

Subject: KOÄTE® (Antihemophilic Factor [Human]) Supplies at Normal Levels; Product is Accessible and Ready to Ship

May 8, 2017

Dear Valued Partner in Serving Hemophilia Patients:

I am extremely pleased to inform you that supplies of KOÄTE® in the 1000 IU vial size have returned to normal levels following a temporary period of restricted availability. These are now available for purchase and immediate shipping. The 250 IU and 500 IU vial sizes will be available again by June.

Throughout that temporary period, Kedrion Biopharma remained committed to proactively communicating KOÄTE® supply updates to you. We appreciate your willingness to prioritize those patients who had an acute need for KOÄTE® so that clinical care for their hemophilia could continue uninterrupted. The well-being of patients is at the core of all that Kedrion Biopharma does. We cannot succeed in delivering on that promise without you, though, so please accept my sincere thanks for all you have helped us to do in that regard. Certainly, we regret any inconvenience that KOÄTE® supply challenges may have caused last year.

To ensure an ongoing, robust supply of KOÄTE® going forward, Kedrion Biopharma has re-analyzed the rapidly growing demand for this brand and made a series of large-scale improvements to our overall operations. For example, Kedrion Biopharma has:

1. **Secured a 10-year contract extension** with our long-term U.S. manufacturing partner for the production of KOÄTE®;
2. **Established an agreement with a third party human plasma supplier** equipped to deliver “back-up” volumes of the raw material used in the production of KOÄTE®, if needed;
3. **Introduced the Mix2Vial needle-free transfer device** into KOÄTE® packaging, and **removed the latex-rubber stoppers** in KOÄTE® vials. Both improvements were designed with patients in mind.

We at Kedrion Biopharma will continue to strive toward meeting hemophilia treatment needs that patients, caregivers, and healthcare professionals indicate are needed. Once again, we thank you for your partnership and look forward to bringing KOÄTE® to more of your hemophilia patients.

Should you have any questions on this matter, please contact Joe Gibbons (j.gibbons@kedrion.com), Steve Haguewood (s.haguewood@kedrion.com), or your local Kedrion Biopharma Hemostasis Specialist.

KOÄTE® is a human plasma derived antihemophilic factor indicated for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hereditary Factor VIII deficiency).

KOÄTE® is not indicated for the treatment of von Willebrand disease.

Please see Important Safety Information on following page.

IMPORTANT SAFETY INFORMATION

- KOÄTE is contraindicated in patients who have had hypersensitivity reactions including anaphylaxis, to KOÄTE or its components. If hypersensitivity symptoms occur, discontinue use of the product immediately and administer appropriate emergency treatment
- The formation of neutralizing antibodies (inhibitors) to FVIII may occur. If expected plasma FVIII activity levels are not attained, or if bleeding is not controlled with an appropriate dose, perform an assay that measures Factor VIII inhibitor concentration.
- Monitor for intravascular hemolysis and decreasing hematocrit values in patients with A, B or AB blood groups who are receiving large or frequent doses.
- KOÄTE is made from human plasma and, therefore, carries a risk of transmitting infectious agents, such as viruses, the agent of the variant Creutzfeldt-Jakob disease (vCJD), or unknown infectious agents.
- The most common adverse drug reactions (frequency \geq 5% of subjects) observed in the clinical trial were nervousness, headache, abdominal pain, nausea, paresthesia and blurred vision. To report SUSPECTED ADVERSE REACTIONS contact Kedrion Biopharma at 1-855-353-7466.
- You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/MedWatch, or call 1-800-FDA-1088

Please see enclosed Full Prescribing Information.

Sincerely,

Neal Fitzpatrick
Vice President and Commercial Head North America



FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

KOÄTE® is a human plasma-derived antihemophilic factor indicated for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hereditary Factor VIII deficiency).

Limitation of Use

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

2 DOSAGE AND ADMINISTRATION

For intravenous use after reconstitution only.

