Vital Link

...For Hoosiers Living with a Bleeding Disorder

HEMOPHILIA OF INDIANA

December 2020

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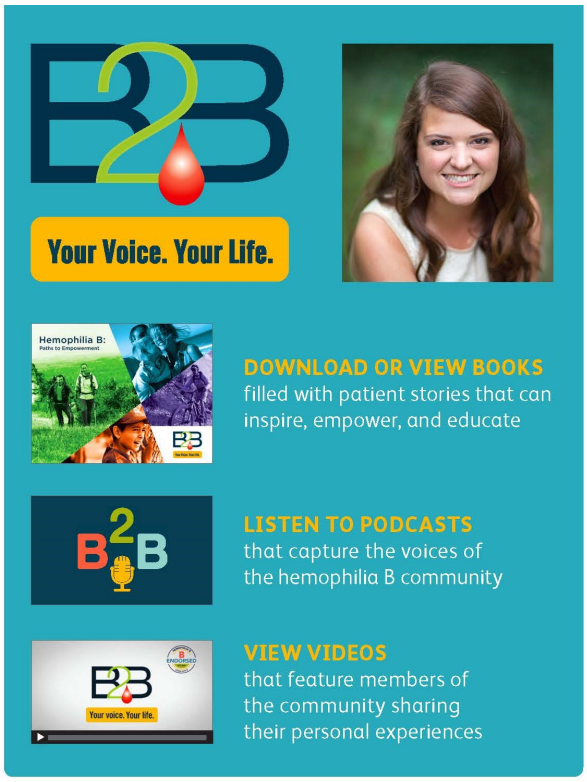
2020 - What a Year!!

When the New Year began on January 1, 2020, no one could of predicted the craziness that was going to ensue. The new "normal" consists of wearing masks wherever we go, limiting the ability to eating at restaurants, and cancelling live events. Throughout the course of the pandemic, Hemophilia of Indiana has had to make the switch from live events to virtual events. This included Camp Brave Eagle, the Annual Meeting, the FitLivin' Thanks-givin' Day Run, and the Year End Educational Event. The 2020 Hearts for Hemophilia Gala was held in February prior to the start of the pandemic and the 2020 Course to a Cure Golf Outing and 2020 Unite for Bleeding Disorders Walk were outdoor events with lots of social distancing! Virtual or Live, each fundraising event was successful supporting the programs and services Hemophilia of Indiana provides to the bleeding disorders community. In addition to education programs and support groups, Hemophilia of Indiana continues to provide emergency financial support to members and their families affected by the COVID-19 pandemic. This year was another exciting year for the Judy Moore Scholarship program with $40,000.00 being awarded to 11 individuals! This was also the second year for the Ed Magoni Scholarship Program with $5,000.00 awarded to 3 individuals. Hemophilia of Indiana is extremely proud of these two programs and all of the winners. Planning has begun on the 2021 events and look forward to getting back to in-person live events! We would also like to say thank you to all of our donors, supporters, and sponsors during this crazy year!

Upcoming Virtual Educational Dinners:

Contact Angel DiRuzza at adiruzza@hoii.org to register. Check out our Facebook (@HEMOINDY) page and website calendar for more details on upcoming virtual educational dinners!

Topic: VWiD
When: Wednesday, January 20, 2021
Time: 6:30pm - 7:30pm
Description: A patient presentation to learn about VONVENDI in the treatment of adult patients with VWD. Presented by Takeda.



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

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 hemophiliavillage.com to check out all that B2B has to offer

Indiana Hemophilia & Thrombosis Center

COMPREHENSIVE BLEEDING DISORDER CARE ALL AT ONE CENTER

All members of IHTC's clinical care team have extensive experience and deep expertise in bleeding disorders. This offers our patients the comfort and convenience of having every aspect of their bleeding disorder care all in one location.

Pediatric Hematologists
Adult Hematologists
Nurse Practitioners
Physician Assistants
Nurses
Physical Therapists
Dental Hygienists
Pharmacy Team
Psychologist
Genetic Counselor
Research
Social Workers
Registered Dietician
Career & School Counselors
Patient Insurance Coordinators
Child Life Specialist






Indiana's only Center of Excellence for bleeding & clotting disorders

The state's only federally-designated Hemophilia Treatment Center and the first HTC in the U.S. to receive national medical home certification

Certified as a Medical Home by AAAHC Accreditation Association for Ambulatory Health Care, Inc.

ACHC Accredited

Anticoagulation Center of Excellence

8326 Naab Road · Indianapolis, IN 46260 · 317.871.0000 · www.ihtc.org

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

How to Avoid Getting Sick This Winter

Here's how to stay healthy and steer clear of cold weather health problems
Author: Donna Behen
Fitness & Nutrition

When the days get shorter and the temperature drops, winter health problems can crop up—everything from the usual cold and flu viruses to frostbite and falls on icy sidewalks. But staying healthy this winter is more challenging than usual thanks to the COVID-19 pandemic, and cases are expected to rise as people spend more time indoors.

Here's what you can do to keep you and the people you love healthy this winter.

Keep Up the COVID-19 Preventive Measures.

Experts say the same precautions we're taking to help protect ourselves and our loved ones from COVID-19—steps like wearing a mask, social distancing, washing hands frequently and disinfecting high-touch surfaces like doorknobs—will help decrease the spread of cold and flu viruses this winter.

