

IT'S A FEELING



IF YOU KNOW
YOU KNOW

IT'S TIME TO SWITCH TO THE #1 PRESCRIBED PROPHYLAXIS
FOR PEOPLE WITH HEMOPHILIA A WITHOUT FACTOR VIII INHIBITORS*

*According to IQVIA claims data (various insurance plan types) from September 2021–August 2022 (refreshed November 2022), accounting for prophylaxis use in the US.

WHAT IS HEMLIBRA?

HEMLIBRA is a prescription medicine used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and children, ages newborn and older, with hemophilia A with or without factor VIII inhibitors.

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT HEMLIBRA?

**HEMLIBRA increases the potential for your blood to clot.
People who use activated prothrombin complex concentrate**

(aPCC; Feiba®) to treat breakthrough bleeds while taking HEMLIBRA may be at risk of serious side effects related to blood clots.

These serious side effects include:

- **Thrombotic microangiopathy (TMA)**, a condition involving blood clots and injury to small blood vessels that may cause harm to your kidneys, brain, and other organs
- **Blood clots (thrombotic events)**, which may form in blood vessels in your arm, leg, lung, or head

Please see Important Safety Information, including **Serious Side Effects**, throughout this brochure, as well as the HEMLIBRA full Prescribing Information and Medication Guide in the pocket.

YOU CALL THE SHOTS

HEMLIBRA IS THE ONLY SUBCUTANEOUS INJECTION FOR HEMOPHILIA A WITH OR WITHOUT INHIBITORS



HEMLIBRA is a medicine that is given as a shot that goes directly under the skin (a subcutaneous injection), so you don't need to find a vein to take your dose of HEMLIBRA.

THE HALF-LIFE OF HEMLIBRA IS 646 HOURS, OR ABOUT 4 WEEKS*



646 HOURS†



≤48 HOURS†

The half-life of factor VIII treatment is less than or equal to 48 hours.

*Half-life means how long it takes for a substance to be reduced by half. In medicine, it's how long it takes for half the amount of the drug to leave the body.
†Average values depicted. Values may vary in individual patients.

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HEMLIBRA IS BETTER FOR ME AND FOR CARLOS BECAUSE IT'S AN INJECTION AND BECAUSE OF THE FREQUENCY OF THE INJECTIONS AFTER THE INITIAL TREATMENT.

– Maria, mom of 14-year-old with hemophilia A without factor VIII inhibitors, Texas

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WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT HEMLIBRA? (CONT'D)

Talk to your doctor about the signs and symptoms of these serious side effects, which can include:

- Confusion
 - Nausea or vomiting
 - Decreased urination
 - Eye pain, swelling, or trouble seeing
 - Headache
- Stomach, chest, or back pain
 - Swelling, pain, or redness
 - Swelling of arms and legs
 - Fast heart rate
 - Shortness of breath
- Weakness
 - Feeling sick or faint
 - Yellowing of skin and eyes
 - Numbness in your face
 - Coughing up blood

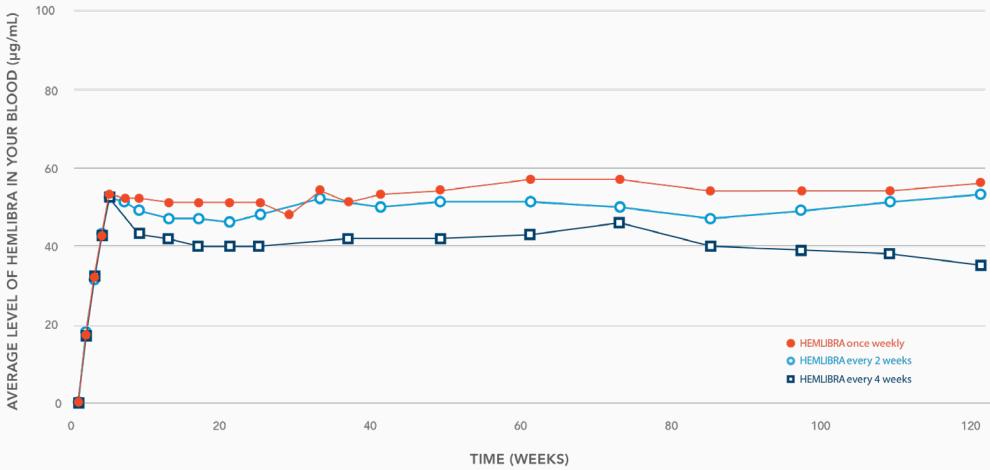
If you experience any of these symptoms during or after treatment with HEMLIBRA, get medical help right away.

