Coding and Reimbursement Guide

Diagnosis, NDC, and ICD-10-CM* billing codes for Antihemophilic Factor (Recombinant), Single Chain

Effective January 1, 2018

Please see Important Safety Information on back cover and accompanying full prescribing information.
AFSTYLA Coding Information

**Diagnosis and billing codes for Antihemophilic Factor (Recombinant), Single Chain**

Disclaimer: The codes being provided are from a complex and evolving medical coding system. The treating physician is solely responsible for diagnosis coding and determination of the appropriate ICD-10-CM codes that describe the patient’s condition and are supported by the medical record. All codes are for informational purposes and are not an exhaustive list. The CPT®, HCPCS, ICD-10-CM, and ICD-10-PCS codes provided are based on AMA or CMS guidelines. The billing party is solely responsible for coding of services (eg, CPT® coding). Because government and other third-party payer coding requirements change periodically, please verify current coding requirements directly with the payor being billed.

**ICD-10-CM Diagnosis Code**

The following ICD-10-CM code may be used to identify patient medical conditions typically associated with hemophilia A.

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D66</td>
<td>Hereditary Factor VIII deficiency</td>
</tr>
</tbody>
</table>

**HCPCS Code**

The following represents the HCPCS drug code for AFSTYLA (Antihemophilic Factor [Recombinant], Single Chain).

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7210</td>
<td>Injection, Factor VIII (antihemophilic factor, recombinant) (AFSTYLA), 1 IU</td>
</tr>
</tbody>
</table>

**AFSTYLA National Drug Codes (NDCs)**

The bolded “0” below represents the additional digit required for 11-digit formatting, which must be used for claims filing.

<table>
<thead>
<tr>
<th>NDC</th>
<th>Fill Size Color Indicator</th>
<th>Nominal Strength* International Units (IU)</th>
<th>NDC</th>
<th>Fill Size Color Indicator</th>
<th>Nominal Strength* International Units (IU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>69911-0474-02</td>
<td>Orange</td>
<td>250 IU of coagulation Factor VIII</td>
<td>69911-0477-02</td>
<td>Purple</td>
<td>2000 IU of coagulation Factor VIII</td>
</tr>
<tr>
<td>69911-0475-02</td>
<td>Blue</td>
<td>500 IU of coagulation Factor VIII</td>
<td>69911-0481-02</td>
<td>Gray</td>
<td>2500 IU of coagulation Factor VIII</td>
</tr>
<tr>
<td>69911-0476-02</td>
<td>Green</td>
<td>1000 IU of coagulation Factor VIII</td>
<td>69911-0478-02</td>
<td>Yellow</td>
<td>3000 IU of coagulation Factor VIII</td>
</tr>
<tr>
<td>69911-0480-02</td>
<td>Turquoise</td>
<td>1500 IU of coagulation Factor VIII</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Report the actual number of Factor VIII units printed on the vial or carton.
AFSTYLA Drug Administration Codes

**CPT® administration codes: outpatient facilities or physician’s office**

The following CPT® codes describe the procedure of AFSTYLA administration and will vary depending on the length of the infusion.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96374</td>
<td>Intravenous push, single or initial substance/drug—report for infusion of 15 minutes or less</td>
</tr>
<tr>
<td>96376</td>
<td>Each additional sequential intravenous push of the same substance/drug provided in a facility (Facility use only—list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96365</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour</td>
</tr>
</tbody>
</table>

Images are a representation, not actual depiction of vials.
# AFSTYLA CMS-1500 Claim Form Details

## Field 21: ICD-10 Diagnosis or Nature of Illness or Injury
Enter all appropriate ICD-10-CM diagnosis codes that best describes the reason the patient is receiving care.  
*The code selected is based on the documented service provided to the patient.*

## Field 24: Shaded Area
For Medicaid claims, and for Medicare claims that will cross over to Medicaid as the secondary payor, NDC information in a specific format is required in the shaded area above the line on which AFSTYLA is reported in Field 24D.  
*The various Medicaid plans and Medicare have different reporting formats for this information.* In general, the provider will need to supply the NDC in an 11-digit format preceded by the modifier N4 (N4XXXXX-0XXX-XX). This is typically followed by the NDC unit of measure (F2 [international units]) and the numeric quantity of the NDC that was dispensed.  
Other payors may require similar information. Check with the payor for specific requirements.

## Field 24D: CPT/HCPCS/Modifier
Enter HCPCS J7210 for AFSTYLA.  
Examples of CPT coding options for the IV infusion/IV push of AFSTYLA are:  
- **96365** (Intravenous infusion for therapy, prophylaxis, or diagnosis; initial, up to 1 hour)  
- **96374** (Therapeutic, prophylactic or diagnostic injection; intravenous push, single or initial substance/drug). Report 96374 for infusion of 15 minutes or less

*The code selected is based on the documented service provided to the patient.*

Modifier JW “Drug amount discarded, not administered to any patient.”  
On a separate line, submit this code with the modifier J7210JW plus any units in a single-use vial that are documented as discarded.  
*Effective January 1, 2017, Medicare claims for discarded drugs or biologicals amount not administered to any patient shall be submitted using the JW modifier.*

## Field 24E: Diagnosis Pointer
Enter the line number(s) from Field 21 that best describes the medical necessity for the service listed in Field 24D.

## Field 24G: Days or Units
Enter one billing unit for every international unit (IU) of AFSTYLA printed on the vial or carton.
# AFSTYLA Inpatient Codes

**ICD-10-PCS (procedure coding system)**

The following codes apply to the hospital inpatient setting.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infusion of Factor VIII</td>
<td>30233V1</td>
<td>Transfusion of Nonautologous Antihemophilic Factors Into Peripheral Vein, Percutaneous Approach</td>
</tr>
<tr>
<td>Infusion of Factor VIII</td>
<td>30243V1</td>
<td>Transfusion of Nonautologous Antihemophilic Factors Into Central Vein, Percutaneous Approach</td>
</tr>
</tbody>
</table>
**Hospital revenue codes**

Revenue codes may apply to AFSTYLA in the inpatient and outpatient settings and are used in conjunction with drug HCPCS codes.

<table>
<thead>
<tr>
<th>Category</th>
<th>Code Series</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>025X</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Hospital blood service</td>
<td>038X</td>
<td>Blood and blood derivatives</td>
</tr>
<tr>
<td>Drugs that require specific identification</td>
<td>0636</td>
<td>Revenue code 0636 is necessary for submitting Medicare claims for blood clotting factors provided in a hospital</td>
</tr>
</tbody>
</table>
AFSTYLA UB-04 Claim Form (CMS 1450)

Claim form example

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>B</strong></td>
<td><strong>C</strong></td>
<td><strong>D</strong></td>
</tr>
</tbody>
</table>

**Additional information:**
- The form includes fields for patient information, diagnosis codes, service dates, charges, and more.
- It is designed to capture comprehensive medical billing and insurance claim details.
- The form is used by providers and insurers to process claims and manage patient care.

