ADVATE® is FDA approved for prophylaxis in both adults & children (0-16 years)\textsuperscript{1}

Please see page 3 for ADVATE Indications and Detailed Important Risk Information. Please see accompanying ADVATE full Prescribing Information.

You should be trained on how to do infusions by your hemophilia treatment center or your healthcare provider.
**WHAT YOU HAVE ACHIEVED**

Be honest. This is your chance to put down on paper exactly how much you achieved during the last few months. Hopefully, you’ve achieved everything you set out to at the start. If not, you should have a clear picture of what needs to be done. Either way, share this page with your healthcare provider as soon as you can.

---

**GENERAL HEALTH ASSESSMENT**

<table>
<thead>
<tr>
<th>GOAL</th>
<th>ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>_____ lbs</td>
</tr>
<tr>
<td>Exercise routine:</td>
<td>_____ X week</td>
</tr>
<tr>
<td>HTC visits:</td>
<td>_____ X year</td>
</tr>
</tbody>
</table>

---

**ANNUALIZED BLEED RATE (ABR)**

Calculate your ABR by adding the number of bleeds you experienced over the course of a year, then compare it to your initial rate and the goal you and your healthcare provider set 12 months ago.

- Month 1: ________  Month 5: ________  Month 9: ________
- Month 2: ________  Month 6: ________  Month 10: ________
- Month 3: ________  Month 7: ________  Month 11: ________
- Month 4: ________  Month 8: ________  Month 12: ________

---

Please see page 3 for ADVATE Detailed Important Risk Information.
ADVATE [Antihemophilic Factor (Recombinant)] Important Information

Indications

ADVATE 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, 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 accompanying ADVATE full Prescribing Information.

Reference

1. ADVATE Prescribing Information.

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CONTRAINDICATIONS
Do not use 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). (4)

WARNINGS AND PRECAUTIONS
• Hypersensitivity reactions, including anaphylaxis, may occur. Patients may develop hypersensitivity to mouse or hamster protein, which is present in trace amounts in the product. Should symptoms occur, discontinue treatment with ADVATE and administer appropriate treatment. (5.1)
• Development of activity-neutralizing antibodies may occur. If expected plasma factor VIII activity levels are not attained, or if bleeding is not controlled with an appropriate dose, perform an assay that measures factor VIII inhibitor concentration. (5.2, 5.3)

ADVERSE REACTIONS
• Serious adverse drug reactions reported are hypersensitivity and factor VIII inhibitors. (6.1)
• The most common adverse drug reactions observed in greater than 5% of patients are pyrexia, headache, cough, nasopharyngitis, arthralgia, vomiting, upper respiratory tract infection, limb injury, nasal congestion, and diarrhea. (6.1)
To report SUSPECTED ADVERSE REACTIONS, contact Baxalta US Inc. at 1-800-999-1785 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

USE IN SPECIFIC POPULATIONS
• Pregnancy: No human or animal data. Use only if clearly needed. (8.1)
• Pediatric Use: Clearance (based on per kg body weight) is higher in the pediatric population. Dose adjustment may be needed. (8.4)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 11/2016
ADVATE [Antihemophilic Factor (Recombinant)]

1 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) 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.

2 DOSAGE AND ADMINISTRATION

For intravenous injection after reconstitution only.

2.1 Dose

- Dose and duration of treatment depend on the severity of factor VIII deficiency, the location and extent of the bleeding, and the patient’s clinical condition. Careful control of replacement therapy is especially important in cases of major surgery or life-threatening bleeding episodes.

- Each vial of ADVATE has the recombinant factor VIII potency in International Units (IU) stated on the label. The expected in vivo peak increase in factor VIII level expressed as IU/dL of plasma or percent of normal can be estimated using the following formulas:

\[ \text{IU/dL or % of normal} = \frac{\text{desired factor VIII rise (IU/dL or % of normal)} \times 0.5 \text{ (IU/kg per IU/dL)}}{\text{body weight (kg)}} \]

Examples (assuming patient’s baseline factor VIII level is <1% of normal):

1. A dose of 1750 IU ADVATE administered to a 70 kg patient should be expected to result in a plasma factor VIII activity level at or above the plasma levels ≥1%.

2. A peak level of 70% is required in a 40 kg child. In this situation, the appropriate dose would be 40 kg x 70 IU/dL/(2 IU/dL/IU/kg) = 1400 IU.

- Base the dose and frequency on the individual clinical response. Patients may vary in their pharmacokinetic (e.g., half-life, in vivo recovery) and clinical responses to ADVATE. Although the dose can be estimated by the calculations above, whenever possible, perform appropriate laboratory tests including serial factor VIII activity assays. [see Warnings and Precautions (5.3) and Clinical Pharmacology (12.3)]

Control and Prevention of Bleeding Episodes

A guide for dosing ADVATE for the control and prevention of bleeding episodes is provided in Table 1. The goal of treatment is to maintain a plasma factor VIII activity level at or above the plasma levels (in % of normal or in IU/dL) outlined in Table 1.

