HBDA Quarterly Newsletter

Spring Edition 2019
Volume 41
Rick Dinkins, Chairman
Vicki Jackson, Executive Director

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Hemophilia and Bleeding Disorders of Alabama, Inc.

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HBDA Annual Meeting

April 26 - 28, 2019
Opelika, AL

The HBDA 2019 Annual Meeting proved to be a tremendous opportunity for our members to benefit from a fantastic lineup of speakers and presentations. Our sessions included topics for Women with Hemophilia to groundbreaking information on new product success.

MARRIOTT RESORT
AUBURN–OPELIKA
GRAND NATIONAL

Event Quote:
Coming together is a beginning;
Keeping together is progress;
Working together is success.
- Edward Everett Hale

HBDA Annual Meeting

This year's agenda was packed full of new information and some of the best speaker's we have ever had. There was a focus on self-improvement and empowerment by motivational speakers and psychosocial presentations. Our presenters captivated our members and shared ideas that can be used everyday to improve our life skills.

This year's annual meeting included a full agenda for our Youth Ambassador Program, sponsored by Takeda. The purpose of our Youth Ambassador Initiative is outlined below:

- Develop positive role models: Sharing a personal story can really move people and make them want to know more
- Recruiting new members or volunteers to the organization
- Attracting press coverage: Local media often look for public interest or human-interest story topics.
- Raising funds: Information can be shared about upcoming events, fundraisers or simply describe how people can contribute to the organization.
- Understanding the issues and learning to advocate, not only for themselves, but for the community. Teaching them how to use their voice to make a difference by attending initiatives such as Washington days and speaking about legislative issues to their representatives and senators with a base of knowledge that can change lives.

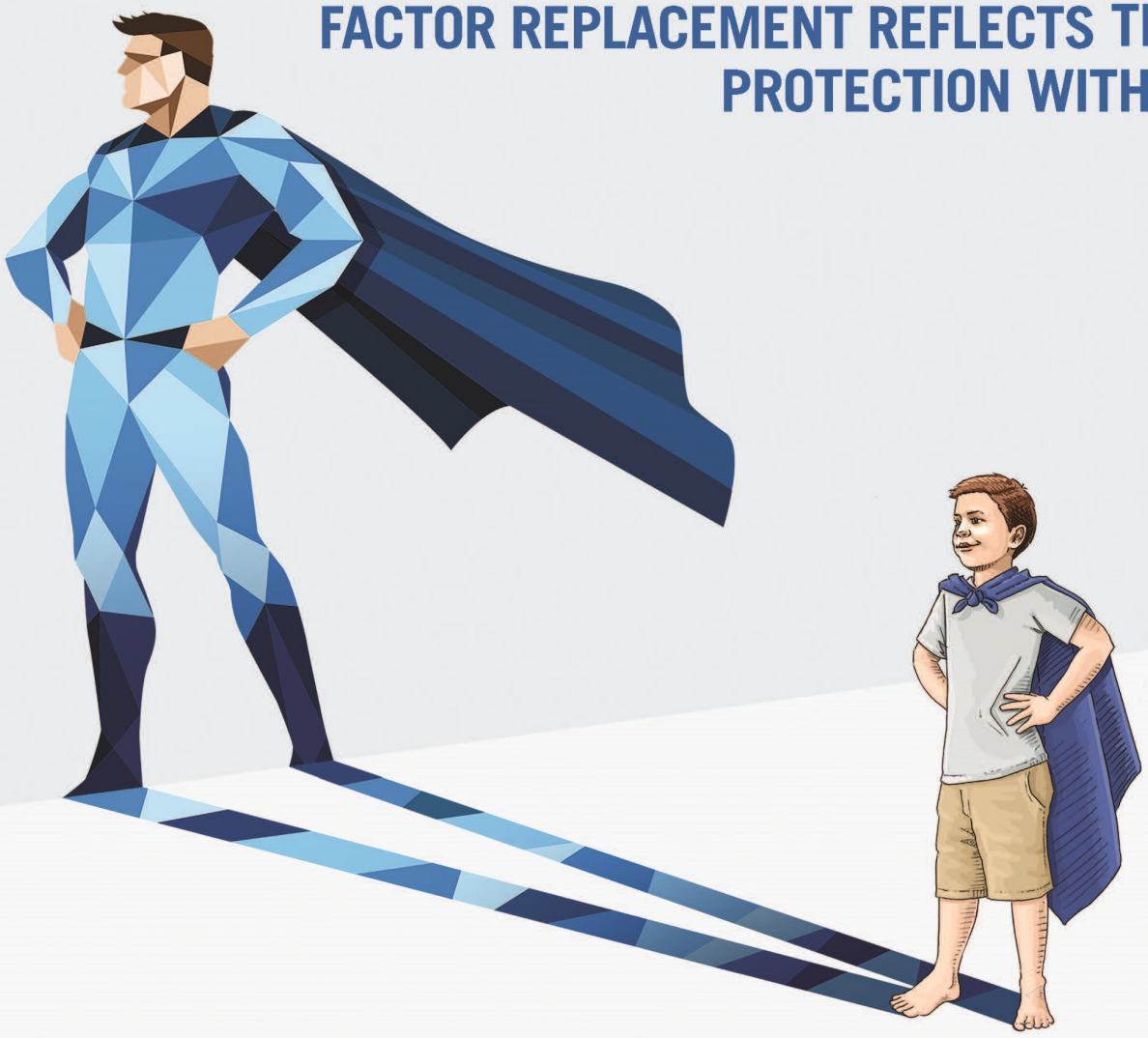
If you or any of your family members are interested in becoming part of our Youth Ambassador Program, please contact the HBDA Office. Must be between the ages of 13 – 17. Ages vary at different events.