**Certifications:**
- The certifications on the reverse apply to this bill and are made a part hereof.
AFSTYLA UB-04 Claim Form Details

<table>
<thead>
<tr>
<th>A</th>
<th>Field 42: Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter a revenue code that corresponds to the item or service reported in Field 43 or Field 44. The revenue code associated with AFSTYLA is typically “0636” (drugs requiring detailed coding). However, the revenue code selected is often facility dependent, taking into consideration various payor requirements.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Field 43: Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Medicaid claims, and for Medicare claims that will cross over to Medicaid as the secondary payor, NDC information in a specific format is required in Field 43. <strong>The various Medicaid plans and Medicare have different reporting formats for this information.</strong> In general, the provider will need to supply the NDC in an 11-digit format preceded by the modifier N4 (N4XXXX-0XXX-XX). This is typically followed by the NDC unit of measure (F2 [international unit]) and the numeric quantity of the NDC that was dispensed.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Field 44: HCPCS/Rate/HIPPS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter HCPCS Code J7210 for AFSTYLA. Modifier JW “Drug amount discarded, not administered to any patient.” <strong>Effective January 1, 2017, Medicare claims for discarded drugs’ or biologicals’ amount not administered to any patient shall be submitted using the JW modifier.</strong> For AFSTYLA, this is captured on a separate line in Field 44, as J7210JW, plus any units in a single-use vial, that are documented as discarded, in Field 46. When filing an outpatient claim on a separate line, enter the CPT code that represents the administration procedure performed.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Field 46: Service Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code J7210:</strong> Enter one billing unit for every international unit (IU) of AFSTYLA. (The exact number of units contained in the vial is printed on the vial or carton).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Field 67: Diagnosis Principal Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the primary ICD-10-CM <strong>diagnosis</strong> code in Field 67. Conditions that coexist with the primary diagnosis or develop during treatment can be entered in Fields 67A–67Q.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>Fields 74: Principal Procedure and 74A–74E</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When filing an inpatient claim, enter ICD-10-CM procedure code, for example 30233V1 Transfusion of Nonautologous Antihemophilic Factors Into Peripheral Vein, Percutaneous Approach.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Please see Important Safety Information on back cover and accompanying full prescribing information.
Indications and Important Safety Information

AFSTYLA is indicated in adults and children with hemophilia A (congenital Factor VIII deficiency) for:
- On-demand treatment and control of bleeding episodes
- Routine prophylaxis to reduce frequency of bleeding episodes
- Perioperative management of bleeding

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

AFSTYLA is contraindicated in patients who have had life-threatening hypersensitivity reactions to AFSTYLA or its excipients, or to hamster proteins.

AFSTYLA is for intravenous use only. AFSTYLA can be self-administered or administered by a caregiver with training and approval from a healthcare provider or hemophilia treatment center. Higher and/or more frequent dosing may be needed for patients under 12 years of age.

Hypersensitivity reactions, including anaphylaxis, are possible. Advise patients to immediately report symptoms of a hypersensitivity reaction. If symptoms occur, discontinue AFSTYLA and administer appropriate treatment.

Development of Factor VIII (FVIII) neutralizing antibodies (inhibitors) can occur. If expected FVIII activity levels are not attained or bleeding is not controlled with appropriate dose, perform an assay to measure FVIII inhibitor concentration. Monitor plasma FVIII activity using a chromogenic assay or one-stage clotting assay. If one-stage clotting assay is used, multiply result by a conversion factor of 2 to determine FVIII activity level.

The most common adverse reactions reported in clinical trials (>0.5%) were dizziness and hypersensitivity.

Please see accompanying full prescribing information.

AFSTYLA®, Antihemophilic Factor (Recombinant), Single Chain
Lyophilized Powder for Solution for Intravenous Injection
Initial U.S. Approval: 2016

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use AFSTYLA safely and effectively. See full prescribing information for AFSTYLA.

AFSTYLA®, Antihemophilic Factor (Recombinant), Single Chain

INDICATIONS AND USAGE
AFSTYLA®, Antihemophilic Factor (Recombinant), Single Chain, is a recombinant, antihemophilic factor indicated in adults and children with hemophilia A (congenital Factor VIII deficiency) for:
- On-demand treatment and control of bleeding episodes,
- Routine prophylaxis to reduce the frequency of bleeding episodes,
- Perioperative management of bleeding.

Limitation of Use
AFSTYLA is not indicated for the treatment of von Willebrand disease (1).

DOSAGE AND ADMINISTRATION
For intravenous use after reconstitution only.
- Each vial of AFSTYLA is labeled with the amount of recombinant Factor VIII in international units (IU or unit). One unit per kilogram body weight will raise the Factor VIII level by 2 IU/dL. (2.1)
- Plasma Factor VIII levels can be monitored using either a chromogenic assay or a one-stage clotting assay – routinely used in US clinical laboratories. If the one-stage clotting assay is used, multiply the result by a conversion factor of 2 to determine the patient’s Factor VIII activity level. (2.1, 5.3)

Calculating Required Dose: (2.1)
Dose (IU) = Body Weight (kg) x Desired Factor VIII Rise (IU/dL or % of normal) x 0.5 (IU/kg per IU/dL)

Routine Prophylaxis: (2.1)
- Adults and adolescents (≥12 years): The recommended starting regimen is 20 to 50 IU per kg of AFSTYLA administered 2 to 3 times weekly.
- Children (<12 years): The recommended starting regimen is 30 to 50 IU per kg of AFSTYLA administered 2 to 3 times weekly. More frequent or higher doses may be required in children <12 years of age to account for the higher clearance in this age group.
- The regimen may be adjusted based on patient response.

ADVERSE REACTIONS
The most common adverse reactions reported in clinical trials (>0.5% of subjects) were dizziness and hypersensitivity. (6)

To report SUSPECTED ADVERSE REACTIONS, contact the CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS
- Pediatric: Clearance (based on per kg body weight) is higher in pediatric patients 0 to <12 years of age. Higher and/or more frequent dosing may be needed. (8.4)

See 17 for Patient Counseling Information and FDA-approved Patient Labeling.

FULL PRESCRIBING INFORMATION: CONTENTS*

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Revised: September 2017R
AFSTYLA®
Antihemophilic Factor (Recombinant), Single Chain
For Intravenous Injection, Powder and Solvent for Injection

1 INDICATIONS AND USAGE
AFSTYLA®, Antihemophilic Factor (Recombinant), Single Chain is a recombinant, antihemophilic factor indicated in adults and children with hemophilia A (congenital Factor VIII deficiency) for:
- On-demand treatment and control of bleeding episodes,
- Routine prophylaxis to reduce the frequency of bleeding episodes,
- Perioperative management of bleeding.

Limitation of Use
AFSTYLA is not indicated for the treatment of von Willebrand disease.

