Subject: FDA Approved Prescribing Information Update for Subcutaneous Immunoglobulin Therapy

FDA has approved a label update for Hizentra®, Immune Globulin Subcutaneous (Human), 20% liquid to include the PATH Open Label Extension study data which supports the use of Hizentra as maintenance therapy in adults with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). The label update now provides additional clarity on adjusting doses between 0.2g/kg and 0.4g/kg body weight per week if CIDP symptoms worsen without the need to re-stabilize on IVIg. The label update also states, "Both the PATH and PATH Extension studies demonstrated that HIZENTRA 0.2 g/kg or 0.4 g/kg dose was effective in preventing CIDP relapse when administered weekly with the HIZENTRA 0.4 g/kg dose more likely to prevent relapse."

CSL Behring issued a news release, which you can read here.

Please see Important Safety Information for Hizentra below. In addition, please note that the current version of the full prescribing information for all CSL Behring products can be found at: https://www.cslbehring.com/products/global-products-list

Important Hizentra Safety Information for the U.S.

Hizentra®, Immune Globulin Subcutaneous (Human), 20% Liquid, is indicated for:

- Treatment of primary immunodeficiency (PI) in adults and pediatric patients 2 years and older.
- Maintenance therapy in adults with chronic inflammatory demyelinating polyneuropathy (CIDP) to prevent relapse of neuromuscular disability and impairment.
    - Limitation of use: Maintenance therapy in CIDP has been systematically studied for 6 months and for a further 12 months in a follow-up study. Continued maintenance beyond these periods should be individualized based on patient response and need for continued therapy.

For subcutaneous infusion only.

WARNING: Thrombosis may occur with immune globulin products, including Hizentra. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.

For patients at risk of thrombosis, administer Hizentra at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Hizentra is contraindicated in patients with a history of anaphylactic or severe systemic reaction to human immune globulin (Ig) or components of Hizentra (eg, polysorbate 80), as well as in patients with immunoglobulin A deficiency with antibodies against IgA and a history of hypersensitivity. Because Hizentra contains L-proline as stabilizer, use in patients with hyperprolinemia is contraindicated.

IgA-deficient patients with anti-IgA antibodies are at greater risk of severe hypersensitivity and

anaphylactic reactions. Thrombosis may occur following treatment with Ig products, including Hizentra. Monitor patients for aseptic meningitis syndrome (AMS), which may occur following treatment with Ig products, including Hizentra. In patients at risk of acute renal failure, monitor renal function, including blood urea nitrogen, serum creatinine and urine output. In addition, monitor patients for clinical signs of hemolysis or pulmonary adverse reactions (eg, transfusion-related acute lung injury [TRALI]).

Hizentra is derived 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 adverse reactions (observed in ≥5% of study subjects) were local infusion-site reactions, as well as headache, diarrhea, fatigue, back pain, nausea, extremity pain, cough, upper respiratory tract infection, rash, pruritus, vomiting, upper abdominal pain, migraine, arthralgia, pain, fall, and nasopharyngitis.

The passive transfer of antibodies can interfere with response to live virus vaccines and lead to misinterpretation of serologic test results.

Please see enclosed full Prescribing information included with this letter.

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

To report SUSPECTED ADVERSE REACTIONS, contact the CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch