Patient Card | Hemlibra® (emicizumab)

Subcutaneous injection for routine prophylaxis of bleeding episodes in patients with haemophilia A (congenital factor VIII deficiency):
- **with factor VIII inhibitors**
- **without factor VIII inhibitors who have:**
  - **severe disease (FVIII < 1%)**
  - **moderate disease (FVIII ≥ 1% and ≤ 5%) with severe bleeding phenotype.**

IMPORTANT - This card contains important safety information that you need to be aware of before, during and after treatment with Hemlibra. Keep this card with you in your wallet or handbag and show it to any healthcare professional involved in your treatment, for example your GP or A&E staff, not just your prescribing specialist doctor.
This Patient Card is provided by Roche Products Limited and Chugai Pharma UK Ltd and is mandatory as a condition of the Marketing Authorisation in order to further minimise important selected risks. For more information on Hemlibra, please see the Patient Information Leaflet (PIL) that comes with your medicine.

Date of MHRA Approval: June 2023

Risk minimisation materials for Hemlibra are assessed by the Medicines and Healthcare products Regulatory Agency (MHRA). These materials describe recommendations to minimise or prevent important risks of the drug.

IMPORTANT SAFETY INFORMATION
Please read this information carefully before administering the product

- In case of an emergency:
  - Contact an appropriate medical professional for immediate medical care
  - Should any questions related to your haemophilia A or current treatment arise, please contact your doctor
- Tell your doctor if you are using Hemlibra before you have laboratory tests that measure how well your blood is clotting. This is because the presence of Hemlibra in the blood may interfere with some of these laboratory tests, leading to inaccurate results.
- Serious and potentially life-threatening side effects have been observed when a "bypassing agent" called activated prothrombin complex concentrate (aPCC) was used in patients who were also receiving Hemlibra. These included:
  - Destruction of red blood cells (Thrombotic microangiopathy) - this is a serious and potentially life-threatening condition where there is damage to the lining of blood vessels and formation of blood clots in small blood vessels. This can lead to damage in the kidneys and/or other organs.
  - Thromboembolism - blood clots may form and in rare cases these blood clots may cause a life-threatening blockage of blood vessels.

Notice to healthcare professionals reading this patient card:

Please be aware of:

Thrombotic microangiopathy associated with Hemlibra and aPCC

- Cases of thrombotic microangiopathy (TMA) were reported from a clinical trial in patients receiving Hemlibra prophylaxis when on average a cumulative amount of >100U/kg/24 hours of activated prothrombin complex concentrate (aPCC) for 24 hours or more was administered
- Patients receiving Hemlibra prophylaxis should be monitored for the development of TMA when administering aPCC

Thromboembolism associated with Hemlibra and aPCC

- Serious thrombotic events (TE) were reported from a clinical trial in patients receiving Hemlibra prophylaxis when on average a cumulative amount of >100U/kg/24 hours of aPCC for 24 hours or more was administered
- Patients receiving Hemlibra prophylaxis should be monitored for the development of thromboembolism when administering aPCC

Treating physicians should immediately discontinue aPCC and interrupt Hemlibra therapy if clinical symptoms, imaging, and/or laboratory findings consistent with TMA or TE occur, and manage as clinically indicated.