HBDA Annual Meeting

This year, we were excited to launch an agenda full of activities and educational sessions for both our younger kids and for our Youth Ambassadors. Each session was educational and interactive, but vital to their independence. They Learned important life skills, how to advocate for themselves, to be a leader, and how to unveil their true identity from behind the “mask”.

We could not have made this week-end possible without the help and support of our volunteers. THANK YOU to all who played a part in making this educational weekend a great one. Thank you to Robb, who worked SO hard to lead this effort and make sure the kids had quality programs and activities! With the help of Katelyn and Alanna, the youth will have memories and skills to last a lifetime.

FACTOR REPLACEMENT REFLECTS THE PROTECTION WITHIN



For people with hemophilia, Factor treatment temporarily replaces what's missing.[1,2] With a long track record of proven results, Factor treatment works with your body's natural blood clotting process to form a proper clot.[2-6]

Brought to you by Shire, dedicated to pursuing advancements in hemophilia for more than 70 years.[7]

Stay empowered by the possibilities.

References: 1. Peyvandi F, Garagiola I, Young G. The past and future of haemophilia: diagnosis, treatments, and its complications. *Lancet*. 2016;388:187-197. **2.** Canadian Hemophilia Society. Factor replacement therapy. http://www.hemophilia.ca/en/bleeding-disorders/hemophilia-a-and-b/the-treatment-of-hemophilia/factor-replacement-therapy/. Accessed May 18, 2018. **3.** Franchini M, Mannucci PM. The history of hemophilia. *Semin Thromb Hemost*. 2014;40:571-576. **4.** Hvas AM, Sørensen HT, Norengaard L, Christiansen K, Ingerslev J, Sørensen B. Tranexamic acid combined with recombinant factor VIII increases clot resistance to accelerated fibrinolysis in severe hemophilia A. *J Thromb Haemost*. 2007;5:2408-2414. **5.** Antovic A, Mikovic D, Elezovic I, Zabczyk M, Hutenby K, Antovic JP. Improvement of fibrin clot structure after factor VIII injection in haemophilia A patients treated on demand. *Thromb Haemost*. 2014;111(4):656-661. **6.** Berg JM, Tymoczko JL, Stryer L. Many enzymes are activated by specific proteolytic cleavage. In: *Biochemistry*. 5th ed. New York, NY: WH Freeman; 2002. https://www.ncbi.nlm.nih.gov/books/NBK22589/. Accessed May 18, 2018. **7.** Shire. Shire's 70+ year commitment to the hemophilia community. https://www.shire.com/en/newsroom/2018/january/7sossj. Accessed June 6, 2018.

