IDELVION, Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rIX-FP), a recombinant human blood coagulation factor, is indicated in children and adults with hemophilia B (congenital Factor IX deficiency) for:

- On-demand control and prevention of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to prevent or reduce the frequency of bleeding episodes

Limitations of Use:
IDELVION is not indicated for immune tolerance induction in patients with Hemophilia B. (1)

DOSAGE AND ADMINISTRATION
Each vial of IDELVION is labeled with the actual Factor IX potency in international units (IU). For intravenous use after reconstitution only.

For intravenous use after reconstitution only.

Each vial of IDELVION is labeled with the actual Factor IX potency in international units (IU).

- One IU of IDELVION per kg body weight is expected to increase the circulating activity of Factor IX as follows:
  - Adolescents and adults: 1.3 IU/dL per IU/kg (2.1)
  - Pediatrics (<12 years): 1 IU/dL per IU/kg (2.1)
- Administer intravenously. Do not exceed infusion rate of 10 mL per minute. (2.3)

Control and prevention of bleeding episodes and perioperative management:

- Dosage and duration of treatment with IDELVION depends on the severity of the Factor IX deficiency, the location and extent of bleeding, and the patient’s clinical condition, age and recovery of Factor IX. (2.1)
- Determine the initial dose using the following formula:
  \[
  \text{Required Dose (IU)} = \text{Body Weight (kg)} \times \text{Desired Factor IX rise (% of normal or IU/dL)} \times (\text{reciprocal of recovery (IU/kg per IU/dL)}) \]
- Adjust dose based on the patient’s clinical condition and response. (2.1)

Routine prophylaxis:

- Patients ≥12 years of age: 25-40 IU/kg body weight every 7 days. (2.1)
- Patients <12 years of age: 40-55 IU/kg body weight every 7 days.

- Patients who are well-controlled on this regimen may be switched to a 14-day interval at 50-75 IU/kg body weight. (2.1)

ADVERSE REACTIONS
The most common adverse reaction (incidence ≥1%) reported in clinical trials was headache. (6)

To report SUSPECTED ADVERSE REACTIONS, contact CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

- Pediatric: Higher dose per kilogram body weight or more frequent dosing may be needed. (8.4)

See 17 for Patient Counseling Information and FDA-approved patient labeling.

Issued: 3/2016
Table 2: Dosing for Perioperative Management of Bleeding

A guide for dosing IDELVION for perioperative management of bleeding is provided in Table 2.

<table>
<thead>
<tr>
<th>Type of Bleeding Episode</th>
<th>Circulating Factor IX Activity Required (%) or (IU/dL)</th>
<th>Frequency of Dosing (hours)</th>
<th>Duration of Therapy (days)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor or Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncomplicated hemarthrosis, muscle bleeding (exempt ilipsoas) or oral bleeding</td>
<td>30-60</td>
<td>48-72</td>
<td>At least 1 day, until bleeding stops and healing is achieved. Single dose should be sufficient for majority of bleeds.</td>
</tr>
<tr>
<td>Major</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life or limb threatening hemorrhage, deep muscle bleeding, including ilipsoas, intracranial, retropharyngeal</td>
<td>60-100</td>
<td>48-72</td>
<td>7-14 days, until bleeding stops and healing is achieved. Maintenance dose weekly.</td>
</tr>
</tbody>
</table>

Adapted from the WFH Guidelines for the Management of Hemophilia.