2 DOSAGE AND ADMINISTRATION
For intravenous use after reconstitution only.

2.1 Dosing Guidelines
- Dose and duration of treatment depend on the severity of the Factor VIII deficiency, the location and extent of bleeding, and the patient's clinical condition.
- Each vial of AFSTYLA states the actual amount of Factor VIII activity in International Units (IU) as determined by chromogenic assay. One IU corresponds to the activity of Factor VIII contained in 1 milliliter (mL) of normal human plasma.
- Plasma Factor VIII levels can be monitored using either a chromogenic assay or a one-stage clotting assay — routinely used in US clinical laboratories. If the one-stage clotting assay is used, multiply the result by a conversion factor of 2 to 2.5 to obtain the patient's Factor VIII activity level (see Warnings and Precautions [5.3]).

Calculating Required Dose
- The calculation of the required dose of Factor VIII is based on the empirical finding that 1 IU Factor VIII per kg body weight raises the plasma Factor VIII level by 2 IU/dL.

Estimated Increment of Factor VIII (IU/dL or % of normal) = (Total Dose (IU)/body weight (kg)) x 2 (IU/dL per IU/kg)
The dose to achieve a desired in vivo peak increase in Factor VIII level may be calculated using the following formula:

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

The amount of AFSTYLA to be administered and the frequency of administration should always be oriented to the clinical effectiveness in the individual case.

On-demand Treatment and Control of Bleeding Episodes
A guide for dosing AFSTYLA in the treatment and control of bleeding episodes is provided in Table 1. Consideration should be given to maintaining a Factor VIII activity at or above the target range.

Table 1. Dosing for On-demand Treatment and Control of Bleeding Episodes

<table>
<thead>
<tr>
<th>Type of Bleeding Episode</th>
<th>Factor VIII Activity Level Required (% or IU/dL)</th>
<th>Frequency of Doses (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>20-40</td>
<td>Repeat injection every 12-24 hours until the bleeding is resolved.</td>
</tr>
<tr>
<td>Moderate</td>
<td>30-60</td>
<td>Repeat injection every 12-24 hours until the bleeding is resolved.</td>
</tr>
<tr>
<td>Major/Life-threatening</td>
<td>60-100</td>
<td>Repeat injection every 8-24 hours until bleed is resolved.</td>
</tr>
</tbody>
</table>

Routine Prophylaxis
- Adults and adolescents (≥12 years): The recommended starting regimen is 20 to 50 IU per kg of AFSTYLA administered 2 to 3 times weekly.
- Children (<12 years): The recommended starting regimen is 30 to 50 IU per kg of AFSTYLA administered 2 to 3 times weekly. More frequent or higher doses may be required in children <12 years of age to account for the higher clearance in this age group (see Clinical Pharmacology [12,3]).
- The regimen may be adjusted based on patient response.

2.2 Preparation and Reconstitution
- Reconstitute AFSTYLA using aseptic technique with diluent provided in the kit.
- Visually inspect the reconstituted solution for particulate matter prior to administration. The solution should be free from visible particles. Do not use if particulate matter is observed.

The procedures provided in Table 3 are general guidelines for the preparation and reconstitution of AFSTYLA.

Table 2. Target Factor VIII Activity Levels for Perioperative Management of Bleeding

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Factor VIII Activity Level Required (% or IU/dL)</th>
<th>Frequency of Doses (hours) / Duration of Therapy (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor (including tooth extraction)</td>
<td>30-60</td>
<td>Repeat injection every 24 hours for at least 1 day, until healing is achieved.</td>
</tr>
<tr>
<td>Major (intracranial, intra-abdominal, intrathoracic, or joint-replacement)</td>
<td>80-100</td>
<td>Repeat injection every 8-24 hours until adequate wound healing, then continue therapy for at least another 7 days to maintain a Factor VIII activity of 30-60% (IU/dL).</td>
</tr>
</tbody>
</table>

Perioperative Management of Bleeding
A guide for dosing AFSTYLA during surgery (perioperative management of bleeding) is provided in Table 2. Consideration should be given to maintaining a Factor VIII activity at or above the target range.

Table 3. AFSTYLA Reconstitution Instructions

1. Ensure that the AFSTYLA vial and diluent vial are at room temperature. Prepare and administer using aseptic technique.
2. Place the AFSTYLA vial, diluent vial, and Mix2Vial® transfer set on a flat surface.
3. Remove AFSTYLA and diluent vial flat caps. Wipe the stoppers with the sterile alcohol swab provided and allow the stoppers to dry prior to opening the Mix2Vial transfer set package.
4. Open the Mix2Vial transfer set package by peeling away the lid (Fig. 1). Leave the Mix2Vial transfer set in the clear package.
5. Place the diluent vial on a flat surface and hold the vial tightly. Grip the Mix2Vial transfer set together with the clear package and push the plastic spike at the blue end of the Mix2Vial transfer set firmly through the center of the stopper of the diluent vial (Fig. 2).
6. Carefully remove the clear package from the Mix2Vial transfer set. Make sure that you pull up only the clear package, not the Mix2Vial transfer set (Fig. 3).
7. With the AFSTYLA vial placed firmly on a flat surface, invert the diluent vial with the Mix2Vial transfer set attached and push the plastic spike of the transparent adapter firmly through the center of the stopper of the AFSTYLA vial (Fig. 4). The diluent will automatically transfer into the AFSTYLA vial.
8. With the diluent and AFSTYLA vial still attached to the Mix2Vial transfer set, gently swirl the AFSTYLA vial to ensure that the AFSTYLA is fully dissolved (Fig. 5). Do not shake the vial.
AFSTYLA is contraindicated in patients who have had life-threatening hypersensitivity reactions.


carefully from the Mix2Vial transfer set (Fig. 8).

14. If the dose requires more than one vial, use a separate, unused Mix2Vial transfer set for each product vial. Repeat step 10 to pool the contents of the vial into one syringe.

2.3 Administration

• Use aseptic technique when administering AFSTYLA.
• Do not mix AFSTYLA with other medicinal products.
• Administer by intravenous injection. The rate of administration should be determined by the patient’s comfort level. Do not exceed infusion rate of 10 mL per minute.
• Administer AFSTYLA at room temperature within 4 hours after reconstitution.
• AFSTYLA is for single use only. Following administration, discard any unused solution and all administration equipment in an appropriate manner as per local requirements.
• If a central venous access device (CVAD) is required, risk of CVAD-related complications including local infections, bacteremia and catheter site thrombosis should be considered.

3 DOSAGE FORMS AND STRENGTHS

AFSTYLA is available as a white or slightly yellow lyophilized powder supplied in single-use vials containing nominally 250, 500, 1000, 1500, 2000, 2500, or 3000 IU. The actual potency is labeled on each AFSTYLA vial and carton.