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CONSISTENCY YOU CAN COUNT ON

WITH A HALF-LIFE OF ABOUT 4 WEEKS, HEMLIBRA IS AVAILABLE IN YOUR BODY FOR WEEKS, GIVING YOU CONSISTENT AND SUSTAINED DRUG LEVELS*

AVERAGE LEVEL OF HEMLIBRA IN YOUR BLOOD



Lower levels of HEMLIBRA in blood were predicted in children less than 6 months old.

*For all 3 dosing groups, the levels of HEMLIBRA were within the therapeutic range. A therapeutic range is the range of drug levels that may be expected to achieve a therapeutic treatment effect.



WHILE TAKING HEMLIBRA, IT'S NOT NECESSARY TO MONITOR YOUR DRUG LEVELS.





STREAMLINE YOUR ROUTINE

HEMLIBRA GIVES YOU THE FREEDOM TO CHANGE YOUR ROUTINE AND YOUR DOSING SCHEDULE

For the first 4 weeks of treatment only, you must use HEMLIBRA once a week. This will build up the levels of HEMLIBRA in your blood.

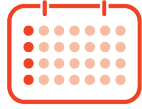
Your maintenance dose starts at Week 5. Your doctor will help you choose a dosing schedule that’s right for you.

THERE ARE 3 OPTIONS



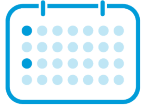
LOADING DOSE
Weeks 1–4

THEN



EVERY WEEK

OR



EVERY 2 WEEKS

OR



EVERY 4 WEEKS

MAINTENANCE DOSE
Weeks 5+

AFTER MY 4 WEEKLY LOADING DOSES, I STARTED TAKING HEMLIBRA ONCE EVERY 2 WEEKS AND I AM INCREDIBLY GRATEFUL THAT I CAN SPEND LESS TIME TREATING.

– Devon, 30-year-old man with hemophilia A without inhibitors, *Washington*

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT HEMLIBRA? (CONT'D)

Carefully follow your healthcare provider’s instructions regarding when to use an on-demand bypassing agent or factor VIII, and the dose and schedule to use for breakthrough bleed treatment. If aPCC (Feiba®) is needed, talk to your healthcare provider in case you feel you need more than 100 U/kg of aPCC (Feiba®) total.

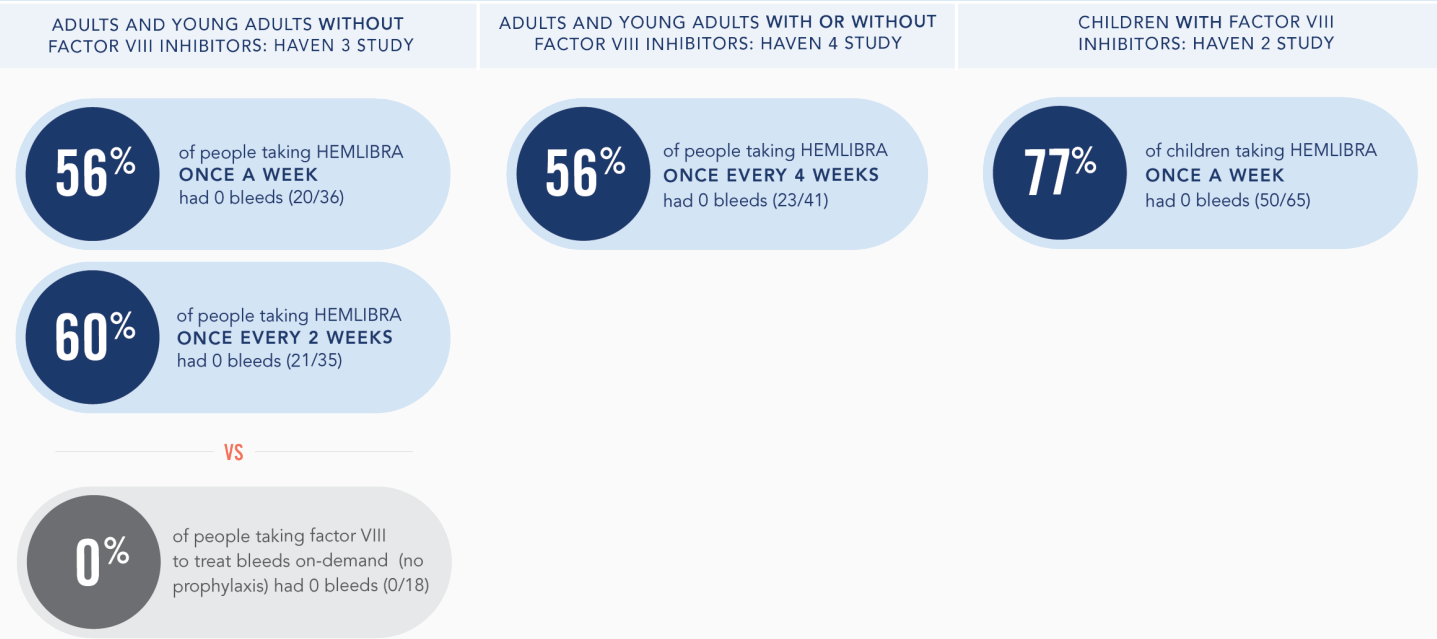
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ZERO IS POSSIBLE