Table 3: IDELVION Reconstitution Instructions

1. Place the IDELVION vial, diluent vial, and Mix2Vial® transfer set on a flat surface.
2. Remove flip caps from the IDELVION and Sterile Water for Injection (diluent) vials.
3. Wipe the stoppers with the sterile alcohol swab provided and allow to dry prior to opening the Mix2Vial transfer set package.
4. Open the Mix2Vial transfer set package by peeling away the lid (Fig. 1). Do not remove the device from the package.
5. Place the diluent vial on a flat surface and hold the vial tightly. Grip the Mix2Vial transfer set together with the clear package and push the plastic spike at the blue end of the Mix2Vial transfer set firmly through the center of the stopper of the diluent vial (Fig. 2).
6. Carefully remove the clear package from the Mix2Vial transfer set. Do not remove the Mix2Vial transfer set or touch the exposed end of the device (Fig. 3).
7. With the IDELVION vial placed firmly on a flat surface, invert the diluent vial with the Mix2Vial transfer set attached and push the plastic spike of the transparent adapter firmly through the center of the stopper of the IDELVION vial (Fig. 4). The diluent will automatically transfer into the IDELVION vial.
8. With the diluent and IDELVION vial still attached to the Mix2Vial transfer set, gently swirl the IDELVION vial to ensure that the powder is fully dissolved (Fig. 5). Do not shake the vial. The reconstituted solution should be a clear or yellow to colorless solution. Do not use if particulate matter or discoloration is observed.
9. With one hand, grasp the IDELVION side of the Mix2Vial transfer set and with the other hand grasp the blue diluent-side of the Mix2Vial transfer set, and unscrew the set into two pieces (Fig. 6).

10. Draw air into an empty, sterile syringe. While the IDELVION vial is upright, screw the syringe to the Mix2Vial transfer set. Inject air into the IDELVION vial.

11. While keeping the syringe plunger pressed, invert the system upside down and draw the concentrate into the syringe by pulling the plunger back slowly (Fig. 7).

12. Disconnect the filled syringe by unscrewing it from the Mix2Vial transfer set (Fig. 8).

13. Use immediately or within 4 hours of reconstitution. Store reconstituted solution at room temperature. Do not refrigerate.

14. If the dose requires more than one vial, use a separate, unused Mix2Vial transfer set and Sterile Water for Injection (diluent) vial for each product vial. Repeat steps 10-12 to pool the contents of the vials into one syringe.

2.3 Administration

For intravenous injection only.

- Do not mix or administer IDELVION in the same tubing or container with other medicinal products.
- Visually inspect the final solution for particulate matter and discoloration prior to administration, and whenever solution and container permit. Do not use if particulate matter or discoloration is observed.
- Attach the syringe containing the reconstituted IDELVION solution to a sterile infusion set and administer by intravenous injection. Adjust the infusion rate to the comfort level of each patient, not exceeding 10 mL per minute.
- Administer IDELVION at room temperature and within 4 hours of reconstitution. Discard any unused product.

3 DOSAGE FORMS AND STRENGTHS

IDELVION is a pale yellow to white lyophilized powder supplied in single-use vials containing nominally 250, 500, 1000, or 2000 IU of Factor IX potency. The actual factor IX potency is labeled on each vial and carton.

4 CONTRAINDICATIONS

IDELVION is contraindicated in patients who have had life-threatening hypersensitivity reactions to IDELVION, or its components, including hamster proteins [see Warnings and Precautions (5.1)].

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis, are possible. Early signs of hypersensitivity reactions, which can progress to anaphylaxis include angioedema, chest tightness, hypotension, generalized urticaria, wheezing, and dyspnea. If hypersensitivity symptoms occur, immediately discontinue administration and initiate appropriate treatment. IDELVION contains trace amounts of Chinese hamster ovary (CHO) proteins. Patients treated with this product may develop hypersensitivity to these non-human mammalian proteins.

5.2 Neutralizing Antibodies

The formation of neutralizing antibodies (inhibitors) to Factor IX may occur. Monitor all patients treated with IDELVION for the development of neutralizing antibodies (inhibitors) by appropriate clinical observations or laboratory tests. Perform an assay that measures Factor IX inhibitor concentration if expected plasma Factor IX activity levels are not attained, or if the bleeding is not controlled with an appropriate dose.

Patients with Factor IX inhibitors are at an increased risk of severe hypersensitivity reactions or anaphylaxis if re-exposed to Factor IX. Evaluate patients experiencing allergic reactions for the presence of an inhibitor and closely monitor patients with inhibitors for signs and symptoms of acute hypersensitivity reactions, particularly during early phases of exposure to the product [see Warnings and Precautions (5.1)].