Shire

Words from the Chair

The 2019 Annual Meeting has come and gone and what a wonderful event it was! This year's line up of guest speakers and displays was the best I've seen. There were over 150 attendees and they were treated to not only a great line up of speakers; but, an extraordinary facility, the Marriot Grand National Hotel and Convention Center in Opelika. Vicki, Amanda and a host of volunteers out did themselves…thanks much.

The HBDA Board met on Saturday and began working on goals and objectives for the remainder of 2019 and 2020. Our vision centers on efforts that are "...Building Today for a Better HBDA Tomorrow." Keeping an organization focused on what's next keeps it vibrant and moving forward. We cannot become complacent and get caught "resting on our laurels," so we ALL need to get creative and get involved.

Over the weekend attendees were asked to provide their thoughts on the direction and future of the organization. Several were received during the weekend event and the Board and the HBDA staff will be reviewing them over the next several weeks. If you have some ideas (whether you attended or not), please email them at hbdaevents@gmail.com…. they'd love to hear from you!

Finally, Rick Vasil has agreed to become the Board Secretary and as many of you know, Rick and his entire family are great supporters of HBDA. We are grateful for their contribution.

Next up is Camp Clot Not…stay tuned…more will follow very, very soon!

All the Best…

Rick Dinkins
Chairman, HBDA

THE EXTENDED-HALF-LIFE rFVIII WITH PROVEN PROTECTION AND UNIQUE STEP-WISE DOSING[1,2]

For patients ≥12 years

Start simply	TWICE **WEEKLY**	**For all prophylaxis patients:** Recommended starting regimen is Jivi **twice weekly** (30-40 IU/kg)[1]
Step up	EVERY **5 DAYS**	**Based on bleeding episodes:** Less frequent dosing of Jivi **every 5 days** (45-60 IU/kg) can be used[1]
Fine tune	⇅	**Based on bleeding episodes:** The dosing frequency may be further **adjusted up or down**[1]

IU, international units; kg, kilograms; rFVIII, recombinant Factor VIII.

INDICATIONS

- Jivi is an injectable medicine used to replace clotting factor (Factor VIII or antihemophilic factor) that is missing in people with hemophilia A.
- Jivi is used to treat and control bleeding in previously treated adults and adolescents (12 years of age and older) with hemophilia A. Your healthcare provider may also give you Jivi when you have surgery. Jivi can reduce the number of bleeding episodes in adults and adolescents with hemophilia A when used regularly (prophylaxis).
- Jivi is not for use in children below 12 years of age or in previously untreated patients.
- Jivi is not used to treat von Willebrand disease.

IMPORTANT SAFETY INFORMATION

- You should not use Jivi if you are allergic to rodents (like mice and hamsters) or to any ingredients in Jivi.
- Tell your healthcare provider about all of your medical conditions that you have or had.
- Tell your healthcare provider if you have been told that you have inhibitors to Factor VIII.
- Allergic reactions may occur with Jivi. Call your healthcare provider right away and stop treatment if you get tightness of the chest or throat, dizziness, decrease in blood pressure, or nausea.
- Allergic reactions to polyethylene glycol (PEG), a component of Jivi, are possible.
- Your body can also make antibodies, called “inhibitors,” against Jivi, which may stop Jivi from working properly. Consult your healthcare provider to make sure you are carefully monitored with blood tests for the development of inhibitors to Factor VIII.

Ask your doctor if Jivi® may be right for you. Learn more at www.jivi.com.

IMPORTANT SAFETY INFORMATION (CONT'D)

- If your bleeding is not being controlled with your usual dose of Jivi, consult your doctor immediately. You may have developed Factor VIII inhibitors or antibodies to PEG and your doctor may carry out tests to confirm this.
- The common side effects of Jivi are headache, cough, nausea, and fever.
- These are not all the possible side effects with Jivi. Tell your healthcare provider about any side effect that bothers you or that does not go away.

For additional important risk and use information, please see the Brief Summary on the following page.

You are encouraged to report side effects or quality complaints of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

References: 1. Jivi® Prescribing Information. Whippany, NJ: Bayer LLC; 2018.
2. Data on file. Tx Review 0918. Bayer; 2018.

