FEIBA (Anti-Inhibitor Coagulant Complex)
For Intravenous Use, Lyophilized Powder for Solution

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

FEIBA, Anti-Inhibitor Coagulant Complex
For Intravenous Use, Lyophilized Powder for Solution
Initial U.S. Approval: 1986

WARNING: THROMBOEMBOLIC EVENTS
• Thromboembolic events have been reported during post-marketing surveillance, particularly following the administration of high doses and/or in patients with thrombotic risk factors.
• Monitor patients receiving FEIBA for signs and symptoms of thromboembolic events (5.1, 6.2).

INDICATIONS AND USAGE
FEIBA is an Anti-Inhibitor Coagulant Complex indicated for use in hemophilia A and B patients with inhibitors for:
• Control and prevention of bleeding episodes.
• Perioperative management.
• Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.
FEIBA is not indicated for the treatment of bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to factor VIII or factor IX (1)

DOSEAGE AND ADMINISTRATION
For intravenous use after reconstitution only (2)
• Each vial of FEIBA contains the labeled amount of factor VIII inhibitor bypassing activity in units. (2)
• Maximum injection or infusion rate must not exceed 2 units per kg of body weight per minute. (2.3)

DOSAGE FORMS AND STRENGTHS
FEIBA is available as a lyophilized powder in single-use vials containing nominally 500, 1000, or 2500 units per vial. (3)

CONTRAINDICATIONS
• History of anaphylactic or severe hypersensitivity reactions to FEIBA or any of its components, including factors of the kinin generating system. (4)
• Disseminated intravascular coagulation (DIC). (4)
• Acute thrombosis or embolism (including myocardial infarction). (4)

WARNINGS AND PRECAUTIONS
• FEIBA can cause thromboembolic events following doses above 200 units per kg per day and in patients with thrombotic risk factors. Monitor patients receiving FEIBA for signs and symptoms of thromboembolic events. (5.1)
• Anaphylaxis and severe hypersensitivity reactions may occur. Should symptoms occur, discontinue treatment with FEIBA and administer appropriate treatment. (5.2)
• FEIBA is made from human plasma and may contain infectious agents, e.g., Creutzfeldt-Jacob disease (vCJD) and theoretically, Creutzfeldt-Jacob disease (CJD) agent. (5.3)

ADVERSE REACTIONS
• The most common adverse reactions observed in >5% of subjects were anemia, diarrhea, hemarthrosis, hepatitis B surface antibody positive, nausea, and vomiting. (6.1)
• The serious adverse drug reactions are hypersensitivity and thromboembolic events, including stroke, pulmonary embolism, and deep vein thrombosis. (5.1, 5.2, 6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Baxalta US Inc. at 1-800-999-1785 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
2. DOSAGE AND ADMINISTRATION
For intravenous use after reconstitution only.

2.1 Dose
A guide for dosing FEIBA is provided in Table 1.

Table 1 Dosing Guidelines

<table>
<thead>
<tr>
<th>Control and Prevention of Bleeding</th>
<th>Dose (unit/kg)</th>
<th>Frequency of Doses (hours)</th>
<th>Duration of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Hemorrhage</td>
<td>50-100</td>
<td>12</td>
<td>Until pain and acute disabilities are improved.</td>
</tr>
<tr>
<td>Mucous Membrane Bleeding</td>
<td>50-100</td>
<td>6</td>
<td>At least 1 day or until bleeding is resolved.</td>
</tr>
<tr>
<td>Soft Tissue Hemorrhage (e.g., retroperitoneal bleeding)</td>
<td>100</td>
<td>12</td>
<td>Until resolution of bleed.</td>
</tr>
<tr>
<td>Other Severe Hemorrhage (e.g., CNS bleeds)</td>
<td>100</td>
<td>6-12</td>
<td>Until resolution of bleed.</td>
</tr>
<tr>
<td>Perioperative Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preoperative</td>
<td>50-100</td>
<td>One time dose</td>
<td>Immediately prior to surgery.</td>
</tr>
<tr>
<td>Postoperative</td>
<td>50-100</td>
<td>6-12</td>
<td>Until resolution of bleed and healing is achieved.</td>
</tr>
<tr>
<td>Routine Prophylaxis</td>
<td></td>
<td>85</td>
<td>Every other day</td>
</tr>
</tbody>
</table>

- Dosage and duration of treatment depend on the location and extent of bleeding, and the patient’s clinical condition. Careful monitoring of replacement therapy is necessary in cases of major surgery or life-threatening bleeding episodes.
- Each vial of FEIBA contains the labeled amount of factor VIII inhibitor bypassing activity in units.
- Base the dose and frequency of FEIBA on the individual clinical response. Clinical response to treatment with FEIBA may vary by patient, and may not correlate with the patient’s inhibitor titer.
- Record the name of the patient and batch number of the product in order to maintain a link between the patient and the batch of the product.
- Do not exceed a single dose of 100 units per kg body weight and a daily dose of 200 units per kg body weight (see Warnings and Precautions [6.1]).