2.1 Dose

- Dose and duration of treatment depend on the severity of the Factor VIII deficiency, location and extent of bleeding, and the patient's clinical condition. Each vial of KOÄTE is labeled with the actual Factor VIII potency in international units (IU). Calculation of the required dose of Factor VIII is based on the empirical finding that one IU of Factor VIII per kg body weight raises the plasma Factor VIII activity by approximately 2% of normal activity or 2 IU/dL.

- The required dose can be determined using the following formula: Dose (IU) = Body Weight (kg) x Desired Factor VIII Rise (% normal or IU/dL) x 0.5. Estimate the expected in vivo peak increase in Factor VIII level, expressed as IU/dL (or % normal), using the following formula: Estimated Increment of Factor VIII (% normal or IU/dL) = [Total Dose (IU)/Body Weight (kg)] x 2.

Control and Prevention of Bleeding Episodes

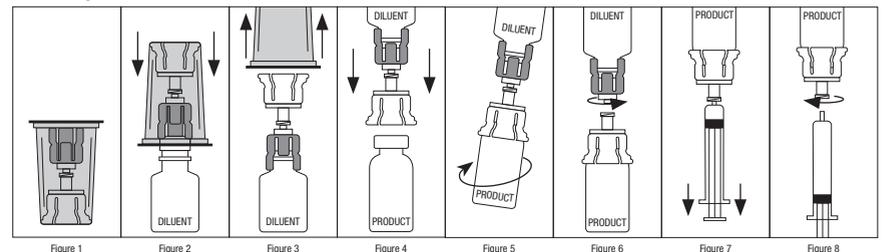
A guide for dosing KOÄTE for the control and prevention of bleeding episodes (1,2) is provided in Table 1. Consideration should be given to maintaining a Factor VIII activity at or above the target range.

Table 1: Dosage Guidelines for Patients with Hemophilia A

Table with 5 columns: Type of Bleeding, Factor VIII:C Level Required (% of normal), Doses (IU/kg), Frequency of Doses (hours), Duration of Therapy (days). Rows include Minor, Moderate, Major, and Surgery.

2.2 Preparation and Reconstitution

- 1. Use aseptic technique (clean and sanitized) and a flat work surface during the reconstitution procedure. 2. Bring the vials of KOÄTE and the diluent (Sterile Water for Injection) to room temperature before use. 3. Remove the shrink band from the KOÄTE vial. Do not use KOÄTE if the shrink band is absent or shows signs of tampering, and notify Grifols Therapeutics Inc. immediately. 4. Remove the plastic cap from the KOÄTE vial and clean the top of the stopper with an alcohol swab. Allow the stopper to dry. 5. Repeat this step with the vial of sterile water. 6. Open the sterile Mix2Vial® package by peeling away the lid (Figure 1). Do not remove the device from the package. 7. Place the diluent vial upright on an even surface. Holding the diluent vial securely, push the blue end of the Mix2Vial straight down until the spike penetrates the stopper (Figure 2). 8. Remove the clear outer packaging from the Mix2Vial and discard it (Figure 3). 9. Place the KOÄTE vial upright on a flat surface, and invert the diluent vial with the Mix2Vial still attached. 10. While holding the KOÄTE vial securely on a flat surface, push the clear end of the Mix2Vial straight down until the spike penetrates the stopper (Figure 4). The diluent will automatically transfer into the KOÄTE vial by the vacuum contained within it. Note: If the Mix2Vial is connected at an angle, the vacuum may be released from the product vial and the diluent will not transfer into the product vial. If vacuum is lost, use a sterile syringe and needle to remove the sterile water from the diluent vial and inject it into the KOÄTE vial, directing the stream of fluid against the wall of the vial. 11. With the diluent and KOÄTE vials still attached to the Mix2Vial, agitate vigorously for 10 to 15 seconds, then gently swirl (Figure 5) until the powder is completely dissolved. Avoid excessive foaming. The reconstituted solution should be clear to opalescent. Do not use if particulate matter or discoloration is observed. 12. Remove the diluent vial and the blue end of the Mix2Vial (Figure 6) by holding each side of the vial adapter and twisting counterclockwise. 13. Draw air into an empty, sterile syringe. Connect the syringe to the clear end of the Mix2Vial by pressing and twisting clockwise, and push the air into the KOÄTE vial. 14. Immediately invert the system upside down and then draw the reconstituted KOÄTE into the syringe by pulling the plunger back slowly (Figure 7). 15. Detach the filled syringe from the Mix2Vial by turning counter-clockwise (Figure 8). Use KOÄTE within 3 hours after reconstitution. Do not refrigerate after reconstitution.