Jivi®
antihemophilic factor
(recombinant) PEGylated-aucl

LET'S GO

HIGHLIGHTS OF
FDA-Approved Patient Labeling

Patient Information

Jivi (*JIHV-ee*)
antihemophilic factor (recombinant), PEGylated-aucl

This leaflet summarizes important information about Jivi with vial adapter. Please read it carefully before using this medicine. This information does not take the place of talking with your healthcare provider, and it does not include all of the important information about Jivi. If you have any questions after reading this, ask your healthcare provider.

Do not attempt to self-infuse, unless your healthcare provider or hemophilia center has taught you how to self-infuse.

What is Jivi?

Jivi is an injectable medicine used to replace clotting factor (Factor VIII or antihemophilic factor) that is missing in people with hemophilia A (congenital Factor VIII deficiency).

Jivi is used to treat and control bleeding in previously treated adults and adolescents (12 years of age and older) with hemophilia A. Your healthcare provider may also give you Jivi when you have surgery. Jivi can reduce the number of bleeding episodes in adults and adolescents with hemophilia A when used regularly (prophylaxis).

Jivi is not for use in children < 12 years of age or in previously untreated patients.

Jivi is not used to treat von Willebrand disease.

Who should not use Jivi?

You should not use Jivi if you

- are allergic to rodents (like mice and hamsters).
- are allergic to any ingredients in Jivi.

What should I tell my healthcare provider before I use Jivi?

Tell your healthcare provider about:

- All of your medical conditions that you have or had.
- All of the medicines you take, including all prescription and non-prescription medicines, such as over-the-counter medicines, supplements, or herbal remedies.
- Pregnancy or planning to become pregnant. It is not known if Jivi may harm your unborn baby.
- Breastfeeding. It is not known if Jivi passes into the milk.
- Whether you have been told that you have inhibitors to Factor VIII.

What are the possible side effects of Jivi?

The common side effects of Jivi are headache, cough, nausea and fever.

Allergic reactions may occur with Jivi. Call your healthcare provider right away and stop treatment if you get tightness of the chest or throat, dizziness, decrease in blood pressure, or nausea. Allergic reactions to polyethylene glycol (PEG), a component of Jivi, are possible.

Your body can also make antibodies, called "inhibitors", against Jivi, which may stop Jivi from working properly. Consult with your healthcare provider to make sure you are carefully monitored with blood tests for the development of inhibitors to Factor VIII.

If your bleeding is not being controlled with your usual dose of Jivi, consult your doctor immediately. You may have developed Factor VIII inhibitors or antibodies to PEG and your doctor may carry out tests to confirm this.

These are not all the possible side effects with Jivi. You can ask your healthcare provider for information that is written for healthcare professionals.

Tell your healthcare provider about any side effect that bothers you or that does not go away.

How do I store Jivi?

Do not freeze Jivi.

Store Jivi at +2°C to +8°C (36°F to 46°F) for up to 24 months from the date of manufacture. Within this period, Jivi may be stored for a period of up to 6 months at temperatures up to +25°C or 77°F.

Record the starting date of room temperature storage clearly on the unopened product carton. Once stored at room temperature, do not return the product to the refrigerator. The product then expires after storage at room temperature for 6 months, or after the expiration date on the product vial, whichever is earlier. Store vials in their original carton and protect them from extreme exposure to light.

Administer reconstituted Jivi as soon as possible. If not, store at room temperature for no longer than 3 hours.

Throw away any unused Jivi after the expiration date.

Do not use reconstituted Jivi if it is not clear.

What else should I know about Jivi and hemophilia A?

Medicines are sometimes prescribed for purposes other than those listed here. Do not use Jivi for a condition for which it is not prescribed. Do not share Jivi with other people, even if they have the same symptoms that you have.

This leaflet summarizes the most important information about Jivi that was written for healthcare professionals.

Resources at Bayer available to the patient:

For Adverse Reaction Reporting, contact Bayer Medical Communications 1-888-84-BAYER (1-888-842-2937)

To receive more product information, contact Jivi Customer Service 1-888-606-3780

Bayer Reimbursement HELPline 1-800-288-8374

For more information, visit http://www.Jivi.com

Bayer HealthCare LLC
Whippany, NJ 07981 USA
U.S. License No. 0008

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World Hemophilia Day is April 17th!

