The Importance of Proper

Storage, Handling, and Administration of Parsabiv® (etelcalcetide)

Indication and Limitations of Use

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 pages 15–16.

Parsabiv® is the first and only IV calcimimetic[1]

IV administration you control[1]

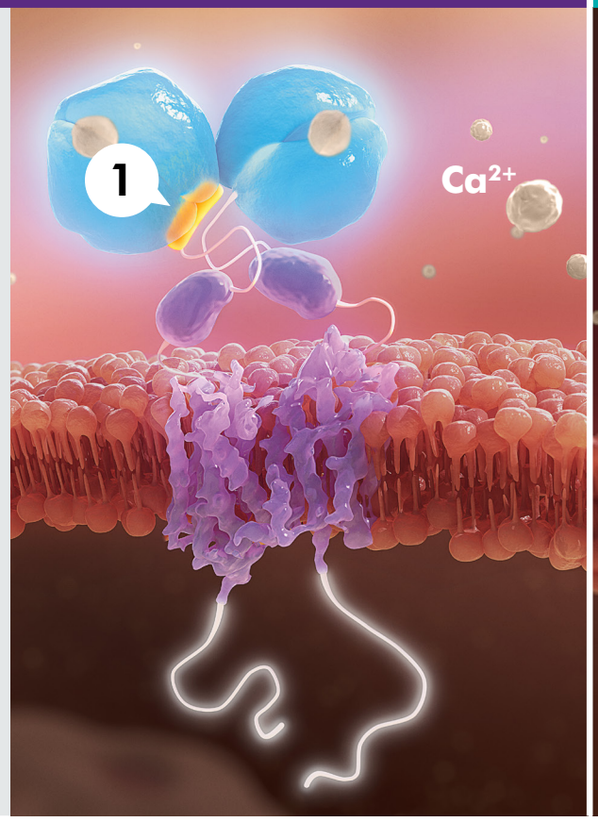
Important Safety Information
Parsabiv® lowers serum calcium and can lead to hypocalcemia, sometimes severe.

While Parsabiv® (etelcalcetide) and oral cinacalcet are both calcimimetics, these are two distinctly different drugs

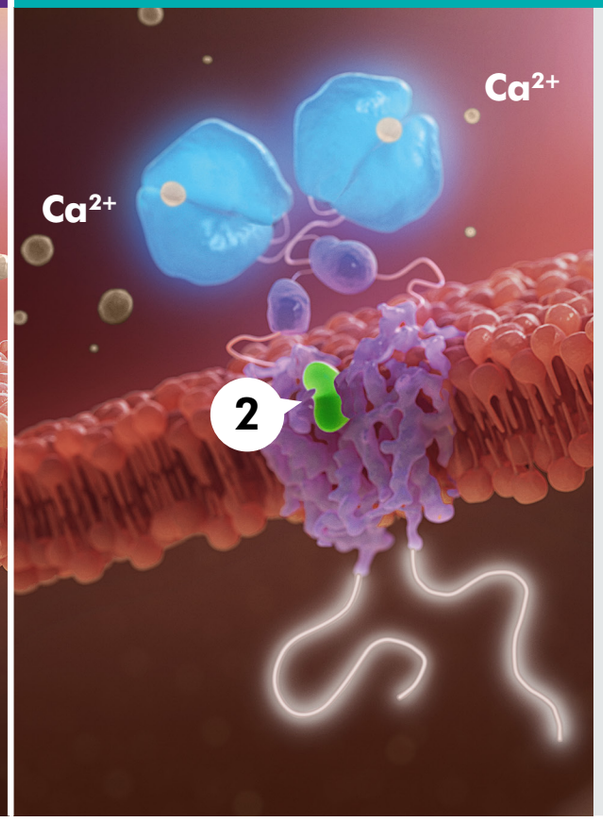
Parsabiv®

1 Directly targets the CaSR and lowers the threshold for receptor activation by Ca^{2+} [1-4]

- Binds directly to the extracellular domain of the CaSR[1,2]
- Synthetic peptide[2]
- Steady state reached in 7–8 weeks[1]



Oral cinacalcet



2 Directly targets the CaSR and lowers the threshold for receptor activation by Ca^{2+} [1-4]

- Binds to the transmembrane domain of the CaSR[2,5]
- Small molecule compound[5]
- Steady state reached within 7 days[3]

Ca = calcium; CaSR = calcium-sensing receptor.

