

For the subcutaneous treatment of primary humoral immunodeficiency disease (PID)

See what XEMBIFY  
brings to **LIFE**



**Xembify<sup>®</sup>**

(immune globulin subcutaneous  
human-klhw) 20%

**GRIFOLS**

Please see Important Safety Information on page 16 and refer to accompanying full Prescribing Information for XEMBIFY.



For the subcutaneous treatment of PIDD

# LIFE empowered

A 20% SCIG\* for a wide range of PIDD patients  
≥2 years of age

- **Unique formulation**—Maximum IgG with no sugar, trace amounts of sodium, and glycine stabilized<sup>1,2</sup>
- **Maximum potency**—Proven efficacy to protect PIDD patients from infections<sup>3†</sup>
- **Maximum purity**—Proven tolerability profile<sup>3‡</sup>



\*SCIG, subcutaneous immune globulin.

†Annualized rate of any infection, 2.37 (95% CI); annual rate of hospitalizations due to infections, 0.049 (95% CI); days missed from work/school, 2.27 (95% CI); N=49.

‡Results per subject: overall rate of headaches (1/49); overall rate of systemic adverse reactions (7/49), N=1053 infusions.

## Indication

XEMBIFY® (immune globulin subcutaneous human-klhw) is a 20% immune globulin indicated for treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older. XEMBIFY is for subcutaneous administration only.

## Important Safety Information

### WARNING: THROMBOSIS

- **Thrombosis may occur with immune globulin products, including XEMBIFY. Risk factors may include: advanced age, prolonged immobilization, estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors**
- **For patients at risk of thrombosis, administer XEMBIFY at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity**

## Contraindications

XEMBIFY is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and a history of hypersensitivity.

## Adverse Reactions

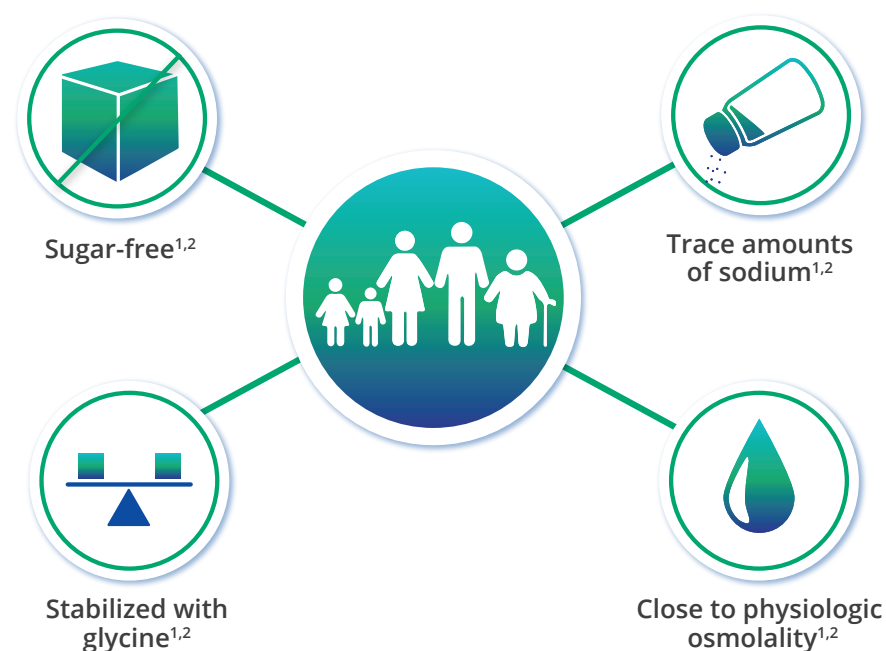
The most common adverse reactions in ≥5% of subjects in the clinical trial were local adverse reactions, including infusion-site erythema (redness), infusion-site pain, infusion-site swelling (puffiness), infusion-site bruising, infusion-site nodule, infusion-site pruritus (itching), infusion-site induration (firmness), infusion-site scab, infusion-site edema, and systemic reactions including cough and diarrhea.