4 CONTRAINDICATIONS

AFSTYLA is contraindicated in patients who have had life-threatening hypersensitivity reactions, including anaphylaxis to AFSTYLA or its excipients (e.g., polysorbate 80) [see Description (11)], or hamster proteins [see Warnings and Precautions (5.1)].

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Allergic-type hypersensitivity reactions, including anaphylaxis, are possible with AFSTYLA. Inform patients of the early signs of hypersensitivity reactions that may progress to anaphylaxis (including hives, generalized urticaria, tightness of the chest, wheezing, hypotension and pruritus). Immediately discontinue administration and initiate appropriate treatment if hypersensitivity reactions occur.

For patients with previous hypersensitivity reactions, consider premedication with antihistamines.

5.2 Neutralizing Antibodies

Formation of neutralizing antibodies (inhibitors) to Factor VIII can occur following administration of Factor VIII products. Monitor patients for the development of neutralizing antibodies (inhibitors) by appropriate clinical observations and laboratory tests. If expected plasma Factor VIII activity levels are not attained, or if bleeding is not controlled after AFSTYLA administration, the presence of an inhibitor (neutralizing antibody) should be suspected [see Warnings and Precautions (5.3)]. Contact a specialized hemophilia treatment center if a patient develops an inhibitor.

5.3 Monitoring Laboratory Tests

• Monitor plasma Factor VIII activity in patients receiving AFSTYLA using either the chromogenic assay or the one-stage clotting assay, which is routinely used in US clinical laboratories. The chromogenic assay result most accurately reflects the clinical hemostatic potential of AFSTYLA and is preferred. The one-stage clotting assay result underestimates the Factor VIII activity level compared to the chromogenic assay result by approximately one-half. If the one-stage clotting assay is used, multiply the result by a conversion factor of 2 to determine the patient’s Factor VIII activity level. Incorrect interpretation of the Factor VIII activity obtained by the one-stage clotting assay could lead to unnecessary additional dosing, higher chronic dosing, or investigations for an inhibitor.
• Monitor for the development of Factor VIII inhibitors. Perform a Bethesda inhibitor assay if expected plasma Factor VIII activity levels are not attained or if bleeding is not controlled with the expected dose of AFSTYLA. Use Bethesda Units (BU) to report inhibitor levels.

6 ADVERSE REACTIONS

The most common adverse reactions (>0.5% of subjects) reported in clinical trials were dizziness and hypersensitivity.

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of one drug cannot be directly compared to rates in clinical trials of another drug and may not reflect the rates observed in practice. The safety, efficacy and pharmacokinetics of AFSTYLA have been evaluated in 258 previously treated patients (PTPs) with severe hemophilia A (<1% endogenous Factor VIII activity) who received at least one dose of AFSTYLA as part of either routine prophylaxis, on-demand treatment of bleeding episodes or perioperative management in two completed clinical trials (an adult/adolescent study [≥12 to 65 years of age] and a pediatric study [<12 years of age]), and an ongoing extension study (0 to ≥65 years of age). Patients with a history of, or current FVIII inhibitors, or any first order family history of FVIII inhibitors, patients with known hypersensitivity (allergic reaction or anaphylaxis) to Factor VIII, or patients with evidence of thrombus, including deep vein thrombosis, stroke, pulmonary embolism, myocardial infarction and arterial embolus within 3 months prior to Day 1 of the study were excluded from study participation.

Eighty-four (32.6%) subjects were children <12 years of age (35 [13.6%] 0 to <6 years and 49 [19.0%] ≥6 to <12 years), 14 (5.4%) were adolescents (≥12 to <18 years), and 160 (62.0%) were adults (≥18 to ≥65 years). There have been a total of 28,418 exposure days (EDs), with at least 28,492 injections of AFSTYLA administered. In the completed studies, a total of 185 subjects achieved at least 50 EDs, of whom 60 subjects achieved ≥100 EDs. Adverse reactions (ARs) (summarized in Table 4) were reported for 14 of 258 (5.4%) subjects in all studies. An adverse reaction of hypersensitivity resulted in the withdrawal of one subject. No subject developed neutralizing antibodies (inhibitors) to Factor VIII or antibodies to host cell proteins. No events of anaphylaxis or thrombosis were reported.

Table 4. Adverse Reactions Reported for AFSTYLA (N=258)

<table>
<thead>
<tr>
<th>MedDRA System Organ Class</th>
<th>Adverse Reaction</th>
<th>Number of Subjects (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immune system disorders</td>
<td>Hypersensitivity</td>
<td>4 (1.6)</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td>2 (0.8)</td>
</tr>
<tr>
<td></td>
<td>Paresthesia</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td>Rash</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td></td>
<td>Erythema</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td></td>
<td>Pruritus</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td>Pyrexia</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td>Injection-site pain</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td></td>
<td>Chills</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td></td>
<td>Feeling hot</td>
<td>1 (0.4)</td>
</tr>
</tbody>
</table>

6.2 Immunogenicity

All subjects were monitored for inhibitory and binding antibodies to AFSTYLA, and binding antibodies to CHO host cell proteins prior to the first infusion of AFSTYLA, at defined intervals during the studies and at the end of study visit. Preliminary data from an actively enrolling clinical trial in previously untreated patients (PUPs) aged ≤3 years indicate that 6 of 15 treated subjects (40%) with a 95% confidence interval of 16%, 68%) developed an inhibitor. Of these, 3 subjects (20%) had peak inhibitor values in the high titer range, and 3 subjects (20%) had peak values in the low titer range. Of the 6 subjects who tested positive for inhibitors, 5 subjects have remained in the trial and have continued treatment with AFSTYLA; 3 now have titer values in the low titer range, and 2 experienced successful eradication of the inhibitor.

No PTPs developed neutralizing antibodies (inhibitors) to Factor VIII or antibodies against human hamster ovary (CHO) host cell proteins at any time during the completed clinical studies. Four subjects in the adult/adolescent study and 10 subjects in the pediatric study were negative for non-neutralizing anti-drug antibodies (ADAs) at screening and turned
positive during the clinical study. Two of the adult/adolescent subjects and 3 of the pediatric subjects who developed ADAs were negative at end of study visit. No adverse events were associated with the development of ADAs. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of 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, it may be misleading to compare the incidence of antibodies to AFSTYLA with the incidence of antibodies to other products.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy
Risk Summary
There are no data with AFSTYLA use in pregnant women to inform on drug-associated risk. No developmental or animal reproduction toxicity studies were conducted with AFSTYLA. Thus, the risk of developmental toxicity including, structural abnormalities, embryo-fetal and/or infant mortality, functional impairment, and alterations to growth is not known. In the US general population, the estimated background risk of major birth defects occurs in 2-4% of the general population and miscarriage occurs in 15-20% of clinically recognized pregnancies. AFSTYLA should be given to a pregnant woman only if clearly needed.

