

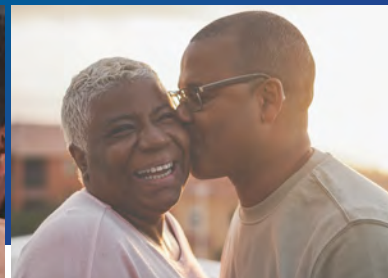
NUWIQ®

Antihemophilic Factor
(Recombinant)

A Natural Choice

Produced From a Human Cell Line Without
Chemical Modification or Protein Fusion

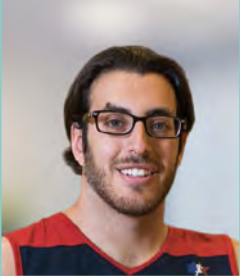
EDUCATIONAL GUIDE for **Patients, Parents,** and **Caregivers**



www.NUWIQUSA.com

Please see accompanying full Prescribing Information.

octapharma



- Highly active in sports
- Patient educator for Octapharma

Scan code to read more about Seth



Factor VIII Replacement:
The Standard of Care for Hemophilia Treatment

- **Factor VIII (FVIII)** replacement is long recognized as the foundation and standard of care for hemophilia A, proven to be safe and effective over decades of use¹
- **Recombinant FVIII (rFVIII)** products are made using recombinant DNA technology, and are the most common type of FVIII product available for the treatment of hemophilia A¹

Not All FVIII Products Are the Same

There are design differences in^{1,2}:



Host Cell Line



Manufacturing



Purification



FVIII and Inhibitors. If you have ever taken rFVIII, you have likely heard of inhibitors, which are made by the immune system when rFVIII replacement therapy is seen as “foreign.” These antibodies (or inhibitors) “attack” the rFVIII product and stop (inhibit) the protein from working, and make it more difficult to prevent or control a bleed.³



Type of rFVIII Product. A higher risk of developing an inhibitor has been seen with rFVIII products derived from hamster cells than rFVIII derived from human cells.⁴⁻⁸

1 | rFVIII

Many of the currently available rFVIII products are made from **hamster cell lines**.⁹

Indications and Usage

NUWIQ® is a recombinant antihemophilic factor [blood coagulation factor VIII (Factor VIII)] indicated in pediatric and adult patients with Hemophilia A for on-demand treatment and control of bleeding episodes, perioperative management of bleeding, and for routine prophylaxis to reduce the frequency of bleeding episodes. NUWIQ is not indicated for the treatment of von Willebrand Disease.

Contraindications

NUWIQ is contraindicated in patients who have manifested life-threatening hypersensitivity reactions, including anaphylaxis, to the product or its components. The formation of neutralizing antibodies (inhibitors) to Factor VIII can occur following the administration of NUWIQ.

Please see accompanying full Prescribing Information.

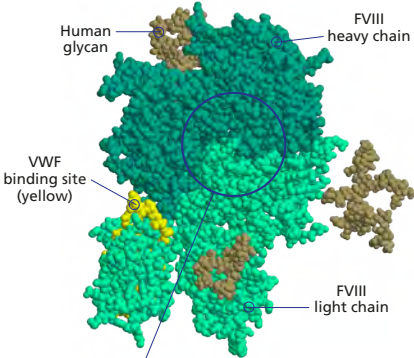
Consider NUWIQ—A Natural Choice

- Recombinant FVIII made using a human cell line, not a hamster cell line¹⁰
- No animal or human proteins are added during manufacturing¹⁰
- The only rFVIII produced from a human cell line without chemical modification or protein fusion

NUWIQ closely resembles natural FVIII. The body’s immune system may be less likely to see the protein as foreign and make inhibitors against it.¹¹

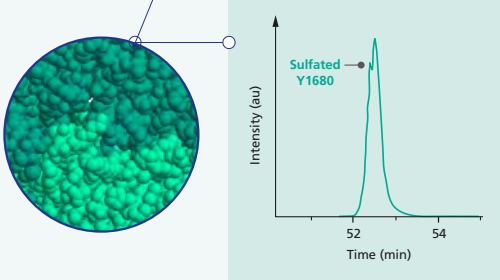
NUWIQ has high binding affinity to von Willebrand factor (VWF)^{1,11-13}

- Similar to FVIII, VWF is a coagulation protein that is important for helping the blood to clot
- In normal coagulation, FVIII and VWF bind and circulate together
- This binding helps protect FVIII and keep it from being eliminated from the body too quickly



NUWIQ sulfation is comparable to that of natural (plasma-derived) FVIII^{13,14}

- Full sulfation of tyrosine (Tyr) 1680 is important for **strengthening** the function of FVIII and VWF
- Full sulfation increases binding affinity **5-fold** naturally
- NUWIQ is **fully sulfated** at Tyr1680



Minimizing unbound FVIII may help **reduce** the risk of inhibitors.¹¹

Important Safety Information

Hypersensitivity reactions, including anaphylaxis, are possible with NUWIQ. Early signs of hypersensitivity reactions that can progress to anaphylaxis may include angioedema, chest tightness, dyspnea, wheezing, urticaria, or pruritus. Immediately discontinue administration and initiate appropriate treatment if hypersensitivity reactions occur.