Table 1 Dosing for Control and Prevention of Bleeding Episodes

<table>
<thead>
<tr>
<th>Type of Bleeding Episode</th>
<th>Factor VIII Level Required (in % of normal or in IU/dL)</th>
<th>Dose (IU/kg)</th>
<th>Frequency of Doses (hours)</th>
<th>Duration of Therapy (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>Early hemarthrosis, mild muscle bleeding, or mild oral bleeding episode.</td>
<td>20-40</td>
<td>10-20</td>
<td>Until the bleeding episode is resolved</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>Muscle bleeding, bleeds into the oral cavity, definite hemorrhages, and known trauma.</td>
<td>30-60</td>
<td>15-30</td>
</tr>
<tr>
<td></td>
<td>Major</td>
<td>Significant gastrointestinal bleeding, intracranial, intra-abdominal or intrathoracic bleeding, central nervous-system bleeding, bleeding in the retroperitoneal spaces or illococytic sheath, fractures, head trauma.</td>
<td>60-100</td>
<td>30-50</td>
</tr>
</tbody>
</table>

Dose (IU/kg) = Desired factor VIII rise (IU/dL or % of normal) x 0.5 (IU/kg per IU/dL)

Perioperative Management

A guide for dosing ADVATE during surgery (perioperative management) is provided in Table 2. The goal of treatment is to maintain a plasma factor VIII activity level at or above the plasma level (in % of normal or in IU/dL) outlined in Table 2.

Table 2 Dosing for Perioperative Management

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Factor VIII Level Required (in % of normal or in IU/dL)</th>
<th>Dose (IU/kg)</th>
<th>Frequency of Doses (hours)</th>
<th>Duration of Therapy (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>Including tooth extraction</td>
<td>60-100</td>
<td>30-50</td>
<td>Single dose within one hour of the operation. 12-24 (as needed to control bleeding)</td>
</tr>
<tr>
<td>Major</td>
<td>Infratentorial, intra-abdominal, or infra thoracic surgery, joint replacement surgery</td>
<td>80-120 (pre- and post-operative)</td>
<td>40-60</td>
<td>One dose preoperative to achieve 100% activity. Every 0-24 to keep factor VIII activity in desired range. (Every 6 to 24 hours for patients under the age of 6)</td>
</tr>
</tbody>
</table>

Routine Prophylaxis

- Use dose of 20 to 40 International Units of factor VIII per kg body weight every other day (3 to 4 times weekly).
- Alternatively, use every third day dosing regimen targeted to maintain FVIII trough levels ≥1%.
- Adjust dose based on the patient’s clinical response.

2.2 Preparation and Reconstitution

Preparation

- Do not remove ADVATE or diluent vials from the external housing.
- Always work on a clean surface and wash your hands before performing the procedures.
- Examine the packaging containing ADVATE to ensure no damage or peeling of the lid is evident. Do not remove ADVATE or diluent vials from the external housing.

Reconstitution

1. Allow the ADVATE package to reach room temperature.
2. Open the package by peeling away the lid. Remove ADVATE from the package and verify that the expiration date on the label has not passed and the potency unit number is same as expected. Inspect parenteral drug products for discoloration and particulate matter. The ADVATE powder should be white to off-white in color and the diluent free from foreign particles. Do not use if the criteria are not met.
3. Place the ADVATE on a flat surface with the diluent vial on top (Figure A). The diluent vial has a blue stripe. Do not remove the blue cap until instructed in a later step.
4. With one hand holding the ADVATE housing, press down firmly on the blue cap (Figure B). The diluent flows down into the ADVATE vial (Figure C). Do not tilt the system until the transfer is complete.
5. Verify that diluent transfer is complete. Swirl gently until the powder is completely dissolved (Figure C). Do not shake. Do not refrigerate after reconstitution.

2.3 Administration

For intravenous injection after reconstitution only.

- Inspect parenteral drug products for particulate matter and discoloration prior to administration. The solution should be clear and colorless in appearance. If not, do not use the solution and notify Baxter immediately.
- Administer ADVATE at room temperature within 3 hours of reconstitution.
- Use plastic syringes with this product because proteins in the product tend to stick to the surface of glass syringes.

1. Use aseptic technique.
2. Remove the blue cap from the housing. Connect the syringe to the system (Figure D). Do not inject air into the ADVATE.
3. Turn the system upside down (factor concentrate vial now on top). Draw the factor concentrate into the syringe by pulling the plunger back slowly (Figure E).
4. Disconnect the syringe, attach a suitable needle, and inject intravenously as instructed. If a patient is to receive more than one ADVATE-BAXJECT III system or a combination of an ADVATE-BAXJECT II and an ADVATE-BAXJECT III system, the contents may be drawn into the same syringe.
5. Administer ADVATE over a period of ≤5 minutes (maximum infusion rate 10 mL/min). Determine the pulse rate before and during administration of ADVATE. Should a significant increase in pulse rate occur, reducing the rate of administration or temporarily halting the injection usually allows the symptoms to disappear promptly.
3 DOSAGE FORMS AND STRENGTHS
ADVATE is available as a lyophilized powder in single-use vials containing nominally 250, 500, 1000, 1500, 2000, 3000, or 4000 International Units (IU, unit). The 250-1500 IU strengths come with 2 mL Sterile Water for Injection (SWFI); the 2000-4000 IU strengths come with 5 mL of SWFI.

