Fall 2014

KHF Hemosphere

Gettin' in the Game℠

Two youngsters from Kentucky had the exciting opportunity to participate in CSL Behring's Gettin' in the Game Junior National Championship this year in Phoenix, Arizona. Isaac Webb from Louisville and Andy Slate from Mt. Vernon, who are KHF Summer Camp buddies, had the time of their lives learning about, practicing, and competing in their favorite sports of baseball and golf when they joined many other children and teens for this three-day sports clinic and competition, which was specifically developed for the bleeding disorder community thirteen years ago.

Walk 2 Cure

Our 2014 Walk was such a great time! Look for more photos and winner information inside on pages 4 and 5.

Walk2 cure hemophilia KHF

Consumers can once again shop for coverage through the Health Insurance Marketplace

Consumers can sign up for health plans for the first time, renew, or change their plans for 2015 on HealthCare.gov. *More plans are available this year.*

Consumers can sign up for 2015 health insurance plans through HealthCare.gov, the call center, or in-person assistance. With more issuers offering coverage through the Health Insurance Marketplace this year, the consumers will find more options for themselves and their families.

“When Open Enrollment begins tomorrow, consumers who are renewing their coverage or signing up for the first time will have an opportunity to obtain quality health coverage at a price they can afford," said Health and Human Services Secretary Sylvia M. Burwell. "Whether consumers visit the simpler, faster and more intuitive HealthCare.gov or contact the call center, they’re going to find more choices and competitive prices."

The Health Insurance Marketplace is a simpler way to purchase health insurance for Americans and their families. Consumers can go online to find and compare options, see if they qualify for lower costs, and select coverage that best meets their needs and budget. About 85 percent of those who signed up last year through the Marketplace received financial assistance. Coverage begins as early as January 1, 2015 for people enrolling by December 15, 2014. Tomorrow, the Centers for Medicare & Medicaid Services (CMS) is launching an education and outreach campaign in communities nationwide to drive both the uninsured and current enrollees to enroll in coverage or renew their coverage. Enrollment events will take place in local communities including in public libraries, churches, festivals, sports events, and community meetings.

“Tomorrow marks the beginning of an intense open enrollment and public education campaign for the Marketplace,” said CMS Administrator Marilyn Tavenner. “We want consumers to visit the Marketplace, compare their options, see if they qualify for lower costs, and reenroll or get new coverage that best meets their needs and budget.”

CMS has worked to improve the consumer experience by making the application process easier. A window shopping tool allows consumers to answer a few simple questions, such as location and family size, in order to compare plans and get an estimate on how much financial assistance they may qualify for, without needing a log-in or submitting an application.

For most consumers who are renewing coverage, up to 90 percent of their application will be pre-filled based on last year’s application. And a new streamlined application reduces the number of screens to 16 with fewer clicks to navigate through the questions for most consumers signing up for the first time. Last year, consumers went through 76 screens to sign up for coverage. This year, along with a simpler, faster application, consumers can shop and enroll on a smartphone, tablet, computer, or by calling the call center or with in-person assistance.

Tomorrow, Secretary Burwell will participate in an enrollment event at the Evergreen Health Center in Manassas, Virginia with local consumers and Certified Application Counselors who are helping consumers enroll.

Open Enrollment for the Health Insurance Marketplace begins tomorrow, Nov. 15, 2014, and runs through Feb. 15, 2015. Consumers should visit HealthCare.gov to review and compare health plan options and find out if they are eligible for financial assistance, which can help pay monthly premiums and reduce out-of-pocket costs when receiving services. All consumers shopping for health insurance coverage for 2015— even those who currently have coverage through the Marketplace — should enroll or re-enroll between November 15 and December 15 in order to have coverage effective on Jan. 1, 2015.

Continued on the next page

A number of different resources are available to help consumers find Marketplace coverage. They can get more information through HealthCare.gov or CuidadoDeSalud.gov. Consumers can find local help at: Localhelp.healthcare.gov or call the Federally-facilitated Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. Assistance is available in 150 languages. The call is free.

The Marketplace includes a Small Business Health Option Program (SHOP), designed to give small businesses new health insurance options and a simpler way to cover their employees. The SHOP is available to small employers with 50 or fewer full-time equivalent employees. Starting tomorrow, November 15, 2014, the SHOP Marketplace will allow qualifying employers to find, compare, purchase, and enroll in 2015 SHOP health and dental coverage entirely online through HealthCare.gov. Employees will be able to view offers of insurance from their employer and enroll online through HealthCare.gov. Small businesses and their employees can get help from the toll-free SHOP Marketplace call center at **1-800-706-7893** or for TTY, call 711. The hours are Monday through Friday, 9 a.m. to 7 p.m. EST.