MOST PEOPLE ON HEMLIBRA HAD ZERO BLEEDS THAT NEEDED TREATMENT WITH ADDITIONAL THERAPY, REGARDLESS OF THEIR DOSING OPTION*

PERCENTAGE OF PEOPLE WITH ZERO BLEEDS IN SCIENTIFIC STUDIES



Adults: 18 years or older. | Young adults (adolescents): 12 years to less than 18 years. | Children: less than 12 years.

- The average number of bleeds per year (ABR, annualized bleed rate) for HAVEN 3: once every week 1.5, once every 2 weeks 1.3, no prophylaxis 38.2; HAVEN 4: once every 4 weeks 2.4; HAVEN 2: once every week 0.3
- In HAVEN 2, 3, and 4, the median ABR for all groups on HEMLIBRA prophylaxis was 0†

The median time on treatment for HAVEN 3: 30 weeks (once every week), 31 weeks (once every 2 weeks), 24 weeks (no prophylaxis); HAVEN 4: 26 weeks (once every 4 weeks); HAVEN 2: 58 weeks (once every week).†

*The need to treat was determined by the individual or the study physician.

†A median is a numeric middle. That means that in a list of numbers, the median is the number in the middle.

97% OF PEOPLE WITHOUT INHIBITORS (HAVEN 3) CHOSE TO STAY ON FOR THE LONG-TERM PORTION OF THE STUDY. DATA FROM LONG-TERM TREATMENT ARE SHOWN TO THE RIGHT.

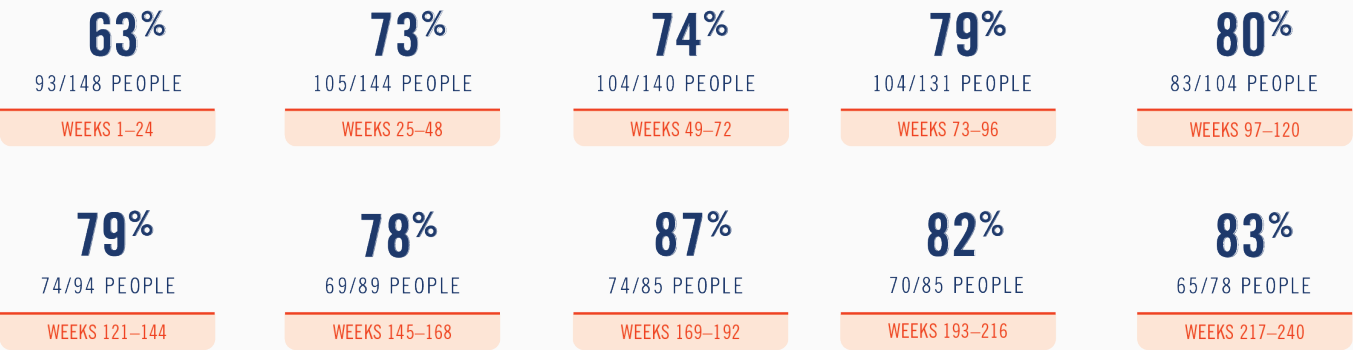


HEMLIBRA HAS BEEN STUDIED FOR 10+ YEARS AND MORE THAN 20,000 PEOPLE HAVE BEEN TREATED WORLDWIDE*†

A LONG-TERM DESCRIPTIVE STUDY OF PEOPLE WHO TOOK HEMLIBRA

ADULTS AND YOUNG ADULTS WITHOUT FACTOR VIII INHIBITORS: HAVEN 3 STUDY

People who had zero bleeds that needed treatment in each 24-week period



Data for each period should be looked at individually—not over time

WHAT’S A DESCRIPTIVE STUDY?

