IT'S A FEELING

HEMLIBRA®
emicizumab-kxwh
injection for subcutaneous use | 150 mg/mL

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 July 2022-June 2023 (refreshed September 2023), accounting for prophylaxis use in the US.

GET IN THE KNOW >

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.

YOU CALL THE SHOTS

HEMLIBRA®
emicizumab-kxwh
injection for subcutaneous use
150 mg/mL

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.

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.

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

"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."

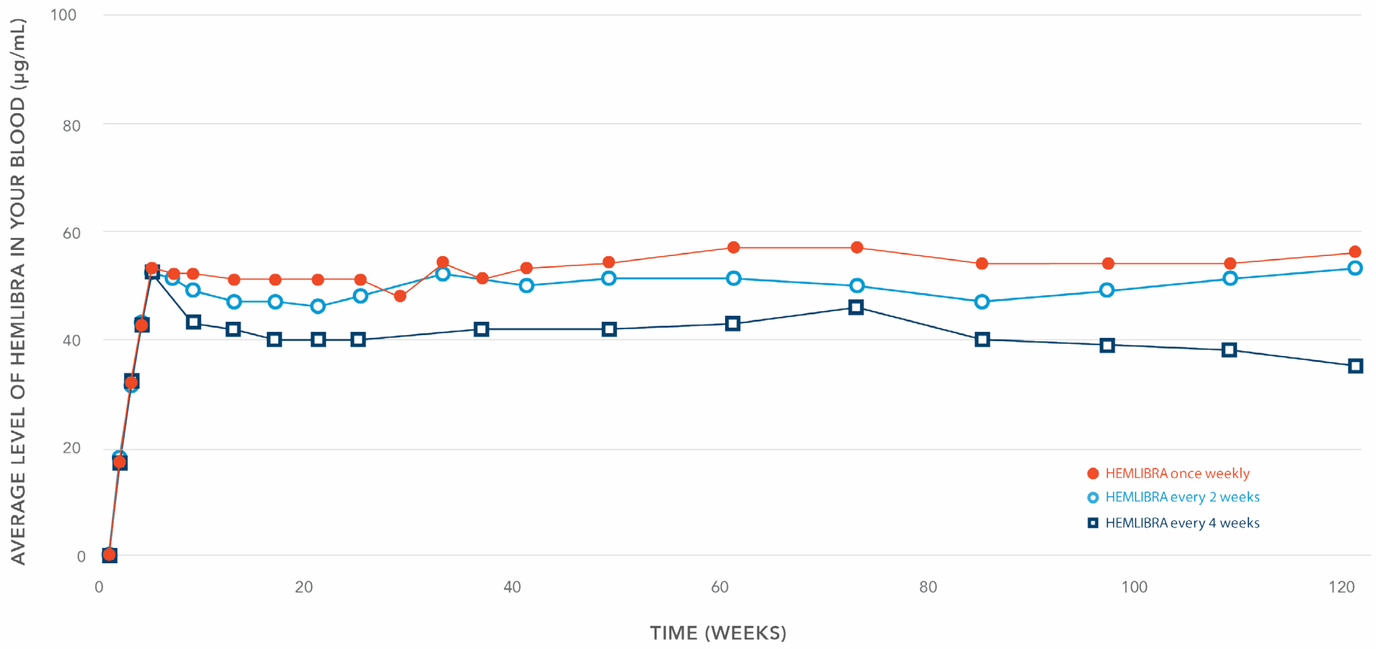
– Maria, mom of 14-year-old with hemophilia A without factor VIII inhibitors, *Texas*

CONSISTENCY YOU CAN COUNT ON

HEMLIBRA® emicizumab-kxwh injection for subcutaneous use 150 mg/mL

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.

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

*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.

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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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

MAINTENANCE DOSE
Weeks 5+

- EVERY WEEK
- OR
- EVERY 2 WEEKS
- OR
- EVERY 4 WEEKS

> "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)

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).

