

March 7th, 2018

Subject: ^{Pr}Adynovate™ [Antihemophilic Factor (Recombinant), PEGylated], the full-length form of ^{Pr}Advate®, now pegylated to provide a true extended-half life (EHL) Factor VIII product, is now available through the Canadian Blood Services (CBS)

Dear Healthcare Professional,

Shire Canada is delighted to notify you of the availability of ^{Pr}Adynovate. This latest hematology innovation from Shire, is a pegylated recombinant Antihemophilic factor form of the ^{Pr}Advate legacy, standard half-life product. ^{Pr}Adynovate is indicated in patients (≥12 years) with hemophilia A (congenital factor VIII deficiency) for the following indications:

1. Control and prevention of bleeding episodes
2. Prophylaxis to prevent or reduce the frequency of bleeding episodes
3. Perioperative management

^{Pr}Adynovate is now available for order through Canadian Blood Services (CBS). ^{Pr}Adynovate received Health Canada approval on November 17, 2016 and **will now be the only EHL product available through the Canadian Blood Services** for patients ≥ 12 years old or patients not currently on Immune Tolerance Induction (ITI) therapy with another EHL product.

The terminal plasma half-life of ^{Pr}Adynovate is 1.4- to 1.5-fold, longer than that of ^{Pr}Advate. Because ^{Pr}Adynovate is a true extended-half life, rFVIII, patients can decrease their infusions to twice weekly with ^{Pr}Adynovate for prophylaxis therapy.

The safety, efficacy, and pharmacokinetics (PK) of ^{Pr}Adynovate were evaluated in a multicenter, open label, prospective, non-randomized, two-arm clinical study that assessed the efficacy of a twice weekly prophylactic treatment regimen, assessed the efficacy of on-demand treatment, and determined hemostatic efficacy in the treatment of bleeding episodes. Prophylaxis with ^{Pr}Adynovate resulted in an Annual Bleed Rate (ABR) that was significantly lower than half the ABR of on-demand treatment ($P < .0001$). The median ABR was 1.9, and 39.6% of compliant subjects had no bleeding episodes during prophylaxis, whereas subjects treated on demand had a median ABR of 41.5. ^{Pr}Adynovate was also efficacious for the treatment of bleeding episodes, with 95.9% of bleeding episodes treated with 1 to 2 infusions and 96.1% having efficacy ratings of excellent/good. No FVIII inhibitory antibodies or safety signals were identified. (Konkle et al., *Blood* 2015; 126(9):1078-85.)

^{Pr}Adynovate is available in 250, 500, 1000 and 2000 IU/vial lyophilized powder for intravenous injection. Each strength is supplied with 5mL sterile water for injection (USP, Ph.Eur.) for reconstitution and the BAXJECT II Hi-Flow device. Additionally a separate carton containing the following is also provided along with the product carton:

- 1 infusion set
- 1 10 ml sterile syringe
- 2 sterile alcohol swabs
- 2 bandages

^{Pr}Adynovate should be stored at refrigerated temperature; 2° to 8°C (36° to 46°F) in powder form. ^{Pr}Adynovate is contraindicated in patients who have had prior anaphylactic reaction to ^{Pr}Adynovate, to the parent molecule (^{Pr}Advate), mouse or hamster protein, or excipients of ^{Pr}Adynovate (Tris, calcium

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chloride, mannitol, sodium chloride, trehalose, glutathione, histidine, and/or polysorbate 80). For a complete listing, see the Dosage Forms, Composition and Packaging section of the Product Monograph.

For additional information, please contact our medical information by email: medinfoca@shire.com or phone: 1-800-268-2772. Please consult the ^{Pr}Adynovate Product Monograph at <https://www.shirecanada.com/-/media/shire/shireglobal/shirecanada/pdf/files/product%20information/Adynovate-pm-en.pdf> for important information relating to conditions of clinical use, adverse reactions, drug interactions, dosing instructions, and relevant warnings and precautions regarding: inhibitory antibodies to ^{Pr}Adynovate; use in pregnant and nursing women; use in paediatrics and geriatrics; and monitoring and laboratory testing.

Yours sincerely,

A handwritten signature in black ink, appearing to read "J. Glen Newell". The signature is fluid and cursive, with a long horizontal stroke at the end.

J. Glen Newell, PhD
Interim Regional Medical Head
Shire Pharma Canada ULC

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