Please see accompanying full Prescribing Information.



Jeff Kunkel

- Busy father and husband
- Active lifestyle year-round

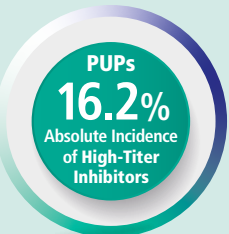
Scan code to read more about Jeff



ZERO Inhibitors in PTPs, LOW Inhibitors in PUPs

ZERO Inhibitors in Previously Treated Patients (PTPs) Upon Switching to NUWIQ^{10,15}

- In studies that included 135 PTPs, no patients treated with NUWIQ developed inhibitors



NuProtect^{10,16}

LOW Rate of Inhibitors In Previously Untreated Patients (PUPs)*

- **NuProtect** trial evaluated 105 PUPs with severe hemophilia A treated with NUWIQ for 100 exposure days or a maximum of 5 years
- Results demonstrated a 16.2% absolute incidence of high-titer inhibitors with NUWIQ in PUPs—and a cumulative incidence of high titer inhibitors of 17.6%

rFVIII from hamster cell line



Natural pdFVIII



SIPPET⁴

Inhibitors in PUPs Treated With rFVIII Products Made From Hamster Cells and Natural Human Plasma

- The **SIPPET** trial compared the rates of inhibitors in PUPs treated with natural human plasma-derived FVIII (pdFVIII) or rFVIII derived from a hamster cell line
- PUPs treated with rFVIII products from a hamster cell line had a higher incidence of high-titer inhibitors than PUPs treated with human pdFVIII[†]

SIPPET, Survey of Inhibitors in Plasma-Product Exposed Toddlers.

*NuProtect study results are presented in parallel to the SIPPET study for context. Note that these trials were performed under different conditions and with different populations. The observed incidence of inhibitor formation may be influenced by assay methodology, sample handling, timing of sample collection, concomitant medications, underlying disease, and other factors.

[†]Differences in high-titer inhibitor rates between pdFVIII and rFVIII were not found to be statistically significant. SIPPET authors suggested this may have been due to the small sample size of the study.

Important Safety Information

The formation of neutralizing antibodies (inhibitors) to Factor VIII can occur following the administration of NUWIQ. Monitor all patients for the development of Factor VIII inhibitors by appropriate clinical observations and laboratory tests. If the plasma Factor VIII level fails to increase as expected, or if bleeding is not controlled after NUWIQ administration, suspect the presence of an inhibitor (neutralizing antibody).

Please see accompanying full Prescribing Information.

Powerful Bleeding Control

PROPHYLAXIS | Effective prevention of bleeds in adults and children¹⁰

IN ADULTS (N=32)

Median ABR for all bleeds was 0.9
50% had **zero** bleeding episodes
34% had **1** bleeding episode



IN CHILDREN (N=59)

Median ABR for all bleeds was 1.9
34% had **zero** bleeding episodes
24% had **1** bleeding episode

SPONTANEOUS BLEEDS
Adults & Children

ABR, annualized bleed rate.

ON DEMAND | Rapid resolution of bleeding in adults (N=986 bleeds)^{17,18}

- Most bleeds resolved with 1 infusion (**90%**) or 2 infusions (**97%**)

SURGERY | Excellent bleed control during/after major or minor surgery (N=33 surgeries)¹⁰

- **100%** of minor surgeries, hemostasis rated as “excellent”
- **92%** of major surgeries, hemostasis rated as “excellent” or “good”

Proven Safety and Tolerability¹⁰

- In clinical studies that included 135 PTPs, no patients experienced serious adverse reactions to NUWIQ
- No patients experienced anaphylaxis, a very serious allergic reaction
- No patients dropped out of the study because of an adverse reaction to NUWIQ

Adverse Reactions

The most frequently occurring adverse reactions (>5%) in clinical trials were upper respiratory tract infection, headache, fever, cough, lower respiratory tract infection, rhinitis, chills, abdominal pain, arthralgia, anemia, and pharyngitis.

Please see accompanying full Prescribing Information.

NUWIQ®

Antihemophilic Factor
(Recombinant)



Strength, Support and Community
for People Living with Bleeding Disorders

Octapharma Assistance

Financial assistance programs and real world insurance know-how all at your fingertips.

Factor My Way Connection

Meet experts and join our online support community to help you access resources and build relationships.

Factor My Way Events

Join scheduled live and on-demand digital information programs and events.