Each ADVATE is labeled on the housing with the recombinant antihemophilic factor (rAHF) activity expressed in IU per system. This potency assignment employs a factor VIII concentrate standard that is referenced to a WHO (World Health Organization) international standard for factor VIII concentrates and is evaluated by appropriate methodology to ensure accuracy of the results.

4 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).

5 WARNINGS AND PRECAUTIONS

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

ADVATE contains trace amounts of mouse immunoglobulin G (MuIgG) ≤0.1 mg/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.

5.2 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 (5.3)]

5.3 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 (2.1)]

- Monitor for development of factor VIII inhibitors. 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 titrate inhibitors.

  - If the inhibitor titer is less than 10 BU per mL, the administration of additional antifactor VIII 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.

6 ADVERSE REACTIONS
Serious adverse reactions seen with ADVATE are hypersensitivity reactions, including anaphylaxis, and the development of high-titer inhibitors necessitating alternative treatments to factor VIII.

The most common adverse reactions observed in clinical trials (frequency greater than 5% of subjects) were pyrexia, headache, cough, nasopharyngitis, arthralgia, vomiting, upper respiratory tract infection, limb injury, nasal congestion, and diarrhea.

6.1 Clinical Trials 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 eleven clinical trials in previously untreated patients (PUPs) and one trial in previously untreated patients (PUPs) with severe to moderately severe hemophilia A (factor VIII ≤2% of normal). A total of 418 subjects have been treated with ADVATE as of January 2012. Total exposure to ADVATE was 63,188 infusions. The median duration of participation per subject was 397 (min-max: 2–1620) days and the median number of exposure days to ADVATE per subject was 97 (min-max: 1–709).

The summary of adverse reactions with a frequency >5% are shown in Table 3 below. No subject was withdrawn from a clinical trial due to an adverse reaction.

<table>
<thead>
<tr>
<th>MedDRA® System Organ Class</th>
<th>MedDRA Preferred Term</th>
<th>Number of Adverse Reactions</th>
<th>Number of Subjects</th>
<th>Percent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Disorders And Administration Site Conditions</td>
<td>Pyrexia</td>
<td>110</td>
<td>66</td>
<td>16</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td>Headache</td>
<td>114</td>
<td>56</td>
<td>13</td>
</tr>
<tr>
<td>Respiratory, Thoracic And Mediastinal Disorders</td>
<td>Cough</td>
<td>86</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Infections And Infestations</td>
<td>Nasopharyngitis</td>
<td>72</td>
<td>49</td>
<td>12</td>
</tr>
<tr>
<td>Musculoskeletal And Connective Tissue Disorders</td>
<td>Arthralgia</td>
<td>49</td>
<td>32</td>
<td>8</td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td>Vomiting</td>
<td>41</td>
<td>31</td>
<td>7</td>
</tr>
<tr>
<td>Infections And Infestations</td>
<td>Upper Respiratory Tract Infection</td>
<td>35</td>
<td>29</td>
<td>7</td>
</tr>
<tr>
<td>Injury, Poisoning And Procedural Complications</td>
<td>Limb Injury</td>
<td>55</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Respiratory, Thoracic And Mediastinal Disorders</td>
<td>Nasal Congestion</td>
<td>32</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td>Diarrhea</td>
<td>29</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Injury, Poisoning And Procedural Complications</td>
<td>Procedural Pain</td>
<td>26</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Respiratory, Thoracic And Mediastinal Disorders</td>
<td>Oropharyngeal Pain</td>
<td>25</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Infections And Infestations</td>
<td>Ear Infection</td>
<td>30</td>
<td>21</td>
<td>5</td>
</tr>
</tbody>
</table>

* 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 or sponsor’s opinion of causality was missing or indeterminate.

# Table 3
Summary of Adverse Reactions (ARs) with a Frequency Greater than 5% in 418 Subjects

<table>
<thead>
<tr>
<th>MedDRA® System Organ Class</th>
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<td>13</td>
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<tr>
<td>Infections And Infestations</td>
<td>Nasopharyngitis</td>
<td>72</td>
<td>49</td>
<td>12</td>
</tr>
<tr>
<td>Musculoskeletal And Connective Tissue Disorders</td>
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<td>32</td>
<td>8</td>
</tr>
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<td>Vomiting</td>
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<td>Injury, Poisoning And Procedural Complications</td>
<td>Limb Injury</td>
<td>55</td>
<td>25</td>
<td>6</td>
</tr>
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<td>Respiratory, Thoracic And Mediastinal Disorders</td>
<td>Nasal Congestion</td>
<td>32</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
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<td>Infections And Infestations</td>
<td>Ear Infection</td>
<td>30</td>
<td>21</td>
<td>5</td>
</tr>
</tbody>
</table>

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 276 subjects who were treated with ADVATE 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 event results in a factor VIII inhibitor frequency in PTPs of 0.4% (95% CI of 0.01 and 2%) for the risk of any factor VIII inhibitor development). 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 enrolment), 16 (29.1%) of 55 subjects who received ADVATE developed inhibitors to factor VIII. Seven subjects developed high titer (>5 BU) and nine subjects developed low-titer inhibitors. Inhibitors were detected at a median of 13 exposure days (min-max: 6–26 exposure days) to the product.