Get a Flu Vaccine.

The flu vaccine is the single best way to avoid getting the flu. It's recommended for everyone 6 months and older, but especially for people who are at high risk for serious complications from influenza, such as adults 65 years and older, and those with chronic health conditions such as heart disease, diabetes and asthma.

But getting a flu shot is even more important this year, health experts say, for a few reasons:

- Getting COVID-19 and the flu at the same time increases the likelihood of complications. A recent study revealed that people who had COVID-19 and the flu were sicker than those who had COVID-19 alone.
- COVID-19 and the flu can cause the same symptoms: fever, cough, chills, fatigue, and body aches. So if you get the flu, you may need to be tested for COVID-19, and then quarantine for 14 days.
- Some people who get the flu need to be hospitalized. Helping to prevent the spread of flu by getting vaccinated can keep our hospitals from getting overloaded with patients if COVID-19 cases continue to rise during the winter.

While experts recommended getting the flu shot in September or October this year, it's not too late to get vaccinated in December or even January. Flu activity usually peaks between December and February, but it can continue to circulate as late as May.

Dress Warmly and Stay Dry.

Socializing outdoors rather than inside is recommended to help prevent the spread of the coronavirus, but if you're going to spend extended time outside in the cold temperatures, dressing correctly is key.

Starting with an inner layer made of wool, silk or polypropylene will hold more body heat than cotton. Next, wear an insulation layer (wool, down or fleece) that helps retain heat by trapping air close to your body. Add a tightly woven outer layer that's water- and wind-resistant to protect you from wind, rain, and snow. Don't forget a hat, a scarf or knit mask to cover your face and mouth, and mittens, which are warmer than gloves.

Be aware of the signs of hypothermia (abnormally low body temperature) and frostbite. Hypothermia symptoms include shivering, exhaustion or feeling very tired, confusion, fumbling hands, memory loss, slurred speech, and drowsiness. Shivering is usually the first warning sign that your body is losing heat, so go inside as soon as possible if you're constantly shivering. Signs of frostbite include a white or grayish-yellow skin area, skin that feels unusually firm or waxy, and numbness. If you notice signs of frostbite, seek medical care as soon as possible.

Tread Carefully on Wintry Surfaces.

Many injuries related to cold weather happen from falls on icy or snow-covered sidewalks, steps and other slippery surfaces, and falls are particularly dangerous for people with bleeding disorders.

Keep your steps and walkways as free of ice as possible by using rock salt or another chemical de-icing compound. Sand may also be used on walkways to reduce the risk of slipping.

Shovel snow carefully and if you do find yourself having to navigate an icy patch, walk like a penguin: take small, slow, shuffle-like steps with your knees slightly bent and your feet pointing out a little. Keep your arms at your sides and your hands out of your pockets.

Article originally published in the National Hemophilia Foundation's HEMAWARE

EXPERIENCE MATTERS

BeneFix is FDA approved for once-weekly prophylaxis and on-demand use to fit your dosing needs—from the only recombinant factor IX supporting individuals with hemophilia B for more than 20 years.*

Not actual patients.

- **More than 20 years* of experience—**the first recombinant treatment for individuals with hemophilia B
- **Dosing options to meet your needs—**for once-weekly prophylaxis and on-demand use
- Designed with viral safety in mind. More than 150 quality control tests are done on each batch of BeneFix
- The convenience of the BeneFix Rapid Reconstitution (R2) Kit with a range of vial sizes

What Is BeneFix?

BeneFix, Coagulation Factor IX (Recombinant), is an injectable medicine that is used to help control and prevent bleeding in people with hemophilia B. Your doctor might also give you BeneFix before surgical procedures.

BeneFix is **NOT** used to treat hemophilia A.

ASK YOUR DOCTOR WHICH BENEFIX DOSING OPTIONS MAY BE RIGHT FOR YOU

Important Safety Information

- BeneFix is contraindicated in patients who have manifested life-threatening, immediate hypersensitivity reactions, including anaphylaxis, to the product or its components, including hamster protein.
- Call your health care provider right away if your bleeding is not controlled after using BeneFix.
- Allergic reactions may occur with BeneFix. Call your health care provider or get emergency treatment right away if you have any of the following symptoms: wheezing, difficulty breathing, chest tightness, your lips and gums turning blue, fast heartbeat, facial swelling, faintness, rash, or hives.
- Your body can make antibodies, called "inhibitors," which may stop BeneFix from working properly.
- If you have risk factors for developing blood clots, such as a venous catheter through which BeneFix is given by continuous infusion, BeneFix may increase the risk of abnormal blood clots. The safety and efficacy of BeneFix administration by continuous infusion have not been established.
- Some common side effects of BeneFix are fever, cough, nausea, injection site reaction, injection site pain, headache, dizziness, and rash.

Please see the Brief Summary for BeneFix on the next page.

YOUR EXPERIENCE 20+ YEARS* MATTERS

BeneFix®
Coagulation Factor IX (Recombinant)
Room Temperature Storage
*BeneFix was approved February 11, 1997.