2.3 Administration

For intravenous administration only

- If the dose requires more than one vial of KOÄTE: Reconstitute each vial using a new Mix2Vial. Draw up all the solution into a single syringe. Visually inspect the final solution for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if particulate matter or discoloration is observed. Attach the syringe to the connector end of an infusion set. Administer intravenously. The rate of administration should be determined by the patient's comfort level, and no faster than 10 mL per minute.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use KOÄTE® safely and effectively. See full prescribing information for KOÄTE.

KOÄTE®, Antihemophilic Factor (Human) Lyophilized Powder for Solution for Intravenous Injection Initial U.S. Approval: 1974

RECENT MAJOR CHANGES

Table with 2 columns: Change, Date. Rows include Dosage and Administration (2.1, 2.2), Contraindications (4), Warnings and Precautions, Neutralizing Antibodies (5.2).

INDICATIONS AND USAGE

KOÄTE is a human plasma-derived antihemophilic factor indicated for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hereditary Factor VIII deficiency). (1)

Limitation of Use

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

DOSAGE AND ADMINISTRATION

For intravenous use after reconstitution only.

- Each vial of KOÄTE contains the labeled amount of Factor VIII in international units (IU). (2) Required Dose (IU) = Body Weight (kg) x Desired Factor VIII Rise (IU/dL or % of normal) x 0.5 Frequency of KOÄTE administration is determined by the type of bleeding episode and the recommendation of the treating physician.

DOSAGE FORMS AND STRENGTHS

KOÄTE is available as a lyophilized powder for reconstitution in single-use vials of 250, 500, and 1,000 international units of Factor VIII activity. (3)

CONTRAINDICATIONS

Do not use in patients who have known hypersensitivity reactions, including anaphylaxis, to KOÄTE or its components. (4)

WARNINGS AND PRECAUTIONS

- Hypersensitivity reactions, including anaphylaxis, are possible. Should symptoms occur, discontinue KOÄTE and administer appropriate treatment. (5.1) Development of neutralizing antibodies (inhibitors) may occur. If expected plasma Factor VIII activity levels are not attained, or if bleeding is not controlled with an appropriate dose, perform an assay that measures Factor VIII inhibitor concentration. (5.2) Monitor for intravascular hemolysis and decreasing hematocrit values in patients with A, B or AB blood groups who are receiving large or frequent doses. (5.3) KOÄTE is made from human blood and therefore carries a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. (5.4)

ADVERSE REACTIONS

The most common adverse drug reactions (frequency ≥ 5% of subjects) observed in the clinical trial were nervousness, headache, abdominal pain, nausea, paresthesia and blurred vision. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Grifols Therapeutics Inc. at 1-800-520-2807 or FDA at 1-800-FDA-1088 or http://www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

Pediatric: clearance of Factor VIII (based on per kilogram body weight) is higher in children. Higher or more frequent dosing may be needed. (8.4)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 12/2015