Immunogenicity also was evaluated by measuring the development of antibodies to heterologous proteins. When assessed for anti-Chinese hamster ovary (CHO) cell protein antibodies, of the 228 treated subjects, 3 showed an upward trend in antibody titer over time and 10 showed repeated but transient elevations of antibodies. When assessed for muIgG protein antibodies, of the 229 treated subjects, 10 showed an upward trend in anti-muIgG antibody titer over time and 2 showed repeated but transient elevations of antibodies. Four subjects who demonstrated antibody elevations to CHO cell or muIgG proteins, reported isolated events of urticaria, pruritus, rash, and slightly elevated eosinophil counts. All of these subjects had numerous repeat exposures to the product without recurrence of the events and a causal relationship between the antibody findings and these clinical events has not been established.

When assessed for the presence of anti-human von Willebrand Factor (vWF) antibodies, of the 228 treated subjects, 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.

6.2 Postmarketing 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.
8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy
Pregnancy Category C. Animal reproduction studies have not been conducted with ADVATE. It is not known whether ADVATE can cause fetal harm when administered to a pregnant woman or whether it can affect reproductive capacity. ADVATE should be given to a pregnant woman only if clearly needed.

8.3 Nursing Mothers
It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ADVATE is administered to a nursing woman.

8.4 Pediatric Use
Pharmaceutical studies in children have demonstrated higher clearance, a shorter half-life and lower recovery of factor VIII compared to adults. [see Clinical Pharmacology (12.3)] This may be explained by differences in body composition and should be taken into account when dosing or following factor VIII levels in the pediatric population. Because clearance (based on per kg body weight) has been demonstrated to be higher in the pediatric population, dose adjustment or more frequent dosing based on per kg body weight may be needed in this population. [see Clinical Pharmacology (12.3)] In the ADVATE routine prophylaxis clinical trial, 3 children aged 7 to <12 and 4 adolescents aged 12 to <16 were included in the per-protocol analysis. The reductions in annualized bleeding rate per subject per year during any prophylaxis regimen as compared to during on-demand therapy were similar among children, adolescents, and adults. [see Clinical Studies (14)]

8.5 Geriatric Use
Clinical trials of ADVATE did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently compared to younger subjects. Individualize dose selection for geriatric patients.

11 DESCRIPTION

ADVATE [Antihemophilic Factor (Recombinant)] is a purified glycoprotein consisting of 2,332 amino acids that is synthesized by a genetically engineered Chinese hamster ovary (CHO) cell line but does not contain plasma or albumin. The CHO cell line employed in the production of ADVATE is derived from that used in the biosynthesis of RECOMBINATE [Antihemophilic Factor (Recombinant)]. ADVATE has been shown to be comparable to RECOMBINATE with respect to its biochemical and physicochemical properties, as well as its non-clinical in vivo pharmacology. In culture, the CHO cell line expresses the recombinant antihemophilic factor (rAHF) into the cell culture medium. The rAHF is purified from the culture medium using a series of chromatography columns. The purification process includes an immunofinity chromatography step in which a monoclonal antibody directed against factor VIII is employed to selectively isolate the rAHF from the medium. The cell culture and purification processes used in the manufacture of ADVATE employ no additives of human or animal origin. The production process includes a dedicated, viral inactivation solvent-detergent treatment step. The rAHF synthesized by the CHO cells has the same biological effects on clotting as human antihemophilic factor (hAHF). Structurally the recombinant protein has a similar combination of heterogeneous heavy and light chains as found in AHF (Human).

ADVATE is formulated as a sterile, non-pyrogenic, white to off-white powder for intravenous injection. ADVATE in a single-use vial contains nominally 250, 500, 1000, 2000, 3000, or 4000 International Units (IU). The product contains the following stabilizers and excipients: mannitol, trehalose, sodium chloride, histidine, Tris, calcium chloride, polyethylene 80, and glutathione. Von Willebrand factor (VWF) is co-expressed with factor VIII and helps to stabilize it in culture. The final product contains no more than 2 ng VWF/IU rAHF, which will not have any clinically relevant effect in patients with von Willebrand disease.

The product contains no preservative. When reconstituted with the provided Sterile Water for Injection, USP, the final solution contains the following stabilizers and excipients in targeted amounts:

Table 5

<table>
<thead>
<tr>
<th>Stabilizer and Excipient</th>
<th>2 mL Reconstitution (for 250, 500, 1000, 1500 IU)</th>
<th>5 mL Reconstitution (for 2000, 3000, 4000 IU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tris (hydroxymethyl) aminomethane</td>
<td>25 mM</td>
<td>10 mM</td>
</tr>
<tr>
<td>Calcium Chloride</td>
<td>4.2 mM</td>
<td>1.7 mM</td>
</tr>
<tr>
<td>Mannitol</td>
<td>8% (w/v)</td>
<td>3.2% (w/v)</td>
</tr>
<tr>
<td>Sodium Chloride</td>
<td>225 mM</td>
<td>90 mM</td>
</tr>
<tr>
<td>α-α-Trehalose</td>
<td>2% (w/v)</td>
<td>0.6% (w/v)</td>
</tr>
<tr>
<td>Histidine</td>
<td>25 mM</td>
<td>10 mM</td>
</tr>
<tr>
<td>Glutathione (Reduced)</td>
<td>0.2 mg/mL</td>
<td>0.08 mg/mL</td>
</tr>
<tr>
<td>Polysorbate 80</td>
<td>0.025% (w/v)</td>
<td>0.01% (w/v)</td>
</tr>
</tbody>
</table>