BeneFix®

Coagulation Factor IX (Recombinant)

Room Temperature Storage

℞ only

Brief Summary

See package insert for full Prescribing Information. This product's label may have been updated. For further product information and current package insert, please visit www.Pfizer.com or call our medical communications department toll-free at 1-800-438-1985.

Please read this Patient Information carefully before using BeneFix and each time you get a refill. There may be new information. This brief summary does not take the place of talking with your doctor about your medical problems or your treatment.

What is BeneFix?

BeneFix is an injectable medicine that is used to help control and prevent bleeding in people with hemophilia B. Hemophilia B is also called congenital factor IX deficiency or Christmas disease. Your doctor might also give you BeneFix before surgical procedures.

BeneFix is **NOT** used to treat hemophilia A.

What should I tell my doctor before using BeneFix?

Tell your doctor and pharmacist about all of the medicines you take, including all prescription and non-prescription medicines, such as over-the-counter medicines, supplements, or herbal medicines.

Tell your doctor about all of your medical conditions, including if you:

- have any allergies, including allergies to hamsters.
- are pregnant or planning to become pregnant. It is not known if BeneFix may harm your unborn baby.
- are breastfeeding. It is not known if BeneFix passes into the milk and if it can harm your baby.

How should I infuse BeneFix?

The initial administrations of BeneFix should be administered under proper medical supervision, where proper medical care for severe allergic reactions could be provided.

See the step-by-step instructions for infusing in the complete patient labeling.

You should always follow the specific instructions given by your doctor. If you are unsure of the procedures, please call your doctor or pharmacist before using.

Call your doctor right away if bleeding is not controlled after using BeneFix.

Your doctor will prescribe the dose that you should take.

Your doctor may need to test your blood from time to time.

BeneFix should not be administered by continuous infusion.

What if I take too much BeneFix?

Call your doctor if you take too much BeneFix.

What are the possible side effects of BeneFix?

Allergic reactions may occur with BeneFix. Call your doctor or get emergency treatment right away if you have any of the following symptoms:

wheezing	fast heartbeat
difficulty breathing	swelling of the face
chest tightness	faintness
turning blue (look at lips and gums)	rash
	hives

Your body can also make antibodies, called "inhibitors," against BeneFix, which may stop BeneFix from working properly.

Some common side effects of BeneFix are fever, cough, nausea, injection site reaction, injection site pain, headache, dizziness and rash.

BeneFix may increase the risk of thromboembolism (abnormal blood clots) in your body if you have risk factors for developing blood clots, including an indwelling venous catheter through which BeneFix is given by continuous infusion. There have been reports of severe blood clotting events, including life-threatening blood clots in critically ill neonates, while receiving continuous-infusion BeneFix through a central venous catheter. The safety and efficacy of BeneFix administration by continuous infusion have not been established.

These are not all the possible side effects of BeneFix.

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

How should I store BeneFix?

DO NOT FREEZE the BeneFix kit. The BeneFix kit can be stored at room temperature (below 86°F) or under refrigeration. Throw away any unused BeneFix and diluent after the expiration date indicated on the label.

Freezing should be avoided to prevent damage to the pre-filled diluent syringe.

BeneFix does not contain a preservative. After reconstituting BeneFix, you can store it at room temperature for up to 3 hours. If you have not used it in 3 hours, throw it away.

Do not use BeneFix if the reconstituted solution is not clear and colorless.

What else should I know about BeneFix?

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

If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BeneFix that was written for healthcare professionals.

This brief summary is based on BeneFix® [Coagulation Factor IX (Recombinant)] Prescribing Information LAB-0464-12.0, revised June 2020.

Pfizer

What to Know About Seasonal Affective Disorder

SAD may make it harder to cope with your bleeding disorder, but help is available

Author: Lisa Fields

Taking Charge

If you feel blue during the winter, when the days are shorter and you're exposed to less sunlight than at other times of the year, you aren't alone: Some people are susceptible to seasonal affective disorder (SAD), a form of major depressive disorder that's worse in colder, darker months and abates during warmer, sunnier seasons. The condition may make it harder to cope with your bleeding disorder or stay on top of your treatment plan.

"That could exacerbate having the ability and wherewithal to take care of yourself and to make sure you're doing all the things that you need to do, making sure you're going to your appointments or you're taking your medication as it's prescribed and you're paying attention to any bleeds," says Jessica Wulf, LMSW, a medical social worker at Western New York BloodCare in Buffalo, New York. "You need to make sure that you're contacting your doctor and taking care of yourself."

Because SAD is a part of depression, you may feel down or hopeless, lose interest in activities that you normally enjoy or have less energy than usual. You may also have SAD-specific symptoms, such as staying in bed more than usual, craving carbs, gaining weight and socializing less often.

"It's easier to cancel plans and maybe not to commit to something because of the weather," Wulf says. "I think it's easier for people to say, 'Oh, it's such a bad day out' or 'With the weather, I don't know if I should go.'"

What Are the Risk Factors for SAD?

Risk factors for SAD include a personal or family history of depression and living in a northern state, where winter nights are longer than in southern latitudes. "Especially in our area of western New York, there is a lot of snowfall or super cold temperatures or ice," Wulf says. "It just makes it even that much harder physically and then mentally."

