Parsabiv® Pocket Guide

A quick guide for administering the first intravenous (IV) calcimimetic at the end of hemodialysis[1]

Not an actual Parsabiv® vial. The displayed vial is for illustrative purposes only.

Indication

Parsabiv® (etelcalcetide) is indicated for the treatment of secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis.

Limitations of Use:

Parsabiv® has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism, or with CKD who are not on hemodialysis and is not recommended for use in these populations.

Important Safety Information

Parsabiv® is contraindicated in patients with known hypersensitivity to etelcalcetide or any of its excipients. Hypersensitivity reactions, including face edema and anaphylactic reaction, have occurred.

Please see additional Important Safety Information on page 7.

Parsabiv® (etelcalcetide) Injection for intravenous use

2.5mg/0.5mL | 5mg/1mL | 10mg/2mL

Before you initiate Parsabiv®[1]

Switching to Parsabiv® from oral cinacalcet

Discontinue for at least 7 days

- Ensure your patient discontinues use of oral cinacalcet for at least 7 days prior to starting Parsabiv®
- Initiate Parsabiv® after day 7, if corrected serum calcium is at or above the lower limit of normal*

The approved starting dose

Starting dose

A week

- Initiate Parsabiv® at 5 mg, 3 times per week
- Ensure corrected serum calcium is at or above the lower limit of normal* prior to Parsabiv® initiation, a dose increase, or reinitiation after dosing interruption
- Do not administer Parsabiv® more frequently than 3 times per week

Managing missed doses of Parsabiv®

- If a regularly scheduled hemodialysis treatment is missed, DO NOT administer any missed doses. Resume Parsabiv® at the end of the next hemodialysis treatment at the prescribed dose

- If doses of Parsabiv® are missed for more than 2 weeks, reinitiate Parsabiv® at the recommended starting dose of 5 mg (or 2.5 mg if that was the patient's last dose)

*Lower limit of reference range in phase 3 trials was 8.3 mg/dL.[1,2]

Important Safety Information

Parsabiv® lowers serum calcium and can lead to hypocalcemia, sometimes severe.

Please see additional Important Safety Information on page 7.

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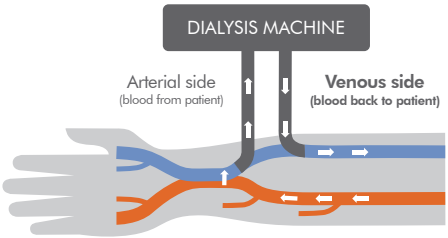
How to administer Parsabiv®[1]

HOW | By intravenous bolus injection

WHERE | Into the **venous** line of the dialysis circuit



WHEN | **Only** at the end of hemodialysis, **during** rinse back or IV **after** rinse back

- This is important to prevent the medication from being dialyzed

Flush with saline to make sure all medication reaches systemic circulation[3]

If giving during rinse back, flush with at least 150 mL of saline

OR

If giving IV after rinse back, flush with at least 10 mL of saline

Important Safety Information

Significant lowering of serum calcium can cause QT interval prolongation and ventricular arrhythmia. Patients with conditions that predispose to QT interval prolongation and ventricular arrhythmia may be at increased risk for QT interval prolongation and ventricular arrhythmias if they develop hypocalcemia due to Parsabiv®. Closely monitor corrected serum calcium and QT interval in patients at risk on Parsabiv®.

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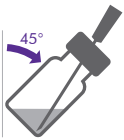
Parsabiv® withdrawal: Helpful tips[4]

Here are some tips that you may find useful when withdrawing Parsabiv® from the vial:

Keep it **upright** instead of inverting

Consider using a **1.5" needle** to ensure that the needle reaches the bottom of the vial



Insert the needle and **tilt the vial approximately 45 degrees** to withdraw the prescribed dose

DO NOT mix or dilute Parsabiv® prior to administration.[1] The solution is clear and colorless. Inspect Parsabiv® for particulate matter and discoloration prior to administration. Do not use Parsabiv® vials if particulate matter or discoloration is observed.

Important Safety Information

Significant reductions in corrected serum calcium may lower the threshold for seizures. Patients with a history of seizure disorder may be at increased risk for seizures if they develop hypocalcemia due to Parsabiv®. Monitor corrected serum calcium in patients with seizure disorders on Parsabiv®.