Researchers are simply looking at what happened in a clinical trial, without determining a definitive benefit. Therefore, data for each period should be looked at individually and not over time.

WHY DO GROUPS DIFFER IN SIZE?

When HEMLIBRA was approved by the FDA for people without factor VIII inhibitors in October 2018, participants could choose to leave the long-term study, but still continue on HEMLIBRA. People who left the study are not included in the later intervals of the analysis.

*Clinical trial experience started in 2013 in the Phase 1/2 study.
†Number of patients treated with HEMLIBRA worldwide as of April 2023.

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT HEMLIBRA? (CONT’D)

Your body may make antibodies against HEMLIBRA, which may stop HEMLIBRA from working properly. Contact your healthcare provider immediately if you notice that HEMLIBRA has stopped working for you (eg, increase in bleeds).

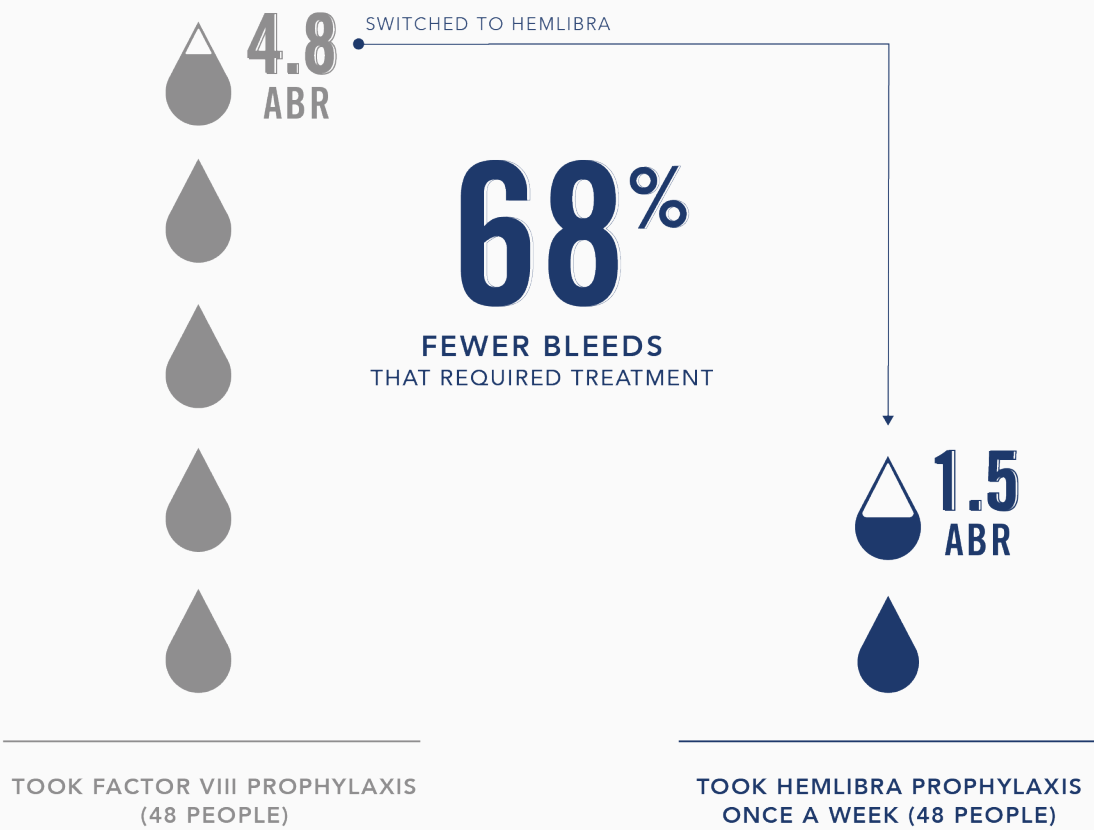
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SEE THE DIFFERENCE ONE CHANGE MAKES