Parsabiv® is sensitive to light and heat[1]

Minimize exposure to sunlight, direct light, and indirect light of natural or artificial sources.

Protect from light[1]

Proper storage and handling matters

- Parsabiv® **SHOULD** be shielded from **NATURAL AND ARTIFICIAL LIGHT** during every step.
- To protect Parsabiv® from exposure to light, vials should be left in the carton until time of use and the box top should not be ripped off.[1]
- Use Parsabiv® immediately after properly withdrawing it into a syringe.

Protect from exposure to heat[1]

Parsabiv® is heat sensitive. Do not expose to temperatures above 25°C (77°F).[1]

- Once removed from the refrigerator, administer Parsabiv® within 4 hours and keep it protected from light and heat until use.[1]
- **SHOULD NOT** set Parsabiv® vials or Parsabiv®-filled syringes on warm surfaces such as dialysis machines or in close proximity to direct sunlight.[1]
- Use Parsabiv® within 7 days if kept in the original carton at room temperature. If taken out of the box, use Parsabiv® within 4 hours at room temperature and do not expose it to light.[1]

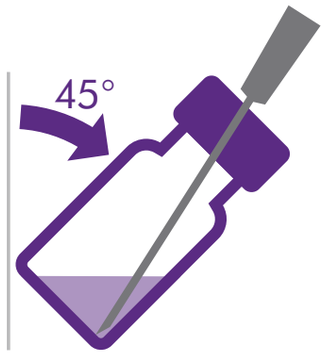
Inspect Parsabiv® solution

Representation of particulate matter

- The solution is colorless. Inspect Parsabiv® for discoloration and particulate matter.[1]
- **DO NOT** use Parsabiv® vials if discoloration or particulate matter is observed.[1]

DO NOT mix or dilute Parsabiv®.[1]

Parsabiv® withdrawal: Helpful tips[6]



Keep vial **upright.**[7]

Consider using a **1.5-inch needle for withdrawal** of Parsabiv® to ensure that the needle reaches the bottom of the vial.[7]

Insert the needle and tilt the vial **approximately 45 degrees** to withdraw all of the prescribed dose.[7]

Inverting vial can result in less than a full dose from being withdrawn.[7]

WHEN

Administer only at the end of hemodialysis, it's important to prevent Parsabiv® from being dialyzed.[1]

Set Up — Hemodialysis Treatment

IV push after rinse back
requires at least a **10 mL** saline flush.[1,*]

— OR —

If giving during rinse back,
flush* with at least 150 mL of saline.[1]

IV = intravenous.

*Flush the venous line with saline following the administration of Parsabiv® to make sure all medication reaches systemic circulation.[1]

AFTER

DO NOT pull the venous needle/catheter after rinse back. Alert the nurse that it's time to administer Parsabiv®.

If giving Parsabiv® after rinse back, use an IV bolus push followed by at least 10 mL of saline to ensure that all of the medication is received by the patient.[1]