To sign up for individual and family coverage, visit: **https://www.healthcare.gov/apply-and-enroll/**; to sign up for small business coverage, visit: **https://www.healthcare.gov/small-businesses/**; for more information about Health Insurance Marketplaces, visit: **www.healthcare.gov/marketplace**

Source: Reuters, November 19, 2014

FDA Approves Oral HCV Combination Therapy Free of Ribavirin and Interferon

On November 5, 2014, the US Food and Drug Administration (FDA) approved the combination use of two previously approved separate oral therapies, Simeprevir (Olysio™) and sofosbuvir (Sovaldi™), for the treatment of chronic hepatitis C viral (HCV) infection. It is a ribavirin- and interferon-free regimen, both of which were notorious for causing debilitating side effects.

Simeprevir, manufactured by Janssen Therapeutics, is a protease inhibitor that halts the progression of HCV, thus preventing it from reproducing. Sofosbuvir, manufactured by Gilead Sciences, is a daily oral nucleotide analogue inhibitor composed of a small molecule compound that blocks HCV's ability to replicate. The FDA approval encompasses the combination use of simeprevir/sofosbuvir for both treatment-naive and treatment-experienced patients. Trial regimens included a 24-week duration for patients with cirrhosis (scarring of the liver) and 12 weeks for those without cirrhosis, both of which excluded the use of either ribavirin or interferon.

The new FDA approval is based on results of the COSMOS study, a phase II trial that included patients with HCV genotype 1. Rates of sustained virologic response (SVR, meaning they no longer had detectable virus in their blood) measured 12 weeks after treatment ended were 93% among those treated with the combination for 12 weeks, and 97% among those treated for 24 weeks. The most common adverse reactions reported by more than 10% of treated patients during 12 weeks of combination treatment were fatigue in 25%, headache (21%), nausea (21%), insomnia (14%), itching (11%), rash (11%), and sensitivity to light (7%). Dizziness (16%) and diarrhea (16%) were the most commonly reported among those patients treated for 24 weeks.

Source: Family Practice News, November 6, 2014

Event News

7th Annual Kickathon

On August 9, ChunJiDo Academy of Evansville held its 7th Annual Kickathon fundraiser. This event is organized by Nancy Cutrell and her husband Bob. Nancy grew up with two brothers who lived with the daily challenges of having hemophilia. Sadly, her brother Terry left us all too soon. This event honors Terry's legacy. All of their ChunJiDo students participate in this fundraiser, and their entire Evansville ChunJiDo family supports it. Monies raised benefit the Kentucky Hemophilia Foundation in support of the Terry D. Turner Memorial Scholarship, Summer Camp for Kids and Teens, and the annual Holiday Program for our bleeding disorders community. KHF is immensely appreciative for their support of $3,024.

Kentucky Hemophilia Walk!

The first KHF Walk fundraiser as part of the National Hemophilia Foundation's Walk Program was a resounding success. Two hundred and seventy individuals, most of them connected with Kentucky's bleeding disorders community, had signed up to participate; and more came to walk in support of hemophilia on the day of the event. Forty-three teams of walkers from all corners of the state walked 1-5 K for hemophilia on a crisp October morning at lovely Wetherby Park in historic Middletown.

Musical entertainment, children's activities, and refreshments hit the spot with old and young. The children especially enjoyed the Bouncy House, the clown couple who made balloon animals and did face painting, and Connie's pumpkin painting. The stunning balloon arch served as dramatic start and finish of the Walk and as backdrop for many snapshots. Spirits were high during the invigorating Walk in support of hemophilia.

Some teams wore colorful t-shirts dedicated to a family member or friend. Parents were pushing strollers with sleepy little ones, and there were even a couple of canines in the crowd. Team members and individual walkers had solicited pledges from family members, friends, and co-workers, among others, to raise money for KHF.

All walkers received a complimentary t-shirt and tote bag for their participation. Door prizes, medals, and additional awards could be won by all participants who solicited pledges. The anticipation grew noticeably during the morning as to who the winners would be.

Event News

More Walk!

The winning teams were in **1st place, Team Brody with $1,318.02, 2nd place, Team Wipperman with $1,285, and 3rd place, Team Carter's Crew with $1,040. Team Captains Brody Vanderpool, Renee Wipperman, and Amy Tierney** proudly accepted their medals and prizes.

For individual fundraising, we recognized **Jamie Beard in 1st place with $1,165, Brody Vanderpool in 2nd place with $1,056, and Amy Tierney in 3rd place with $840.**

We also thank all of our sponsors who contributed generously to the overall gross amount raised of $35,460. They are Novo Nordisk $5,000, CSL Behring $3,500, CVS Caremark $1,000, BioScrip $1,000, Kosair Charities $1,000, Cottrill's Pharmacy, Inc. $500, Matrix Health $500, Walgreens Infusion Services $500, BioRx $500, Paragon Hemophilia Solutions $500, Accredo $250, Louisville Web Group $250, Fiducial $250, and Republic Bank $250.