5.3 Thromboembolic Complications

Thromboembolism (e.g., pulmonary embolism, venous thrombosis, and arterial thrombosis) may occur when using Factor IX-containing products. Because of the potential risk for thromboembolism with the use of Factor IX products, monitor for early signs of thromboembolism and consumptive coagulopathy when administering IDELVION to patients with liver disease, fibrinolysis, perioperative status, or risk factors for thromboembolic events or disseminated intravascular coagulation.

5.4 Nephrotic Syndrome

Nephrotic syndrome has been reported following attempted immune tolerance induction in hemophilia B patients with Factor IX inhibitors and a history of allergic reactions. The safety and efficacy of using IDELVION for immune tolerance induction have not been established.

5.5 Monitoring Laboratory Tests

- Monitor Factor IX plasma levels by a one-stage clotting assay to confirm that adequate Factor IX levels have been achieved and maintained [see Dosage and Administration (2.1)]. Factor IX assay activity results may vary with the type of activated partial thromboplastin time (aPTT) reagent used in the assay system. For example, kaolin-based aPTT reagents along with other reagents designed to exhibit low responsiveness to lupus anticoagulant aPTT reagents have been shown to result in approximately 50% lower than expected recovery based on labeled potency.
- Consistent with similar findings for other recombinant Factor IX products, overestimation of Factor IX activity in spiked samples of IDELVION (mean overestimation 32%) occurred at low Factor IX levels with commonly used aPTT reagents.
- Monitor patients for the development of inhibitors if expected Factor IX activity plasma levels are not attained, or if bleeding is not controlled with the recommended dose of IDELVION. Assays used to determine if a Factor IX inhibitor is present should be titrated in Bethesda Units (BU) units.

6 ADVERSE REACTIONS

The most common adverse reaction (incidence ≥1%) reported in clinical trials was headache.

6.1 Clinical Trials Experience

Because clinical studies 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. In five multicenter, prospective, open-label clinical trials with IDELVION, 111 previously treated patients (PTPs; exposed to a Factor IX-containing product for ≥100 exposure days) received at least one infusion of IDELVION as part of on-demand treatment of bleeding episodes, perioperative management of major and minor surgical, dental, or other invasive procedures, routine prophylaxis, or pharmacokinetic evaluation. Twenty-seven children were <12 years of age, 9 adolescents were 12 to <18 years of age, and 75 adults were ≥18 to <65 years of age. A total of 8,274 injections were administered over a median of 600 days (range: 25 to 1,288 days).

Adverse reactions that occurred in >0.5% of subjects are listed in Table 4.

Table 4: Summary of Adverse Reactions

<table>
<thead>
<tr>
<th>MedDRA Standard System Organ Class</th>
<th>Adverse Reaction</th>
<th>Number of subjects n (%) (N=111)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous system disorders</td>
<td>Headache</td>
<td>2 (1.8)</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Immune system disorders</td>
<td>Hypersensitivity</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td>Rash</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td></td>
<td>Eczema</td>
<td>1 (0.9)</td>
</tr>
</tbody>
</table>

6.2 Immunogenicity

All subjects were monitored for inhibitory and binding antibodies to rIX-FP (specifically rFIX, pdFIX and albumin), and binding antibodies to CHO host cell proteins at the following time points: at screening, at 2-4 weeks, 12 weeks following the first infusion of IDELVION, every 3 months thereafter (every 6 months for binding antibodies in children). No subjects developed antibodies to Factor IX, or non-neutralizing antibodies against factor IX, albumin and CHO protein at any of the time points following infusion of IDELVION.