DURING

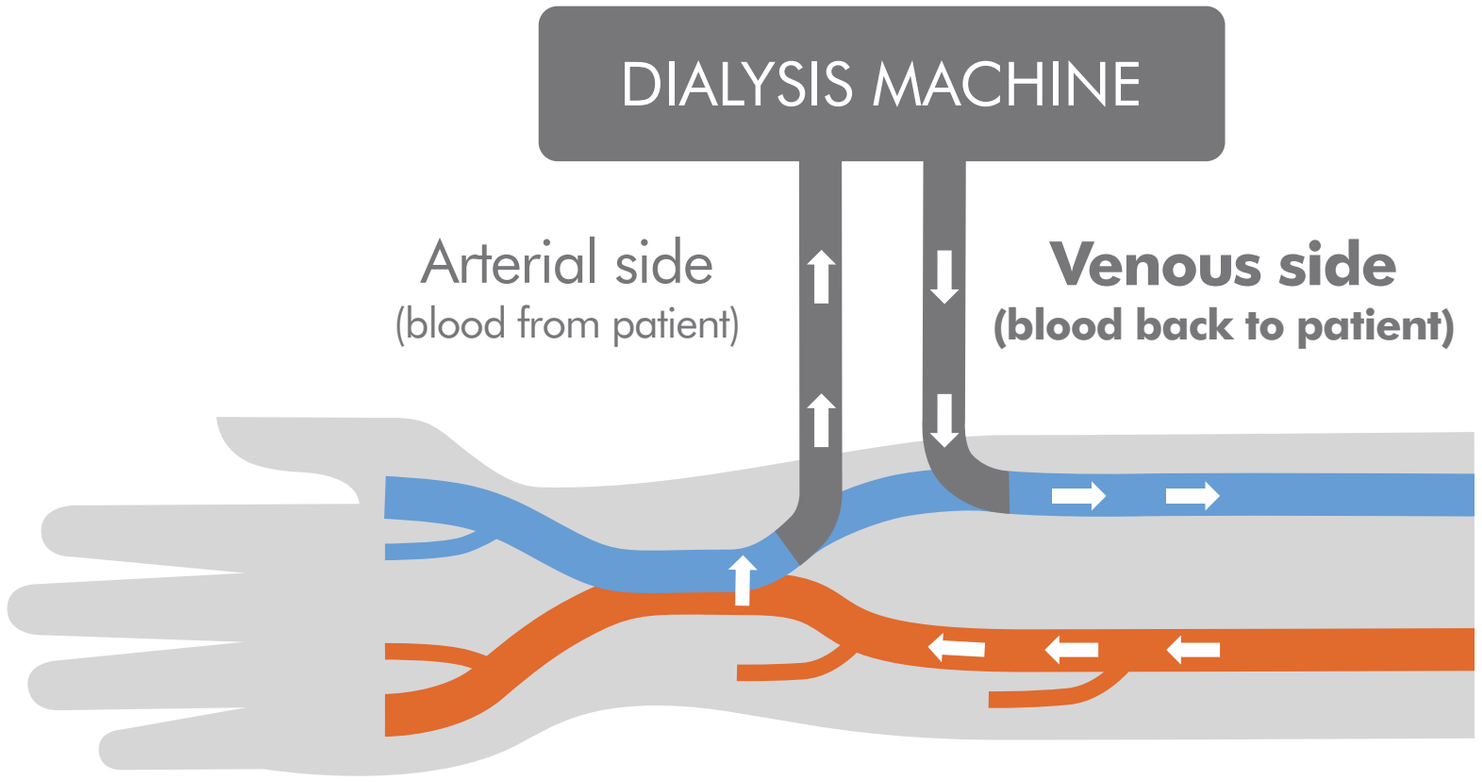
If Parsabiv® is given during rinse back, flush with at least 150 mL of saline to ensure the full volume of Parsabiv® is received by the patient.[1]

HOW

By IV push[1]

WHERE

Into the **venous** line of the dialysis circuit[1]



- When given during rinse back, Parsabiv® must be administered in the venous line because it's dialyzable.[1]
- Use adequate flush to ensure all medication reaches the patient.[1]

IV = intravenous.

Summary of Reminders

- Protect Parsabiv® from all sources of light.[1]
- Protect Parsabiv® from exposure to heat.[1]
- Visually inspect Parsabiv® for any discoloration and particulate.[1]
- When withdrawing Parsabiv®, the vial should not be inverted.
  Instead, tilt at **45 degrees** to withdraw the entire dose.[6]
- The venous needle/catheter should not be pulled after rinse back.
- When administering Parsabiv® after rinse back, flush with at least **10 mL** of saline.[1]
- **IF** given during rinse back, flush with at least 150 mL of saline.[1]

Please click here for further storage, handling and administration information.

Proper storage, handling, and administration matters.

Important Safety Information

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

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.

Please continue to next page for additional Important Safety Information

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 Parsabiv® full Prescribing Information.

References

1. Parsabiv® (etelcalcetide) prescribing information, Amgen.
2. Alexander ST, et al. *Mol Pharmacol.* 2015;88:853-865.
3. Sensipar® (cinacalcet) prescribing information, Amgen.
4. Chen P, et al. *CPT Pharmacometrics Syst. Pharmacol.* 2016;5:484-494.
5. Ma JN, et al. *J Pharmacol Exp Ther.* 2011;337:275-284.
6. Data on File, Amgen; [Syringe Performance; 2019].
7. Data on File, Amgen; [Patient Years; 2019].

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Learn more at ParsabivHCP.com

or by contacting your Amgen representative