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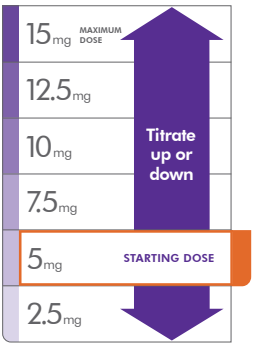
How to monitor and titrate Parsabiv®[1]

Check their labs and know where they stand

	PTH	Corrected Serum Calcium
Lab measurements after initiation or dose adjustment	after 4 weeks	at 1 week
Lab measurements once maintenance dose is established	per clinical practice	every 4 weeks

Start at 5 mg—then titrate up or down

Adjust dose based on PTH and corrected serum calcium



*Concomitant therapies include calcium, calcium-containing phosphate binders, and/or vitamin D sterols or increases in dialysate calcium concentration.

†Lower limit of reference range in phase 3 trials was 8.3 mg/dL.[1,2]

Reductions too great? Titrate down

- Decrease or temporarily discontinue Parsabiv® when PTH is below target range
- Consider decreasing or temporarily discontinuing Parsabiv®, or use concomitant therapies,* when corrected serum calcium is below lower limit of normal† but ≥ 7.5 mg/dL without symptoms of hypocalcemia

Need greater reductions? Titrate up

- Increase the dose of Parsabiv® in 2.5 mg or 5 mg increments until PTH is within recommended target range and corrected serum calcium is within normal range
- Increase no more frequently than every 4 weeks up to a maximum dose of 15 mg three times per week

Reinitiating Parsabiv®

- If dose is stopped, reinitiate Parsabiv® at a lower dose when PTH is within target range and hypocalcemia has been corrected

PTH = parathyroid hormone.

Important Safety Information

Concurrent administration of Parsabiv® with another oral calcimimetic could result in severe, life-threatening hypocalcemia. Patients switching from cinacalcet to Parsabiv® should discontinue cinacalcet for at least 7 days prior to initiating Parsabiv®. Closely monitor corrected serum calcium in patients receiving Parsabiv® and concomitant therapies known to lower serum calcium.

Please see additional Important Safety Information on page 7.

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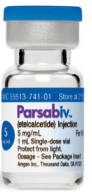
Packaging and storage of Parsabiv®[1]

Parsabiv® is available in 3 different, single-use, single-dose vials

2.5mg/**0.5**mL



5mg/**1**mL

10mg/**2**mL

Vials shown are not actual size.

Protect from light.[1]

- **DO NOT remove the carton lid**
- Keep Parsabiv® refrigerated in the original closed carton until you're ready to use it (2°C to 8°C [36°F to 46°F])
- Once removed from the refrigerator:
  - Use within 7 days if stored in orginal carton
  - Use within 4 hours and do not expose to light if removed from original carton

Keep Cold.[1]

- Once removed from the refrigerator, **DO NOT** expose to temperatures above 25°C (77°F)
  - **DO NOT** place Parsabiv® on warm/hot surfaces

Important Safety Information

Measure corrected serum calcium prior to initiation of Parsabiv®. Do not initiate in patients if the corrected serum calcium is less than the lower limit of normal. Monitor corrected serum calcium within 1 week after initiation or dose adjustment and every 4 weeks during treatment with Parsabiv®. Measure PTH 4 weeks after initiation or dose adjustment of Parsabiv®. Once the maintenance dose has been established, measure PTH per clinical practice.

Please see additional Important Safety Information on page 7.

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Hypocalcemia: Parsabiv® lowers serum calcium and can lead to hypocalcemia, sometimes severe. Significant lowering of serum calcium can cause QT interval prolongation and ventricular arrhythmia. Patients with conditions that predispose to QT interval prolongation and ventricular arrhythmia may be at increased risk for QT interval prolongation and ventricular arrhythmias if they develop hypocalcemia due to Parsabiv®. Closely monitor corrected serum calcium and QT interval in patients at risk on Parsabiv®.

Significant reductions in corrected serum calcium may lower the threshold for seizures. Patients with a history of seizure disorder may be at increased risk for seizures if they develop hypocalcemia due to Parsabiv®. Monitor corrected serum calcium in patients with seizure disorders on Parsabiv®.

Concurrent administration of Parsabiv® with another oral calcimimetic could result in severe, life-threatening hypocalcemia. Patients switching from cinacalcet to Parsabiv® should discontinue cinacalcet for at least 7 days prior to initiating Parsabiv®. Closely monitor corrected serum calcium in patients receiving Parsabiv® and concomitant therapies known to lower serum calcium.

Measure corrected serum calcium prior to initiation of Parsabiv®. Do not initiate in patients if the corrected serum calcium is less than the lower limit of normal. Monitor corrected serum calcium within 1 week after initiation or dose adjustment and every 4 weeks during treatment with Parsabiv®. Measure PTH 4 weeks after initiation or dose adjustment of Parsabiv®. Once the maintenance dose has been established, measure PTH per clinical practice.