The Kentucky Hemophilia Walk will become an annual event and is slated to grow from year to year. All monies raised will support the programs and services that we provide for Kentucky's Bleeding Disorders Community. In addition, shortly after our Walk, Baxter BioScience, the national presenting sponsor, donated $5,000 in our name to the National Hemophilia Foundation for research.

We thank all contributors, walkers, and volunteers, and our Walk Planning Committee chaired by Venus Marcum, for ensuring the success of our first Walk.

More News

Kentucky Hemophilia Foundation

Membership

July 1, 2014 – November 30, 2014

We thank these members of the Kentucky Hemophilia Foundation for their support!

Individual/Family Memberships, 20+
Frances Joyce Lewis

Supporting Memberships, $35+
Judy Hayes
in memory of Michael Jason Hayes
Barbara Hendrix
Don Mattingly
John & Carol Nord

Patron Memberships, $50+
Larry G. Bandy, Sr.
Mark Chavez
Arthur & Terri Hackman
David & Leslie Houvenagle
Laura & Glen Webb

Sustaining Memberships, $100+
Leah Graham
Barbara Grayson
Fred & Darline Hartman
Thomas & Alice Hendrix
Kim Wearsch

Champion/Corporate Memberships, $500+
Terry & Marion Forcht
Ted & Jennifer Forcht

In Memory

September 1, 2014 – November 30, 2014

Gone from our sight but never our memories; gone from our touch but never our hearts…

Estil Coots
Mrs. Audrey C. Mauk

William L. Farmer, Sr.
Mrs. William L. Farmer, Sr.

Spalding Grayson
46th birthday
Frances Joyce Lewis

Alan Taylor Hall
Mr. & Mrs. W. Walter Hall

Martha & William K. Nord
for Herb Schlaughenhoupt Jr. Memorial Scholarship Fund
John & Carol Nord

Herb & Henrietta Schlaughenhoupt
for Herb Schlaughenhoupt Jr. Memorial Scholarship Fund
John & Carol Nord

Shirley Wilder
Mr. & Mrs. W. Walter Hall

Kentucky Hemophilia Foundation

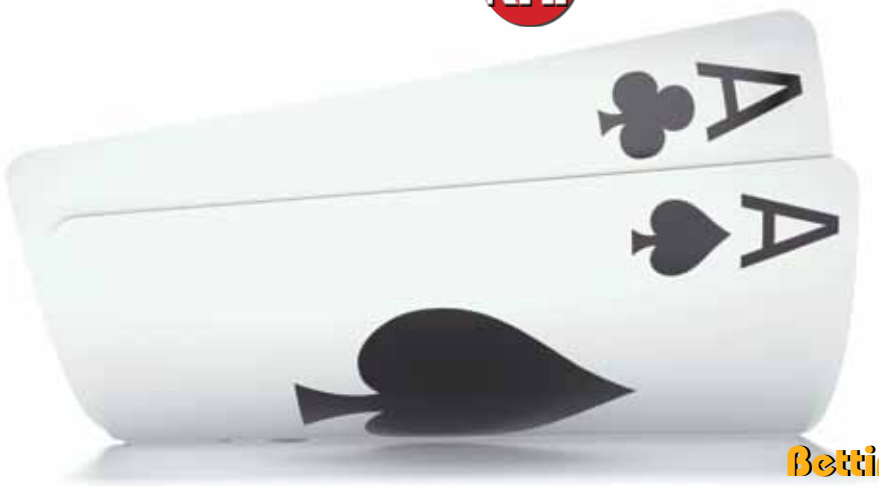
Upcoming Events

At KHF, We're Betting on a Cure.

So, on February 28th, we're bringing a bit of Vegas to the 'Ville!

Vegasville

KHF



Betting on a Cure

It's a night of *friends, fortune, and fun* with Casino-style gaming for real money and Vegas-style entertainment. Test your skill and luck with Black Jack, Three-Card Poker, Let It Ride and 21+3 – plus Roulette and Texas Hold'Em. Also enjoy: Auction Items ♦ Open Bar Ben Pine, Certified Broadcast Meteorologist, WHAS Weather ♦ An exciting Grand Prize Drawing Musical entertainment provided later in the evening to dance the night away with Indigo.

Look for your invitation arriving in the mail soon!

Do The Five

Follow these steps to prevent or reduce complications of bleeding disorders

1. Get an annual comprehensive checkup at a hemophilia treatment center.
2. Get vaccinated – Hepatitis A and B are preventable.
3. Treat bleeds early and adequately.
4. Exercise to protect your joints.
5. Get tested regularly for blood-borne infections.