8.2 Lactation
Risk Summary
There is no information regarding the excretion of AFSTYLA in human milk, the effect on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for AFSTYLA and any potential adverse effects on the breastfed infant from AFSTYLA or from the underlying maternal condition.

8.4 Pediatric Use
Safety and efficacy studies with AFSTYLA have been performed in 98 previously treated pediatric patients <18 years of age. Fourteen adolescent subjects

The number of units of Factor VIII administered is expressed in IU, which are related to the current WHO standard for Factor VIII products. One IU of Factor VIII activity in plasma is equivalent to that quantity of Factor VIII in 1 mL of normal plasma. Factor VIII activity in plasma is expressed either as a percentage (relative to normal human plasma) or in IU (relative to an International Standard for Factor VIII in plasma).

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
AFSTYLA is a recombinant protein that replaces the missing Coagulation Factor VIII needed for effective hemostasis. AFSTYLA is a single polypeptide chain with a truncated B-domain that allows for a covalent bridge to link the Factor VIII heavy and light chains. AFSTYLA has demonstrated a higher VWF affinity relative to full-length FVIII-VWF stabilizes Factor VIII and protects it from degradation. Activated AFSTYLA has an amino acid sequence identical to endogenous FVIIa.

12.2 Pharmacodynamics
Hemophilia A is an X-linked hereditary disorder of blood coagulation due to decreased levels of Factor VIII and results in bleeding into joints, muscles or internal organs, either spontaneously or as result of accidental or surgical trauma. Replacement therapy increases the plasma levels of Factor VIII enabling a temporary correction of the factor deficiency and correction of the bleeding tendencies.

12.3 Pharmacokinetics
Subjects ≥12 years
The pharmacokinetics (PK) of AFSTYLA were evaluated in 91 (81 adults ≥18 years and 10 adolescents ≥12 <18 years) previously treated subjects following an intravenous injection of a single dose of 50 IU/kg. The PK parameters (Table 5) were based on plasma Factor VIII activity measured by the chromogenic assay after the first dose (initial PK assessment). The PK profile obtained 3 to 6 months after the initial PK assessment was comparable with the PK profile obtained after the first dose.

Table 5. Pharmacokinetic Parameters (Arithmetic Mean, Coefficient of Variation [CV%]) in Adults and Adolescents Following a Single Injection of 50 IU/kg of AFSTYLA - Chromogenic Assay

<table>
<thead>
<tr>
<th>PK Parameters</th>
<th>≥18 years</th>
<th>≥12 to &lt;18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=81)</td>
<td>(N=10)</td>
</tr>
<tr>
<td>IR (IU/dL)/(IU/kg)</td>
<td>2.00 (20.8)</td>
<td>1.69 (24.8)</td>
</tr>
<tr>
<td>Cmax (IU/dL)</td>
<td>106 (18.1)</td>
<td>89.7 (24.8)</td>
</tr>
<tr>
<td>AUC0-∞ (IU*h/dL)</td>
<td>1960 (33.1)</td>
<td>1540 (36.5)</td>
</tr>
<tr>
<td>t1/2 (h)</td>
<td>14.2 (26.0)</td>
<td>14.3 (33.3)</td>
</tr>
<tr>
<td>MRT (h)</td>
<td>20.4 (25.8)</td>
<td>20.0 (32.2)</td>
</tr>
<tr>
<td>CL (mL/h/kg)</td>
<td>2.90 (34.4)</td>
<td>3.80 (46.9)</td>
</tr>
<tr>
<td>Vss (mL/kg)</td>
<td>55.2 (20.8)</td>
<td>68.5 (29.9)</td>
</tr>
</tbody>
</table>

IR = incremental recovery recorded at 30 minutes after injection; Cmax = observed maximum plasma concentration; AUC0-∞ = area under the Factor VIII activity time curve extrapolated to infinity; t1/2 = half-life; MRT = mean residence time; CL = body weight adjusted clearance; Vss = body weight adjusted volume of distribution at steady-state.

Table 6. Comparison of Pharmacokinetic Parameters in Children by Age Category (Arithmetic Mean, Coefficient of Variation [CV%]) Following a Single Injection of 50 IU/kg of AFSTYLA - Chromogenic Assay

<table>
<thead>
<tr>
<th>PK Parameters</th>
<th>0 to &lt;6 years</th>
<th>≥6 to &lt;12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=20)</td>
<td>(N=19)</td>
</tr>
<tr>
<td>IR (IU/dL)/(IU/kg)</td>
<td>1.60 (21.1)</td>
<td>1.66 (19.7)</td>
</tr>
<tr>
<td>Cmax (IU/dL)</td>
<td>80.2 (20.6)</td>
<td>83.5 (19.5)</td>
</tr>
<tr>
<td>AUC0-∞ (IU*h/dL)</td>
<td>1080 (31.0)</td>
<td>1170 (26.3)</td>
</tr>
<tr>
<td>t1/2 (h)</td>
<td>10.4 (28.7)</td>
<td>10.2 (19.4)</td>
</tr>
<tr>
<td>MRT (h)</td>
<td>12.4 (25.0)</td>
<td>12.3 (16.8)</td>
</tr>
<tr>
<td>CL (mL/h/kg)</td>
<td>5.07 (29.6)</td>
<td>4.63 (29.5)</td>
</tr>
<tr>
<td>Vss (mL/kg)</td>
<td>71.0 (11.8)</td>
<td>67.1 (22.3)</td>
</tr>
</tbody>
</table>

IR = incremental recovery recorded at 30 minutes after injection; Cmax = observed maximum plasma concentration; AUC0-∞ = area under the Factor VIII activity time curve extrapolated to infinity; t1/2 = half-life; MRT = mean residence time; CL = body weight adjusted clearance; Vss = body weight adjusted volume of distribution at steady-state.

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<th>≥6 to &lt;12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=20)</td>
<td>(N=19)</td>
</tr>
<tr>
<td>IR (IU/dL)/(IU/kg)</td>
<td>1.60 (21.1)</td>
<td>1.66 (19.7)</td>
</tr>
<tr>
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CLINICAL STUDIES

The safety and efficacy of AFSTYLA were evaluated in two studies: an Open-label, Multicenter, Crossover Safety, Efficacy and Pharmacokinetic Study in adults/adolescents as well as in an Open-label Pharmacokinetic, Efficacy and Safety study in children. These studies characterized the PK of AFSTYLA and determined hemostatic efficacy in the control of bleeding events, the prevention of bleeding events in prophylaxis and in the adult/adolescent study determined hemostatic efficacy during perioperative management of bleeding in subjects undergoing surgical procedures.

In the adult/adolescent study a total of 347 bleeding episodes were treated with AFSTYLA all of which received an efficacy assessment by the investigator. The majority of the bleeding episodes occurred in joints. The median dose per injection used to treat a bleeding episode was 31.7 IU/kg (range 6 to 84 IU/kg). Of the 347 bleeding episodes, 298 (86%) were controlled with a single AFSTYLA injection and another 107 (13%) were controlled with 2 injections. Fifty-five (6%) of the 848 bleeding episodes required 3 or more injections. For 96% of bleeding episodes the hemostatic efficacy rating by the investigator was either excellent or good.