HBDA Advocacy Day

When: April 17, 2019

Where: Alabama State Capitol in Montgomery, Alabama

Our 2019 Mini Advocacy Day was a hit! We had families from all around the state come to participate in our day on the hill on World Hemophilia Day (April 17th). Thanks to our host, Nathan Schaefer from National Hemophilia Foundation who traveled to Alabama to facilitate the red tie challenge and to educate our members on the importance of the national campaign. We are grateful for grants that were awarded from Takeda and CSL Behring to make this event a reality. Alison Clifford with Takeda and Tony Mitchell from CSL Behring both participated in our event and shared valuable training and insight to our participants on what to expect when visiting our lawmakers. They helped make our day a tremendous success! Thanks to many of our Alabama Lawmakers for listening to our Youth Ambassadors share their stories and concerns when it comes to living with a bleeding disorder.

Stay tuned for a bigger and better Advocacy Day in 2020. If you would like to be a part of this advocacy initiative in Alabama, please contact the HBDA office.

6 Ways to Help Your Child Move to Adult Care

Matt Olovich was about 11 years old when he attended a bleeding disorders camp in his home state of Indiana. Now 20, he remembers it as a formative moment in managing the care of his severe hemophilia A. “At camp, they basically helped you infuse yourself,” he says. “When I saw that, I was like, ‘Well, that’s something I kind of want to start doing.’”

So, with support from his parents, Matt learned to self-infuse, which has allowed him to participate in sports, particularly baseball, at a high level. He was recruited to play for the baseball team at Franklin College in Franklin, Indiana, where he is now in his sophomore year.

Managing his hemophilia as a busy college student and athlete is challenging, he admits, but it wasn’t that big a change. After all, Matt and his parents have been training for this his whole life.

Matt was 7 months old when he was diagnosed with severe hemophilia A. His father, Ken, a pharmacist, sowed the seeds of self-management early on. “We didn’t want him to be just a passenger in this whole process,” Ken says.

Ken and his wife, Julie, would always explain to Matt what was happening and why it was important. Gradually, they let him take bigger steps in his medical care. “My parents would help set up the appointments, and then I would go to those appointments on my own,” Matt says.

Everything was going to plan until Matt faced an unexpected challenge just before he turned 17: a torn ACL that sidelined him from playing baseball and required surgery and months of recovery.
While tough, the experience provided Matt a dry run for managing his own care. “We had to really stay on top of factor and stay in touch with the treatment center,” he says. Ken adds that Matt also learned the importance of rotating injection sites to avoid overusing a vein.

Nurse practitioner Brittany Savage is one of the people supporting the Olovich family through this transition phase. She is the bleeding disorder transition nurse practitioner at the Indiana Hemophilia & Thrombosis Center (IHTC) in Indianapolis. IHTC’s Empowering Development and Growth through Education (EDGE) program, which Savage helps administer, assists families with the pediatric-to-adult transition. Savage works with patients starting at age 13.

These days, Matt self-infuses every other day, sometimes more when he has a game. He sees adult healthcare providers. He doesn’t yet order his own factor because it’s been easier to keep a supply at the family’s home, less than an hour from campus. “Because he’s not too far away and given the cost of this medicine, we just have it come to our house and then he comes and gets what he needs,” Ken says. “It’s up to him to tell us how much he has on hand and when he needs more.”

Increasing Independence: How to Help Your Teen

If you’re the parent of a child in the transition phase, you want to know the challenges ahead and how to help your teen master the skills he or she will need. There may be some difficulties for you too in this process.

Working Together

• Maintain oversight.
As you assign more responsibility to your children, verify that they are following through (for example, by checking infusion logs and factor supplies). “They’re still growing up, and they’re still learning things,” says nurse practitioner Brittany Savage of the Indiana Hemophilia & Thrombosis Center.

• Let them practice communication skills.
Take every opportunity to involve your kids in communication about their care. Savage recommends making medical phone calls on speakerphone so your children can hear how the conversation goes. In time, they can practice talking and become more comfortable.

• Talk about transition milestones well ahead of time.
“We try to have conversations two or three years ahead,” says Ken Olovich. For example, the next major milestone for Matt will be obtaining his own health insurance. “We’re just starting those conversations of ‘what does that look like?’” Ken says.

• Tap into personal motivators.
Savage recommends identifying your children's motivation for caring for themselves: "What's in it for them, and why do they care?" Perhaps they have a goal to work in a certain field and want to be healthy for that. Maybe they don't want to lose time away from friends. Maybe they want to keep their joints healthy to participate in sports.