To find out more about the National Prevention Program developed by the National Hemophilia Foundation in collaboration with the Centers for Disease Control and Prevention (CDC), click on www.hemophilia.org or call toll-free 800-42-HANDI.

February 28th is Vegasville!

KHF neither recommends nor endorses the products in this publication and does not make recommendations concerning treatment regimen for individuals. KHF suggests that you consult your physician or treatment center before pursuing any course of treatment. This publication is for general information only.

KOSAIR CHARITIES
Protecting the Most Precious Gift of All

WHAS CRUSADE FOR CHILDREN

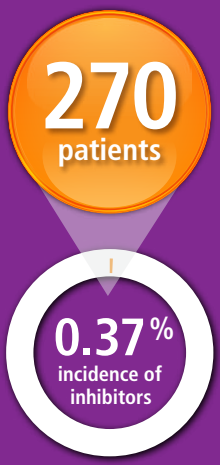
COMMUNITY HEALTH CHARITIES KENTUCKY

COLONEL COMMONWEALTH of KENTUCKY HONORABLE ORDER OF KENTUCKY

KENTUCKY HEMOPHILIA FOUNDATION
1850 Taylor Avenue #2
Louisville, KY 40213-1594

Non Profit Org.
U.S. Postage
PAID
Louisville, KY
Permit No. 883

ADVATE
[Antihemophilic Factor (Recombinant)]
There's more to life.



Low PTP inhibitor rate[1-5]
(95% confidence interval, 0.02%-2.13%)

ADVATE HAS A PROVEN SAFETY PROFILE[1-7]

LOW RISK OF INHIBITOR DEVELOPMENT DEMONSTRATED IN CLINICAL STUDIES

Six clinical studies of 270 previously treated patients (PTPs) with moderately severe to severe hemophilia A demonstrated a low inhibitor rate of 0.37%.[1-5] PTPs are considered to be the most appropriate study population for the assessment of product-related immunogenicity.[8]

INDICATIONS

ADVATE [Antihemophilic Factor (Recombinant), Plasma/Albumin-Free Method] is a medicine used to replace clotting factor (factor VIII or antihemophilic factor) that is missing in people with hemophilia A (also called "classic" hemophilia). ADVATE is used to prevent and control bleeding in adults and children (0-16 years) with hemophilia A. Your healthcare provider may give you ADVATE when you have surgery. ADVATE can reduce the number of bleeding episodes in adults and children (0-16 years) when used regularly (prophylaxis).

ADVATE is not used to treat von Willebrand disease.

DETAILED IMPORTANT RISK INFORMATION

You should not use ADVATE if you:

- Are allergic to mice or hamsters.
- Are allergic to any ingredients in ADVATE.

Tell your healthcare provider if you are pregnant or breastfeeding because ADVATE may not be right for you.

You should tell your healthcare provider if you:

- Have or have had any medical problems.
- Take any medicines, including prescription and non-prescription medicines, such as over-the-counter medicines, supplements or herbal remedies.
- Have any allergies, including allergies to mice or hamsters.
- Have been told that you have inhibitors to factor VIII (because ADVATE may not work for you).

Your body may form inhibitors to factor VIII. An inhibitor is part of the body's normal defense system. If you form inhibitors, it may stop ADVATE 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.

You can have an allergic reaction to ADVATE. Call your healthcare provider right away and stop treatment if you get a rash or hives, itching, tightness of the throat, chest pain or tightness, difficulty breathing, lightheadedness, dizziness, nausea or fainting.

Side effects that have been reported with ADVATE include: cough, headache, joint swelling/aching, sore throat, fever, itching, unusual taste, dizziness, hematoma, abdominal pain, hot flashes, swelling of legs, diarrhea, chills, runny nose/congestion, nausea/vomiting, sweating, and rash.

Tell your healthcare provider about any side effects that bother you or do not go away or if your bleeding does not stop after taking ADVATE.

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

Please see Brief Summary of ADVATE Prescribing Information on the following page.

