

In adults with distributive shock, responding to hypotension demands urgency and agility.^{1,2}

TAP INTO THE POWER OF ANGIOTENSIN II WITH THE GIAPREZA® 0.5 mg/mL VIAL



> Test the dose. See the response for your patient. Proceed confidently.^{3,*}

For initiation and evaluation in patients with:

- Perioperative vasoplegia associated with cardiac surgery⁴
- Distributive shock in transplant settings⁵
- ECMO-related vasodilatory states⁶



Use the **GIAPREZA 0.5 mg/mL vial**
as a confident first step in managing
hypotension from refractory shock

- Rapid MAP response and short half-life give you clinical clarity within minutes^{3,*}
- Supports individualized dosing and allows you to continue and adjust treatment in real time
- Less medication waste concerns

DON'T WAIT. Be ready to act early with the 0.5 mg/mL vial of GIAPREZA.

*GIAPREZA was studied in ATHOS-3, an international, randomized, double-blind, placebo-controlled trial of 321 adult patients with distributive shock who remained hypotensive despite fluid and vasopressor therapy. Patients received either GIAPREZA (n=163) plus SOC vasopressors or placebo (n=158) plus SOC vasopressors (which included norepinephrine, epinephrine, dopamine, phenylephrine, and vasopressin). The primary endpoint was MAP response defined as an increase in MAP at hour 3 of ≥ 10 mmHg, or a MAP response of ≥ 75 mmHg, without an increase in baseline vasopressor dosing. Doses of GIAPREZA or placebo were titrated to a target MAP of ≥ 75 mmHg during the first 3 hours of treatment while doses of other vasopressors were maintained. From hour 3 to hour 48, GIAPREZA or placebo was titrated to maintain a MAP between 65 and 70 mmHg while reducing doses of other vasopressors. Seventy percent of patients (n=114/163) achieved MAP response with GIAPREZA plus SOC vs 23% of patients (n=37/158) with placebo plus SOC ($P < 0.001$).^{1,3}

[†]Median MAP response: 5 minutes.³

ATHOS-3=Angiotensin II for the Treatment of High-Output Shock; ECMO=extracorporeal membrane oxygenation; MAP=mean arterial pressure; SOC=standard of care.

SELECTED IMPORTANT SAFETY INFORMATION

Indication

GIAPREZA® (angiotensin II) increases blood pressure in adults with septic or other distributive shock.

Contraindications

None.

Warnings and Precautions

The safety of GIAPREZA was evaluated in 321 adults with septic or other distributive shock in a randomized, double-blind, placebo-controlled study, ATHOS-3. There was a higher incidence of arterial and venous thrombotic and thromboembolic events in patients who received GIAPREZA compared to placebo-treated patients in the ATHOS-3 study (13% vs. 5%). The major imbalance was in deep venous thromboses.

Use concurrent venous thromboembolism (VTE) prophylaxis.

Visit GIAPREZA.com for full safety and prescribing information.

Please see additional Important Safety Information on reverse side.
Before administering, please see the Full Prescribing Information
for GIAPREZA.

GIAPREZA®
(angiotensin II)
injection for intravenous infusion

BE READY TO ACT EARLY WITH GIAPREZA® (angiotensin II)



> GIAPREZA 0.5 mg/mL—a practical approach to test and titrate when treating distributive shock, including septic shock and post-CPB vasoplegia³

Initiate GIAPREZA at the recommended starting dose of 20 ng/kg/min (0.02 mcg/kg/min)

- The 0.5 mg vial offers flexible dosing for individualized care and real-time decision-making
- Titrate GIAPREZA as frequently as every 5 minutes based on MAP response
- Doses as low as 1.25 ng/kg/min may be used
- GIAPREZA is dosed in nanograms per kilogram per minute (ng/kg/min), enabling precise adjustments beyond standard vasopressor agents that are dosed in micrograms per kilogram per minute (mcg/kg/min)

Free vial replacement programs*

- **Limited warranty replacement:** If MAP increase is <10 mmHg, or MAP ≥65 mmHg is not reached, within 3 hours
- **Wastage replacement:** If vial is spoiled, mishandled, dropped or broken, inappropriately stored or frozen, reconstituted but not administered due to unforeseen patient condition or preparation error, or not administered and not intended to be administered to another patient

*Eligible vials replaced free of charge.

CPB=cardiopulmonary bypass.



For more dosing information, scan the QR code to download the Dosing Guide, or ask your sales representative for a copy.

SELECTED IMPORTANT SAFETY INFORMATION

Adverse Reactions

The most common adverse reactions reported in greater than 10% of GIAPREZA-treated patients were thromboembolic events. Adverse reactions occurring in ≥4% of patients treated with GIAPREZA and ≥1.5% more often than placebo-treated patients in the ATHOS-3 study were thromboembolic events (including deep vein thrombosis), thrombocytopenia, tachycardia, fungal infection, delirium, acidosis, hyperglycemia, and peripheral ischemia.

Drug Interactions

Angiotensin converting enzyme (ACE) inhibitors may increase response to GIAPREZA. Angiotensin II receptor blockers (ARBs) may reduce response to GIAPREZA.

You are encouraged to report negative side effects of prescription drugs to the FDA.

To report SUSPECTED ADVERSE REACTIONS, please contact:

La Jolla Pharmaceutical Company U.S. Food and Drug Administration
1-800-651-3861 | medicalinformation@ljpc.com 1-800-FDA-1088 | www.fda.gov/medwatch

Please see additional Important Safety Information on the front.

Before administering, please see the Full Prescribing Information for GIAPREZA.

References: 1. Khanna A, English SW, Wang XS, et al. Angiotensin II for the treatment of vasodilatory shock. *N Engl J Med.* 2017;377(5):419-430. doi:10.1056/NEJMoa1704154 2. Sacha GL, Lam SW, Duggal A, et al. Predictors of response to fixed-dose vasopressin in adult patients with septic shock. *Ann Intensive Care.* 2018;8(1):35. doi:10.1186/s13613-018-0379-5 3. GIAPREZA. Prescribing information. La Jolla Pharmaceutical Company; 2021. 4. Ltaief Z, Ben-Hamouda N, Rancati V, et al. Vasoplegic syndrome after cardiopulmonary bypass in cardiovascular surgery: pathophysiology and management in critical care. *J Clin Med.* 2022;11(21):6407. doi:10.3390/jcm11216407 5. Andrews L, Benken J, Benedetti E, et al. Effects of angiotensin II in the management of perioperative hypotension in kidney transplant recipients. *Clin Transplant.* 2022;36(9):e14754. doi:10.1111/ctr.14754 6. Ling RR, Ramanathan K, Poon WH, et al. Venoarterial extracorporeal membrane oxygenation as mechanical circulatory support in adult septic shock: a systematic review and meta-analysis with individual participant data meta-regression analysis. *Crit Care.* 2021;25(1):246. doi:10.1186/s13054-021-03668-5



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