In the pediatric study a total of 84 previously treated male subjects with severe hemophilia A (35 subjects 0 to <6 years and 49 subjects 6 to <12 years). Of the 84 enrolled subjects, all received at least one dose of AFSTYLA and 83 (99%) were evaluable for efficacy. A total of 161 subjects (92.5%) completed the study. A total of 120 (69.0%) subjects were treated for at least 50 EDs and 52 (29.9%) of those subjects were treated for at least 100 EDs. Subjects received a total of 14,592 injections with a median of 67.0 (range 1 to 395) injections per subject.

The pediatric study enrolled 84 previously treated male subjects with severe hemophilia A (35 subjects 0 to <6 years and 49 subjects 6 to <12 years). Of the 84 enrolled subjects, all received at least one dose of AFSTYLA and 83 (99%) were evaluable for efficacy. A total of 65 (77.4%) subjects were treated for at least 50 EDs and 52 (29.9%) of those subjects were treated for at least 100 EDs. Subjects received a total of 5,313 injections with a median of 59 (range 4 to 145) injections per subject.

In the adult/adolescent study a total of 848 bleeding episodes were treated with AFSTYLA and 835 received an efficacy assessment by the investigator. The majority of the bleeding episodes occurred in joints. The median dose per injection used to treat a bleeding episode was 31.7 IU/kg (range 6 to 84 IU/kg). Of the 848 bleeding episodes, 686 (81%) were controlled with a single AFSTYLA injection and another 34 (10%) were controlled with 2 injections. Fifty-five (6%) of the 848 bleeding episodes required 3 or more injections. For 94% of bleeding episodes the hemostatic efficacy rating by the investigator was either excellent or good.

In the pediatric study a total of 347 bleeding episodes were treated with AFSTYLA all of which received an efficacy assessment by the investigator. The majority of the bleeding episodes occurred in joints. The median dose per injection used to treat a bleeding episode was 27.3 IU/kg (range 16 to 76 IU/kg). Of the 347 bleeding episodes, 298 (85.9%) were controlled with a single AFSTYLA injection and another 107 (31%) were controlled with 2 injections. Fifty-five (6%) of the 848 bleeding episodes required 3 or more injections. For 96% of bleeding episodes the hemostatic efficacy rating by the investigator was either excellent or good.

Assessment of response to treatment of bleeds by the investigator was as follows:

Excellent: Pain relief and/or improvement in signs of bleeding (i.e., swelling, tenderness, and/or increased range of motion in the case of musculoskeletal hemorrhage) within approximately 8 hours after the first infusion

Good: Pain relief and/or improvement in signs of bleeding at approximately 8 hours after the first infusion, but requires two infusions for complete resolution

Moderate: Probable or slight beneficial effect within approximately 8 hours after the first infusion; requires more than two infusions for complete resolution

No response: No improvement at all or condition worsens (i.e., signs of bleeding) after the first infusion and additional hemostatic intervention is required with another FVIII product, cryoprecipitate, or plasma for complete resolution.

The efficacy of AFSTYLA in control of bleeding episodes in both studies is summarized in Table 7.

### Table 7. Efficacy of AFSTYLA in Control of Bleeding

<table>
<thead>
<tr>
<th>Bleeding Episodes Treated</th>
<th>Adult and Adolescent (≥12 to 65 years of age) (N=848)</th>
<th>Pediatric (0 to &lt;12 years of age) (N=347)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 injection, n (%)</td>
<td>686 (81%)</td>
<td>298 (85.9%)</td>
</tr>
<tr>
<td>2 injections, n (%)</td>
<td>107 (13%)</td>
<td>34 (9.8%)</td>
</tr>
<tr>
<td>3 injections, n (%)</td>
<td>29 (3%)</td>
<td>8 (2.3%)</td>
</tr>
<tr>
<td>≥3 injections, n (%)</td>
<td>26 (3%)</td>
<td>7 (2.0%)</td>
</tr>
<tr>
<td>Efficacy evaluation by investigator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent or Good, n (%)</td>
<td>783 (94%)</td>
<td>334 (96.3%)</td>
</tr>
<tr>
<td>Moderate, n (%)</td>
<td>52 (6%)</td>
<td>12 (3.5%)</td>
</tr>
<tr>
<td>No response, n (%)</td>
<td>0</td>
<td>1 (0.3%)</td>
</tr>
</tbody>
</table>

In the adult/adolescent study group, routine prophylaxis was administered to 146 subjects (median ABR of 1.53) and those on a 2 times weekly regimen (median ABR of 0.00). The annualized spontaneous bleeding rate (AsBR) was also comparable between subjects on a 3 times weekly regimen (median AsBR of 0.00) and those on a 2 times weekly regimen (median AsBR of 0.00). The number of subjects who needed dose adjustments was comparable between the two groups (34.2% [27 subjects] for three times weekly and 27.7% [13 subjects] for twice weekly).

The median prescribed dose for subjects on a 3 times weekly prophylaxis regimen was 30 IU/kg (12 to 50 IU/kg). The median prescribed dose for subjects on a 2 times weekly prophylaxis regimen was 35 IU/kg (17 to 50 IU/kg).

For prophylaxis the overall ABR was 3.69, with a median ABR of 2.30 for subjects on a 3 times a week regimen and 4.37 for subjects on a 2 times a week regimen. The median AsBR (0.00) was identical between subjects on the 3 times a week and 2 times a week regimens. The median prescribed dose for subjects on a 3 times a week regimen was 32 IU/kg (19 to 50 IU/kg) and for subjects on a 2 times a week regimen was 35 IU/kg (20 to 57 IU/kg). The ABRs for prophylaxis and on-demand in both studies are summarized in Table 8.
Moderate: Moderately abnormal hemostasis in terms of quantity and/or quality (e.g., moderate hemorrhage that is difficult to control) with estimated blood loss greater than what is defined as good.

Poor/No Response: Severely abnormal hemostasis in terms of quantity and/or quality (e.g., severe hemorrhage that is difficult to control) and/or additional hemostatic intervention required with another FVIII product, cryoprecipitate, or plasma for complete resolution.