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

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 AND YOUNG ADULTS **WITHOUT** FACTOR VIII INHIBITORS: HAVEN 3 STUDY	ADULTS AND YOUNG ADULTS **WITH OR WITHOUT** FACTOR VIII INHIBITORS: HAVEN 4 STUDY	CHILDREN **WITH** FACTOR VIII INHIBITORS: HAVEN 2 STUDY
56% of people taking HEMLIBRA **ONCE A WEEK** had 0 bleeds (20/36)	**56%** of people taking HEMLIBRA **ONCE EVERY 4 WEEKS** had 0 bleeds (23/41)	**77%** of children taking HEMLIBRA **ONCE A WEEK** had 0 bleeds (50/65)
60% of people taking HEMLIBRA **ONCE EVERY 2 WEEKS** had 0 bleeds (21/35)		
VS		
0% of people taking factor VIII to treat bleeds on-demand (no prophylaxis) had 0 bleeds (0/18)		

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.

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.

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

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 ON THE FOLLOWING PAGE.

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

HEMLIBRA® emicizumab-kxwh injection for subcutaneous use 150 mg/mL

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

63%	73%	74%	79%	80%
93/148 PEOPLE	105/144 PEOPLE	104/140 PEOPLE	104/131 PEOPLE	83/104 PEOPLE
WEEKS 1–24	WEEKS 25–48	WEEKS 49–72	WEEKS 73–96	WEEKS 97–120

79%	78%	87%	82%	83%
74/94 PEOPLE	69/89 PEOPLE	74/85 PEOPLE	70/85 PEOPLE	65/78 PEOPLE
WEEKS 121–144	WEEKS 145–168	WEEKS 169–192	WEEKS 193–216	WEEKS 217–240

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 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**

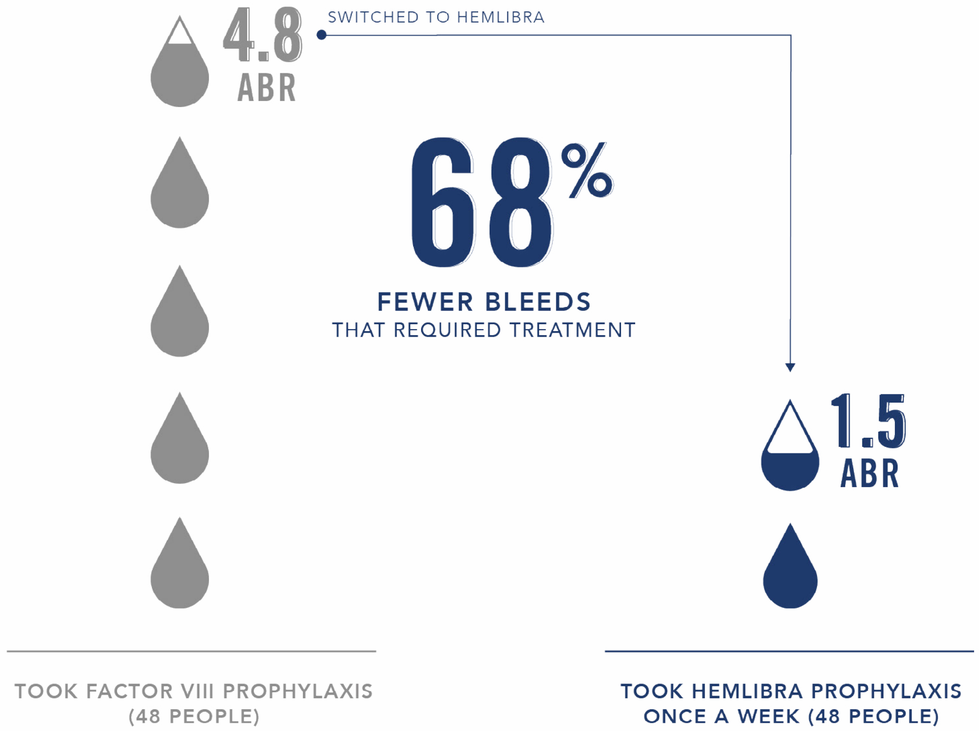
Please see Important Safety Information, including **Serious Side Effects**, throughout this brochure, as well as the HEMLIBRA full Prescribing Information and Medication Guide.

SEE THE DIFFERENCE ONE CHANGE MAKES

HEMLIBRA® emicizumab-kxwh injection for subcutaneous use 150 mg/mL

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

DECREASE IN ANNUALIZED BLEED RATE (ABR) 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 ELSE SHOULD I KNOW ABOUT HEMLIBRA? (CONT'D)

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.