2.2 Preparation and Reconstitution
- Use aseptic technique throughout the entire reconstitution process.
- If the patient uses more than one vial per injection, reconstitute each vial according to the following instructions.
  1. Allow the vial of FEIBA and Sterile Water for Injection (diluent) to reach room temperature.
  2. Remove the plastic caps from the concentrate and diluents vials.
  3. Wipe the rubber stoppers of both vials with a sterile alcohol swab and allow it to dry prior to use.
  4. Open the package of BAXJECT II Hi-Flow device by peeling away the lid completely without touching the inside (Fig. A). Do not remove the device from the package. Do not touch the clear spike.
  5. Place the diluents vial on a flat and solid surface. Turn the package over and insert the clear plastic spike through the diluent stopper by pressing straight down (Fig. B).
  6. Grip the BAXJECT II Hi-Flow device package at the edges and pull the package off the device (Fig. C). Do not remove the blue protective cap from the BAXJECT II Hi-Flow device. Do not touch the purple spike.
  7. Turn the system over, so that the diluents vial is on top. Quickly insert the purple spike of the BAXJECT II Hi-Flow device fully into the FEIBA vial. The vacuum will draw the diluent into the FEIBA vial (Fig. D). The connection of the two vials should be done expeditiously to close the open fluid pathway created by the first insertion of the spike to the diluent vial.
  8. Gently swirl (do not shake) the vial until FEIBA is completely dissolved. Make sure that FEIBA has been dissolved completely; otherwise, active material will not pass through the device filter. The reconstituted solution should be inspected visually for particulate matter before administration. The appearance of the solution should be colorless to slightly yellowish. Do not use if particulate matter or discoloration is observed.
  9. Administer FEIBA within 3 hours after reconstitution. Do not refrigerate after reconstitution.

2.3 Administration
For intravenous injection or intravenous infusion after reconstitution only.
- Accidental needle stick with a needle contaminated with blood can transmit infectious viruses including HIV (AIDS) and hepatitis. Obtain immediate medical attention if injury occurs. Place needles in a sharps container after single-use.
- Inspect the reconstituted FEIBA solution visually for particulate matter and discoloration prior to administration. The appearance of the solution should be colorless to slightly yellowish. Do not use if particulate matter or discoloration is observed.
- Flush venous access lines with isotonic saline prior to and after infusion of FEIBA. Do not administer in the same tubing or container with other medicinal products.
- Use plastic luer lock syringes because protein such as FEIBA tends to stick to the surface of all-glass syringes.

1. Remove the blue protective cap from the BAXJECT II Hi-Flow device. Tightly connect the syringe to the BAXJECT II Hi-Flow device (DO NOT DRAW AIR INTO THE SYRINGE) by turning the syringe in clockwise direction until stop position. Use of a Luer lock syringe is highly recommended to ensure a tight connection between the syringe and the BAXJECT II Hi-Flow device (Fig. E).
2. Invert the system so that the dissolved FEIBA product is on top. Draw the dissolved product carefully into the syringe by pulling the plunger back slowly to avoid foaming (Fig. F).
3. Ensure that the tight connection between the BAXJECT II Hi-Flow device and the syringe is maintained.
4. Disconnect the syringe.
5. Attach a suitable needle and inject or infuse intravenously at a rate that does not exceed 2 units per kg of body weight per minute. A syringe pump may be used to control the rate of administration. For a patient with a body weight of 75 kg, this corresponds to an infusion rate of 2.5-7.5 mL per minute depending on the number of units per vial (see actual potency presented on the vial label).

3. DOSAGE FORMS AND STRENGTHS
FEIBA is available as a lyophilized powder in single-use glass vials containing nominally 500, 1000, or 2500 units per vial.

4. CONTRAINDICATIONS
- Known anaphylactic or severe hypersensitivity reactions to FEIBA or any of its components, including factors of the kinin generating system.
- Disseminated intravascular coagulation (DIC).
- Acute thrombosis or embolism (including myocardial infarction).