Use of bypassing agents in patients receiving Hemlibra

- Treatment with prophylactic bypassing agents should be discontinued the day before starting Hemlibra therapy.
- Physicians should discuss with all patients and/or caregivers the exact dose and schedule of bypassing agents to use, if required while receiving Hemlibra prophylaxis.
- Hemlibra increases patients' coagulation potential. The bypassing agent dose required may therefore be lower than that used without Hemlibra prophylaxis. The dose and duration of treatment with bypassing agents will depend on the location and extent of bleeding, and the patient's clinical condition.
- For all coagulation agents (aPCC, rFVIIa, FVIII, etc.), consideration should be given to verifying bleeds prior to repeated dosing.
- Use of aPCC should be avoided unless no other treatment options/alternatives are available.
  - If aPCC is the only option to treat bleeding for a patient receiving Hemlibra prophylaxis, the initial dose should not exceed 50 U/kg and laboratory monitoring is recommended (including but not restricted to renal monitoring, platelet testing, and evaluation of thrombosis).
  - If bleeding is not controlled with the initial dose of aPCC up to 50 U/kg, additional aPCC doses should be administered under medical guidance or supervision, and the total aPCC dose should not exceed 100 U/kg in 24-hours of treatment.
  - Treating physicians must carefully weigh the risk of TMA and TE against the risk of bleeding when considering aPCC treatment beyond 100 U/kg in 24-hours.
- The safety and efficacy of Hemlibra has not been formally evaluated in the surgical setting. If patients require bypassing agents in the perioperative setting, it is recommended that the dosing guidance above for aPCC be followed.
- In clinical trials, no cases of TMA or TE were observed with use of activated recombinant human FVII (rFVIIa) alone in patients receiving Hemlibra prophylaxis; however, the lowest dose expected to achieve haemostasis should be prescribed. Due to the long half-life of Hemlibra, bypassing agent dosing guidance should be followed for at least 6 months following discontinuation of Hemlibra prophylaxis.
- Please refer to section 4.4 of the SmPC for additional information and comprehensive instructions.

Laboratory coagulation test interference

- Hemlibra affects assays for activated partial thromboplastin time (aPTT) and all assays based on aPTT, such as one stage factor VIII activity.
- Therefore, aPTT based coagulation laboratory test results in patients who have been treated with Hemlibra prophylaxis should not be used to monitor Hemlibra activity, determine dosing for factor replacement or anti-coagulation, or measure factor VIII inhibitors titres.
- However, single-factor assays utilising chromogenic or immuno-based methods are not affected by Hemlibra and may be used to monitor coagulation parameters during treatment, with specific considerations for FVIII chromogenic activity assays.
- Chromogenic factor VIII activity assays containing bovine coagulation factors are insensitive to Hemlibra (no activity measured) and can be used to monitor endogenous or infused factor VIII activity, or to measure anti-FVIII inhibitors. A chromogenic Bethesda assay utilising a bovine-based factor VIII chromogenic test that is insensitive to Hemlibra may be used.
- Laboratory tests affected and unaffected by Hemlibra are shown in Table 1 below.

Table 1 | Coagulation Test Results Affected and Unaffected by Hemlibra

Results Affected by Hemlibra	Results Unaffected by Hemlibra
- Activated partial thromboplastin time (aPTT) - Activated clotting time (ACT) - One-stage, aPTT-based, single-factor assays - aPTT-based Activated Protein C Resistance (APC-R) - Bethesda assays (clotting-based) for FVIII inhibitor titres	- Thrombin time (TT) - One-stage, prothrombin time (PT)-based, single-factor assays - Chromogenic-based single-factor assays other than FVIII - Immuno-based assays (e.g. ELISA, turbidimetric methods) - Bethesda assays (bovine chromogenic) for FVIII inhibitor titres - Genetic tests of coagulation factors (e.g. Factor V Leiden, Prothrombin 20210)

▪ Please refer to the SmPC for additional information (section 4.4)

Contact the patient's Haematologist listed for assistance in interpreting laboratory test results or for guidance on the use of bypassing agents in patients receiving Hemlibra prophylaxis.

Full prescribing information can be found in the Summary of Product Characteristics (SmPC): www.medicines.org.uk or www.emcmedicines.com/en-GB/northernireland.

Additional information and guidance for patients being prescribed Hemlibra can be found in the Patient Information Leaflet (PIL): www.medicines.org.uk or www.emcmedicines.com/en-GB/northernireland.

What additional important information should I know?

Call for reporting

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard, or search for MHRA Yellow Card in the Google Play or Apple App Store.

You should also report side effects to Roche Products Ltd by emailing the Roche Drug Safety Centre at welwyn.uk_dsc@roche.com or calling +44 (0) 1707 367554. By reporting side effects you can help provide more information on the safety of this medicine.

For full information on all possible adverse events please see the Summary of Product Characteristics (SmPC) or the Patient Information Leaflet (PIL).

Company contact point

If you have any questions or problems:

Roche Medical Information on 0800 328 1629

medinfo.uk@roche.com

www.roche.co.uk

In case of an emergency:

- Contact an appropriate medical professional for immediate medical care.
- Should any questions related to your haemophilia A or current treatment arise, please contact your doctor:

Name:

Tel/Fax:

Email:

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