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## CHARACTERISTICS

Offers product characteristics that may meet the needs of a wide range of PIDD patients




Formulated for PIDD patients ≥2 years of age, including those with risk factors

No difference observed in PK parameters or tolerability from age 2 to elderly<sup>3</sup>

  
Prediabetes/  
diabetes<sup>4</sup>

  
Renal  
dysfunction<sup>4</sup>

  
Thromboembolic  
risk<sup>4</sup>

  
Cardiac  
impairment<sup>4</sup>

XEMBIFY is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and a history of hypersensitivity.

## CHARACTERISTICS

Provides ≥98% IgG protein for maximum purity and maximum potency<sup>5,6</sup>



Made with a unique caprylate/chromatography process that:

- Yields maximum amounts of IgG protein\*
- Maintains IgG in liquid phase
- Minimizes the risk of denaturing the IgG protein

Reliable steady-state IgG level that PIDD patients need

- Total IgG exposure with a low of 1263 mg/dL and a high of 1358 mg/dL achieved at ~3 days<sup>3†</sup>
  - » Average mean trough ratio of SC:IV 1.333<sup>3</sup>
- All patients maintained IgG trough level >580 mg/dL, well above the therapeutic threshold of 500 mg/dL (5 g/L)<sup>3</sup>

PK parameters did not significantly differ between age groups

\*The average IgA content is ≤0.07 mg/mL and the average IgM content is <0.004 mg/mL.<sup>2</sup>

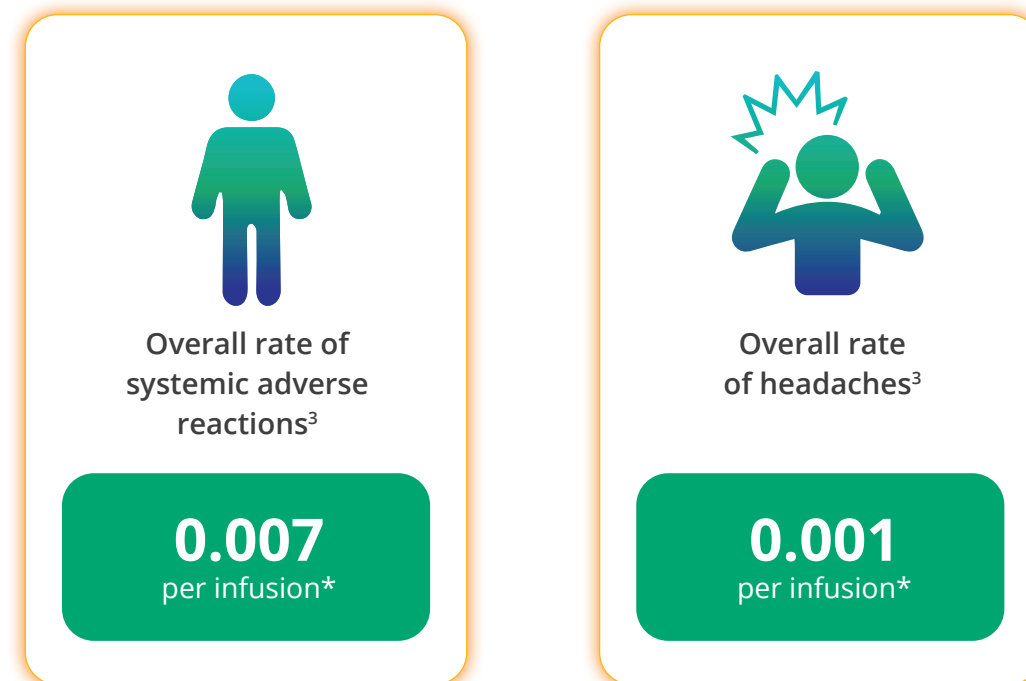
<sup>†</sup>High and low IgG values were observed over 7 days of PK profiling during week 13 of the SC phase.