PEOPLE WHO SWITCHED FROM TAKING FACTOR VIII TO PREVENT BLEEDS (PROPHYLAXIS) TO HEMLIBRA HAD 68% FEWER BLEEDS THAT NEEDED TREATMENT

DECREASE IN AVERAGE NUMBER OF BLEEDS PER YEAR (ABR, ANNUALIZED BLEED RATE) IN A STUDY OF ADULTS AND YOUNG ADULTS WITHOUT FACTOR VIII INHIBITORS: HAVEN 3 STUDY



Median observation period: 34 weeks (HEMLIBRA prophylaxis) and 30 weeks (previous FVIII prophylaxis).



WHAT ARE THE OTHER POSSIBLE SIDE EFFECTS OF HEMLIBRA?

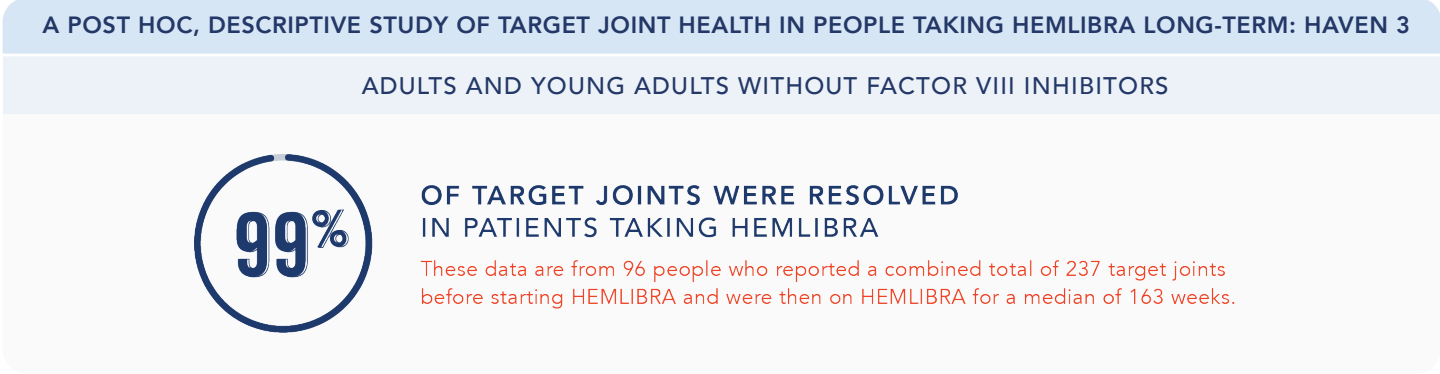
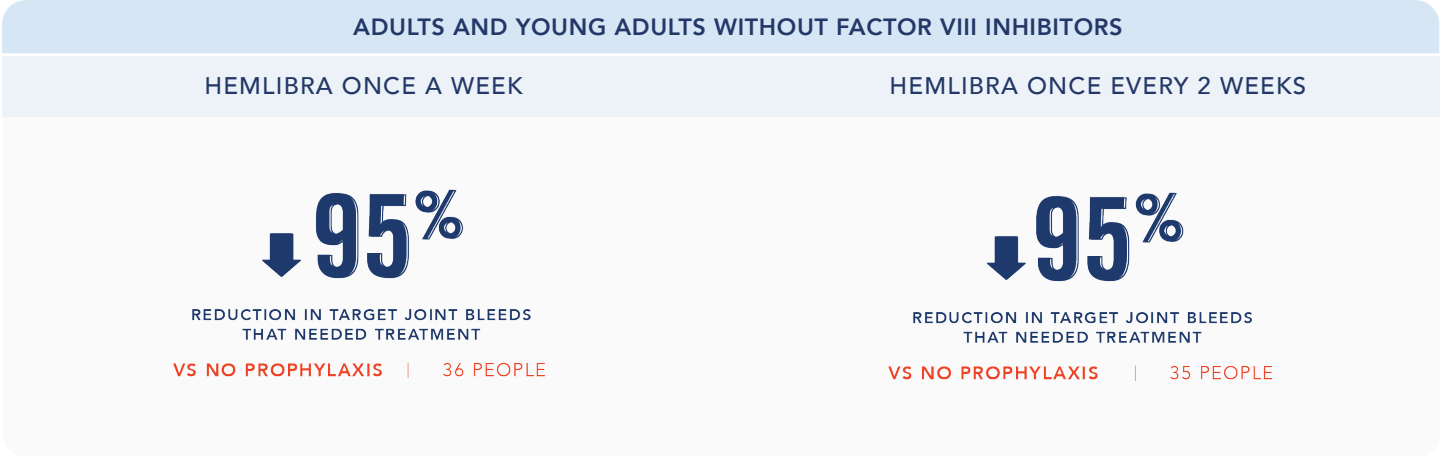
The most common side effects of HEMLIBRA include: injection site reactions (redness, tenderness, warmth, or itching at the site of injection), headache, and joint pain. These are not all of the possible side effects of HEMLIBRA. You can speak with your healthcare provider for more information.