If you're feeling depressed this winter, tell your primary care doctor or a healthcare provider at your hemophilia treatment center (HTC). "If you have a really good relationship with your HTC nurse or the hematologist, don't be afraid to start there," Wulf says.

What Is the Best Treatment for SAD?

Standard treatments for SAD include medication, cognitive-behavioral therapy and light therapy. For light therapy to be effective, it's important to use the light at the same time every morning (including weekends) within an hour of waking up. How far to sit from the light varies by product, so be sure to check the specifications. Light boxes cost $35 to $300.

Sometimes healthcare providers recommend vitamin D supplements, although more research is needed to show whether they are effective. Your doctor may also ask you to exercise regularly, which may boost your mood and minimize complications from your bleeding disorder.

"If you're sitting at home and you're sedentary, that can sometimes exacerbate joint issues," Wulf says. "A lot of people here walk around malls or indoor places. (You'll) have more energy and feel better about yourself."

Originally published on HemAware.Com (National Hemophilia Foundation)

BOB has hemophilia A with inhibitors.

What is NovoSeven® RT?

NovoSeven® RT (coagulation Factor VIIa, recombinant) is an injectable medicine used for:

- Treatment of bleeding and prevention of bleeding for surgeries and procedures in adults and children with hemophilia A or B with inhibitors, congenital Factor VII (FVII) deficiency, and Glanzmann's thrombasthenia with a decreased or absent response to platelet transfusions
- Treatment of bleeding and prevention of bleeding for surgeries and procedures in adults with acquired hemophilia

Important Safety Information

What is the most important information I should know about NovoSeven® RT?

NovoSeven® RT may cause serious side effects, including:

- **Serious blood clots** that form in veins and arteries with the use of NovoSeven® RT have been reported
- Your healthcare provider should discuss the risks and explain the signs and symptoms of blood clots to you. Some signs of a blood clot may include pain, swelling, warmth, redness, or a lump in your legs or arms, chest pain, shortness of breath, or sudden severe headache and/or loss of consciousness or function
- Your healthcare provider should monitor you for blood clots during treatment with NovoSeven® RT
- You should not use NovoSeven® RT if you have ever had allergic (hypersensitivity) reactions, including severe, whole body reactions (anaphylaxis) to NovoSeven® RT, any of its ingredients, or mice, hamsters, or cows. Signs of allergic reaction include shortness of breath, rash, itching (pruritus), redness of the skin (erythema), or fainting/dizziness

novo nordisk®

Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536 U.S.A.

 Printed in the U.S.A. US18NSVN00126 January 2019

In hemophilia with inhibitors,

Bleeds happen:

Take control with NovoSeven® RT

Controlling bleeds, whenever they happen

- Proven effective to treat hemophilia A or B with inhibitors, at home and in the hospital

Safety supported by clinical trial data

- Low rate (0.2%) of blood clots[a]

Speed when it's needed

- Fast to mix, fast to infuse, and fast to control bleeds[b]

NovoSeven® RT—committed to your experience

- More than 30 years of research and long-term clinical experience[c]

[a]For people with hemophilia A or B with inhibitors.
[b]Administer as a slow bolus injection over 2-5 minutes, depending on the dose administered.
[c]Compassionate use, also known as expanded access, began enrolling in 1988; FDA approval received in 1999.

Visit NovoSevenRT.com today to learn more

What should I tell my healthcare provider before using NovoSeven® RT?

- Tell your healthcare provider if you have any of the following, as these may increase your risk of blood clots:
  - congenital hemophilia and are also receiving treatment with aPCCs (activated prothrombin complex concentrates)
  - are an older patient particularly with acquired hemophilia and receiving other agents to stop bleeding
  - history of heart or blood vessel diseases
- Tell your healthcare provider and pharmacist about all the medicines you take, including all prescription and non-prescription medicines, such as over-the-counter medicines, supplements, or herbal remedies

What are the possible side effects of NovoSeven® RT?

- The most common and serious side effects are blood clots
- Tell your healthcare provider about any side effects that bother you or do not go away, and seek medical help right away if you have signs of a blood clot or allergic reaction

Please see Brief Summary of Prescribing Information on the following pages.

NovoSeven® RT
Coagulation Factor VIIa (Recombinant)

NOVOSEVEN® RT
Coagulation Factor VIIa (Recombinant)

Rx only

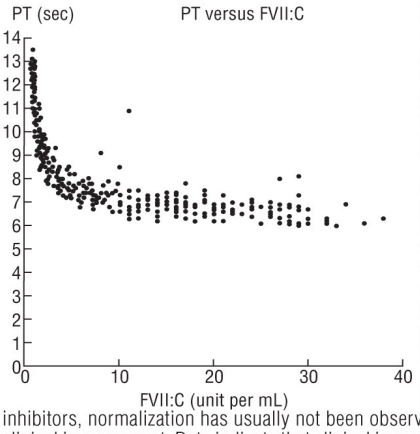
BRIEF SUMMARY. Please consult package insert for full prescribing information.

