GBS | CIDP
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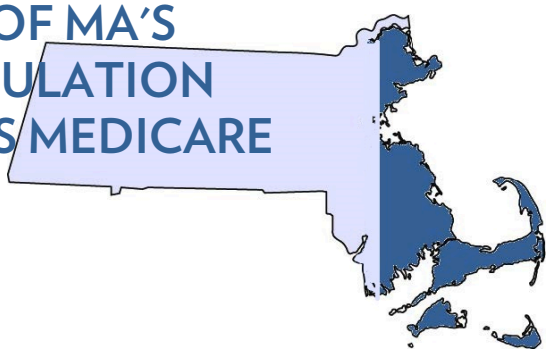
GBS & CIDP In Your State

APPROXIMATELY 15% OF MA'S POPULATION USES MEDICARE



621
PATIENTS LIVING WITH THE AUTOIMMUNE CONDITION, CIDP

124
CASES OF GBS EVERY YEAR

69
NEW CASES OF CIDP EVERY YEAR

Fast Facts

GBS
6,000 CASES IN THE US EVERY YEAR

- Treated with IVIG or Plasma Exchange
- Rapid onset of numbness, weakness, paralysis
- Recovery time varies and can take months or years
- Many patients have chronic residuals
- Occurs once; patients usually regain most functionality

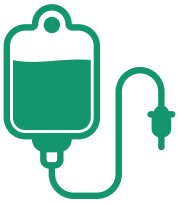
CIDP
30,000 ONGOING CASES OF CIDP IN THE US

- Chronic condition that requires on-going treatment of IVIG; symptoms wax and wane
- A small percentage of patients are treated with plasma exchange or steroids
- Untreated, 30% of patients progress to wheelchair dependence
- With proper treatment, patients' function significantly improves

About IVIG & Home Infusions

IVIG is thought to interfere with the patient's own antibodies that are attacking the myelin coating of nerves.

IVIG treatment can take 4 to 8 hours for each treatment



CIDP patients usually need, and want, IVIG treatment on a regular basis for the rest of their lives

Delaying or stopping treatment increases the chance of the condition declining

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What Can You Do Now?

Cosponsor legislation enacting a Medicare Part B Home Infusion Demonstration Project for patients with CIDP and MMN.

Continue to include Guillain-Barre Syndrome as a condition eligible for study through the Department of Defense Peer-Reviewed Medical Research Program (PRMRP) for FY 2020.

How Does This Help?

IVIG Home Infusion is:

- Cost-effective, reflected in the lower cost per patient per year for home infusion and less frequent visits to emergency departments
- The only option for many patients that live in rural areas far from treatment centers
- Associated with better treatment adherence, allowing patients to live more productive lives

Advancing Research into better treatments, cures, and quicker diagnosis for GBS and CIDP, is essential for improving the future for patients affected with these conditions.

Other Priorities

Provide the National Institutes of Health (NIH) with at least $41.6 billion in FY 2020, a $2 billion funding increase

Research into the exact cause of GBS and CIDP is needed to improve the diagnosis process and find better treatment options.

Provide the Centers for Disease Control and Prevention (CDC) with $7.8 billion in FY 2020, a $500 million funding increase.

Identifying and avoiding events that may trigger GBS is an important initiative to reduce the number of cases. The Centers for Disease Control (CDC) continues to act on the frontlines of monitoring, surveiling, and preventing Zika infections (and other possible GBS triggering illnesses).

For more information contact
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