5. WARNINGS AND PRECAUTIONS
5.1 Thromboembolic Events
Thromboembolic events (including venous thrombosis, pulmonary embolism, myocardial infarction, and stroke) can occur with FEIBA, particularly following the administration of high doses (above 200 units per kg per day) and/or in patients with thrombotic risk factors [see Adverse Reactions (6)].
- Patients with DIC, advanced atherosclerotic disease, crush injury, septicemia, or concomitant treatment with recombinant factor VIII have an increased risk of developing thrombotic events due to circulating tissue factor or predisposing coagulopathy. Potential benefit of treatment with FEIBA should be weighed against the potential risk of these thromboembolic events.
- Monitor patients receiving more than 100 units per kg of body weight of FEIBA for the development of DIC, acute coronary ischemia and signs and symptoms of other thromboembolic events. If clinical signs or symptoms occur, such as chest pain or pressure, shortness of breath, altered consciousness, vision, or speech, limb or abdomen swelling and/or pain, discontinue the infusion and initiate appropriate diagnostic and therapeutic measures.

5.2 Hypersensitivity Reactions
Hypersensitivity and allergic reactions, including severe anaphylactic reactions, can occur following the infusion of FEIBA. The symptoms include urticaria, angioedema, gastrointestinal manifestations, bronchospasm, and hypotension. These reactions can be severe and systemic (e.g., anaphylaxis with urticaria and angioedema, bronchospasm, and circulatory shock). Other infusion reactions, such as chills, pyrexia, and hypertension have also been reported. If signs and symptoms of severe allergic reactions occur, immediately discontinue administration of FEIBA and provide appropriate supportive care.

5.3 Transmission of Infectious Agents
Because FEIBA is made from human plasma it may carry a risk of transmitting infectious agents, e.g., viruses, and the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. The risk has been minimized by screening plasma donors for prior exposure to certain viruses, by testing for the presence of certain current virus infections and by inactivating and removing certain viruses during the manufacturing process [see Description (11)]. Despite these measures, the product may still potentially transmit human pathogenic agents. There is also the possibility that unknown infectious agents may still be present.

6. ADVERSE REACTIONS
The most frequently reported adverse reactions observed in >5% of subjects in the prophylaxis trial were anemia, diarrhea, hemarthrosis, hepatitis B surface antibody positive, nausea, and vomiting. The serious adverse reactions seen with FEIBA are hypersensitivity reactions and thromboembolic events, including stroke, pulmonary embolism and deep vein thrombosis.
6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety assessment of FEIBA is based on the review of the data from two prospective clinical trials in which FEIBA was used for the treatment of acute bleeding episodes and a prospective trial that compared the use of FEIBA prophylactically versus on-demand treatment.

The adverse reactions reported from two prospective clinical trials in which FEIBA was used for the treatment of acute bleeding episodes were chills, chest pain, chest discomfort, dizziness, dysgeusia, dyspnea, hypotension, increase of inhibitor titer (anamnestic response), nausea, pyrexia, and somnolence. Specifically, the first trial was a multicenter randomized, double-blind trial in 15 hemophilia A subjects with inhibitors to factors VIII. The second trial was a multicenter FEIBA study conducted in 44 hemophilia A subjects with inhibitors, 3 hemophilia B subjects with inhibitors and 2 acquired factor VIII inhibitor subjects. Of the 489 infusions used to treat acute bleeds during the second trial, 18 (3.7%) caused minor transient reactions of chills, fever, nausea, dizziness and dysgeusia. Out of 49 subjects, 10 (20%) had a rise in their inhibitor titers after treatment with FEIBA. Five of these subjects (50%) had increases that were, tenfold or more, and 3 (30%) of these subjects received factor VIII or IX concentrates within 2 weeks prior to treatment with FEIBA. These anamnestic rises were not associated with decreased efficacy of FEIBA.

Table 2 lists the adverse reactions in >5% of subjects reported in the randomized, prospective prophylaxis trial comparing FEIBA prophylaxis with on-demand treatment in 36 hemophilia A and B subjects with inhibitors to factors VIII or IX. The trial population included 33 (92%) subjects with hemophilia A and 3 (8.3%) subjects with hemophilia B. Four (11%) subjects were ≥7 to <12 years of age, 5 (14%) were ≥12 to <16 years of age, and 27 (75%) were ≥16 years of age. A total of 29 (80.6%) subjects were Caucasian, 3 (8.3%) Asian, 2 (5.6%) Black/African American, and 2 (5.6%) other. The subjects received a total of 4,513 infusions (3,131 for prophylaxis and 1,382 for on-demand). Adverse reactions were defined as adverse events that occurred (a) within 24 hours after being infused or (b) adverse events assessed related or possibly related or (c) adverse events for which the investigator’s or sponsor’s opinion of causality was missing or indeterminate.