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MAKE A CHOICE FOR YOUR JOINT HEALTH

PEOPLE TAKING HEMLIBRA FOR AT LEAST 24 WEEKS (HAVEN 3) SAW A 95% REDUCTION IN TARGET JOINT BLEEDS THAT NEEDED TREATMENT



WHAT IS A TARGET JOINT?

Target joints were defined as major joints (eg, hip, elbow, wrist, shoulder, knee, and ankle) in which ≥3 spontaneous bleeds occurred over a 24-week period.

WHAT IS A RESOLVED TARGET JOINT?

A target joint is resolved if it had 2 or fewer spontaneous bleeds during 52 weeks of HEMLIBRA treatment.

WHAT IS A POST HOC, DESCRIPTIVE STUDY?

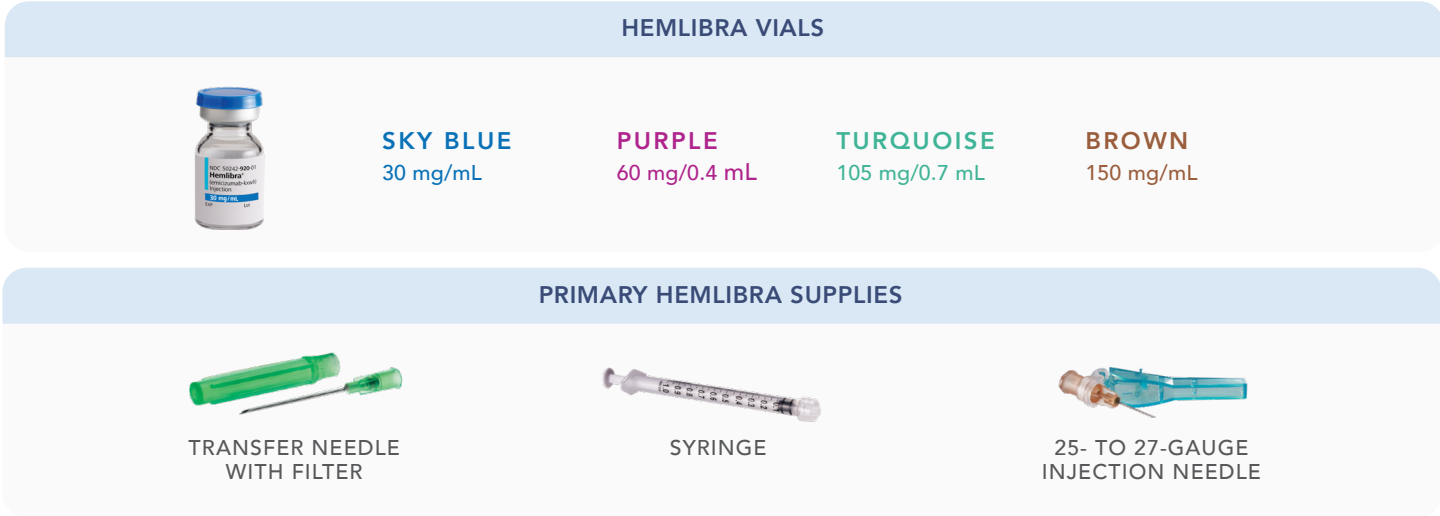
A post-hoc analysis is an analysis of clinical trial data that was not planned before data collection was started and it is not designed to prove cause and effect. In a descriptive study, researchers are simply looking at what happened in a clinical trial, without determining a definitive benefit. No conclusion should be made based on this information.