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

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

ADULTS AND YOUNG ADULTS WITHOUT FACTOR VIII INHIBITORS

HEMLIBRA ONCE A WEEK	HEMLIBRA ONCE EVERY 2 WEEKS
↓95%	↓95%
REDUCTION IN TARGET JOINT BLEEDS THAT NEEDED TREATMENT	REDUCTION IN TARGET JOINT BLEEDS THAT NEEDED TREATMENT
VS NO PROPHYLAXIS | 36 PEOPLE	VS NO PROPHYLAXIS | 35 PEOPLE

A POST HOC, DESCRIPTIVE STUDY OF TARGET JOINT HEALTH IN PEOPLE TAKING HEMLIBRA LONG-TERM: HAVEN 3

ADULTS AND YOUNG ADULTS WITHOUT FACTOR VIII INHIBITORS

OF TARGET JOINTS WERE RESOLVED IN PATIENTS TAKING HEMLIBRA

These data are from 96 people who reported a combined total of 237 target joints before starting HEMLIBRA and were then on HEMLIBRA for a median of 163 weeks.

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.**

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.

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

INJECT IN ONE MINUTE ONCE PREPARED

HEMLIBRA® emicizumab-kxwh injection for subcutaneous use 150 mg/mL

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

HEMLIBRA VIALS

GREY
12 mg/0.4 mL

SKY BLUE
30 mg/mL

PURPLE
60 mg/0.4 mL

TURQUOISE
105 mg/0.7 mL

BROWN
150 mg/mL

YELLOW
300 mg/2 mL

PRIMARY HEMLIBRA SUPPLIES

TRANSFER NEEDLE WITH FILTER

SYRINGE

25- TO 27-GAUGE INJECTION NEEDLE

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

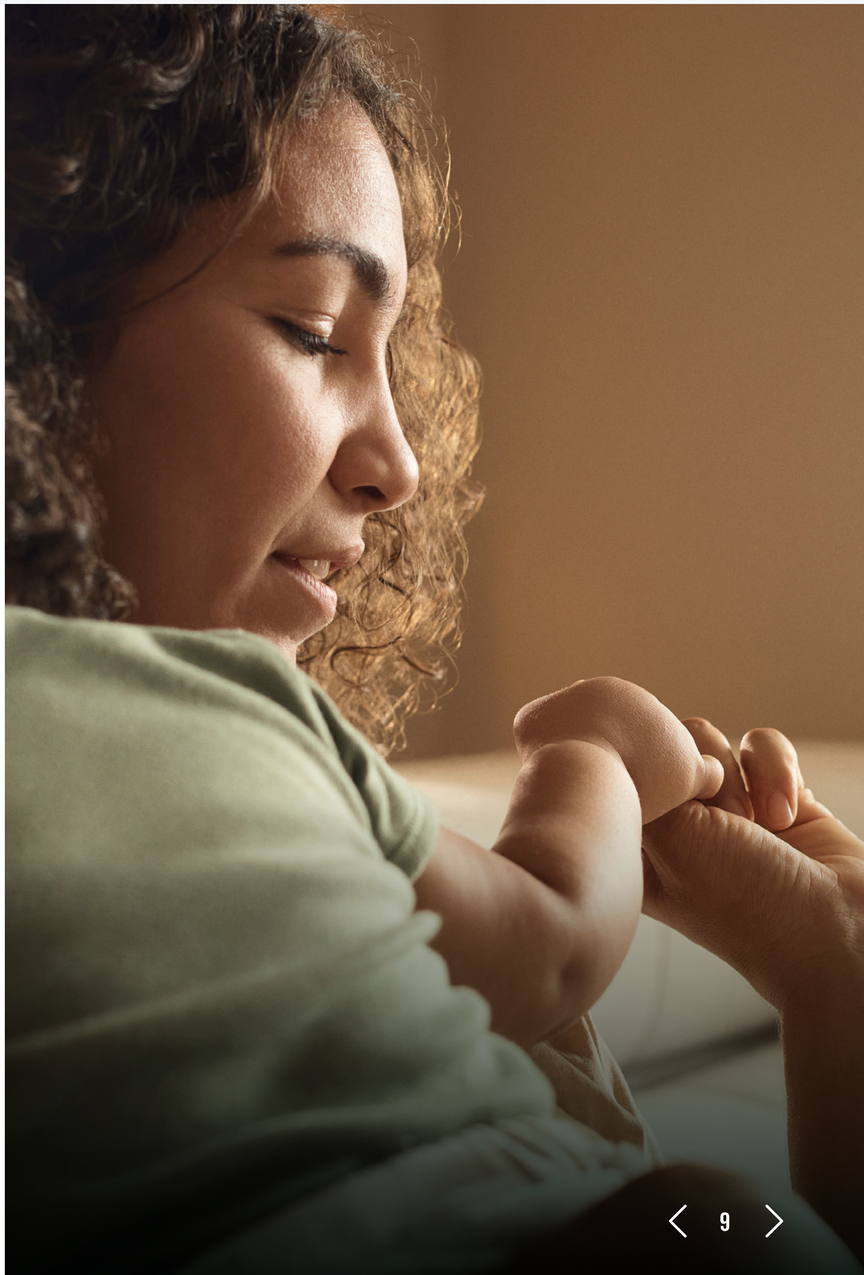
WHAT ELSE SHOULD I KNOW ABOUT HEMLIBRA? (CONT'D)