Severe hypersensitivity reactions may occur with immune globulin products, including XEMBIFY. In case of hypersensitivity, discontinue infusion immediately and institute appropriate treatment. XEMBIFY contains IgA. Patients with known antibodies to IgA may have a greater risk of developing potentially severe hypersensitivity and anaphylactic reactions.

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## TOLERABILITY

Demonstrated tolerability with mild to moderate local and systemic reactions



Results from an open-label, multicenter, phase 3 clinical study of patients with primary immunodeficiency (N=49).

**No noticeable tolerability differences were observed between age groups<sup>3</sup>**

- All but one adverse event were mild or moderate<sup>3†</sup>
- Results per subject: overall rate of headaches (1/49); overall rate of systemic adverse reactions (7/49)<sup>3</sup>

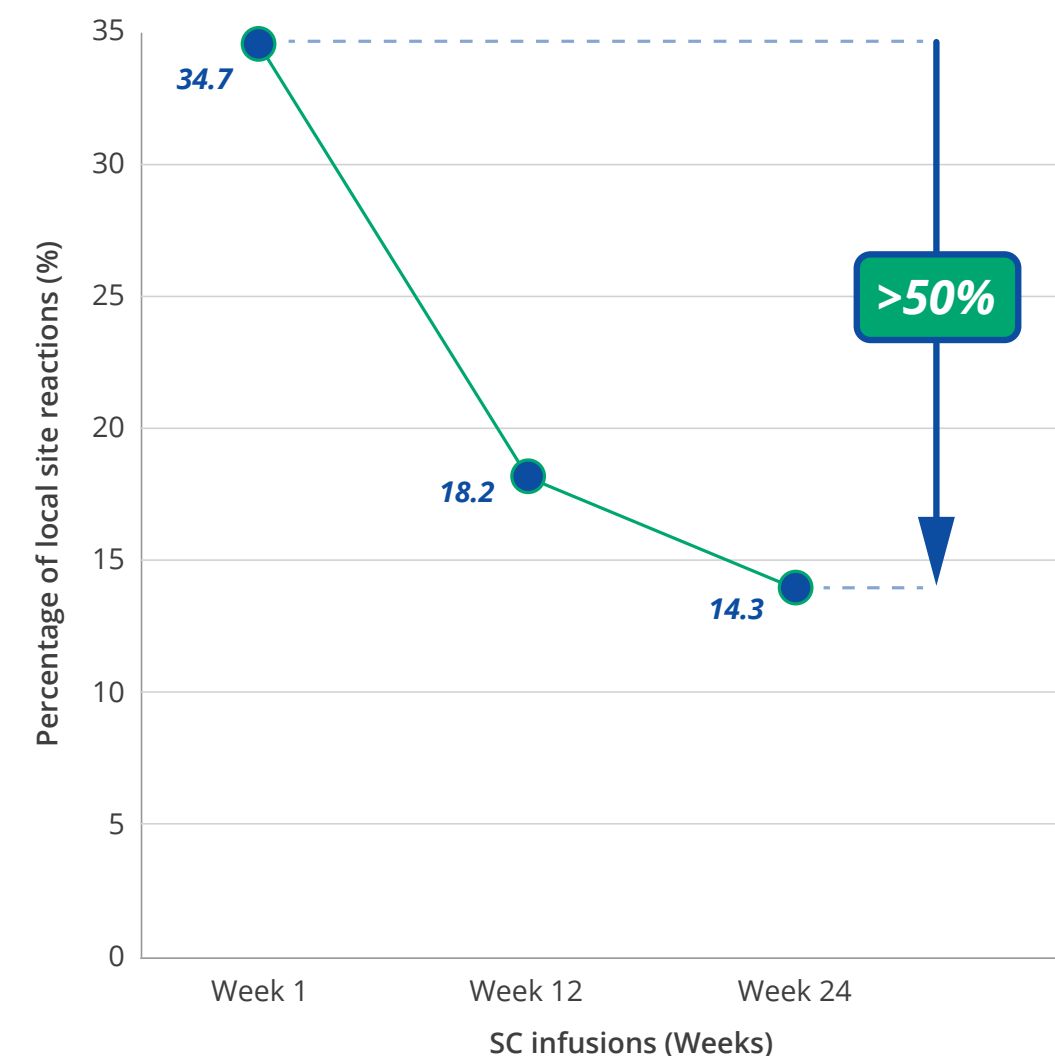
\*N=1053 infusions.