FULL PRESCRIBING INFORMATION: CONTENTS*

- 1 INDICATIONS AND USAGE 2 DOSAGE AND ADMINISTRATION 2.1 Dose 2.2 Preparation and Reconstitution 2.3 Administration 3 DOSAGE FORMS AND STRENGTHS 4 CONTRAINDICATIONS 5 WARNINGS AND PRECAUTIONS 5.1 Hypersensitivity Reactions 5.2 Neutralizing Antibodies 5.3 Intravascular Hemolysis 5.4 Transmissible Infectious Agents 5.5 Monitoring: Laboratory Tests 6 ADVERSE REACTIONS 6.1 Clinical Trials Experience 6.2 Postmarketing Experience

8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy 8.2 Lactation 8.4 Pediatric Use 8.5 Geriatric Use 11 DESCRIPTION 12 CLINICAL PHARMACOLOGY 12.1 Mechanism of Action 12.2 Pharmacodynamics 12.3 Pharmacokinetics 14 CLINICAL STUDIES 15 REFERENCES 16 HOW SUPPLIED/STORAGE AND HANDLING 17 PATIENT COUNSELING INFORMATION

* Sections or subsections omitted from the full prescribing information are not listed.

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Proof 7

3 DOSAGE FORMS AND STRENGTHS

KOÄTE® (Antihemophilic Factor [Human]) is available as a lyophilized powder for reconstitution in single-use vials of 250, 500 and 1,000 IU of Factor VIII activity. The actual Factor VIII potency is labeled on each KOÄTE vial.

4 CONTRAINDICATIONS

KOÄTE is contraindicated in patients who have had hypersensitivity reactions, including anaphylaxis, to KOÄTE or its components. [see Description (11)]

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis, are possible. Early signs of hypersensitivity reactions, which can progress to anaphylaxis, may include angioedema, chest tightness, hypotension, rash, nausea, vomiting, paresthesia, restlessness, wheezing and dyspnea. If hypersensitivity symptoms occur, discontinue use of the product immediately and administer appropriate emergency treatment.

5.2 Neutralizing Antibodies

The formation of neutralizing antibodies (inhibitors) to Factor VIII may occur. Monitor all patients for the development of Factor VIII inhibitors by appropriate clinical observations and laboratory tests. If expected plasma Factor VIII activity levels are not attained, or if bleeding is not controlled with an appropriate dose, perform an assay that measures Factor VIII inhibitor concentration. [see Warnings and Precautions (5.5)]

5.3 Intravascular Hemolysis

KOÄTE contains blood group isoagglutinins which are not clinically significant when small doses are used to treat minor bleeding episodes. However, when large and/or frequent doses of KOÄTE are given to patients with blood groups A, B, or AB, acute hemolytic anemia may occur, resulting in increased bleeding tendency or hyperfibrinogenemia. Monitor these patients for signs of intravascular hemolysis and falling hematocrit. [see Warnings and Precautions (5.5)] Should this condition occur, leading to progressive hemolytic anemia, discontinue KOÄTE and consider administering serologically compatible Type O red blood cells and providing alternative therapy.

5.4 Transmissible Infectious Agents

Because KOÄTE 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. There is also the possibility that unknown infectious agents may be present in the product. The risk that the product will transmit viruses has been reduced 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 manufacture. Despite these measures, this product may still potentially transmit diseases. Report all infections suspected by a physician possibly to have been transmitted by this product to Grifols Therapeutics Inc. at 1-800-520-2807.

5.5 Monitoring: Laboratory Tests

- Monitor plasma Factor VIII activity levels by performing a validated test (e.g., one-stage clotting assay) to confirm that adequate Factor VIII levels have been achieved and maintained. [see Dosage and Administration (2.1)]
- Monitor for the development of Factor VIII inhibitors. Perform a Bethesda inhibitor assay if expected Factor VIII plasma levels are not attained, or if bleeding is not controlled with the expected dose of KOÄTE. Use Bethesda Units (BU) to report inhibitor levels.
- Monitor for intravascular hemolysis and decreasing hematocrit values in patients with A, B or AB blood groups who are receiving large or frequent doses of KOÄTE.