Worsening Heart Failure: In Parsabiv® clinical studies, cases of hypotension, congestive heart failure, and decreased myocardial performance have been reported. Closely monitor patients treated with Parsabiv® for worsening signs and symptoms of heart failure.

Upper Gastrointestinal Bleeding: In clinical studies, 2 patients treated with Parsabiv® in 1253 patient years of exposure had upper gastrointestinal (GI) bleeding at the time of death. The exact cause of GI bleeding in these patients is unknown and there were too few cases to determine whether these cases were related to Parsabiv®.

Patients with risk factors for upper GI bleeding, such as known gastritis, esophagitis, ulcers or severe vomiting, may be at increased risk for GI bleeding with Parsabiv®. Monitor patients for worsening of common Parsabiv® GI adverse reactions and for signs and symptoms of GI bleeding and ulcerations during Parsabiv® therapy.

Adynamic Bone: Adynamic bone may develop if PTH levels are chronically suppressed.

Adverse Reactions: In clinical trials of patients with secondary HPT comparing Parsabiv® to placebo, the most common adverse reactions were blood calcium decreased (64% vs. 10%), muscle spasms (12% vs. 7%), diarrhea (11% vs. 9%), nausea (11% vs. 6%), vomiting (9% vs. 5%), headache (8% vs. 6%), hypocalcemia (7% vs. 0.2%), and paresthesia (6% vs. 1%).

Please see accompanying Parsabiv® full Prescribing Information.

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Pocket for PI

Managing calcium in patients taking Parsabiv®[1]

≥ 8.3 mg/dL*	**Initiate Parsabiv®**	• Do not initiate Parsabiv® if corrected serum calcium is less than the lower limit of normal* • **Monitor corrected serum calcium within 1 week after initiation or dose adjustment and every 4 weeks during treatment with Parsabiv®.** Educate patients on the symptoms of hypocalcemia and advise them to contact a healthcare provider if they occur
< 8.3 mg/dL to ≥ 7.5 mg/dL* without symptoms of hypocalcemia	**Adjust Treatment as Needed**	• **Consider decreasing or temporarily discontinuing Parsabiv® or use concomitant therapies to increase corrected serum calcium** (including calcium, calcium-containing phosphate binders, and/or vitamin D sterols or increases in dialysate calcium concentration)
< 7.5 mg/dL or with symptoms of hypocalcemia	**Withhold Parsabiv® and Monitor**	• **Stop Parsabiv® and treat hypocalcemia** • **Start or increase calcium supplementation** (including calcium, calcium-containing phosphate binders, and/or vitamin D sterols or increases in dialysate calcium concentration)

- **Throughout the studies, dialysate calcium concentration could be adjusted but had to remain ≥ 2.25 mEq/L[1]**
- **Advise patients to contact a healthcare provider if they have any of the following hypocalcemia symptoms:**
  - Paresthesia (tingling in limbs)
  - Myalgia (muscle pain)
  - Muscle spasms
  - Seizures

*Lower limit of reference range in phase 3 trials was 8.3 mg/dL.[1,2]

When cCa returns ≥ 8.3 mg/dL* — **Reinitiate Parsabiv®**

- **When corrected serum calcium levels are within normal limits, symptoms of hypocalcemia have resolved**, and predisposing factors for hypocalcemia have been addressed, reinitiate Parsabiv® at a dose 5 mg lower than the last administered dose. If patient's last administered dose of Parsabiv® was 2.5 mg or 5 mg, reinitiate at a dose of 2.5 mg

cCa = corrected calcium.

Important Safety Information

In Parsabiv® clinical studies, cases of hypotension, congestive heart failure, and decreased myocardial performance have been reported. Closely monitor patients treated with Parsabiv® for worsening signs and symptoms of heart failure.

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Visit **ParsabivHCP.com** to learn more.

References

1. Parsabiv® (etelcalcetide) prescribing information, Amgen.
2. Block GA, Bushinsky DA, Cunningham J, et al. Effect of etelcalcetide vs placebo on serum parathyroid hormone in patients receiving hemodialysis with secondary hyperparathyroidism: two randomized clinical trials. *JAMA*. 2017;317:146-155.
3. Data on file, Amgen; [Clinical Study Report 20120229; 2014].
4. Data on file, Amgen; [Parsabiv® Withdrawable Volume-TRPT-030117; 2017].

AMGEN®

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