Table 9. Efficacy of AFSTYLA in Perioperative Management of Bleeding

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Efficacy Evaluation</th>
<th>Factor Consumption (IU/kg) (pre- and intra-operatively)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraction of wisdom teeth</td>
<td>Excellent</td>
<td>51.09</td>
</tr>
<tr>
<td>Abdominal hernia repair</td>
<td>Excellent</td>
<td>47.89</td>
</tr>
<tr>
<td>Elbow arthroplasty</td>
<td>Excellent</td>
<td>108.58</td>
</tr>
<tr>
<td>Ankle arthroplasty</td>
<td>Excellent</td>
<td>76.83</td>
</tr>
<tr>
<td>Knee replacement (5)</td>
<td>Excellent (4), Good (1)</td>
<td>92.49</td>
</tr>
<tr>
<td>Cholecystectomy and Lengthening of the Achilles tendon combined with: Straightening of the right toes</td>
<td>Excellent</td>
<td>105.95</td>
</tr>
<tr>
<td>Circumcision (3)</td>
<td>Excellent (3)</td>
<td>99.04</td>
</tr>
<tr>
<td>Open reduction internal fixation (ORIF) right ankle</td>
<td>Excellent</td>
<td>89.36</td>
</tr>
<tr>
<td>Hardware removal, Right ankle</td>
<td>Excellent</td>
<td>40.45</td>
</tr>
</tbody>
</table>

15 REFERENCES

16 HOW SUPPLIED/STORAGE AND HANDLING
How Supplied
AFSTYLA is supplied in a kit containing a lyophilized powder in a single-use vial labeled with the amount of Factor VIII activity, expressed in international units (IU). Actual Factor VIII activity in International Units (IU) is stated on the AFSTYLA carton and vial label.

AFSTYLA is packaged with Sterile Water for Injection, USP (2.5 mL for reconstitution of 250, 500 or 1000 IU or 5 mL for reconstitution of 1500, 2000, 2500, or 3000 IU AFSTYLA), one Mix2Vial® filter transfer set, and one sterile alcohol swab. Components are not made of natural rubber latex.

Storage and Handling
- Store AFSTYLA in the original package to protect the AFSTYLA vials from light.
- Store AFSTYLA in powder form at 2°C to 8°C (36°F to 46°F). Do not freeze to avoid damage to the diluent vial. AFSTYLA can be stored at room temperature, not to exceed 25°C (77°F), for a single period of up to 3 months, within the expiration date printed on the carton and vial labels.
- Record the starting date of room temperature on the unopened product carton. Once stored at room temperature, do not return the product to the refrigerator. The shelf-life then expires after storage at room temperature for 3 months, or after the expiration date on the product vial, whichever is earlier.
- Do not use AFSTYLA after the expiration date indicated on the vial.
- The reconstituted product (after mixing dry product with diluent) can be stored at 2°C to 8°C (36°F to 46°F), or at room temperature, not to exceed 25°C (77°F), for up to 4 hours.
- Protect from direct sunlight.
- After reconstitution, if the product is not used within 4 hours, it must be discarded.
- Do not use AFSTYLA if the reconstituted solution is cloudy or has particulate matter.
- Discard any unused AFSTYLA.

17 PATIENT COUNSELING INFORMATION
Advise patients to:
- Read the FDA-approved Patient Labeling (Patient Product Information and Instructions for Use).
- Discontinue use of AFSTYLA in case of a hypersensitivity reaction and contact their healthcare provider and/or seek emergency care, depending on the severity of the reaction. Early signs of hypersensitivity reactions may include hives, itching, facial swelling, tightness of the chest, and wheezing [see Warnings and Precautions (5.1)].
- Contact their healthcare provider or hemophilia treatment facility for further treatment and/or assessment if they experience a lack of a clinical response to Factor VIII replacement therapy, as in some cases this may be a manifestation of an inhibitor [see Warnings and Precautions (5.2)].
- Report any adverse reactions or problems following AFSTYLA administration to their healthcare provider.

Manufactured by:
CSL Behring GmbH
35041 Marburg, Germany
for:
CSL Behring Recombinant Facility AG
Bern 22, Switzerland 3000
US License No. 2009

Distributed by:
CSL Behring LLC
Kankakee, IL 60901 USA

Mix2Vial® is a registered trademark of Medimop Medical Projects, Ltd., a subsidiary of West Pharmaceuticals Services, Inc.

FDA-Approved Patient Labeling
Patient Product Information (PPI)
AFSTYLA / af stıy tah / Antihemophilic Factor (Recombinant), Single Chain Freeze-Dried Powder for Reconstitution

This leaflet summarizes important information about AFSTYLA. Please read it carefully before using AFSTYLA. This information does not take the place of talking with your healthcare provider, and it does not include all of the important information about AFSTYLA. If you have any questions after reading this, ask your healthcare provider.

What is the most important information I need to know about AFSTYLA?
- Your healthcare provider or hemophilia treatment center will instruct you on how to do an infusion on your own.
- Carefully follow your healthcare provider’s instructions regarding the dose and schedule for infusing this medicine.

What is AFSTYLA?
- AFSTYLA, Antihemophilic Factor (Recombinant), Single Chain is a medicine used to replace clotting Factor VIII that is missing in patients with hemophilia A.
- Hemophilia A is an inherited bleeding disorder that prevents blood from clotting normally.
- Does not contain human plasma-derived proteins or albumin.
- Your healthcare provider may give you this medicine when you have surgery.
- Is used to treat and control bleeding in all patients with hemophilia A.
- Can reduce the number of bleeding episodes when used regularly (prophylaxis) and reduce the risk of joint damage due to bleeding.
- Is not used to treat von Willebrand disease.

Who should not use AFSTYLA?
You should not use AFSTYLA if you:
- Have had a life-threatening allergic reaction to it in the past.
- Are allergic to its ingredients or hamster proteins.
Tell your healthcare provider if you are pregnant or breastfeeding because AFSTYLA may not be right for you.

What should I tell my healthcare provider before using AFSTYLA?
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 hamster proteins.
• Are pregnant or planning to become pregnant. It is not known if AFSTYLA may harm your unborn baby.
• Are breastfeeding. It is not known if AFSTYLA passes into the milk or if it can harm your baby.
• Have been told you have inhibitors to Factor VIII (because this medicine may not work for you).

How should I use AFSTYLA?
• Administered directly into the bloodstream.
• Use as ordered by your healthcare provider.
• You should be trained on how to do intravenous injections by your healthcare provider or hemophilia treatment center. Once trained, many patients with hemophilia A are able to inject this medicine by themselves or with the help of a family member.
• Your healthcare provider will tell you how much to use based on your weight, the severity of your hemophilia A, and where you are bleeding.
• You may need to have blood tests done after getting 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 this medicine.

What are the possible side effects of AFSTYLA?
• Allergic reactions may occur. Immediately stop treatment and call your healthcare provider right away if you get a rash or hives, itching, tightness of the chest or throat, difficulty breathing, light-headedness, dizziness, nausea, or decrease in blood pressure.
• Your body may form inhibitors to Factor VIII. An inhibitor is a part of the body’s defense system. If you form inhibitors, it may stop this medicine from working properly. Your healthcare provider may need to test your blood for inhibitors from time to time.
• Common side effects are dizziness and allergic reactions.
• These are not the only side effects possible. Tell your healthcare provider about any side effect that bothers you or does not go away.