WARNING: THROMBOSIS: Serious arterial and venous thrombotic events following administration of NOVOSEVEN® RT have been reported. *[See Warnings and Precautions]* Discuss the risks and explain the signs and symptoms of thrombotic and thromboembolic events to patients who will receive NOVOSEVEN® RT. *[See Warnings and Precautions]* Monitor patients for signs or symptoms of activation of the coagulation system and for thrombosis. *[See Warnings and Precautions]*

INDICATIONS AND USAGE: NOVOSEVEN® RT, Coagulation Factor VIIa (Recombinant), is indicated for: Treatment of bleeding episodes and peri-operative management in adults and children with hemophilia A or B with inhibitors, congenital Factor VII (FVII) deficiency, and Glanzmann's thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets; Treatment of bleeding episodes and peri-operative management in adults with acquired hemophilia.

CONTRAINDICATIONS: None known.

WARNINGS AND PRECAUTIONS: Thrombosis: Serious arterial and venous thrombotic events have been reported in clinical trials and postmarketing surveillance. Patients with congenital hemophilia receiving concomitant treatment with aPCCs (activated prothrombin complex concentrates), older patients particularly with acquired hemophilia and receiving other hemostatic agents, or patients with a history of cardiac, vascular disease or predisposed to thrombotic events may have an increased risk of developing thrombotic events *[See Adverse Reactions and Drug Interactions]*. Monitor patients who receive NOVOSEVEN® RT for development of signs or symptoms of activation of the coagulation system or thrombosis. When there is laboratory confirmation of intravascular coagulation or presence of clinical thrombosis, reduce the dose of NOVOSEVEN® RT or stop the treatment, depending on the patient's condition. **Hypersensitivity Reactions:** Hypersensitivity reactions, including anaphylaxis, can occur with NOVOSEVEN® RT. Patients with a known hypersensitivity to mouse, hamster, or bovine proteins may be at a higher risk of hypersensitivity reactions. Discontinue infusion and administer appropriate treatment when hypersensitivity reactions occur. **Antibody Formation in Factor VII Deficient Patients:** Factor VII deficient patients should be monitored for prothrombin time (PT) and factor VII coagulant activity before and after administration of NOVOSEVEN® RT. If the factor VIIa activity fails to reach the expected level, or prothrombin time is not corrected, or bleeding is not controlled after treatment with the recommended doses, antibody formation may be suspected and analysis for antibodies should be performed. **Laboratory Tests:** Laboratory coagulation parameters (PT/INR, aPTT, FVII:C) have shown no direct correlation to achieving hemostasis. Assays of prothrombin time (PT/INR), activated partial thromboplastin time (aPTT), and plasma FVII clotting activity (FVII:C), may give different results with different reagents. Treatment with NOVOSEVEN® has been shown to produce the following characteristics: PT: As shown below, in patients with hemophilia A/B with inhibitors, the PT shortened to about a 7-second plateau at a FVII:C level of approximately 5 units per mL. For FVII:C levels > 5 units per mL, there is no further change in PT. The clinical relevance of prothrombin time shortening following NOVOSEVEN® RT administration is unknown.



INR: NOVOSEVEN® has demonstrated the ability to normalize INR. However, INR values have not been shown to directly predict bleeding outcomes, nor has it been possible to demonstrate the impact of NOVOSEVEN® on bleeding times/volume in models of clinically-induced bleeding in healthy volunteers who had received Warfarin, when laboratory parameters (PT/INR, aPTT, thromboelastogram) have normalized. aPTT: While administration of NOVOSEVEN® shortens the prolonged aPTT in hemophilia A/B patients with inhibitors, normalization has usually not been observed in doses shown to induce clinical improvement. Data indicate that clinical improvement was associated with a shortening of aPTT of 15 to 20 seconds. FVIIa:C: FVIIa:C levels were measured two hours after NOVOSEVEN® administration of 35 micrograms per kg body weight and 90 micrograms per kg body weight following two days of dosing at two hour intervals. Average steady state levels were 11 and 28 units per mL for the two dose levels, respectively.

ADVERSE REACTIONS: The most common and serious adverse reactions in clinical trials are thrombotic events. Thrombotic adverse reactions following the administration of NOVOSEVEN® in clinical trials occurred in 4% of patients with acquired hemophilia and 0.2% of bleeding episodes in patients with congenital hemophilia. **Clinical Trials Experience:** Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug product cannot be directly compared to rates in clinical trials of another drug, and may not reflect rates observed in practice. Adverse reactions outlined below have been reported from clinical trials and data collected in registries. Hemophilia A or B Patients with Inhibitors: In two studies for hemophilia A or B patients with inhibitors treated for bleeding episodes (N=298), adverse reactions were reported in ≥2% of the patients that were treated with NOVOSEVEN® for 1,939 bleeding episodes (see Table 3 below).