Each ADVATE housing is labeled with the rAHF activity expressed in international units. Biological potency is determined by an in vitro assay, which employs a factor VIII concentrate standard that is referenced to a WHO international standard for factor VIII. Consequently, one unit of ADVATE is defined by the WHO standard for blood coagulation factor VIII, human, is approximately equal to the level of factor VIII activity found in 1 mL of fresh pooled human plasma. The specific activity of ADVATE is 4000 to 10000 International Units per milligram of protein.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
ADVATE temporarily replaces the missing coagulation factor VIII that is needed for effective hemostasis.

12.2 Pharmacodynamics
The activated partial thromboplastin time (aPTT) is prolonged in patients with hemophilia. Determination of aPTT is a conventional in vitro assay for biological activity of factor VIII. Treatment with ADVATE normalizes the aPTT over the effective dosing period.

12.3 Pharmacokinetics
A randomized, crossover pharmacokinetic trial of ADVATE (test) and RECOMBINATE [Antithemophilic Factor (Recombinant)] (reference) was conducted in 56 non-bleeding subjects. The subjects received either of the products as an IV infusion (50 ± 5 IU/kg body weight) and there was a washout period of 72 hours to 4 weeks between the two infusions. The pharmacokinetic parameters were calculated from factor VIII activity measurements in blood samples obtained up to 48 hours following each infusion. The per-protocol analysis included 30 patients (20 adults and 10 children). Pharmacokinetic parameters for the 20 adults for each trial are presented in Table 6.

Table 6

<table>
<thead>
<tr>
<th>Parameter</th>
<th>RECOMBINATE (n = 20)</th>
<th>ADVATE (n = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUC infinity (IU·hrs/mL)</td>
<td>1638 ± 357</td>
<td>1644 ± 338</td>
</tr>
<tr>
<td>In vivo recovery (IU/mL / IU/kg)</td>
<td>2.7 ± 0.6</td>
<td>2.6 ± 0.5</td>
</tr>
<tr>
<td>Half-life (hrs)</td>
<td>11.2 ± 2.5</td>
<td>12.0 ± 4.2</td>
</tr>
<tr>
<td>Cmax (IU/mL)</td>
<td>136 ± 29</td>
<td>128 ± 28</td>
</tr>
<tr>
<td>t1/2 (hrs)</td>
<td>14.7 ± 3.8</td>
<td>15.8 ± 5.9</td>
</tr>
<tr>
<td>tmax (hrs)</td>
<td>0.4 ± 0.1</td>
<td>0.4 ± 0.1</td>
</tr>
<tr>
<td>Cmin (IU/mL)</td>
<td>3 ± 1</td>
<td>3 ± 1</td>
</tr>
</tbody>
</table>

The 90% confidence intervals for the ratio of the mean AUC infinity and in vivo recovery values for the test and control products were within the pre-established limits of 0.80 and 1.25. In addition, in vivo recoveries at the onset of treatment and after ≥75 exposure days were compared for 62 subjects. Results of this analysis indicated no significant change in the in vivo recovery at the onset of treatment and after ≥75 exposure days. In an analysis of data from 58 subjects with 65 surgical procedures in the perioperative management trial, the target factor VIII level was met or exceeded in all cases following a single loading dose ranging from 29 to 104 IU/kg.

Pharmacokinetic parameters calculated from 98 subjects less than 16 years of age (intent-to-treat analysis) are available for 7 infants (1 month to less than 2 years), 32 children (2 years to less than 10 years), 24 older children (10 to less than 12 years), and 35 adolescents (12 to less than 16 years), as shown in Table 7. The mean clearance (based on body weight) of ADVATE in infants, children, older children, and adolescents was higher than adults (3.6 mL/kg/hr). The mean half-life of ADVATE in infants, children, older children, and adolescents was lower than adults (12 hours). The extent to which these differences may be clinically significant is not known.
A total of 837 bleeding episodes occurred in 70 of the 81 subjects. The other 11 subjects experienced no bleeding episodes. The response to treatment with ADVATE was rated as excellent or good for 80.4% of all bleeding episodes. Most (88%) bleeding episodes required only 1 or 2 infusions to obtain hemostasis. Among the 837 bleeding episodes, 2 (0.3%) did not require treatment (0 infusions), 521 (62.2%) required 1 infusion, 216 (25.8%) required 2 infusions, 23 (2.7%) required 3 infusions, and 75 (9.0%) required 4 or more infusions. By etiology, 45.3% of these bleeding events were secondary to trauma and 27.7% occurred spontaneously; the other 27% had an undetermined etiology.

In vivo recoveries at the onset of treatment and after 75 exposure days were compared for 62 subjects and there were no significant differences.