†One subject, who experienced a severe potentially related AE during the SC phase (on day 20), had polymyalgia rheumatica, which was considered unlikely related to study drug and resolved by day 75 (Sleasman 2019).

## TOLERABILITY

Local site reactions decreased by >50% over time

Percent subjects reporting local site reactions



Results from an open-label, multicenter, phase 3 clinical study of patients with primary immunodeficiency (N=49).

- Local infusion-site reactions decreased from ~34% to ~14%, from the start to the end of the 24-week SC phase, reflecting a >50% reduction<sup>3</sup>

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## TOLERABILITY

### Proven tolerability profile

#### Adverse reactions in ≥5% of subjects

Adverse Reactions*	By Subject N (%)† (N=49 subjects)	By Infusion N (rate)‡ (N=1053 infusions)
<b>Local adverse reactions</b>		
Infusion-site erythema	19 (39%)	123 (0.117)
Infusion-site pain	9 (18%)	32 (0.030)
Infusion-site swelling	8 (16%)	124 (0.118)
Infusion-site bruising	8 (16%)	26 (0.025)
Infusion-site nodule	8 (16%)	13 (0.012)
Infusion-site pruritus	5 (10%)	28 (0.027)
Infusion-site induration	4 (8%)	6 (0.006)
Infusion-site scab	3 (6%)	6 (0.006)
Infusion-site edema	3 (6%)	5 (0.005)
<b>Systemic adverse reactions</b>		
Cough	3 (6%)	4 (0.004)
Diarrhea	3 (6%)	3 (0.003)

\*Including all adverse reactions that occurred after the first dose of XEMBIFY regardless of causality, excluding infections.

†Number and percentage of subjects with the adverse reaction.

‡Rate per infusion is calculated as the total number of adverse reactions divided by the total number of infusions.

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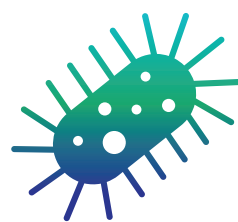
**EFFICACY**

## Protecting a wide range of PIDD patients from infections



Serious bacterial infections<sup>3</sup>

**Zero**  
per subject-year\*<sup>†</sup>



Annualized rate of any infection<sup>3</sup>

**2<sup>‡</sup>**  
per subject-year

Results from an open-label, multicenter, phase 3 clinical study of patients with primary immunodeficiency (N=49).

\*One subject reported sepsis due to an animal bite, an event deemed unrelated to the treatment. This event was included in the calculations, giving an annual rate of 0.049 events per subject-year (N=49) (Sleasman 2019).

<sup>†</sup>The threshold considered effective for preventing infections is <1 serious bacterial infection per subject-year.

<sup>‡</sup>2.37 (95% CI).

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**EFFICACY**

## Reducing the impact of PIDD on your patient's life



Days missed from work/school or unable to perform daily activities<sup>3</sup>

**2<sup>\*</sup>**  
per subject-year



Hospitalizations due to infections<sup>3</sup>

**Zero<sup>†</sup>**  
per subject-year



Days treated with antibiotics<sup>3</sup>

**29<sup>‡</sup>**  
per subject-year

Results from an open-label, multicenter, phase 3 clinical study of patients with primary immunodeficiency (N=49).

\*2.27 (95% CI).

<sup>†</sup>0.049 (95% CI).

<sup>‡</sup>28.9 (95% CI).