Table 3: Adverse Reactions Reported in ≥2% of the 298 Patients with Hemophilia A or B with Inhibitors

Body System Reactions	**# of adverse reactions** (n=1,939 treatments)	**# of patients** (n=298 patients)
Body as a whole		
Fever	16	13
Platelets, Bleeding, and Clotting		
Fibrinogen plasma decreased	10	5
Cardiovascular		
Hypertension	9	6

Serious adverse reactions included thrombosis, pain, thrombophlebitis deep, pulmonary embolism, decreased therapeutic response, cerebrovascular disorder, angina pectoris, DIC, anaphylactic shock and abnormal hepatic function. The serious adverse reactions of DIC and therapeutic response decreased had a fatal outcome. In two clinical trials evaluating safety and efficacy of NOVOSEVEN® administration in the perioperative setting in hemophilia A or B patients with inhibitors (N=51), the following serious adverse reactions were reported: acute post-operative hemarthrosis (n=1), internal jugular thrombosis adverse reaction (n=1), decreased therapeutic response (n=4). *Immunogenicity:* There have been no confirmed reports of inhibitory antibodies against NOVOSEVEN® or FVII in patients with congenital hemophilia A or B with alloantibodies. The incidence of antibody formation is dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to NOVOSEVEN® RT with the incidence of antibodies to other products may be misleading. Congenital Factor VII Deficiency: Data collected from the compassionate/emergency use programs, the published literature, a pharmacokinetics study, and the Hemophilia and Thrombosis Research Society (HTRS) registry showed that 75 patients with Factor VII deficiency had received NOVOSEVEN®: 70 patients for 124 bleeding episodes, surgeries, or prophylaxis; 5 patients in the pharmacokinetics trial. The following adverse reactions were reported: intracranial hypertension (n=1), IgG antibody against rFVIIa and FVII (n=1), localized phlebitis (n=1). *Immunogenicity:* In 75 patients with factor FVII deficiency treated with NOVOSEVEN® RT, one patient developed IgG antibody against rFVIIa and FVII. Patients with factor VII deficiency treated with NOVOSEVEN® RT should be monitored for factor VII antibodies. The incidence of antibody formation is dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to NOVOSEVEN® RT with the incidence of antibodies to other products may be misleading. Acquired Hemophilia: Data collected from four compassionate use programs, the HTRS registry, and the published literature showed that 139 patients with acquired hemophilia received NOVOSEVEN® for 204 bleeding episodes, surgeries and traumatic injuries. Of these 139 patients, 6 patients experienced 8 serious adverse reactions. Serious adverse reactions included shock (n=1), cerebrovascular accident (n=1) and thromboembolic events (n=6) which included cerebral artery occlusion, cerebral ischemia, angina pectoris, myocardial infarction, pulmonary embolism and deep vein thrombosis. Three of the serious adverse reactions had a fatal outcome. Glanzmann's Thrombasthenia: Data collected from the Glanzmann's Thrombasthenia Registry (GTR) and the HTRS registry showed that 140 patients with Glanzmann's thrombasthenia received NOVOSEVEN® RT for 518 bleeding episodes, surgeries or traumatic injuries. The following adverse reactions were reported: deep vein thrombosis (n=1), headache (n=2), fever (n=2), nausea (n=1), and dyspnea (n=1). **Post marketing Experience:** Adverse reactions reported during post marketing period were similar in nature to those observed during clinical trials and include reports of thromboembolic adverse events.

DRUG INTERACTIONS: Avoid simultaneous use of activated prothrombin complex concentrates. Do not mix NOVOSEVEN® RT with infusion solutions. Thrombosis may occur if NOVOSEVEN® RT is administered concomitantly with Coagulation Factor XIII. *[See Warnings and Precautions]*