References: 1. Valentino LA, Mamonov V, Hellmann A, et al. A randomized comparison of two prophylaxis regimens and a paired comparison of on-demand and prophylaxis treatments in hemophilia A management. *J Thromb Haemost*. 2012;10(3):359-367. **2.** Shapiro A, Gruppo R, Pabinger I, et al. Integrated analysis of safety and efficacy of a plasma- and albumin-free recombinant factor VIII (rAHF-PFM) from six clinical studies in patients with hemophilia A. *Expert Opin Biol Ther*. 2009;9(3):273-283. **3.** Tarantino MD, Collins PW, Hay CRM, et al, and the rAHF-PFM Clinical Study Group. Clinical evaluation of an advanced category antihaemophilic factor prepared using a plasma/albumin-free method: pharmacokinetics, efficacy, and safety in previously treated patients with haemophilia A. *Haemophilia*. 2004;10(5):428-437. **4.** Négrier C, Shapiro A, Berntorp E, et al. Surgical evaluation of a recombinant factor VIII prepared using a plasma/albumin-free method: efficacy and safety of Advate in previously treated patients. *Thromb Haemost*. 2008;100(8):217-223. **5.** Blanchette VS, Shapiro AD, Liesner RJ, et al, for the rAHF-PFM Clinical Study Group. Plasma and albumin-free recombinant factor VIII: pharmacokinetics, efficacy and safety in previously treated pediatric patients. *J Thromb Haemost*. 2008;6(8):1319-1326. **6.** Oldenburg J, Goudemand J, Valentino L, et al. Postauthorization safety surveillance of ADVATE [antihemophilic factor (recombinant), plasma/albumin-free method] demonstrates efficacy, safety and low-risk for immunogenicity in routine clinical practice. *Haemophilia*. 2010;16(6):866-877. **7.** Auerswald G, Thompson AA, Recht M, et al. Experience of Advate rAHF-PFM in previously untreated patients and minimally treated patients with haemophilia A. *Thromb Haemost*. 2012;107(6):1072-1082. **8.** White GC, DiMichele D, Mertens K, et al. Utilization of previously treated patients (PTPs), noninfected patients (NIPs), and previously untreated patients (PUPs) in the evaluation of new factor VIII and factor IX concentrates. Recommendation of the Scientific Subcommittee on Factor VIII and Factor IX of the Scientific and Standardization Committee of the International Society on Thrombosis and Haemostasis. *Thromb Haemost*. 1999;81(3):462.

Baxter

ADVATE [Antihemophilic Factor (Recombinant)]
Lyophilized Powder for Reconstitution for Intravenous Injection
Brief Summary of Prescribing Information: Please see package insert for full Prescribing Information.

INDICATIONS AND USAGE

ADVATE [Antihemophilic Factor (Recombinant)] is a recombinant antihemophilic factor indicated for use in children and adults with hemophilia A (congenital factor VIII deficiency or classic hemophilia) for:

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

ADVATE is not indicated for the treatment of von Willebrand disease.

CONTRAINDICATIONS

ADVATE is contraindicated in patients who have life-threatening hypersensitivity reactions, including anaphylaxis, to mouse or hamster protein or other constituents of the product (mannitol, trehalose, sodium chloride, histidine, Tris, calcium chloride, polysorbate 80, and/or glutathione).

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Allergic-type hypersensitivity reactions, including anaphylaxis, have been reported with ADVATE. Symptoms include dizziness, paresthesia, rash, flushing, facial swelling, urticaria, dyspnea, and pruritus.

ADVATE contains trace amounts of mouse immunoglobulin G (MulgG) ≤0.1 ng/IU ADVATE, and hamster proteins ≤1.5 ng/IU ADVATE. Patients treated with this product may develop hypersensitivity to these non-human mammalian proteins.

Discontinue ADVATE if hypersensitivity symptoms occur and administer appropriate emergency treatment.

Neutralizing Antibodies

Neutralizing antibodies (inhibitors) have been reported following administration of ADVATE predominantly in previously untreated patients (PUPs) and previously minimally treated patients (MTPs). Monitor all patients for the development of factor VIII inhibitors by appropriate clinical observation and laboratory testing. If expected plasma factor VIII activity levels are not attained, or if bleeding is not controlled with an expected dose, perform an assay that measures factor VIII inhibitor concentration. [see *Warnings and Precautions*]

Monitoring Laboratory Tests

- Monitor plasma factor VIII activity levels by the one-stage clotting assay to confirm the adequate factor VIII levels have been achieved and maintained when clinically indicated. [see *Dosage and Administration*]
- Perform the Bethesda assay to determine if factor VIII inhibitor is present. If expected factor VIII activity plasma levels are not attained, or if bleeding is not controlled with the expected dose of ADVATE, use Bethesda Units (BU) to titer inhibitors.
  - If the inhibitor titer is less than 10 BU per mL, the administration of additional antihemophilic factor concentrate may neutralize the inhibitor and may permit an appropriate hemostatic response.
  - If the inhibitor titer is above 10 BU per mL, adequate hemostasis may not be achieved. The inhibitor titer may rise following ADVATE infusion as a result of an anamnestic response to factor VIII. The treatment or prevention of bleeding in such patients requires the use of alternative therapeutic approaches and agents.

ADVERSE REACTIONS

The serious adverse reactions seen with ADVATE are hypersensitivity reactions and the development of high-titer inhibitors necessitating alternative treatments to factor VIII.

