Join Us for a Patient Case-Based Educational Program

INHIBITOR SIGHTS

CLEARING *the* WAY TO MANAGE PATIENTS *with* INHIBITORS

Distinct Bleed Management For Distinct Diseases

Congenital Hemophilia A or B With Inhibitors and Acquired Hemophilia A

Inhibitors are the most serious complication for patients with hemophilia A or B.[1] In fact, the odds of death may be 70% higher in patients with an inhibitor compared to patients without an inhibitor.[2]

Acquired hemophilia A is life-threatening and worsens rapidly if there's a delay in diagnosis, which frequently occurs.[3,4] In patients with acquired hemophilia A, the mortality rate is estimated to be 9-22%.[3]

You are invited to Inhibitor InSights, a new patient case-based educational presentation on how to recognize, diagnose, and effectively treat patients with congenital hemophilia A or B with inhibitors and patients with acquired hemophilia A.

Program Approach

We think you'll find this a refreshing alternative to the standard pharmaceutical presentation. Your discussion will not only be facilitated by a leading hemophilia expert, the patient cases and content were developed by hemophilia specialists, and can be customized for your clinical interests. You'll follow the cases of 3 people and discuss the key decision points during their journey.

Patient cases include:

- Pediatric patient with severe congenital hemophilia A with inhibitors
- Adult patient with severe congenital hemophilia A with inhibitors
- Adult patient with acquired hemophilia A

Please see following pages for Indications and Detailed Important Risk Information for FEIBA [Anti-Inibitor Coagulant Complex], including BOXED WARNING for Blood Clots, and OBIZUR [Antihemophilic Factor (Recombinant), Porcine Sequence].

From The Hematology Advisors Who Developed This Content

We encourage you to attend Inhibitor InSights. It is designed for both experienced hematology specialists and healthcare providers in a hospital setting, such as emergency medicine physicians. Through our work with these healthcare providers, we know there is a significant need for timely diagnosis and appropriate treatment of these difficult bleeding disorders. We hope you find the content we developed helpful and can apply it to your patients' treatment plans.

Sarah Hawk, PA-C, Sandeep Rajan, MD, Swayamprabha Sadanandan, MD, Tammuella Singleton, MD, AAP, and Michael Tarantino, MD

Thursday, July 13, 2017

6:30-9:30 PM

Location

The Capital Grille
5310 Western Avenue Northwest,
Chevy Chase, MD 20815
(301) 718-7812

Speaker

Steven Kang, MD
Clinical Assistant Professor of Pathology, Blood Bank Director State University of New York Downstate Medical Center Brooklyn, New York

RSVP

Please RSVP at www.regonline.com/NPAofDC
Access Code: MD0713. For questions contact your Shire Representative, Mindy Gollin, at (908) 309-0990 or at MGollin@SalveoHCGroup.com

This is a non-CME event sponsored by Shire. In accordance with state laws, we are prohibited from providing meals and food items to healthcare professionals licensed or practicing in the states of Minnesota and Vermont. Invited participants may not bring guests. Shire will collect and report healthcare professional information concerning meals and other transfers of value pursuant to the Federal Sunshine Act and state laws.

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FEIBA [Anti-Inhibitor Coagulant Complex] Important Information

Indications
FEIBA is an Anti-Inhibitor Coagulant Complex indicated for use in hemophilia A and B patients with inhibitors for:

- Control and prevention of bleeding episodes
- Perioperative management
- Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.

FEIBA is not indicated for the treatment of bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to coagulation factor VIII or coagulation factor IX.

Detailed Important Risk Information

WARNING: THROMBOEMBOLIC EVENTS

- **Thromboembolic events have been reported during post-marketing surveillance following infusion of FEIBA, particularly following the administration of high doses and/or in patients with thrombotic risk factors.**
- **Monitor patients receiving FEIBA for signs and symptoms of thromboembolic events.**

The use of FEIBA is contraindicated in patients with:

- Known anaphylactic or severe hypersensitivity reactions to FEIBA or any of its components, including factors of the kinin generating system
- Disseminated intravascular coagulation (DIC)
- Acute thrombosis or embolism (including myocardial infarction)

Thromboembolic events (including venous thrombosis, pulmonary embolism, myocardial infarction, and stroke) can occur with FEIBA, particularly following the administration of high doses (above 200 units per kg per day) and/or in patients with thrombotic risk factors.

Infusion of FEIBA should not exceed a dose of 100 units per kg body weight every 6 hours and daily doses of 200 units per kg body weight. Maximum injection or infusion rate must not exceed 2 units per kg of body weight per minute. Monitor patients receiving more than 100 units per kg of body weight of FEIBA for the development of DIC, acute coronary ischemia, and signs and symptoms of other thromboembolic events. If clinical signs or symptoms occur, such as chest pain or pressure, shortness of breath, altered consciousness, vision, or speech, limb or abdomen swelling and/or pain, discontinue the infusion and initiate appropriate diagnostic and therapeutic measures.