• Let your children's trusted friends get to know you.
As Matt shared his medical situation with friends at college, Ken and Julie Olovich welcomed them as much as possible. They invited his friends to their home and to dinner when visiting Matt. "I want to make sure that these people are comfortable in picking up the phone and calling me," Ken says.

• Lean on your HTC for help.
"See if you can visit the adult center and meet the adult physician prior to transfer," Savage says. Ask what they expect of your children at the transition, then work on those skills and that knowledge. "We're all a team here, and parents and adolescents aren't alone in working on this," Savage says.

Just for Parents

• You will have mixed emotions.
With the focus on your child gaining new skills, it's easy to lose sight that this is a transition for you too. "The parents are learning to transition from a primary caregiver role to more of a supportive role," Savage says.

• Your child will make mistakes.
Allowing independence means giving your child room to learn and grow. "If parents can remember back to when their child was first diagnosed, it took them a while to learn some of these things too," Savage says.

• Privacy rules change at 18.
"Once an adolescent turns 18, they're a legal adult in the United States, and their healthcare information is confidential and protected from others, and that includes parents," Savage explains. "Young adults can choose who, if anyone, can receive their healthcare information. That can be a shock to some parents."

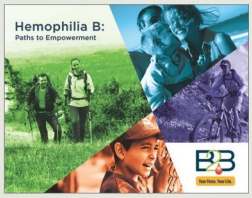
"This article originally appeared in *HemAware* Magazine. Reprinted with permission. @National Hemophilia Foundation (date)". You also need to include the author byline and a link to the HemAware Website: www.hemaware.org

Camp Clot Not Applications went in the mail mid-May. If you did not receive an application, please call the HBDA office to discuss.

HBDA IS SHIPWRECKED FOR CAMP CLOT NOT 2019

B2B: Your voice. Your life.

Interested in stories and personal experiences *from* the hemophilia B community *for* the hemophilia B community? Turn to B2B.



Download or view books
filled with patient stories that can inspire, empower, and educate

Listen to podcasts
that capture the voices of the hemophilia B community

View videos
that feature members of the community sharing their personal experiences

And there's much more, too!

More topics include . . .

- Educating your child's school about hemophilia B
- HEMO 101 for caregivers
- Managing relationships with hemophilia B
- Life for girls and women with hemophilia B

VISIT WWW.HEMOPHILIAVILLAGE.COM

to explore all B2B materials

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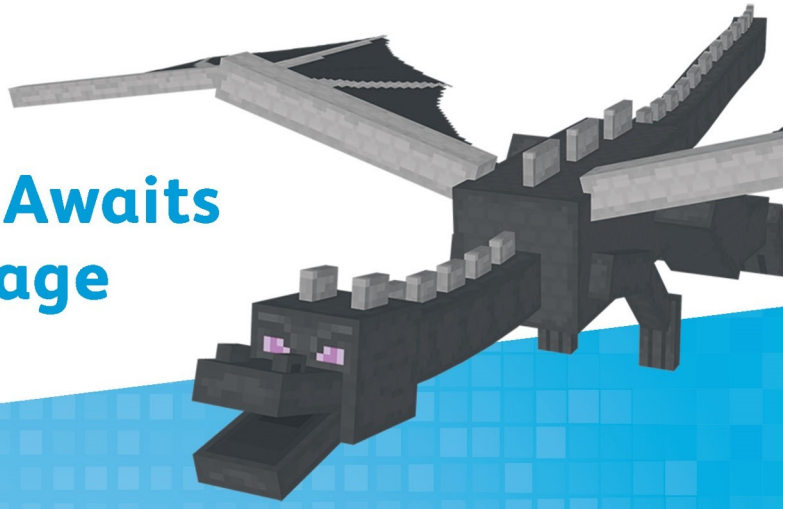
Pfizer Hemophilia

The Ender Dragon Awaits at Hemophilia Village



HEMOCRAFT™

INFUSION ADVENTURE

Adventure and education in a virtual world

We've blended education with adventure to bring you an experience that emphasizes the importance of staying prepared and sticking to a treatment plan. Craft an infusion kit, keep an eye on your "factor bar," and share your game strategy with friends and family—but beware of the Ender Dragon!