What are the AFSTYLA dosage strengths?
AFSTYLA comes in 5 different dosage strengths: 250, 500, 1000, 1500, 2000, 2500 or 3000 International Units (IU). The actual strength is printed on the carton and vial label.

<table>
<thead>
<tr>
<th>Fill Size Color Indicator</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>Dosage strength of approximately 250 IU per vial</td>
</tr>
<tr>
<td>Blue</td>
<td>Dosage strength of approximately 500 IU per vial</td>
</tr>
<tr>
<td>Green</td>
<td>Dosage strength of approximately 100 IU per vial</td>
</tr>
<tr>
<td>Turquoise</td>
<td>Dosage strength of approximately 1500 IU per vial</td>
</tr>
<tr>
<td>Purple</td>
<td>Dosage strength of approximately 2000 IU per vial</td>
</tr>
<tr>
<td>Cool Grey</td>
<td>Dosage strength of approximately 2500 IU per vial</td>
</tr>
<tr>
<td>Yellow</td>
<td>Dosage strength of approximately 3000 IU per vial</td>
</tr>
</tbody>
</table>

Always check the actual dosage strength printed on the label to make sure you are using the strength prescribed by your healthcare provider.

How should I store AFSTYLA?
• Store this medicine in the original package to protect the vials from light.
• Store this medicine in powder form at 2°C to 8°C (36°F to 46°F). Do not freeze to avoid damage to the diluent vial. It can be stored at room temperature, not to exceed 25°C (77°F), for a single period of up to 3 months, within the expiration date printed on the carton and vial labels.
• If stored at room temperature, record the date that this medicine is removed from refrigeration on the top flap of the carton in the area provided. After storage at room temperature, do not return the product to the refrigerator. The powder form for the product then expires after storage at room temperature for 3 months, or after the expiration date on the product vial, whichever is earlier.
• The reconstituted product (after mixing dry product with diluent) can be stored for 4 hours at a temperature not to exceed 25°C (77°F). Protect from direct sunlight. After reconstitution, if the product is not used within 4 hours, it must be discarded.

What else should I know about AFSTYLA?
• Medicines are sometimes prescribed for purposes other than those listed here. Do not use this medicine for a condition for which it is not prescribed. Do not share with other people, even if they have the same symptoms that you have.

### Instructions for Use of AFSTYLA

For intravenous use after reconstitution only

This medicine is infused into a vein. Your healthcare provider or hemophilia treatment center should teach you how to do infusions on your own. Always follow the specific instructions given by your healthcare provider. The steps listed below are general guidelines for using AFSTYLA. If you are unsure of the instructions, call your healthcare provider before using AFSTYLA. Call your healthcare provider right away if bleeding is not controlled after using AFSTYLA. Your healthcare provider will prescribe the dose that you should take. You may need to take blood tests from time to time. Talk to your healthcare provider before traveling. Dispose of all unused solution, empty vials, and other used medical supplies in an appropriate medical waste container.

• **Always work on a clean flat surface** and wash your hands before performing the reconstitution procedures.
• **Use only the components for reconstitution that are provided with each package.**
• If a package is opened or damaged, do not use and contact your healthcare provider.
• Do not use AFSTYLA beyond the expiration date on the vial and carton labels. If stored at room temperature, the dry product (prior to reconstitution) expires after storage at room temperature for 3 months or after the expiration date on the product vial, whichever is earlier.
• Look at the mixed (reconstituted) solution. Do not use AFSTYLA if the reconstituted solution is cloudy, contains any particles, or is discolored.
• AFSTYLA is for single use only and contains no preservatives. Discard partially used vials.

### AFSTYLA Reconstitution Instructions

1. Ensure that the AFSTYLA vial and diluent vial are at room temperature.
2. Place the AFSTYLA vial, diluent vial, and Mix2Vial® transfer set on a flat surface.
3. Remove AFSTYLA and diluent vial flip caps. Wipe the stoppers with the sterile alcohol swab provided and allow the stoppers to dry prior to opening the Mix2Vial transfer set package.
4. Open the Mix2Vial transfer set package by peeling away the lid (Fig. 1). Leave the Mix2Vial transfer set in the clear package.
5. Place the diluent vial on a flat surface and hold the vial tightly. Grip the Mix2Vial transfer set together with the clear package and push the plastic spike of the transparent adapter firmly through the center of the stopper of the diluent vial (Fig. 2).
6. Carefully remove the clear package from the Mix2Vial transfer set. Make sure that you pull up only the clear package, not the Mix2Vial transfer set (Fig. 3).
7. With the AFSTYLA vial placed firmly on a flat surface, invert the diluent vial with the Mix2Vial transfer set attached and push the plastic spike of the transparent adapter firmly through the center of the stopper of the AFSTYLA vial (Fig. 4). The diluent will automatically transfer into the AFSTYLA vial.
8. With the diluent and AFSTYLA vial still attached to the Mix2Vial transfer set, gently swirl the AFSTYLA vial to ensure that the AFSTYLA is fully dissolved (Fig. 5). Do not shake the vial.
9. With one hand, grasp the AFSTYLA side of the Mix2Vial transfer set and with the other hand grasp the blue diluent-side of the Mix2Vial transfer set, and unscrew the set into two pieces. (Fig. 6).

10. Draw air into an empty, sterile syringe. While the AFSTYLA vial is upright, screw the syringe to the Mix2Vial transfer set. Inject air into the AFSTYLA vial. While keeping the syringe plunger pressed, invert the system upside down and draw the concentrate into the syringe by pulling the plunger back slowly. (Fig. 7).

11. Now that the concentrate has been transferred into the syringe, firmly grasp the barrel of the syringe (keeping the plunger facing down) and unscrew the syringe from the Mix2Vial transfer set (Fig. 8).

12. After reconstitution, infuse immediately or within 4 hours. The mixed (reconstituted) solution may be stored at room temperature, not to exceed 25°C (77°F), for up to 4 hours. Do not freeze. Protect from direct sunlight.

13. Record treatment - Remove the peel-off portion of the label from each vial used, and affix it to the patient's treatment diary/log book or scan the vial if recording the infusion electronically.

14. If the dose requires more than one vial, use a separate unused Mix2Vial transfer set for each product vial. Repeat step 10 to pool the contents into one syringe.

Administration (intravenous injection)
- Do not mix AFSTYLA in the same tubing or container with other medicinal products.
- Attach the syringe containing the mixed (reconstituted) solution to a sterile infusion set and give an injection as directed by your healthcare provider or hemophilia treatment center.
- Administer intravenously. Do not exceed infusion rate of 10 mL per minute.

Resources at CSL Behring available to the patient:
For Adverse Reaction Reporting contact:
CSL Behring Pharmacovigilance Department at 1-866-915-6958

Contact CSL Behring to receive more product information:
Customer Support 1-800-683-1288

For more information, visit www.AFSTYLA.com

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