### 6.2 Post-Marketing Experience

Because post-marketing reporting of adverse reactions is voluntarily and from a population of uncertain size, it is not always possible to reliably estimate the frequency of these reactions or establish a causal relationship to product exposure.

Blood and Lymphatic System Disorders: disseminated intravascular coagulation
Cardiac Disorders: tachycardia, flushing
Respiratory, Thoracic, and Mediastinal Disorders: bronchospasm, wheezing
Gastrointestinal Disorders: abdominal discomfort
Skin and Subcutaneous Tissue Disorder: pruritus
General Disorders and Administration Site Conditions: malaise, feeling hot, injection site pain

### 7. DRUG INTERACTIONS

**Concomitant Medications**

Consider the possibility of thrombotic events when systemic antifibrinolytics such as tranexamic acid and aminocaproic acid are used during treatment with FEIBA. No adequate and well-controlled studies of the combined or sequential use of FEIBA and recombinant factor VIII or antifibrinolytics have been conducted. Use of antifibrinolytics within approximately 6 to 12 hours after the administration of FEIBA is not recommended.

### 8. USE IN SPECIFIC POPULATIONS

#### 8.1 Pregnancy

**Pregnancy Category C**

Animal reproduction studies have not been conducted with FEIBA. There are no adequate and well-controlled studies in pregnant women. It is also not known whether FEIBA can cause fetal harm when administered to a pregnant woman and can affect reproductive capacity. FEIBA should be administered to pregnant women only if clearly needed.

#### 8.2 Labor and Delivery

There is no information available on the effect of FEIBA on labor and delivery.

### 8.3 Nursing Mothers

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

### 8.4 Pediatric Use

Safety and efficacy of FEIBA have been evaluated in nine pediatric subjects treated in the routine prophylaxis trial including 4 subjects ≥7 to <12 years of age and 5 subjects ≥12 to <16 years of age. The dosing for all pediatric subjects was based on body weight. A total of 576 infusions were given for the treatment of 223 bleeding episodes (504 infusions for joint bleeding episodes, 72 infusions for muscle and soft tissue bleeding episodes). In 223 (100%) of the episodes, hemostasis was achieved with one or more infusions. Hemostatic efficacy was rated as excellent or good in a majority (96.9%) of the bleeding episodes in both regimens at 24 hours post infusion. The median annualized bleeding episode rate (ABR) for children ≥7 to <12 years of age was 7.7 bleeds per patient per year, as compared to 39 for subjects treated with on-demand therapy. [see Clinical Studies (14)]

The safety and efficacy of FEIBA has not been evaluated in neonates.

### 11. DESCRIPTION

FEIBA (Anti-Inhibitor Coagulant Complex) is a freeze-dried sterile human plasma fraction with factor VIII inhibitor bypassing activity to be reconstituted for intravenous administration. Factor VIII inhibitor bypassing activity is expressed in arbitrary units. One unit of activity is defined as that amount of FEIBA that shortens the aPTT of high titer factor VIII inhibitor reference plasma to 50% of the blank value.

FEIBA contains mainly non-activated factors II, IX, and X and mainly activated factor VII. It contains approximately equal quantities of factor VIII inhibitor bypassing activity and prothrombin complex factors. In addition, the preparation contains 1-6 units of factor VIII coagulant antigen (FVIII:C) per mL. The product contains traces of factors of the kinin generating system. It contains no heparin. Reconstituted FEIBA contains 4 mg of tributyl citrate and 8 mg of sodium chloride per mL.

FEIBA is manufactured from large pools of human plasma. Screening against potentially infectious agents begins with the donor selection process and continues throughout plasma collection and plasma preparation. Each individual plasma donation used in the manufacture of FEIBA is collected at FDA approved blood establishments and is tested by FDA licensed serological tests for Hepatitis B Surface Antigen (HBsAg), and for antibodies to Human Immunodeficiency Virus (HIV-1/HIV-2) and Hepatitis C Virus (HCV). Mini-pools of the plasma are tested and found negative for the presence of HIV-1 and HCV by FDA licensed Nucleic Acid Testing (NAT).