Perioperative Management Study

The safety and efficacy of ADVATE for perioperative management was investigated in 59 subjects with severe or moderately severe hemophilia A (factor VIII ≤2%). They were between the ages of 7 to 65 years of age (3 were 7 to 13, 6 were 13 to <16, and 50 were >16). Fifty-five were Caucasian, 3 were Black, and 1 was Asian. One subject elected not to undergo the planned surgery. Thus, 58 subjects underwent 65 surgical procedures, among which, 6 subjects underwent more than 1 procedure each. One subject withdrew during the postoperative period; thus, 57 subjects completed the study. Of the 65 procedures, 22 in 22 subjects were classified as major, 35 in 28 subjects were classified as minor, and 8 in 8 subjects were dental. (See Table 2 for definitions of major and minor)

Prior to surgery, subjects received a pre-operative loading dose aimed at increasing the plasma factor VIII level to 60% to 100% of normal for dental procedures or 80% to 120% of normal for all other surgical procedures. During the surgery, subjects received replacement therapy by either bolus (47 procedures) or continuous infusion (18 procedures). For continuous infusion, the initial rate was 4 IU/kg/hr for subjects >12 years of age and 5 IU/kg/hr for subjects 5 to 12 years of age. After discharge, subjects were instructed to use ADVATE at their normal prophylactic dose as prescribed by the investigator for up to 7 days after major surgical procedures and up to 2 weeks after all other procedures.

Intraoperative efficacy was rated as excellent or good (Excellent intraoperative blood loss was less than expected for the type of procedure performed, Good intraoperative blood loss was as expected for the type of procedure performed.) for 61 (93.9%) of the 65 procedures; the rating was not done for 3 procedures and unknown for 1 procedure. Postoperative efficacy was rated as excellent or good for 62 (95.4%) of the 65 procedures; the rating was unknown for 2 procedures and not done for 1 procedure. Of the 24 procedures requiring surgical drains, efficacy assessments at the time of drain removal were rated as excellent for 20 (83.3%) procedures and fair (Fair intraoperative blood loss was more than expected for the type of procedure performed) for 2 (8.3%) procedures; the rating was unknown for 1 procedure and not done for 1 procedure. Both procedures requiring surgical drains with fair ratings were major orthopedic surgeries.

Routine Prophylaxis Study

In a multicenter, open-label, prospective, randomized, controlled postmarketing clinical trial of ADVATE use in two prophylactic treatment regimens compared to that of on-demand treatment, 53 PTPs with severe to moderately severe hemophilia A (FVIII level ≤2%) were analyzed in the per-protocol group. Subjects were initially treated for 6 months of on-demand therapy and then randomized to 12 months of either a standard prophylaxis regimen (20-40 IU/kg every 48 hours) or PK-driven prophylaxis regimen (20-80 IU/kg every 72 hours). All subjects had a history of at least 8 joint bleeding episodes per year upon entering the trial. Each subject in the per-protocol group was adherent to >90% of the prescribed number of prophylactic infusions; no subject in the trial surpassed the upper boundary of 110% of the prescribed number of prophylactic infusions.

The equation used to determine the weight-adjusted dose of the product used in the PK-driven prophylactic treatment regimens was as follows:

$$D = \frac{C_{i} \times FVIII \text{ half-life} \text{ (hr)}}{\text{t (is the subject)}}$$

$$D = \text{target FVIII dose (IU/kg) that ensures that a trough level of } \geq 1 \text{ IU/dL is achieved after 72 hours}$$

$$r = \text{FVIII incremental recovery (IU/kg/dL) as determined by the subject's PK analysis}$$

$$t = \text{FVIII half-life (hr) as determined by the subject's PK analysis}$$

The median annual bleed rate during the on-demand therapy period was 44 bleeds per subject per year compared to 1 bleed per subject per year while on other prophylaxis regimen, which was a statistically significant difference (p<0.0001). Twenty-five of 53 (42%) subjects experienced no bleeding episodes while on prophylaxis for one year. While there was not statistically significant difference in bleeding frequency observed between the two prophylaxis regimens studied, the trial was not powered to demonstrate equivalence in bleeding rate between the two prophylaxis arms.
Human Factors Usability Study

A human factors study was performed with 44 participants to evaluate the usability of the ADVATE in the BAXJECT III reconstitution system. Participants in the study included 15 patients, 16 caregivers, and 13 healthcare providers. During the study, participants viewed an instructional video then performed the reconstitution and administration tasks. Participants’ comments from a post-evaluation interview were reviewed for their appropriateness and applicability. As a result, the content of the package insert was revised to clarify the instructions for use.

15 REFERENCES


16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

ADVATE is supplied in a Baxter III system with 2 mL or 5 mL of Sterile Water for Injection. One Terumo Microbore infusion set (2 mL only), one full prescribing physician insert, and one patient insert.