6 ADVERSE REACTIONS

The most common adverse drug reactions (frequency ≥ 5% of subjects) observed in the clinical trial were nervousness, headache, abdominal pain, nausea, paresthesia and blurred vision.

6.1 Clinical Trials Experience

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

The safety assessment of KOÄTE is based on data from a 2-stage, safety, pharmacokinetic (PK) and efficacy clinical trial in which twenty subjects with severe hemophilia A (< 1% endogenous Factor VIII activity) were evaluable for safety. Nineteen subjects were enrolled in Stage I of the trial, including 15 Caucasian, 3 Hispanic, and 1 Black subjects. The mean age was 29 years (range: 13.9 – 46.4 years). Nineteen subjects, including the 18 subjects who completed Stage I, and one new subject were enrolled in Stage II. The mean age was 30 years (range: 13.9 – 46.4). The subjects received a total of 1053 infusions. Ten adverse reactions related to 7 infusions were reported in 4 subjects. These were: nervousness (2 subjects [10%]), headache (1 subject [5%]), abdominal pain (1 subject [5%]), nausea (1 subject [5%]), paresthesia (1 subject [5%]), and blurred vision (1 subject [5%]).

Immunogenicity

Subjects were monitored for neutralizing antibodies (inhibitors) to Factor VIII by the Bethesda assay at baseline and at 8, 17 and 26 weeks. No evidence of inhibitor formation was observed in the clinical trial.

The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing 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 KOÄTE in the study described above with the incidence of antibodies in other studies or to other products.

6.2 Postmarketing Experience

Because postmarketing reporting of adverse reactions is voluntary 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: Factor VIII inhibition, hemolytic anemia
- Immune System Disorders: Hypersensitivity including anaphylaxis, rash, pruritus
- Injury, Poisoning and Procedural Complications: Post-procedural hemorrhage
- Nervous System Disorders: Generalized clonic-tonic seizure

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no data with KOÄTE use in pregnant women to inform on drug-associated risk. Animal reproduction studies have not been conducted using KOÄTE. It is not known whether KOÄTE can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. KOÄTE should be given to a pregnant woman only if clearly needed. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

8.2 Lactation

Risk Summary

There is no information regarding the presence of KOÄTE in human milk, the effects 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 KOÄTE and any potential adverse effects on the breast-fed infant from KOÄTE or from the underlying maternal condition.

8.4 Pediatric Use

Safety and efficacy studies have been performed in 20 previously treated pediatric patients aged 2.5 to 16 years. Subjects received 208 infusions of KOÄTE for treatment or control of bleeding episodes, including perioperative management, and routine prophylaxis. Children have shorter half-life and lower recovery of Factor VIII than adults. Because clearance of Factor VIII (based on per kilogram body weight) is higher in children, higher or more frequent dosing may be needed.

8.5 Geriatric Use

Clinical studies of KOÄTE did not include any subjects aged 65 and over to determine whether they respond differently from younger subjects. Individualize dose selection for geriatric patients.

11 DESCRIPTION

KOÄTE, Antihemophilic Factor (Human), is a sterile, stable, dried concentrate of human antihemophilic factor in lyophilized powder form for reconstitution for intravenous injection. The product is supplied in single-use vials containing nominally 250, 500, or 1,000 international units (IU or units). Each vial of KOÄTE is labeled with the actual amount of Factor VIII expressed in IU. One IU is defined by the current World Health Organization International Standard for Factor VIII concentrate, which can be traced to the level of Factor VIII found in 1 mL of fresh pooled human plasma. The final product when reconstituted as directed contains not more than (NMT) 1500 µg/mL polyethylene glycol (PEG), NMT 0.05 M glycine, NMT 25 µg/mL polysorbate 80, NMT 5 µg/g tri-n-butyl phosphate (TNBP), NMT 3 mM calcium, NMT 1 µg/mL aluminum, NMT 0.06 M histidine, and NMT 10 mg/mL human albumin.