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 IDELVION in the studies described above with the incidence of antibodies in other studies or to other products.
TABLE 5: Pharmacokinetic Parameters (Arithmetic Mean, CV%) Following a Single 25 IU/kg, 50 IU/kg, or 75 IU/kg Dose of IDELVION

<table>
<thead>
<tr>
<th>PK Parameters</th>
<th>rIX-FP 25 IU/kg (N=7)</th>
<th>rIX-FP 50 IU/kg (N=47)</th>
<th>rIX-FP 75 IU/kg (N=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR (IU/dl/IU/kg)</td>
<td>1.65 (11)</td>
<td>1.30 (24)</td>
<td>1.08 (20)</td>
</tr>
<tr>
<td>Cmax (IU/dl)</td>
<td>41.1 (13)</td>
<td>66.6 (27)</td>
<td>82.0 (20)</td>
</tr>
<tr>
<td>AUC0–inf (h*IU/dl)</td>
<td>4658 (36)</td>
<td>7482 (28)</td>
<td>9345 (20)</td>
</tr>
<tr>
<td>t1/2 (hours)</td>
<td>118 (38)</td>
<td>104 (25)</td>
<td>104 (18)</td>
</tr>
<tr>
<td>MRT (hours)</td>
<td>153 (24)</td>
<td>143 (23)</td>
<td>145 (14)</td>
</tr>
<tr>
<td>CL (mL/h/kg)</td>
<td>0.57 (31)</td>
<td>0.73 (27)</td>
<td>0.84 (20)</td>
</tr>
<tr>
<td>Vss (dL/kg)</td>
<td>0.86 (32)</td>
<td>1.02 (28)</td>
<td>1.20 (23)</td>
</tr>
<tr>
<td>Time to 1% Factor IX Activity (days)*</td>
<td>22 (25)</td>
<td>23 (19)</td>
<td>25 (13)</td>
</tr>
<tr>
<td>Time to 3% Factor IX Activity (days)*</td>
<td>14 (19)</td>
<td>17 (19)</td>
<td>18 (13)</td>
</tr>
<tr>
<td>Time to 5% Factor IX Activity (days)*</td>
<td>10 (25)</td>
<td>13 (20)</td>
<td>15 (13)</td>
</tr>
</tbody>
</table>

* = Estimated time to mean Factor IX activity maintained above the pre-specified percent (%).  
IR = Incremental recovery recorded 30 minutes after injection; AUC = Area under the Factor IX activity time curve; t1/2 = half-life; MRT = Mean residence time; CL = Body weight adjusted clearance; Vss = Body weight adjusted volume of distribution at steady-state.

Subjects <18 years
Pharmacokinetics parameters of IDELVION were evaluated in 5 adolescents (12 to <18 years of age) and 27 children (0 to <12 years of age) in open-label, multi-center studies following a single or repeat intravenous infusion of IDELVION. The PK samples were collected prior to dosing and at multiple time points up to 336 hours (14 days) after dosing. Table 6: summarizes the PK parameters calculated from the pediatric data of 32 subjects, 0 to <18 years of age. The parameters estimated were based on the plasma Factor IX activity over time profile. Compared to adults, incremental recovery is lower (15% to 27%) and body weight-adjusted clearance is higher (45% to 62%) in children.

Table 6: Pharmacokinetic Parameters (Arithmetic Mean, CV%) of IDELVION Following a Single 50 IU/kg Dose