INJECT IN ONE MINUTE ONCE PREPARED

HEMLIBRA CAN TAKE LESS THAN A MINUTE TO ADMINISTER ONCE PREPARED

- INJECTING HEMLIBRA
- Your healthcare provider will teach you how to prepare and inject HEMLIBRA
 - Self-injection is not recommended for children under the age of 7
 - To inject HEMLIBRA, you will use a transfer needle with filter, a syringe, and an injection needle. You can learn more about how to prepare and inject HEMLIBRA in the **HEMLIBRA Instructions for Use** pamphlet that comes with your HEMLIBRA

- WHAT YOU NEED TO TAKE HEMLIBRA
- HEMLIBRA is available in vials and doesn't need to be mixed
 - Vials should be kept refrigerated but can be outside of the refrigerator for up to 7 days
 - Your healthcare provider will determine your HEMLIBRA dose based on your weight. If your weight changes, tell your healthcare provider



Supplies may look different from the ones above, depending on your pharmacy.

WHAT ELSE SHOULD I KNOW ABOUT HEMLIBRA?

See the detailed "Instructions for Use" that comes with your HEMLIBRA for information on how to prepare and inject a dose of HEMLIBRA, and how to properly throw away (dispose of) used needles and syringes.

- Stop taking your prophylactic bypassing therapy the day before you start HEMLIBRA
- You may continue taking your prophylactic factor VIII for the first week of HEMLIBRA

HEMLIBRA may interfere with laboratory tests that measure how well your blood is clotting and create an inaccurate result. Speak with your healthcare provider about how this may affect your care.

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THINGS YOU SHOULD KNOW

YOU MAY NEED TO TREAT A BLEED WHILE ON HEMLIBRA

- If you have hemophilia A without factor VIII inhibitors, you can use your factor VIII as recommended by your doctor
- If you have hemophilia A with factor VIII inhibitors, bypassing agents can be used as recommended by your doctor
- HEMLIBRA increases the potential for your blood to clot. Carefully follow your healthcare provider’s instructions regarding when to use an on-demand bypassing agent or factor VIII and the dose and schedule you should use
 - If aPCC (Feiba®) is needed, talk to your healthcare provider in case you feel you need more than 100 U/kg of aPCC (Feiba®) total

Studied in clinical trials of more people with hemophilia A with or without factor VIII inhibitors than any other treatment*

SIDE EFFECTS REPORTED IN ≥5% OF PEOPLE IN CLINICAL TRIALS	
SIDE EFFECTS	Number of people in the trials experiencing each side effect (percentage of people experiencing each side effect) Total people in trials=391
INJECTION SITE REACTION (ISR)	85 (22%)
JOINT PAIN (ARTHRALGIA)	59 (15%)
HEADACHE	57 (15%)
FEVER (PYREXIA)	23 (6%)
DIARRHEA	22 (6%)

All ISRs were described as mild to moderate, and nearly all (93%) improved and went away without any treatment.

- Some unplanned surgeries occurred in the HAVEN trials
 - Make sure to discuss any potential surgeries with your doctor

*Scientific studies performed by the drug manufacturer.



NO NEW SAFETY CONCERNS WERE IDENTIFIED IN THE LONG-TERM PORTION OF THE CLINICAL TRIALS (399 PEOPLE WERE EVALUATED FOR A MEDIAN OF 130 WEEKS)

WHAT ELSE SHOULD I KNOW ABOUT HEMLIBRA? (CONT'D)

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Only use HEMLIBRA for the condition it was prescribed. Do not give HEMLIBRA to other people, even if they have the same symptoms that you have. It may harm them. Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, or herbal supplements. Keep a list of them to show your healthcare provider and pharmacist.

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OUR ACCOUNT AND COMMUNITY MANAGERS (ACMs) OFFER ONE-ON-ONE SUPPORT AND CAN HELP YOU GET IN THE KNOW ABOUT HEMLIBRA

WHO IS YOUR ACM?

Your local ACM is part of your hemophilia community. They are experts on HEMLIBRA. ACMs are Genentech employees.

WHAT CAN YOU EXPECT FROM YOUR ACM?

- HEMLIBRA information and tips
- Real stories from people taking HEMLIBRA
- Understanding insurance coverage and financial assistance options
- Opportunities to connect with our team and our HEMLIBRA ambassadors

ACMs do not provide medical advice. Always talk to your doctor about treatment options.