KOÄTE is purified from the cold insoluble fraction of pooled human plasma; the manufacturing process includes solvent/detergent (TNBP and polysorbate 80) treatment and heat treatment of the lyophilized final container. A gel permeation chromatography step serves the dual purpose of reducing the amount of TNBP and polysorbate 80 as well as increasing the purity of the Factor VIII in KOÄTE to 300 to 1,000 times over whole plasma. When reconstituted as directed, KOÄTE contains approximately 50 to 150 times as much Factor VIII as an equal volume of fresh plasma. The specific activity after addition of human albumin is in the range of 9 to 22 units/mg protein. KOÄTE also contains naturally

occurring von Willebrand factor, which is co-purified as part of the manufacturing process.

The KOÄTE manufacturing process includes two dedicated steps with virus inactivation capacity. The solvent/detergent treatment step has the capacity to inactivate enveloped viruses (such as HIV, HCV, HBV, and WNV). Heat treatment at 80°C for 72 hours has the capacity to inactivate enveloped viruses (such as HIV and HCV) as well as nonenveloped viruses (such as HAV and B19V). The polyethylene glycol (PEG) precipitation/depth filtration step has the capacity to remove both enveloped and nonenveloped viruses. The accumulated virus reduction factors for KOÄTE manufacturing process are presented in Table 2.

Table 2: Virus Clearance Capacity (Log₁₀) for the Antihemophilic Factor (Human) Manufacturing Process

	Enveloped Viruses					Non-enveloped Viruses		
	HIV-1	BVDV	PRV	VSV	WNV	Reo3	HAV	PPV
Model for	HIV-1/2	HCV	Large enveloped DNA viruses (e.g., herpes virus)	Enveloped RNA viruses	WNV	Non-enveloped viruses	HAV	B19V
Global Reduction Factor	≥ 12.0	≥ 11.5	≥ 10.8	≥ 10.9	≥ 5.9*	≥ 9.9	≥ 5.5	4.8

* WNV inactivation was evaluated only for the solvent/detergent treatment step

Additionally, the KOÄTE manufacturing process was investigated for its capacity to decrease the infectivity of an experimental agent of transmissible spongiform encephalopathy (TSE), considered a model for the variant Creutzfeldt-Jakob disease (vCJD) and Creutzfeldt-Jakob disease (CJD) agents. The manufacturing process has been shown to decrease TSE infectivity of that experimental model agent (a total of 5.1 log₁₀ reduction), providing reasonable assurance that low levels of vCJD/CJD agent infectivity, if present in the starting material, would be removed.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

KOÄTE temporarily replaces the missing clotting Factor VIII that is needed for effective hemostasis.

12.2 Pharmacodynamics

Hemophilia A is a bleeding disorder characterized by a deficiency of functional coagulation Factor VIII, resulting in a prolonged plasma clotting time as measured by the activated partial thromboplastin time (aPTT) assay. Treatment with KOÄTE normalizes the aPTT over the effective dosing period.

12.3 Pharmacokinetics

The pharmacokinetics (PK) of KOÄTE were evaluated in a prospective, two-stage clinical trial of 20 previously treated patients (PTPs) with severe hemophilia A. In Stage I, the PK parameters for 19 subjects were based on plasma Factor VIII activity after a single intravenous infusion of 50 IU/kg of KOÄTE. Bioequivalence of the dry heat-treated KOÄTE to the unheated KOÄTE was demonstrated by comparison of C_{max} and the area under the curve, AUC₀₋₄₈ (Table 3). The incremental *in vivo* recovery ten minutes after infusion of dry heat-treated KOÄTE was 1.90% unit/kg (unheated KOÄTE was 1.82% units/kg). Mean biologic half-life was 16.1 hours.