The most common adverse reactions observed in clinical trials (frequency ≥10% of subjects) were pyrexia, headache, cough, nasopharyngitis, vomiting, arthralgia, and limb injury.

Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in clinical trials of another drug and may not reflect the rates observed in clinical practice.

ADVATE has been evaluated in five completed clinical trials in previously treated patients (PTPs) and one ongoing trial in previously untreated patients (PUPs) with severe to moderately severe hemophilia A (factor VIII ≤2% of normal). A total of 234 subjects have been treated with ADVATE as of March 2006. Total exposure to ADVATE was 44,926 infusions. The median duration of participation per subject was 370.5 (range: 1 to 1,256) days and the median number of exposure days to ADVATE per subject was 128 (range: 1 to 598).[3]

The summary of adverse reactions with a frequency ≥5% (defined as adverse events occurring within 24 hours of infusion or any adverse event causally related occurring within the trial period) is shown in Table 3.

No subject was withdrawn from a clinical trial due to an adverse reaction. There were no deaths in any of the clinical trials.

Table 3
Summary of Adverse Reactions[a] with a Frequency ≥5% (N = 234 Treated Subjects[b])

MedDRA[c] System Organ Class	MedDRA Preferred Term	Number of ADRs	Number of Subjects	Percent of Subjects
General disorders and administration site conditions	Pyrexia	78	50	21
Nervous system disorders	Headache	104	49	21
Respiratory, thoracic, and mediastinal disorders	Cough	75	44	19
Infections and infestations	Nasopharyngitis	61	40	17
Gastrointestinal disorders	Vomiting	35	27	12
Musculoskeletal and connective tissue disorders	Arthralgia	44	27	12
Injury, poisoning, and procedural complications	Limb injury	55	24	10
Infections and infestations	Upper respiratory tract infection	24	20	9
Respiratory, thoracic, and mediastinal disorders	Pharyngolaryngeal pain	23	20	9
Respiratory, thoracic, and mediastinal disorders	Nasal congestion	24	19	8
Gastrointestinal disorders	Diarrhea	24	18	8
Gastrointestinal disorders	Nausea	21	17	8
General disorders and administration site conditions	Pain	19	17	8
Skin and subcutaneous tissue disorders	Rash	16	13	6
Infections and infestations	Ear infection	16	12	5
Injury, poisoning, and procedural complications	Procedural pain	16	12	5
Respiratory, thoracic, and mediastinal disorders	Rhinorrhea	15	12	5

[a] Adverse reactions are defined as all adverse events that occurred (a) within 24 hours after being infused with investigational product, or (b) all adverse events assessed related or possibly related to investigational product, or (c) adverse events for which the investigator's or sponsor's opinion of causality was missing or indeterminate.

[b] The ADVATE clinical program included 234 treated subjects from 5 completed studies in PTPs and 1 ongoing trial in PUPs as of 27 March 2006.

[c] MedDRA version 8.1 was used.

Immunogenicity

The development of factor VIII inhibitors with the use of ADVATE was evaluated in clinical trials with pediatric PTPs (<6 years of age with >50 factor VIII exposures) and PTPs (>10 years of age with >150 factor VIII exposures). Of 198 subjects who were treated for at least 10 exposure days or on study for a minimum of 120 days, 1 adult developed a low-titer inhibitor (2 BU in the Bethesda assay) after 26 exposure days. Eight weeks later, the inhibitor was no longer detectable, and *in vivo* recovery was normal at 1 and 3 hours after infusion of another marketed recombinant factor VIII concentrate. This single event results in a factor VIII inhibitor frequency in PTPs of 0.51% (95% CI of 0.03 and 2.91% for the risk of any factor VIII inhibitor development).[3,4] No factor VIII inhibitors were detected in the 53 treated pediatric PTPs.

In clinical trials that enrolled previously untreated subjects (defined as having had up to 3 exposures to a factor VIII product at the time of enrollment) , 5 (20%) of 25 subjects who received ADVATE developed inhibitors to factor VIII.[3] Four subjects developed high titer (>5 BU) and one patient developed low-titer inhibitors. Inhibitors were detected at a median of 11 exposure days (range 7 to 13 exposure days) to investigational product.

Immunogenicity also was evaluated by measuring the development of antibodies to heterologous proteins. 182 treated subjects were assessed for anti-Chinese hamster ovary (CHO) cell protein antibodies. Of these subjects, 3 showed an upward trend in antibody titer over time and 4 showed repeated but transient elevations of antibodies. 182 treated subjects were assessed for mulgG protein antibodies. Of these, 10 showed an upward trend in anti-mulgG antibody titer over time and 2 showed repeated but transient elevations of antibodies. Four subjects who demonstrated antibody elevations reported isolated events of urticaria, pruritus, rash, and slightly elevated eosinophil counts. All of these subjects had numerous repeat exposures to the study product without recurrence of the events and a causal relationship between the antibody findings and these clinical events has not been established.