ADVATE is available in single-dose vials that contain the following nominal product strengths:

<table>
<thead>
<tr>
<th>Nominal Strength</th>
<th>Factor VIII Potency Range</th>
<th>Carton NDC (Includes 2 mL sWFI Diluent)</th>
<th>Carton NDC (Includes 5 mL sWFI Diluent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 IU</td>
<td>200-400 IU per vial</td>
<td>0944-3051-02</td>
<td>0944-3045-10</td>
</tr>
<tr>
<td>500 IU</td>
<td>401-800 IU per vial</td>
<td>0944-3052-02</td>
<td>0944-3046-10</td>
</tr>
<tr>
<td>1000 IU</td>
<td>801-1200 IU per vial</td>
<td>0944-3053-02</td>
<td>0944-3047-10</td>
</tr>
<tr>
<td>1500 IU</td>
<td>1201-1800 IU per vial</td>
<td>0944-3054-02</td>
<td></td>
</tr>
<tr>
<td>2000 IU</td>
<td>1801-2400 IU per vial</td>
<td>0944-3045-10</td>
<td></td>
</tr>
<tr>
<td>3000 IU</td>
<td>2401-3600 IU per vial</td>
<td>0944-3046-10</td>
<td></td>
</tr>
<tr>
<td>4000 IU</td>
<td>3601-4800 IU per vial</td>
<td>0944-3047-10</td>
<td></td>
</tr>
</tbody>
</table>

Actual factor VIII activity in International Units is stated on the label of each ADVATE housing or carton.

Not made with natural rubber latex.

Storage and Handling

- Refrigerate ADVATE in powder form at 2°C–8°C (36°F–46°F).
- Store at room temperature up to 30°C (86°F) for a period of up to 6 months not to exceed the expiration date.
- Record on the carton the date ADVATE is removed from refrigeration. The product must not be returned to refrigerated temperature.
- Do not use beyond the expiration date printed on the ADVATE label or carton.
- Do not freeze.

17 PATIENT COUNSELING INFORMATION

- Advise the patient to read the FDA-Approved Patient Labeling and Instructions for Use.
- Advise patients to report any adverse reactions or problems following ADVATE administration to their physician or healthcare provider.
- Allergic-type hypersensitivity reactions have been reported with ADVATE. Warn patients of the early signs of hypersensitivity reactions, including hives, pruritus, generalized urticaria, angioedema, hypotension, shock, anaphylaxis and acute respiratory distress. Advise patients to discontinue use of the product if these symptoms occur and seek immediate emergency treatment.
- Inhibitor formation may occur with the treatment of a patient with hemophilia A. Advise patients to contact their physician or treatment center if they experience a lack of clinical response to factor VIII replacement therapy, as this may be a manifestation of an inhibitor.
- Advise patients to consult with their physicians or healthcare provider prior to travel. While traveling, advise patients to bring an adequate supply of ADVATE based on their current regimen of treatment.

To enroll in the confidential, industry-wide Patient Notification System, call 1-888-873-2838.

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Westlake Village, CA 91362 USA
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S30199
ADVATE (ad-vate)
[Antihemophilic Factor (Recombinant)]
This leaflet summarizes important information about ADVATE. Please read it carefully before using this medicine. This information does not take the place of talking with your healthcare provider, and it does not include all of the important information about ADVATE. If you have any questions after reading this, ask your healthcare provider.

What is the most important information I need to know about ADVATE?
Do not attempt to do an infusion to yourself unless you have been taught how by your healthcare provider or hemophilia center.
You must carefully follow your healthcare provider’s instructions regarding the dose and schedule for infusing ADVATE so that your treatment will work best for you.

What is ADVATE?
ADVATE 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). The product does not contain plasma or albumin. Hemophilia A is an inherited bleeding disorder that prevents blood from clotting normally.
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.

Who should not use ADVATE?
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.

How should I use ADVATE?
ADVATE is given directly into the bloodstream.
You may infuse ADVATE at a hemophilia treatment center, at your healthcare provider’s office or in your home. You should be trained on how to do infusions by your healthcare provider or hemophilia treatment center. Many people with hemophilia A learn to infuse their ADVATE by themselves or with the help of a family member.
Your healthcare provider will tell you how much ADVATE to use based on your weight, the severity of your hemophilia A, and where you are bleeding.
You may have to have blood tests done after getting ADVATE to be sure that your blood level of factor VIII is high enough to clot your blood.
Call your healthcare provider right away if your bleeding does not stop after taking ADVATE.

What should I tell my healthcare provider before I use ADVATE?
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.
• Are breastfeeding. It is not known if ADVATE passes into your milk and if it can harm your baby.
• Are pregnant or planning to become pregnant. It is not known if ADVATE may harm your unborn baby.
• Have been told that you have inhibitors to factor VIII (because ADVATE may not work for you).

What are the possible side effects of ADVATE?
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
• Rash
Tell your healthcare provider about any side effects that bother you or do not go away.
These are not all the possible side effects with ADVATE. You can ask your healthcare provider for information that is written for healthcare professionals.

What are the ADVATE dosage strengths?
ADVATE with 2 mL or 5 mL Sterile Water for Injection in a BAXJECT III system comes in six different dosage strengths: 250 International Units (IU), 500 IU, 1000 IU, 1500 IU, 2000 IU, 3000 IU and 4000 IU. The actual strength will be imprinted on the label on the housing and on the box. The six different strengths are color coded, as follows:

<table>
<thead>
<tr>
<th>Color</th>
<th>Dosage strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light-blue</td>
<td>Dosage strength of approximately 250 International Units (200–400 IU) (with 2 mL sWFI)</td>
</tr>
<tr>
<td>Pink</td>
<td>Dosage strength of approximately 500 International Units (401–800 IU) (with 2 mL sWFI)</td>
</tr>
<tr>
<td>Green</td>
<td>Dosage strength of approximately 1000 International Units (801–1200 IU) (with 2 mL sWFI)</td>
</tr>
</tbody>
</table>

Dosage strength of approximately 1500 International Units (1201–1800 IU) (with 2 mL sWFI)
Dosage strength of approximately 2000 International Units (1801–2400 IU) (with 5 mL sWFI)
Dosage strength of approximately 3000 International Units (2401–3600 IU) (with 5 mL sWFI)
Dosage strength of approximately 4000 International Units (3601–4800 IU) (with 5 mL sWFI)

Always check the actual dosage strength printed on the label to make sure you are using the strength prescribed by your healthcare provider. Always check the expiration date printed on the box. Do not use the product after the expiration date printed on the box.