To reduce the risk of viral transmission, the manufacturing process of FEIBA includes two dedicated and independent virus removal/inactivation steps namely 35 nm nanofiltration and a vapor heat treatment process. In addition, the DEAE-Sephadex adsorption contributes to the virus safety profile of FEIBA.

In vitro spiking studies have been used to validate the capability of the manufacturing process to remove and inactivate viruses. Table 3 summarizes the results of the viral clearance studies for FEIBA.

### 12. CLINICAL PHARMACOLOGY

#### 12.1 Mechanism of Action

Multiple interactions of the components in FEIBA restore the impaired thrombin generation of hemophilia patients with inhibitors. [In vitro, FEIBA shortens the activated partial thromboplastin time (aPTT) of plasma containing factor VIII inhibitor.]

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**Table 2 Prophylaxis Study Adverse Reactions (ARs) in >5% of Subjects**

<table>
<thead>
<tr>
<th>MedDRA System Organ Class</th>
<th>Preferred Term</th>
<th>Number of ARs</th>
<th>Number of Subjects</th>
<th>Percent of Subjects (N=36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood And Lymphatic System Disorders</td>
<td>Anemia</td>
<td>2</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td>Diarrhea</td>
<td>2</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>2</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td>2</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Investigations</td>
<td>Hepatitis B Surface Antibody Positive</td>
<td>4</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td>Musculoskeletal And Connective Tissue Disorders</td>
<td>Hemarthrosis</td>
<td>5</td>
<td>3</td>
<td>8.3</td>
</tr>
</tbody>
</table>

**Table 3 Virus Reduction Factors (log10) During Manufacturing FEIBA**

<table>
<thead>
<tr>
<th>Virus Type</th>
<th>Enveloped RNA</th>
<th>Non-enveloped RNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virus Family</td>
<td>Retroviridae</td>
<td>Flaviridae</td>
</tr>
<tr>
<td>Virus*</td>
<td>HIV-1</td>
<td>BVDV</td>
</tr>
<tr>
<td>DEAE Sephadex Adsorption</td>
<td>3.2</td>
<td>1.8</td>
</tr>
<tr>
<td>35 nm Nanofiltration</td>
<td>&gt; 5.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Vapor-Heat Treatment</td>
<td>&gt; 5.9</td>
<td>&gt; 5.6</td>
</tr>
<tr>
<td>Overall virus reduction factor (log10)</td>
<td>&gt; 14.4</td>
<td>&gt; 9.5</td>
</tr>
</tbody>
</table>

* Abbreviations: HIV-1, Human Immunodeficiency Virus Type 1; BVDV, Bovine Viral Diarrhea Virus (model for Hepatitis C Virus and other lipid enveloped RNA viruses); WNV, West Nile Virus; PRV, Pseudorabies Virus (model for lipid enveloped DNA viruses, including Hepatitis B Virus); HAV, Hepatitis A Virus; MMV, Mice Minute Virus (model for non-lipid enveloped DNA viruses, including B19 virus) ND, not done
** Reduction factor for Parvovirus B19 claimed for the Vapor Heat Treatment is based on results derived from experimental infectivity and titration assays.
† Reduction factors < 1 log are not used for calculation of the overall reduction factor.

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**Table 2 Prophylaxis Study Adverse Reactions (ARs) in >5% of Subjects**

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<thead>
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<tr>
<td></td>
<td>Nausea</td>
<td>2</td>
<td>2</td>
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<td></td>
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<td>Hemarthrosis</td>
<td>5</td>
<td>3</td>
<td>8.3</td>
</tr>
</tbody>
</table>
13. NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies to evaluate the carcinogenic potential of FEIBA or studies to determine the genotoxicity or the effect of FEIBA on fertility have not been performed. An assessment of the carcinogenic potential of FEIBA was completed to demonstrate minimal carcinogenic risk from product use.

14. CLINICAL STUDIES

Control and Prevention of Bleeding Episodes

The efficacy of FEIBA in the treatment of bleeding episodes has been demonstrated by two prospective clinical trials1.

The first trial was a multicenter, randomized, double-blind trial comparing the effect of FEIBA and a non-activated prothrombin complex concentrate in 15 subjects with hemophilia A and inhibitors to factor VIII. The inclusion criteria were history of high titers inhibitors, high responder status, more than 1 bleeding episode per month in the prior year and no signs of liver failure. A total of 150 bleeding episodes included 117 joint, 20 musculoskeletal and 4 mucocutaneous bleeds, were treated. A single dose of 86 units per kg of body weight was used uniformly for treatments with FEIBA. A second treatment was allowed for muscle bleeds after 12 hours and 6 hours after mucocutaneous bleeds, if necessary.