Of the 181 subjects who were treated and assessed for the presence of anti-human von Willebrand Factor (VWF) antibodies, none displayed laboratory evidence indicative of a positive serologic response.

The detection of antibody formation is highly 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 ADVATE with the incidence of antibodies to other products may be misleading.

Post-Marketing Experience

The following adverse reactions have been identified during post-approval use of ADVATE. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Among patients treated with ADVATE, cases of serious allergic/hypersensitivity reactions including anaphylaxis have been reported and factor VIII inhibitor formation (observed predominantly in PUPs). Table 4 represents the most frequently reported post-marketing adverse reactions as MedDRA Preferred Terms.

Table 4
Post-Marketing Experience

Organ System [MedDRA Primary SOC]	Preferred Term
Immune system disorders	Anaphylactic reaction[a] Hypersensitivity[a]
Blood and lymphatic system disorders	Factor VIII inhibition
General disorders and administration site conditions	Injection site reaction Chills Fatigue/Malaise Chest discomfort/pain Less-than-expected therapeutic effect

[a] These reactions have been manifested by dizziness, paresthesias, rash, flushing, face swelling, urticaria, and/or pruritus.

Patented: see www.baxter.com/productpatents/

Baxter Healthcare Corporation, Westlake Village, CA 91362 USA

U.S. License No. 140 Issued 04/2014

USBS/34/14-0104

Baxter

Having issues with co-pays or gaps in coverage for your **hemophilia A** treatment ???

We may be able to help.

Bayer offers a range of programs that can help you **navigate insurance questions about your hemophilia A** treatment. If you're having issues with co-pays or gaps in coverage, we may be able to offer assistance. Speak with one of our case specialists to find out more.

Call **1-800-288-8374** and press 1 to speak to a trained **insurance specialist!**

ALPROLIX™
[Coagulation Factor IX (Recombinant), Fc Fusion Protein]

A treatment for hemophilia B

PROTECTION* FROM BLEEDS

Starting with at least a week between prophylaxis infusions

Dosing regimen can be adjusted based on individual response.

*Protection is the prevention of bleeding episodes using a prophylaxis regimen.

To learn more, contact CoRe Manager **Tricia Oppelt** at **tricia.oppelt@biogenidec.com** or call **585-737-9060.**

INDICATIONS AND IMPORTANT SAFETY INFORMATION

Indications

ALPROLIX, Coagulation Factor IX (Recombinant), Fc Fusion Protein, is a recombinant DNA derived, coagulation factor IX concentrate indicated in adults and children with hemophilia B for:

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

ALPROLIX is not indicated for induction of immune tolerance in patients with hemophilia B.

Important safety information

Do not use ALPROLIX if you are allergic to ALPROLIX or any of the other ingredients in ALPROLIX.

Tell your healthcare provider if you have or have had any medical problems, take any medicines, including prescription and non-prescription medicines, supplements, or herbal medicines, have any allergies and all your medical conditions, including if you are pregnant or planning to become pregnant, are breastfeeding, or have been told you have inhibitors (antibodies) to factor IX.

Allergic reactions may occur with ALPROLIX. Call your healthcare provider or get emergency treatment right away if you have any of the following symptoms: difficulty breathing, chest tightness, swelling of the face, rash, or hives.

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

ALPROLIX may increase the risk of formation of abnormal blood clots in your body, especially if you have risk factors for developing clots.

Common side effects of ALPROLIX include headache and abnormal sensation of the mouth. These are not all the possible side effects of ALPROLIX. Talk to your healthcare provider right away about any side effect that bothers you or does not go away, and if bleeding is not controlled using ALPROLIX.

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

Please see Brief Summary of full Prescribing Information on the next page for additional safety information. This information is not intended to replace discussions with your healthcare provider.

biogen idec®

 FIX-1007929 10/2014

ALPROLIX [Coagulation Factor IX (Recombinant), Fc Fusion Protein], Lyophilized Powder for Solution For Intravenous Injection.

FDA Approved Patient Information

ALPROLIX™ /all' pro liks/ [Coagulation Factor IX (Recombinant), Fc Fusion Protein]

Please read this Patient Information carefully before using ALPROLIX™ and each time you get a refill, as there may be new information. This Patient Information does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is ALPROLIX™?

ALPROLIX™ 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.

Your healthcare provider may give you ALPROLIX™ when you have surgery.

Who should not use ALPROLIX™?

You should not use ALPROLIX™ if you are allergic to ALPROLIX™ or any of the other ingredients in ALPROLIX™. Tell your healthcare provider if you have had an allergic reaction to any Factor IX product prior to using ALPROLIX™.