USE IN SPECIFIC POPULATIONS: Pregnancy: Risk Summary: There are no adequate and well-controlled studies using NOVOSEVEN® RT in pregnant women to determine whether there is a drug-associated risk. Treatment of rats and rabbits with NOVOSEVEN® in reproduction studies has been associated with mortality at doses up to 6 mg per kg body weight and 5 mg per kg body weight respectively. At 6 mg per kg body weight in rats, the abortion rate was 0 out of 25 litters; in rabbits at 5 mg per kg body weight, the abortion rate was 2 out of 25 litters. Twenty-three out of 25 female rats given 6 mg per kg body weight of NOVOSEVEN® gave birth successfully, however, two of the 23 litters died during the early period of lactation. No evidence of teratogenicity was observed after dosing with NOVOSEVEN®. In the U.S. general population, the estimated background risk of major birth defect and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively. **Lactation:** Risk Summary: There is no information regarding the presence of NOVOSEVEN® RT in human milk, the effect on the breastfed infant, and the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for NOVOSEVEN® RT and any potential adverse effects on the breastfed infant from NOVOSEVEN® RT or from the underlying maternal condition. **Pediatric Use:** Clinical trials enrolling pediatric patients were conducted with dosing determined according to body weight and not according to age. Hemophilia A or B with Inhibitors: During the investigational phase of product development NOVOSEVEN® was used in 16 children aged 0 to <2 years for 151 bleeding episodes, 27 children aged 2 to <6 years for 140 bleeding episodes, 43 children aged 6 to <12 for 375 bleeding episodes and 30 children aged 12 to 16 years for 446 bleeding episodes. In a double-blind, randomized comparison trial of two dose levels of NOVOSEVEN® in the treatment of joint, muscle and mucocutaneous hemorrhages in hemophilia A and B patients with and without inhibitors 20 children aged 0 to <12 and 8 children aged 12 to 16 were treated with NOVOSEVEN® in doses of 35 or 70 micrograms per kg dose. Treatment was assessed as effective (definite relief of pain/tenderness as reported by the patient and/or a measurable decrease of the size of the hemorrhage and/or arrest of bleeding within 8 hours [rated as excellent = 51%], within 8-14 hours [rated as effective = 18%] or after 14 hours [rated as partially effective = 25%]) in 94% of the patients. NOVOSEVEN® was used in two trials in surgery. In a dose comparison 22 children aged 0 to 16 years were treated with NOVOSEVEN®. Effective intraoperative hemostasis (defined as bleeding that had stopped completely or had decreased substantially [rated as effective = 86%] or bleeding that was reduced but continued [rated as partially effective = 9%]) was achieved in 21/22 (95%) patients. Effective hemostasis was achieved in 10/10 (100%) patients in the 90 mcg/kg dose group and 10/12 (83%) in the 35 mcg/kg dose group at 48 hours; effective hemostasis was achieved in 10/10 (100%) in the 90 mcg/kg dose group and 9/12 (75%) in the 35 mcg/kg dose group at 5 days. In the surgery trial comparing bolus (BI) and continuous infusion (CI) 6 children aged 10 to 15 years participated, 3 in each group. Both regimens were 100% effective (defined as bleeding has stopped completely, or decreased substantially) intra-operatively, through the first 24 hours and at day 5. At the end of the study period (Postoperative day 10 or discontinuation of therapy) hemostasis in two patients in the BI group was rated effective and hemostasis in one patient was rated as ineffective (defined as bleeding is the same or has worsened). Hemostasis in all three patients in the CI group was rated as effective. Adverse drug reactions in pediatric patients were similar to those previously reported in clinical trials with NOVOSEVEN®, including one thrombotic event in a 4 year old with internal jugular vein thrombosis after port-a-cath placement which resolved. Congenital Factor VII deficiency: In published literature, compassionate use trials and registries on use of NOVOSEVEN® in congenital Factor VII deficiency, NOVOSEVEN® was used in 24 children aged 0 to <12 years and 7 children aged 12 to 16 years for 38 bleeding episodes, 16 surgeries and 8 prophylaxis regimens. Treatment was effective in 95% of bleeding episodes (5% not rated) and 100% of surgeries. No thrombotic events were reported. A seven-month old exposed to NOVOSEVEN® and various plasma products developed antibodies against FVII and rFVIIa [*see Adverse Reactions and Overdosage*]. Glanzmann's Thrombasthenia: In the Glanzmann's Thrombasthenia Registry, NOVOSEVEN® was used in 43 children aged 0 to 12 years for 157 bleeding episodes and in 15 children aged 0 to 12 years for 19 surgical procedures. NOVOSEVEN® was also used in 8 children aged >12 to 16 years for 17 bleeding episodes and in 3 children aged >12 to 16 years for 3 surgical procedures. Efficacy of regimens including NOVOSEVEN® was evaluated by independent adjudicators as 93.6% and 100% for bleeding episodes in children aged 0 to 12 years and >12 to 16 years, respectively. Efficacy in surgical procedures was evaluated as 100% for all surgical procedures in children aged 0 to 16 years. No adverse reactions were reported in Glanzmann's thrombasthenia children. **Geriatric Use:** Clinical studies of NOVOSEVEN® RT in congenital factor deficiencies and Glanzmann's thrombasthenia did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

OVERDOSAGE: Dose limiting toxicities of NOVOSEVEN® RT have not been investigated in clinical trials. The following are examples of accidental overdose. One newborn female with congenital factor VII deficiency was administered an overdose of NOVOSEVEN® (single dose: 800 micrograms per kg body weight). Following additional administration of NOVOSEVEN® and various plasma products, antibodies against rFVIIa were detected, but no thrombotic complications were reported. One Factor VII deficient male (83 years of age, 111.1 kg) received two doses of 324 micrograms per kg body weight (10-20 times the recommended dose) and experienced a thrombotic event (occipital stroke). One hemophilia B patient (16 years of age, 68 kg) received a single dose of 352 micrograms per kg body weight and one hemophilia A patient (2 years of age, 14.6 kg) received doses ranging from 246 micrograms per kg body weight to 986 micrograms per kg body weight on five consecutive days. There were no reported complications in either case.

More detailed information is available upon request.

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License Number: 1261

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NovoSeven® RT
Coagulation Factor VIIa (Recombinant)

Publication: Pulse 2020
Column: Ask the Expert

Ask the Expert

Miriam Goldstein
Director for Policy, Hemophilia Federation of America

Q: "I've seen on Facebook that some insurance companies won't honor manufacturer copay assistance programs. What's going on?"

A: Drug manufacturer copay assistance programs help many in the bleeding disorder community. People who live with bleeding disorders rely on medications—clotting factor or other treatments—to control bleeding and preserve their health. These drugs are essential, but expensive, and are needed on an ongoing basis. As a result, many people with bleeding disorders face the prospect of hitting their health insurance out-of-pocket maximums each year, and can reach that limit all at once with one order of factor. Yearly out-of-pocket maximums include copays, coinsurance, and deductibles, with amounts varying from plan to plan. While the Affordable Care Act (ACA) places an annual cap on cost-sharing amounts, that ceiling, depending on plan type, is high—in 2020, between $6,900 and $8,150 for an individual, or between $13,800 and $16,300 for a family. And the prospect of hitting it every year is daunting, to say the least.

Manufacturer copay assistance programs protect patients from this financial burden, and sustain their access to essential medications, by covering patients' drug-related copay, coinsurance, and deductible expenses. Many programs will cover $12,000 and up in cost-sharing expenses per year. Eligible patients typically must have third-party commercial insurance to participate in these programs.