Hypersensitivity and allergic reactions, including severe anaphylactoid reactions, can occur following the infusion of FEIBA. The symptoms include urticaria, angioedema, gastrointestinal manifestations, bronchospasm, and hypotension. These reactions can be severe and systemic (e.g., anaphylaxis with urticaria and angioedema, bronchospasm, and circulatory shock). Other infusion reactions, such as chills, pyrexia, and hypertension have also been reported. If signs and symptoms of severe allergic reactions occur, immediately discontinue administration of FEIBA and provide appropriate supportive care.

Because FEIBA is made from human plasma it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

The most frequently reported adverse reactions observed in >5% of subjects in the prophylaxis trial were anemia, diarrhea, hemarthrosis, hepatitis B surface antibody positive, nausea, and vomiting.

The serious adverse reactions seen with FEIBA are hypersensitivity reactions and thromboembolic events, including stroke, pulmonary embolism, and deep vein thrombosis.

Use of antifibrinolytics within approximately 6 to 12 hours after the administration of FEIBA is not recommended.

Please click here for FEIBA full Prescribing Information.

Please see following page for Indication and Detailed Important Risk Information for OBIZUR [Antihemophilic Factor (Recombinant), Porcine Sequence].

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OBIZUR [Antihemophilic Factor (Recombinant), Porcine Sequence] Important Information

Indication

OBIZUR, Antihemophilic Factor (Recombinant), Porcine Sequence, is a recombinant DNA derived, antihemophilic factor indicated for the treatment of bleeding episodes in adults with acquired hemophilia A.

Limitations of Use:

- Safety and efficacy of OBIZUR has not been established in patients with baseline anti-porcine factor VIII inhibitor titer greater than 20 BU
- OBIZUR is not indicated for the treatment of congenital hemophilia A or von Willebrand disease

Detailed Important Risk Information

CONTRAINDICATIONS

OBIZUR is contraindicated in patients who have had life-threatening hypersensitivity reactions to OBIZUR or its components (including traces of hamster proteins).

WARNINGS and PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions can occur with OBIZUR. OBIZUR contains trace amounts of hamster proteins. Early signs of allergic reactions, which can progress to anaphylaxis, include angioedema, chest-tightness, dyspnea, hypotension, wheezing, urticaria, and pruritus. Immediately discontinue administration and initiate appropriate treatment if allergic or anaphylactic-type reactions occur.

Inhibitory Antibodies

Inhibitory antibodies to OBIZUR have occurred. Monitor patients for the development of antibodies to OBIZUR by appropriate assays. If the plasma factor VIII level fails to increase as expected, or if bleeding is not controlled after OBIZUR administration, suspect the presence of an anti-porcine factor VIII antibody. If such inhibitory antibodies to anti-porcine factor VIII are suspected and there is a lack of clinical response, consider other therapeutic options.

Monitoring Laboratory Tests

- Perform one-stage clotting assay to confirm that adequate factor VIII levels have been achieved and maintained
  - Monitor factor VIII activity 30 minutes and 3 hours after initial dose
  - Monitor factor VIII activity 30 minutes after subsequent doses
- Monitor the development of inhibitory antibodies to OBIZUR. Perform a Nijmegen Bethesda inhibitor assay if expected plasma factor VIII activity levels are not attained or if bleeding is not controlled with the expected dose of OBIZUR. Use Bethesda Units (BU) to report inhibitor levels

ADVERSE REACTIONS

Common adverse reactions observed in greater than 5% of subjects in the clinical trial were development of inhibitors to porcine factor VIII.

Please click here for OBIZUR full Prescribing Information.

References

1. Srivastava A, et al. *Haemophilia.* 2013;19(1):e1-47.
2. Walsh CE, Soucie JM, Miller CH. Impact of inhibitors on hemophilia A mortality in the United States. *Am J Hematol.* 2015;90(5):400-405.
3. Collins P, Baudo F, Huth-Kuhne A, et al. Consensus recommendations for the diagnosis and treatment of acquired hemophilia A. *BMC Res Notes.* 2010;3:161.
4. Knoebl P, et al. *J Thromb Haemost.* 2012;10(4):622-631.
5. FEIBA Prescribing Information. Westlake Village, CA: Baxter Healthcare Corporation, December 2013.
6. OBIZUR Prescribing Information. Westlake Village, CA: Baxter Healthcare Corporation, October 2014.

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