For patients at risk of thrombosis, administer XEMBIFY at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

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## DOSING

XEMBIFY can be infused at regular intervals,  
from weekly to more frequent dosing



**Weekly**

to more frequent dosing (2-7 times/week)

- Tailor the dosing schedule to meet your patient's individual needs and preferred infusion schedule
- Patients choose the number of infusion sites from 1 to 6 as directed by their healthcare provider
  - » Most infusions in the study were conducted using 2 or 4 sites (30.5% or 56.2%, respectively)<sup>3</sup>
- Infuse at a customizable rate up to 25 mL/h/site from the start of treatment

### Convenient handling and storage

- No refrigeration needed for up to six months\*
- Can be stored under refrigeration for up to 36 months\*
- Available in 1 g, 2 g, 4 g, and 10 g single-use vials

\*XEMBIFY may be stored for 36 months at 2-8°C (36-46°F) from the date of manufacture and the product may be stored at temperatures not to exceed 25°C (77°F) for up to 6 months any time prior to the expiration date. Following 25°C (77°F) storage, use the product immediately or discard. Do not freeze.

## DOSING

Customized dosing to meet your patient's needs

### Example patient starting XEMBIFY treatment



**Tim** 40 years old | 192 lb (~87 kg)

Tim is a dad with two active kids who are on various sports teams. He was recently diagnosed with PIDD. He has a family history of cardiac disease and diabetes, and presented with risk factors for the latter. He needed an IG treatment like XEMBIFY that fits his busy lifestyle.

#### Tim's customized dosing schedule\*

- Dosing frequency and interval: once weekly
- Weekly XEMBIFY dose: 12 g (60 mL)<sup>†</sup>
- Number of infusion sites: 3
- Infusion rate: 20 mL/h/site
- Infusion time: ~1 hour, depending on regulator used

\*To convert the XEMBIFY dose in grams to milliliters (mL), multiply the calculated SCIG dose in grams by 5.

<sup>†</sup>To convert IVIG dose to SCIG dose, calculate using a conversion factor of 1.37. Multiply IVIG dose (in grams) by 1.37 and divide by the number of weeks between IVIG doses.

The most common adverse reactions in ≥5% of subjects in the clinical trial were local adverse reactions, including infusion-site erythema (redness), infusion-site pain, infusion-site swelling (puffiness), infusion-site bruising, infusion-site nodule, infusion-site pruritus (itching), infusion-site induration (firmness), infusion-site scab, infusion-site edema, and systemic reactions including cough and diarrhea.

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**SUPPORT**

**Maximum support**  
Eligible PIDD patients may pay as little  
as ZERO copay for XEMBIFY!



**Copay  
assistance**

Offering copay  
assistance of  
up to \$10,000 per  
calendar year.



**Dedicated support  
program**

Partnering with you and  
your PIDD patients to  
ensure ongoing access and  
continuity of care.



**Access to  
XEMBIFY**

Call Xembify Connexions  
at 1-844-MYXEMBIFY to  
access XEMBIFY through  
our distribution partners.

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**References:** 1. Alonso W, Vandeberg P, Lang J, et al. Immune globulin subcutaneous, human 20% solution (Xembify<sup>®</sup>), a new high concentration immunoglobulin product for subcutaneous administration. *Biologicals*. 2020;64:34-40. 2. Data on file, Grifols. 3. Sleasman JW, Lumry WR, Hussain I, et al. Immune globulin subcutaneous, human - klhw 20% for primary humoral immunodeficiency: an open-label, Phase III study. *Immunotherapy*. 2019;11(16):1371-1386. 4. Gelfand EW. Differences between IGIV products: impact on clinical outcome. *Int Immunopharmacol*. 2006;6(4):592-599. 5. XEMBIFY<sup>®</sup> (immune globulin subcutaneous human-klhw) 20% Prescribing Information. Grifols. 6. Lebing W, Remington KM, Schreiner C, Paul HI. Properties of a new intravenous immunoglobulin (IGIV-C, 10%) produced by virus inactivation with caprylate and column chromatography. *Vox Sang*. 2003;84(3):193-201.





# Important Safety Information

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### Contraindications

XEMBIFY is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and a history of hypersensitivity.