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OUR ACM GAVE A FACE AND A NAME TO THE PROCESS OF STARTING A NEW TREATMENT.
IT'S NICE TO KNOW THAT YOU HAVE SOMEONE TO PROVIDE YOU WITH ANSWERS ABOUT HEMLIBRA.

— Julia, 57, mother and caregiver of Louis

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SCAN THE CODE TO SIGN UP

for one-on-one support and to learn about financial resources



WHAT ELSE SHOULD I KNOW ABOUT HEMLIBRA? (CONT'D)

Before using HEMLIBRA, tell your healthcare provider about all of your medical conditions, including if you are pregnant, plan to become pregnant, are breastfeeding, or plan to breastfeed.

Since HEMLIBRA was tested in males, there is no information on whether HEMLIBRA may impact your unborn baby or breast milk. Females who are able to become pregnant should use birth control during treatment.

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WHAT IS HEMLIBRA?

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WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT HEMLIBRA?

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These serious side effects include:

- **Thrombotic microangiopathy (TMA)**, a condition involving blood clots and injury to small blood vessels that may cause harm to your kidneys, brain, and other organs
- **Blood clots (thrombotic events)**, which may form in blood vessels in your arm, leg, lung, or head

Talk to your doctor about the signs and symptoms of these serious side effects, which can include:

- | | |
|------------------------------|---|
| • Confusion | • Stomach, chest, or back pain |
| • Weakness | • Nausea or vomiting |
| • Swelling, pain, or redness | • Feeling sick or faint |
| • Decreased urination | • Swelling of arms and legs |
| • Yellowing of skin and eyes | • Eye pain, swelling, or trouble seeing |
| • Fast heart rate | • Headache |
| • Numbness in your face | • Coughing up blood |
| • Shortness of breath | |

If you experience any of these symptoms during or after treatment with HEMLIBRA, get medical help right away.

Carefully follow your healthcare provider's instructions regarding when to use an on-demand bypassing agent or factor VIII, and the dose and schedule to use for breakthrough bleed treatment. If aPCC (Feiba®) is needed, talk to your healthcare provider in case you feel you need more than 100 U/kg of aPCC (Feiba®) total.

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Tell your healthcare provider about all the medicines you take, including prescription medicines, over-the-counter medicines, vitamins, or herbal supplements. Keep a list of them to show your healthcare provider and pharmacist.

Before using HEMLIBRA, tell your healthcare provider about all of your medical conditions, including if you are pregnant, plan to become pregnant, are breastfeeding, or plan to breastfeed.

Since HEMLIBRA was tested in males, there is no information on whether HEMLIBRA may impact your unborn baby or breast milk. Females who are able to become pregnant should use birth control during treatment.

Side effects may be reported to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

Please see Important Safety Information, including **Serious Side Effects**, throughout this brochure, as well as the HEMLIBRA full Prescribing Information and Medication Guide in the pocket.



You can find more information at
HEMLIBRA.COM/ACM

THE ONLY SUBCUTANEOUS INJECTION
(SHOT THAT GOES UNDER YOUR SKIN) FOR
HEMOPHILIA A WITH OR WITHOUT INHIBITORS

CONSISTENT AND SUSTAINED DRUG LEVELS

MULTIPLE DOSING OPTIONS

OVER 20,000 PEOPLE WORLDWIDE* AND
~7,000 PEOPLE IN THE US† WITH HEMOPHILIA A
HAVE BEEN TREATED WITH HEMLIBRA

ZERO TREATED BLEEDS DATA

HEMLIBRA IS THE #1 PRESCRIBED PROPHYLAXIS IN THE US FOR PEOPLE
WITH HEMOPHILIA A WITHOUT FACTOR VIII INHIBITORS‡

WHAT ARE YOU WAITING FOR? TALK TO YOUR HEALTHCARE PROVIDER ABOUT HEMLIBRA

*Number of people with hemophilia A treated with HEMLIBRA as of April 2023.

†Number of people with hemophilia A treated with HEMLIBRA as of January 2023.

‡According to IQVIA claims data (various insurance plan types) from September 2021–August 2022 (refreshed November 2022), accounting for prophylaxis use in the US.

What is the most important information I should know about HEMLIBRA?

HEMLIBRA increases the potential for your blood to clot. People who use activated prothrombin complex concentrate (aPCC; Feiba®) to treat breakthrough bleeds while taking HEMLIBRA may be at risk of serious side effects related to blood clots.

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