Unfortunately, in recent years a growing number of health insurers and pharmacy benefit managers (PBMs) have begun claiming that copay assistance programs incentivize patients to demand pricey brand name drugs instead of using more cost-effective generics. Citing the need to counter these incentives and contain costs, some health plans have been taking steps to limit the value of manufacturer copay assistance to patients—while maximizing the amount that the health plans themselves collect from those programs—through the use of "accumulator adjusters."

Q: "I've heard that term, but don't know what it means. What are 'accumulator adjusters,' and how do they affect me?"

Accumulator adjuster programs are used by health insurance plans to limit the value of manufacturer copay assistance programs. When an accumulator is in place, the health plan accepts the manufacturer copay assistance—which is supposed to pay for the patient's out-of-pocket drug costs—but then doesn't credit that amount toward the patient's deductible or out-of-pocket maximum. The health plan draws down the full value of the copay assistance as prescriptions are filled; but then it "adjusts" or resets what is credited to the patient's cost-sharing obligations back to zero. As a result, a person with a bleeding disorder will still have to personally pay deductibles, copays, and other out-of-pocket expenses, up to the yearly out-of-pocket maximum. At the same time, the health plan appropriates the full amount of the copay assistance—assistance that was supposed to help the patient!

Accumulators leave bleeding disorder patients in a tough financial bind. If this happens to you, please check out the options listed in Hemophilia Federation of America's (HFA) online Resource Library.[1] You may be able to get financial help with your copays from a third-party, charitable nonprofit patient assistance fund.[2] Health plans sometimes will not apply accumulators to copay assistance provided by charitable organizations, and will still credit the charitable assistance to patient deductibles and out-of-pocket maximums.

HFA is working with other patient advocacy groups to educate health plans and PBMs about the dangers of accumulators. We urged federal regulators to ban the use of accumulators, where patients don't have the option to choose a generic drug (as is the case with bleeding disorder patients). Unfortunately, the US Department of Health and Human Services (HHS) rejected this request. In May 2020, HHS finalized a rule[3] that allows health insurers to continue using accumulator adjusters for the coming plan year.

HFA and allied groups will continue to advocate for federal and state policies that prioritize patient access to their prescription medications. In the meantime, we need to hear from you! If you learn that your copay assistance will no longer be credited toward your deductible or out-of-pocket maximum, please share your story with HFA's Project CALLS.[4]
Collecting data on the impact of accumulators allows us to make a case for change when we ask lawmakers to take action to protect patients from these harmful health plan tactics.

Miriam Goldstein is director for policy at Hemophilia Federation of America, where her work includes monitoring and analyzing federal legislation and regulations impacting patient access to care; insurance, Medicaid, and Medicare issues; and blood and product safety. Miriam lives in Arlington, Virginia, and is the mother of two adult sons with hemophilia.

1. hemophiliafed.org/resource-library/additional-resources/navigating-patient-assistance-programs 2. Patient assistance funds that offer financial assistance to eligible bleeding disorder patients include the Assistance Fund, Patient Access Network (PAN) Foundation, and Patient Services, Inc. (PSI). 3. US Dep't of Health and Human Services, Notice of Benefit and Payment Parameters for 2021, 85 Fed. Reg. 29164 (May 14, 2020). 4. projectcalls.org

Hemdifferently

Exploring the science behind gene therapy research

Gene therapy research has the potential to bring an entirely new option to people with specific genetic conditions. Many gene therapies are in clinical trials to evaluate the possible risks and benefits for a range of conditions, including hemophilia. HemDifferently is here with gene therapy education, providing accurate information in a way you can understand.

Let's explore gene therapy together at **HemDifferently.com**

No gene therapies for hemophilia have been approved for use or determined to be safe or effective.

BIOMARIN®

HEMOPHILIA OF INDIANA

2021 CALENDAR OF EVENTS

World Hemophilia Day: **April 17th**

Bowling for Bleeding Disorders, *Pinheads:* **April 17th**

Course to a Cure Golf Outing, *Maple Creek Golf & Country Club*: **June 7**

Camp Brave Eagle, *Camp Crosley:* **June 13-18**

Hearts for Hemophilia Gala: *Union Station:* **July 30**

Annual Meeting, *Crowne Plaza Airport Hotel*: **August 13-15**

Polo @ Sunset, *Hickory Hall Polo Club*: **TBD**

UNITE for Bleeding Disorders Walk *Ft. Harrison State Park*: **August 21**

Thanksgiving Day Run, *Dillon Park*: **November 25**

Year End Educational Program: December 4

Our mission:

Hemophilia of Indiana is dedicated to empowering the bleeding disorders community through education and support, while advocating access to quality care and product safety.

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*The material provided in Vital Link is only for general information purposes. HoII does not give medical advice or engage in the practice of medicine. HoII recommends in all cases that you consult your physician or HTC before pursuing any course of treatment.

Mark your Calendars!

Date Change!!!

2021 Hearts for Hemophilia Gala - Friday, July 30th

Call our office @ (317) 570-0039 or email Kristy McConnell @ kmcconnell@hoii.org if you would like to get involved in any of our events!

- Check out our social media pages for updates!!!