Subjects and investigators were asked to rate hemostatic efficacy based on a scale of effective, partially effective, not effective or not sure. The criteria for evaluation of the effectiveness were severity of pain, subjective improvement, circumference of muscle or joint, restriction of joint mobility, cessation of open bleeding, start of rebleeding and quantity and nature of analgesics. FEIBA was effective in 41% and partly effective in 25% of episodes (i.e., combined effectiveness of 66%), while prothrombin complex concentrate was rated effective in 25% and partly effective in 21% of episodes (i.e., combined effectiveness of 46%).

The second trial with FEIBA was a multicenter randomized, prospective trial. This trial was conducted in 44 hemophilia A subjects with inhibitors, 3 hemophilia B subjects with inhibitors and 2 acquired factor VIII inhibitor subjects. It was designed to evaluate the efficacy of FEIBA in the treatment of joint, mucus membrane, musculocutaneous and emergency bleeding episodes such as central nervous system hemorrhages and surgical bleedings. The inclusion criteria used were age >4 years, history of inhibitor titer >4 BU and without chronic liver disease. Subjects were excluded if they had a history of thrombocytopenic events or allergic reactions to FEIBA.

Forty-nine (49) subjects with inhibitor titer of greater than 5 Bethesda Units were enrolled from nine co-operating hemophilia centers. Subjects were treated with 50 units per kg of body weight, repeated at 12-hour intervals (6-hour intervals in mucous membrane bleedings), if necessary. A total of 489 infusions were given for the treatment of 165 bleeding episodes (102 joint, 33 muscle and 9 mucocutaneous bleeds, if necessary).

Number of Subjects ABR

<table>
<thead>
<tr>
<th>Age Category</th>
<th>On-Demand</th>
<th>Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (&lt;7 to &lt;12 years old)</td>
<td>2</td>
<td>39.3</td>
</tr>
<tr>
<td>Adolescent (&gt;12 to &lt;16 years old)</td>
<td>2</td>
<td>30.9</td>
</tr>
<tr>
<td>Adult (&gt;16 years old)</td>
<td>15</td>
<td>23.9</td>
</tr>
</tbody>
</table>

15. REFERENCES


16. HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

FEIBA is available in single-dose vials in the following nominal dosage strengths:

<table>
<thead>
<tr>
<th>Nominal Strength</th>
<th>Color Code</th>
<th>Factor VIII Potency Range</th>
<th>Kit NDC</th>
<th>Sterile Water Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 units</td>
<td>Blue</td>
<td>350-650 units per vial</td>
<td>64193-426-02</td>
<td>10 mL</td>
</tr>
<tr>
<td>1000 units</td>
<td>Green</td>
<td>700-1300 units per vial</td>
<td>64193-424-02</td>
<td>20 mL</td>
</tr>
<tr>
<td>2500 units</td>
<td>Purple</td>
<td>1750-3250 units per vial</td>
<td>64193-425-02</td>
<td>50 mL</td>
</tr>
</tbody>
</table>

The number of units of factor VIII inhibitor bypassing activity is stated on the label of each vial.

FEIBA is packaged with a suitable volume (10 mL, 20 mL or 50 mL) of Sterile Water for Injection, U.S.P., one BAUJECT II HI-Flow Needleless Transfer Device, and one Package Insert.

Storage and Handling

- Store at room temperature, not to exceed 25°C (77°F).
- Store in the original package in order to protect from light.
- Do not freeze.

17. PATIENT COUNSELING INFORMATION

- Inform patients of the signs and symptoms of thrombosis, such as chest pain or pressure, shortness of breath, altered consciousness, vision, or speech, limb or abdomen swelling and/or pain. Advise patients to seek immediate medical attention if any of these symptoms occur.
- Inform patients of the signs and symptoms of hypersensitivity reactions, such as urticaria, angioedema, gastrointestinal manifestations, bronchospasam, and hypotension. Advise patients to discontinue use of the product if these symptoms occur and seek immediate emergency treatment.
- Inform patients that because FEIBA is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and theoretically, the Creutzfeldt-Jakob disease (CJD) agent.
- Advise patients to report any adverse reactions or problems following FEIBA administration to their physician or healthcare provider.

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

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S31238 04/17