Visit www.hemophiliavillage.com to learn more about HEMOCRAFT and start your own adventure

PP-HEM-USA-1093-01

Printed in USA/September 2018

Pfizer

What is HEMLIBRA?

HEMLIBRA is a prescription medicine used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and children, ages newborn and older, with hemophilia A with or without factor VIII inhibitors.

What is the most important information I should know about HEMLIBRA?

HEMLIBRA increases the potential for your blood to clot. Carefully follow your healthcare provider's instructions regarding when to use an on-demand bypassing agent or factor VIII, and the dose and schedule to use for breakthrough bleed treatment. HEMLIBRA may cause serious side effects when used with activated prothrombin complex concentrate (aPCC; FEIBA®), including thrombotic microangiopathy (TMA), and blood clots (thrombotic events). If aPCC (FEIBA®) is needed, talk to your healthcare provider in case you feel you need more than 100 U/kg of aPCC (FEIBA®) total.

Please see Brief Summary of Medication Guide on following page for Important Safety Information, including **Serious Side Effects**.

HEMLIBRA™
emicizumab-kxwh
injection for subcutaneous use | 150 mg/mL

Medication Guide
HEMLIBRA® (hem-lee-bruh)
(emicizumab-kxwh)
injection, for subcutaneous use

What is the most important information I should know about HEMLIBRA?

HEMLIBRA increases the potential for your blood to clot. Carefully follow your healthcare provider's instructions regarding when to use an on-demand bypassing agent or factor VIII (FVIII) and the recommended dose and schedule to use for breakthrough bleed treatment.

HEMLIBRA may cause the following serious side effects when used with activated prothrombin complex concentrate (aPCC; FEIBA®), including:

- **Thrombotic microangiopathy (TMA).** This is a condition involving blood clots and injury to small blood vessels that may cause harm to your kidneys, brain, and other organs. Get medical help right away if you have any of the following signs or symptoms during or after treatment with HEMLIBRA:
  - confusion
  - weakness
  - swelling of arms and legs
  - yellowing of skin and eyes
  - stomach (abdomen) or back pain
  - nausea or vomiting
  - feeling sick
  - decreased urination
- **Blood clots (thrombotic events).** Blood clots may form in blood vessels in your arm, leg, lung, or head. Get medical help right away if you have any of these signs or symptoms of blood clots during or after treatment with HEMLIBRA:
  - swelling in arms or legs
  - pain or redness in your arms or legs
  - shortness of breath
  - chest pain or tightness
  - fast heart rate
  - cough up blood
  - feel faint
  - headache
  - numbness in your face
  - eye pain or swelling
  - trouble seeing

If aPCC (FEIBA®) is needed, talk to your healthcare provider in case you feel you need more than 100 U/kg of aPCC (FEIBA®) total.

See "**What are the possible side effects of HEMLIBRA?**" for more information about side effects.

What is HEMLIBRA?

HEMLIBRA is a prescription medicine used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and children, ages newborn and older, with hemophilia A with or without factor VIII inhibitors.

Hemophilia A is a bleeding condition people can be born with where a missing or faulty blood clotting factor (factor VIII) prevents blood from clotting normally.

HEMLIBRA is a therapeutic antibody that bridges clotting factors to help your blood clot.

Before using HEMLIBRA, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or plan to become pregnant. It is not known if HEMLIBRA may harm your unborn baby. Females who are able to become pregnant should use birth control (contraception) during treatment with HEMLIBRA.
- are breastfeeding or plan to breastfeed. It is not known if HEMLIBRA passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, or herbal supplements. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I use HEMLIBRA?

See the detailed "Instructions for Use" that comes with your HEMLIBRA for information on how to prepare and inject a dose of HEMLIBRA, and how to properly throw away (dispose of) used needles and syringes.