### Warnings and Precautions

**Hypersensitivity.** Severe hypersensitivity reactions may occur with immune globulin products, including XEMBIFY. In case of hypersensitivity, discontinue infusion immediately and institute appropriate treatment. XEMBIFY contains IgA. Patients with known antibodies to IgA may have a greater risk of developing potentially severe hypersensitivity and anaphylactic reactions.

**Thrombosis.** Thrombosis may occur following treatment with immune globulin products, including XEMBIFY. Thrombosis may occur in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

**Aseptic meningitis syndrome (AMS).** AMS may occur with human immune globulin treatment, including XEMBIFY. Conduct a thorough neurological exam on patients exhibiting signs and symptoms to rule out other causes of meningitis. Discontinuation of treatment has resulted in remission within several days without sequelae.

**Renal dysfunction/failure.** Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur with use of human immune globulin products, especially those containing sucrose. XEMBIFY does not contain sucrose. Ensure patients are not volume-depleted prior to starting infusion. In patients at risk due to preexisting renal insufficiency or predisposition to acute renal failure, assess renal function prior to the initial infusion of XEMBIFY and again at appropriate intervals thereafter. If renal function deteriorates, consider discontinuation.

**Hemolysis.** XEMBIFY may contain blood group antibodies that may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for clinical signs and symptoms of hemolysis. If signs and symptoms are present after infusion, perform confirmatory lab testing.

**Transfusion-related acute lung injury (TRALI).** Noncardiogenic pulmonary edema may occur in patients following treatment with immune globulin products, including XEMBIFY. Monitor patients for pulmonary adverse reactions. If TRALI is suspected, perform appropriate tests for the presence of antineutrophil and anti-HLA antibodies in both the product and patient serum. TRALI may be managed using oxygen therapy with adequate ventilatory support.

**Transmissible infectious agents.** Because XEMBIFY is made from human blood, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. No cases of transmission of viral diseases, vCJD, or CJD have ever been associated with the use of XEMBIFY.

**Interference with lab tests.** After infusion of XEMBIFY, passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation.

### Adverse Reactions

The most common adverse reactions in ≥5% of subjects in the clinical trial were local adverse reactions, including infusion-site erythema (redness), infusion-site pain, infusion-site swelling (puffiness), infusion-site bruising, infusion-site nodule, infusion-site pruritus (itching), infusion-site induration (firmness), infusion-site scab, infusion-site edema, and systemic reactions including cough and diarrhea.

### Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (eg, measles, mumps, rubella, and varicella).

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## A 20% SCIG for a wide range of PIDD patients ≥2 years of age



### Unique caprylate/chromatography process

- Made with a process that minimizes the risk of denaturing the IgG protein<sup>5,6</sup>
- Provides ≥98% IgG protein<sup>5,6</sup>
- Sugar-free with trace amounts of sodium and stabilized with glycine<sup>1,2</sup>

### Maximum purity and proven tolerability\*

- All but one adverse event were mild or moderate with no differences between age groups<sup>3†</sup>
- 0.007 overall rate of systemic adverse reactions per infusion (N=1053 infusions; 7/49 subjects)<sup>3</sup>
- Rate of local site reactions decreased by >50% over time<sup>3</sup>

### Maximum potency for infection protection\*

- Total IgG exposure with a low of 1263 mg/dL and a high of 1358 mg/dL achieved at ~3 days with SC:IV mean trough ratio of 1.333<sup>3‡</sup>
- All patients maintained IgG trough level >580 mg/dL<sup>3</sup>
- No significant difference in PK parameters between age groups<sup>3</sup>
- Reliable reduction in all infections, and missed days from work/school with 0 serious bacterial infections<sup>§</sup> and 0 hospitalizations<sup>3¶</sup>



[XEMBIFY.com](http://XEMBIFY.com)

1-844-MYXEMBIFY  
1-844-699-3624



Xembify  
connexions

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### XEMBIFY Virtual Speaker Program



Sign Up Now

GRIFOLS

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