Factor My Way Learning

Learn-as-you-go, practical informational materials about bleeding disorders, treatment, and lifestyle management.

NUWIQ Free Trial

Unique opportunity for you to try NUWIQ at no cost. Eligible patients with hemophilia A can receive a free trial of NUWIQ—(6 doses or approximately 20,000 IUs) shipped directly to you and administered under the supervision of your HCP.

Co-pay Assistance

Available through Factor My Way, provides eligible patients with significant savings on some of the costs associated with their NUWIQ treatment.

\$12,000

Potential annual savings on the out-of-pocket costs associated with your Octapharma factor therapy

Membership in Factor My Way is complimentary and open to anyone over the age of 18 in the USA.

factormyway.com | 855-498-4260



NUWIQ® | My Natural Choice

Dave Alderate

- Loves sports & restoring classic cars
- Enjoys traveling with his family

2x weekly dosing

Rapid, easy infusion

Scan code to read more about Dave



Personalized Prophylaxis
Optimize Your Treatment With Fewer Infusions

With personalized prophylaxis, your NUWIQ dose and dosing frequency is tailored to your individual pharmacokinetics (PK)—how the body interacts (absorbs, metabolizes, eliminates) with treatment.

1 | Personalized prophylaxis with **NUWIQ** allows most patients to extend their dosing interval to **twice weekly or less**—while maintaining bleeding control²

Taking NUWIQ
Convenience, Flexibility, and Simplicity

Available in a wide range of dosage strength vials to accommodate your dosing needs

Everything you need for easy infusions. In addition to the product vial and pre-filled syringe, each NUWIQ box comes with a vial adapter, butterfly needle, and alcohol swabs.

- All NUWIQ vial sizes are reconstituted with an easy-to-use 2.5 mL syringe, pre-filled with water for injection
- NUWIQ is the only rFVIII that offers the lowest 2.5 mL diluent volume across vial strengths



250 IU



500 IU



1000 IU



1500 IU



2000 IU



2500 IU



3000 IU



4000 IU

Important Safety Information

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NUWIQ®

Antihemophilic Factor
(Recombinant)

A Natural Choice

ZERO Median ABR Spontaneous Bleeds¹⁰

In adults & children

Median ABR for all bleeds was

0.9 in adults and **1.9** in children

Low Inhibitors^{10,17}

ZERO inhibitors in **PTPs**

In PUPs:

16.2% absolute incidence
of high-titer inhibitors

(**17.6%** cumulative incidence)

**Bleeding
Control**

Convenience

Safety

Dosing Flexibility¹⁰

2.5 mL diluent volume
across ALL vials

Potential for
2X weekly infusions
with personalized
prophylaxis

Easy monitoring
by chromogenic or
one-stage assay

www.NUWIQUSA.com

Octapharma USA, Inc.

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Tel: 201-604-1130

Free Trial, Co-Pay Assistance, and Reimbursement

octapharmasupport@medmonk.com
Tel: 800-554-4440

Medical Affairs

usmedicalaffairs@octapharma.com

For all inquiries relating to drug safety, or to report adverse events, please contact our local Drug Safety Officer:

Tel: 201-604-1137 | Cell: 201-772-4546 | Fax: 201-604-1141 or contact the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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References: 1. Cafuir LA, et al. *Ther Adv Hematol*. 2017;8(10):303-313. 2. Lissitchkov T, et al. *Haemophilia*. 2017;23:697-704. 3. Centers for Disease Control and Prevention. Inhibitor Fact Sheet. April 08, 2019. <https://www.cdc.gov/ncbddd/hemophilia/documents/inhibitor-fact-sheet.pdf> 4. Peyvandi F, et al. *NEJM*. 2016;374:2054-2064. 5. Rosendaal F, et al. *Blood*. 2017;130:1757-1759. 6. Liesner RJ, et al. *Haemophilia*. 2018;24:211-220. 7. Astermark J, et al. *Haemophilia*. 2010;16: 747-766. 8. Data on file. Paramus, NJ: Octapharma USA, Inc. 9. Liew K. *J Blood Med*. 2017;8:67-73. 10. NUWIQ full Prescribing Information. Paramus, NJ: Octapharma USA, Inc.; rev 2024. 11. Sandberg H, et al. *Thromb Res*. 2012;130(5):808-817. 12. Casademunt E, et al. *Eur J Haematol*. 2012;89:165-176. 13. Kannicht C, et al. *Thromb Res*. 2013;131:78-88. 14. Leyte A, et al. *J Biol Chem*. 1991;266:740-746. 15. Data on file. Paramus, NJ: Octapharma USA, Inc. 16. Liesner RJ, et al. *Thromb Haemost*. 2021;121:1400-1408. 17. Valentino LA, et al. *Haemophilia*. 2014;20(Suppl. 1):1-9. 18. Kessler C, et al. *Haemophilia*. 2015;21(Suppl. 1):1-12.

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