress to a point where irreversible neuronal damage has occurred. PANHEMATIN therapy is intended to prevent an attack from reaching the critical stage of neuronal degeneration. PANHEMATIN is not effective in repairing neuronal damage.

IMPORTANT SAFETY INFORMATION

PANHEMATIN is contraindicated in patients with known hypersensitivity to this drug.

Risk of Phlebitis: Phlebitis is possible. Utilize a large arm vein or a central venous catheter for administration to minimize the risk of phlebitis.

Iron and Serum Ferritin: Elevated iron and serum ferritin may occur. Monitor iron and serum ferritin in patients receiving multiple administrations of PANHEMATIN.

Anticoagulant Effects: PANHEMATIN has transient and mild anticoagulant effect. Avoid concurrent anticoagulant therapy.

Renal Effects: Reversible renal shutdown has been observed with an excessive hematin dose (12.2 mg/kg in a single infusion). Strictly follow recommended dosage guidelines.

Transmissible Infectious Agents: PANHEMATIN may carry a risk of transmitting infectious agents, e.g., viruses, and theoretically, the Creutzfeldt-Jakob disease (CJD) agent. There is also the possibility that unknown infectious agents may be present in the product.

The most common adverse reactions (>1% of patients) are headache, pyrexia, infusion site reactions, and phlebitis.

To report SUSPECTED ADVERSE REACTIONS, contact Recordati Rare Diseases Inc. at 1-888-575-8344, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Drug Interactions: Avoid CYP inducing drugs such as estrogens, barbituric acid derivatives and steroid metabolites which induce δ -aminolevulinic acid synthetase 1 (ALAS1) through a feedback mechanism.

PANHEMATIN® (hemin for injection), for intravenous infusion only, is available as powder for reconstitution in 350 mg vials.

Please see the accompanying full Prescribing Information at www.PANHEMATIN.com/PI