In Stage II of the study, participants received KOÄTE treatments for six months on home therapy with a median of 52 days (range 23 to 94 days). At the end of 6 months, the mean AUC₀₋₄₈ was 1471 ± 237 unit*hour/100 mL, the C_{max} was 99 ± 13 unit/100 mL, and the t_{1/2} was 16 ± 3.9 hours.

Table 3: PK Parameters of KOÄTE (Stage I of Crossover Trial)

Parameter	KOÄTE Dry Heat-treated (mean ± SD)	KOÄTE Unheated (mean ± SD)
AUC ₀₋₄₈ (IU-hr/mL)	1432 ± 288	1477 ± 343
C _{max} (IU/mL)	103 ± 19	99 ± 20
T _{max} (hr)	0.41 ± 0.26	0.43 ± 0.44
Half life (hr)	16.1 ± 3.2	16.1 ± 5.1

14 CLINICAL STUDIES

The efficacy of KOÄTE for the treatment of bleeding episodes was demonstrated in a 2-stage, safety, PK and efficacy clinical trial. Stage I was a randomized, single-blind, single-dose, crossover, and PK study comparing heat-treated KOÄTE with unheated KOÄTE. Nineteen subjects were randomized and received a single dose of 50 IU/kg of either heated KOÄTE or unheated KOÄTE for PK assessment. Stage II was a 6 month open-label safety study conducted at two hemophilia centers. Nineteen subjects received KOÄTE, including for on-demand treatment and control of bleeding episodes. The study populations included 15 Caucasians, 3 Hispanic, and 1 Black subjects. A total of 306 bleeding episodes were treated, of which 82% were treated with a single infusion of Factor VIII.

15 REFERENCES

- Srivastava A, Brewer AK, Mauser-Bunschoten EP, et al. Guidelines for the management of hemophilia. Haemophilia 2013;19(1):e1-47.
- Abildgaard CF. Current concepts in the management of hemophilia. Semin Hematol 1975;12(3):223-32.

16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

KOÄTE is supplied in single-use vials containing 250, 500 or 1,000 IU of Factor VIII activity, packaged with 5 mL or 10 mL of Sterile Water for Injection and a Mix2Vial® transfer device. The actual amount of KOÄTE in IU is stated on each carton and vial label.

Components used in the packaging of KOÄTE are not made with natural rubber latex.

Strength	Carton (Kit) NDC Number
250 IU	76125-256-20
500 IU	76125-668-30
1,000 IU	76125-676-50

Storage and Handling

- Store KOÄTE in its original package to protect it from light.
- Store the KOÄTE package at 2 to 8°C (36 to 46°F). Do not freeze.
- KOÄTE may also be stored at room temperature (up to 25°C or 77°F) for up to 6 months.
- Do not use after the expiration date.
- Use reconstituted KOÄTE immediately or within 3 hours of reconstitution.

17 PATIENT COUNSELING INFORMATION

- Inform patients to immediately report the following early signs and symptoms of hypersensitivity reactions to their healthcare professional: angioedema, chest tightness, hypotension, rash, nausea, vomiting, paresthesia, restlessness, wheezing and dyspnea. [see Warnings and Precautions (5.1)]
- Inform patients that the development of inhibitors to Factor VIII is a possible complication of treatment with KOÄTE. Advise the patients to contact their healthcare provider for further treatment and/or assessment if they experience a lack of clinical response to KOÄTE because this may be a manifestation of an inhibitor. [see Warnings and Precautions (5.2)]
- Inform patients that KOÄTE is made from human plasma and may carry a risk of transmitting infectious agents. While the risk that KOÄTE can transmit an infection has been reduced by screening plasma donors for prior exposure, testing donated plasma, and inactivating or removing certain viruses during manufacturing, patients should report any symptoms that concern them. [see Warnings and Precautions (5.4)]

Manufactured by:
Kedrion Biopharma Inc.
400 Kelby Street, Fort Lee, NJ 07024

Manufactured by:
Grifols Therapeutics Inc.
Research Triangle Park, NC 27709 USA
U.S. License No. 1871

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