How do I store ADVATE?
Do not freeze ADVATE.
Store ADVATE in a refrigerator (2° to 8°C [36° to 46°F]) or at room temperature (up to 30°C [86°F]) for up to 6 months.
If you choose to store ADVATE at room temperature:
• Note the date that the product is removed from refrigeration on the box.
• Do not use after six months from this date or after the expiration date.
• Do not return the product back to the refrigerator.
Store ADVATE in the original box and protect from extreme exposure to light. Reconstituted product (after mixing dry product with wet diluent) must be used within 3 hours and cannot be stored or refrigerated. Discard any unused ADVATE at the end of your infusion.

What else should I know about ADVATE and Hemophilia A?
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.

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

Resources at Baxalta available to the patients:
For information on patient assistance programs that are available to you, including the Baxalta CARE Program, please contact the Baxalta Insurance Assistance Helpline at 1-888-229-8379.
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Westlake Village, CA 91362 USA
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INSTRUCTIONS FOR USE

ADVATE [Antihemophilic Factor (Recombinant)]
(For intravenous use only)
Do not attempt to do an infusion to yourself unless you have been taught how by your healthcare provider or hemophilia center.

See below for step-by-step instructions for reconstituting ADVATE in a BAXJECT III system.

• Always follow the specific instructions given by your healthcare provider. The steps listed below are general guidelines for using ADVATE. If you are unsure of the procedures, please call your healthcare provider before using.
• Call your healthcare provider right away if bleeding is not controlled after using ADVATE.
• Your healthcare provider will prescribe the dose that you should take.
• Your healthcare provider may need to take blood tests from time to time.
• Talk to your healthcare provider before traveling. Plan to bring enough ADVATE for your treatment during this time.
• Dispose of all materials, including any leftover reconstituted ADVATE product, in an appropriate container.

1. Prepare a clean flat surface and gather all the materials you will need for the infusion. Check the expiration date, and let the ADVATE warm up to room temperature. Wash your hands and put on clean exam gloves. If infusing yourself at home, the use of gloves is optional.

2. Open the ADVATE package by peeling away the lid. Remove the ADVATE from the package and visually inspect the contents of the product and diluent vial. The ADVATE powder should be white to off-white in color and the diluent should not contain particles. Do not use if discoloration or particles are seen.

3. Place on a flat surface with the diluent vial on top. The diluent vial has a blue stripe.

4. With one hand holding the ADVATE housing, press down firmly on the diluent vial with the other hand until the system is fully collapsed and the diluent flows down into the ADVATE vial. Both vials will move into the housing when pressed. If you don’t see the diluent transfer to the product vial, press the vials again to assure they are completely inserted. Do not remove the blue cap until instructed in a later step.

5. Swirl the ADVATE gently and continuously until the ADVATE is completely dissolved. Do not shake. Do not refrigerate after reconstitution. Inspect the ADVATE solution for particulate matter and discoloration prior to administration. The solution should be clear and colorless in appearance. If not, do not use the solution and notify your healthcare provider immediately.

6. Take off the blue cap from the housing and connect the syringe. Be careful to not inject air into the ADVATE.

7. Turn over the ADVATE so that the vial containing the ADVATE solution is on top. Draw the ADVATE solution into the syringe by pulling back the plunger slowly. If the solution does not draw into the syringe, be sure that both vials are pressed firmly together. The contents of more than one vial may be drawn into a single, appropriately sized syringe if you are using more than one vial of ADVATE.

8. Disconnect the syringe from the system. Attach the infusion needle to the syringe using a winged (butterfly) infusion set, if available. Point the needle up and remove any air bubbles by gently tapping the syringe with your finger and slowly and carefully pushing air out of the syringe and needle.

9. Apply a tourniquet and get the injection site ready by wiping the skin well with an alcohol swab (or other suitable solution suggested by your healthcare provider or hemophilia center).

10. Insert the needle into the vein and remove the tourniquet. Slowly infuse the ADVATE. Do not infuse any faster than 10 mL per minute.

11. Take the needle out of the vein and use sterile gauze to put pressure on the infusion site for several minutes.

12. Do not recap the needle. Place the needle, syringe, and ADVATE in a hard-walled sharps container for proper disposal. Do not dispose of these supplies in ordinary household trash.

13. Remove the peel-off label from the housing and place it in your logbook. Clean any spilled blood with a freshly prepared mixture of 1 part bleach and 9 parts water, soap and water, or any household disinfecting solution.

Important: Contact your healthcare provider or local hemophilia treatment center if you experience any problems.

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