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**

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.

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



HEMLIBRA® emicizumab-kxwh injection for subcutaneous use 150 mg/mL

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

Our clinical trial program was the largest in hemophilia A for people with and without factor VIII inhibitors*

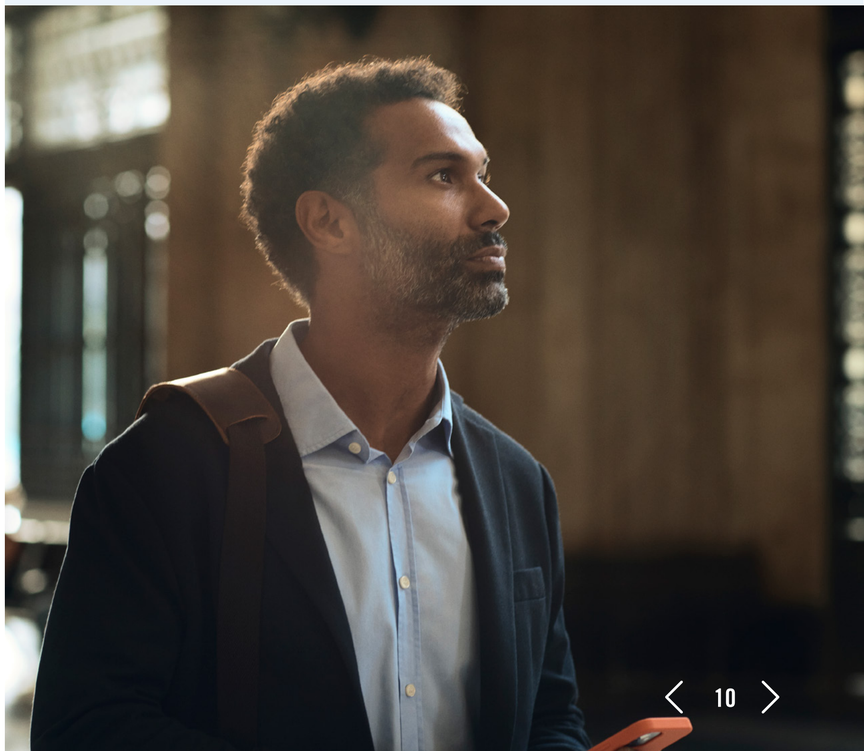
SIDE EFFECTS REPORTED IN ≥5% OF PEOPLE IN CLINICAL TRIALS

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

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)



*These trials were considered pivotal clinical trials. A pivotal clinical trial is a clinical study seeking to demonstrate the efficacy and safety of a drug for its approval.

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

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.

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

TAKE IT FROM A HEMLIBRA EXPERT

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. Always talk to your doctor about treatment options.

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

It's important to know that ACMs do not provide medical advice. Please consult your doctor.

CLICK BELOW TO SIGN UP

SIGN UP FOR SUPPORT

> "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

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

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IMPORTANT SAFETY INFORMATION

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?

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

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

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WHAT ELSE SHOULD I KNOW ABOUT HEMLIBRA?

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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.

IF YOU KNOW YOU KNOW

HEMLIBRA® emicizumab-kxwh injection for subcutaneous use 150 mg/mL

- 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 7,900+ 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 worldwide as of April 2023.
†Number of people with hemophilia A treated with HEMLIBRA in the US as of October 2023.
‡According to IQVIA claims data (various insurance plan types) from July 2022-June 2023 (refreshed September 2023), accounting for prophylaxis use in the US.

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

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Genentech
A Member of the Roche Group