- Use HEMLIBRA exactly as prescribed by your healthcare provider.
- **Stop (discontinue) prophylactic use of bypassing agents the day before starting HEMLIBRA prophylaxis.**
- **You may continue prophylactic use of FVIII for the first week of HEMLIBRA prophylaxis.**
- HEMLIBRA is given as an injection under your skin (subcutaneous injection) by you or a caregiver.
- Your healthcare provider should show you or your caregiver how to prepare, measure, and inject your dose of HEMLIBRA before you inject yourself for the first time.
- Do not attempt to inject yourself or another person unless you have been taught how to do so by a healthcare provider.
- Your healthcare provider will prescribe your dose based on your weight. If your weight changes, tell your healthcare provider.
- You will receive HEMLIBRA 1 time a week for the first four weeks. Then you will receive a maintenance dose as prescribed by your healthcare provider.
- If you miss a dose of HEMLIBRA on your scheduled day, you should give the dose as soon as you remember. You must give the missed dose as soon as possible before the next scheduled dose, and then continue with your normal dosing schedule. **Do not** give two doses on the same day to make up for a missed dose.
- HEMLIBRA may interfere with laboratory tests that measure how well your blood is clotting and may cause a false reading. Talk to your healthcare provider about how this may affect your care.

What are the possible side effects of HEMLIBRA?

- See "**What is the most important information I should know about HEMLIBRA?**"

The most common side effects of HEMLIBRA include:

- redness, tenderness, warmth, or itching at the site of injection
- headache
- joint pain

These are not all of the possible side effects of HEMLIBRA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store HEMLIBRA?

- Store HEMLIBRA in the refrigerator at 36°F to 46°F (2°C to 8°C). Do not freeze.
- Store HEMLIBRA in the original carton to protect the vials from light.
- Do not shake HEMLIBRA.
- If needed, unopened vials of HEMLIBRA can be stored out of the refrigerator and then returned to the refrigerator. HEMLIBRA should not be stored out of the refrigerator for more than a total of 7 days or at a temperature greater than 86°F (30°C).
- After HEMLIBRA is transferred from the vial to the syringe, HEMLIBRA should be used right away.
- Throw away (dispose of) any unused HEMLIBRA left in the vial.

Keep HEMLIBRA and all medicines out of the reach of children.

General information about the safe and effective use of HEMLIBRA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use HEMLIBRA for a condition for which it was not prescribed. Do not give HEMLIBRA to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about HEMLIBRA that is written for health professionals.

What are the ingredients in HEMLIBRA?

Active ingredient: emicizumab-kxwh

Inactive ingredients: L-arginine, L-histidine, poloxamer 188, and L-aspartic acid.

Manufactured by: Genentech, Inc., A Member of the Roche Group,
1 DNA Way, South San Francisco, CA 94080-4990
U.S. License No. 1048

For more information, go to www.HEMLIBRA.com or call 1-866-HEMLIBRA.
This Medication Guide has been approved by the U.S. Food and Drug Administration
Revised : 10/2018

HEMLIBRA™
emicizumab-kxwh
injection for subcutaneous use
150 mg/mL

Genentech
A Member of the Roche Group

HBDA Information

Address: 917 W Osceola Street, Wetumpka, AL 36092

Phone: (334) 478-7822

Fax: (334) 478-7824

Website: www.hbda.us

Facebook: www.facebook.com/hbda4u

Birthday Blessings

May

Maliyah Shipley

Cayden White

Maxwell McLaughlin

Justin Wells

Samuel Wilson

Emily Ford

Davie Jane Woods

David Miller

Bonnie Utterback

Renee Holland

Amy Croushorn

Libby Hall

Evan Ward

Ronni Wells

Austin Temple

Jack Mason

June

Jeremy Donahoo

Taylor Renfroe

Chandler Ward

Al Wilson

Carla Vickery

Carver Bailey

Chhorn Buth

Christian Hall

Monica Miller

Hunter Abrams

Jackson Sanders

Finn Gantzhorn

Alex Leonard

Harmony Pressley

Isabella Sandow

Cole Croushorn

Tavien Casey

Macey Kelley

Haley Jones

Carley Kelly

Maddie Sanders

Brody Dunston

Micaela Caro

Noah Hall

Jessica Moss

July

Ron Dickerson

Edward Masline

Sarah Blyden

Jordan Cortez

Connie Grammer

Isabella Temple

Pat Morgan

Christine Chung

Dana Abrams

Brent Jones

Jeff Tissier

Tera Bradshaw

Jayden Holland

Nathan Stephens

Andrew Hall

Matthew Watts

Royal Smith, Sr.

Ann Mitchell

Brittnee Vasil

Christina Buth

Noah Reid Guadalupe