What should I tell my healthcare provider before using ALPROLIX™?

Tell your healthcare provider 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:

- are pregnant or planning to become pregnant. It is not known if ALPROLIX™ may harm your unborn baby.
- are breastfeeding. It is not known if ALPROLIX™ passes into breast milk or if it can harm your baby.
- have been told that you have inhibitors to Factor IX (because ALPROLIX™ may not work for you).

How should I use ALPROLIX™?

ALPROLIX™ should be administered as ordered by your healthcare provider. You should be trained on how to do infusions by your healthcare provider. Many people with hemophilia B learn to infuse their ALPROLIX™ by themselves or with the help of a family member.

See the Instructions for Use for directions on infusing ALPROLIX ™. The steps in the Instructions for Use are general guidelines for using ALPROLIX™. Always follow any specific instructions from your healthcare provider. If you are unsure of the procedure, please ask your healthcare provider.

Do not use ALPROLIX™ as a continuous intravenous infusion.

Contact your healthcare provider immediately if bleeding is not controlled after using ALPROLIX™.

What are the possible side effects of ALPROLIX™?

Common side effects of ALPROLIX™ include headache and abnormal sensation in the mouth.

Allergic reactions may occur. Call your healthcare provider or get emergency treatment right away if you have any of the following symptoms: hives, chest tightness, wheezing, difficulty breathing, or swelling of the face.

ALPROLIX™ may increase the risk of forming abnormal blood clots in your body, especially if you have risk factors for developing blood clots.

Your body can also make antibodies called, "inhibitors," against ALPROLIX™, which may stop ALPROLIX™ from working properly. Your healthcare provider may need to test your blood for inhibitors from time to time.

These are not all the possible side effects of ALPROLIX™.Talk to your healthcare provider about any side effect that bothers you or that does not go away.

How should I store ALPROLIX™?

Store ALPROLIX™ vials at 2°C to 8°C (36°F to 46°F). Do not freeze.

ALPROLIX™ vials may also be stored at room temperature up to 30°C (86°F) for a single 6 month period.

If you choose to store ALPROLIX™ at room temperature:

- Note on the carton the date on which the product was removed from refrigeration.
- Use the product before the end of this 6 month period or discard it. not return the product to the refrigerator.
- Do not use product or diluent after the expiration date printed on the carton, vial or syringe.

After Reconstitution:

- Use the reconstituted product as soon as possible; however, you may store the reconstituted product at room temperature up to 30°C (86°F) for up to 3 hours. Protect the reconstituted product from direct sunlight. Discard any product not used within 3 hours after reconstitution.
- Do not use ALPROLIX™ if the reconstituted solutionis cloudy, contains particles or is not colorless.

What else should I know about ALPROLIX™?

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

Manufactured by
Biogen Idec Inc.
14 Cambridge Center
Cambridge, MA 02142
U.S. License #1697

INTRODUCING

Grifols Factor Savings Card Programs

Apply for a card and start reducing your out-of-pocket factor costs today:

Call
855-355-2574
AlphaNine SD Savings Card Program Help Desk

OR

Visit
www.alphaninecard.com
AlphaNine SD Savings Card Program Website

Call
855-831-2090
ALPHANATE Savings Card Program Help Desk

OR

Visit
www.alphanatecard.com
ALPHANATE Savings Card Program Website

AlphaNine® SD
Coagulation Factor IX (Human)

Alphanate®
Antihemophilic Factor/von Willebrand Factor Complex (Human)

COA11-0214

GRIFOLS
www.grifolsusa.com

AlphaNine® SD
Coagulation Factor IX (Human)

Packaged with Mix2Vial® Filter Transfer Set

Available in the following potencies and color coded assay ranges

Potency	Diluent Size
500 IU FIX Range	10 mL
1000 IU FIX Range	10 mL
1500 IU FIX Range	10 mL

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

For more information: **Grifols Inc.**
Customer Service: 888 325 8579 Fax: 323 441 7968

GRIFOLS a new era begins
www.grifolsusa.com

RIXUBIS
[COAGULATION FACTOR IX (RECOMBINANT)]

For more information, contact your Baxter representative today:

Steve Chaput

Phone: (502) 322-0600

E-mail: stephen_chaput@baxter.com

To learn more, visit www.RIXUBIS.com.

Baxter

Having issues with co-pays or gaps in coverage for your **hemophilia A** treatment ???

We may be able to help.

Bayer offers a range of programs that can help you **navigate insurance questions about your hemophilia A** treatment. If you're having issues with co-pays or gaps in coverage, we may be able to offer assistance. Speak with one of our case specialists to find out more.

Call **1-800-288-8374** and press 1 to speak to a trained **insurance specialist!**