<table>
<thead>
<tr>
<th>PK Parameters</th>
<th>0 to &lt;6 years (N=12)</th>
<th>6 to &lt;12 years (N=15)</th>
<th>12 to &lt;18 years (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR (IU/dl/IU/kg)</td>
<td>0.95 (22)</td>
<td>1.06 (23)</td>
<td>1.11 (28)</td>
</tr>
<tr>
<td>Cmax (IU/dl)</td>
<td>48.3 (19)</td>
<td>52.9 (23)</td>
<td>55.3 (28)</td>
</tr>
<tr>
<td>AUC0–inf (h*IU/dl)</td>
<td>4583 (33)</td>
<td>5123 (31)</td>
<td>5347 (48)</td>
</tr>
<tr>
<td>t1/2 (hours)</td>
<td>90 (13)</td>
<td>93 (21)</td>
<td>87 (36)</td>
</tr>
<tr>
<td>MRT (hours)</td>
<td>123 (14)</td>
<td>129 (19)</td>
<td>119 (31)</td>
</tr>
<tr>
<td>CL (mL/h/kg)</td>
<td>1.18 (28)</td>
<td>1.06 (29)</td>
<td>1.08 (39)</td>
</tr>
<tr>
<td>Vss (dL/kg)</td>
<td>1.42 (24)</td>
<td>1.32 (20)</td>
<td>1.16 (14)</td>
</tr>
<tr>
<td>Time to 1% Factor IX Activity (days)*</td>
<td>17 (29)</td>
<td>20 (22)</td>
<td>19 (37)</td>
</tr>
<tr>
<td>Time to 3% Factor IX Activity (days)*</td>
<td>12 (32)</td>
<td>14 (22)</td>
<td>13 (38)</td>
</tr>
<tr>
<td>Time to 5% Factor IX Activity (days)*</td>
<td>9 (32)</td>
<td>11 (26)</td>
<td>11 (38)</td>
</tr>
</tbody>
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* = Estimated time to mean Factor IX activity maintained above the pre-specified percent (%).  
IR = Incremental recovery recorded 30 minutes after injection; AUC = Area under the Factor IX activity time curve; t1/2 = half-life; MRT = Mean residence time; CL = Body weight adjusted clearance; Vss = Body weight adjusted volume of distribution at steady-state.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Nonclinical studies evaluating the carcinogenic potential of IDELVION have not been conducted.
No macroscopic or microscopic pathologies in reproductive organs were observed in animals dosed every day for 28 days with 6.7 times the maximum recommended prophylactic clinical dose of 75 IU/kg IDELVION. No animal studies regarding impairment of fertility following IDELVION dosing were conducted.

14 CLINICAL STUDIES
The safety and efficacy of IDELVION were evaluated in a prospective, open-label, multicenter clinical study of 63 male PTPs with hemophilia B (at least one infusion of IDELVION as part of on-demand treatment of bleeding episodes, perioperative management of major and minor surgical, dental, or other invasive procedures, routine prophylaxis once every 7, 10- or 14-day intervals, or pharmacokinetic evaluation. Subjects were aged 12 to 61 years; including 7 adolescent subjects aged 12 to 17. Subjects were treated for up to 27 months.

Table 5: Pharmacokinetic Parameters (Arithmetic Mean, CV%) Following a Single 25 IU/kg, 50 IU/kg, or 75 IU/kg Dose of IDELVION

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<td>17 (19)</td>
<td>18 (13)</td>
</tr>
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<td>13 (20)</td>
<td>15 (13)</td>
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On-demand Control and Prevention of Bleeding Episodes

A total of 358 bleeding events were treated with IDELVION. Among them, 204 (57%) bleeding events were spontaneous, 140 (39%) events were traumatic and 14 (4%) events were unknown. In addition, a total of 267 (75%) episodes were joint bleeding events. Overall treatment efficacy was assessed for each bleeding episode by the investigator based on a 4-point scale of excellent, good, moderate, or poor/no response. The efficacy of IDELVION for the on-demand control and prevention of bleeding is summarized in Table 7.

Table 7: Efficacy* of IDELVION for the On-demand Control and Prevention of Bleeding Episodes

<table>
<thead>
<tr>
<th>Number of Bleeding Episodes Requiring Treatment (n = 358)</th>
<th>Number of injections to treat bleeding episodes</th>
<th>Assessment of Efficacy*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 injection, n (%)</td>
<td>2 injections, n (%)</td>
</tr>
<tr>
<td></td>
<td>1 (94)</td>
<td>18 (5)</td>
</tr>
<tr>
<td></td>
<td>&gt;2 injections, n (%)</td>
<td>5 (1.4)</td>
</tr>
</tbody>
</table>

*Excellent: Pain relief and/or unequivocal improvement in objective signs of bleeding and no additional infusion required in order to achieve hemostasis; Good: Definite pain relief and/or improvement in signs of bleeding at approximately 8 hours after the first infusion, but may require a second infusion; Moderate: Probable or slight beneficial effect, and requires more than two infusions to achieve hemostasis; Poor/no response: No improvement at all or condition worsens, additional hemostatic intervention is required. Responses evaluated at approximately 24 hours after treatment.

On-demand Therapy and Weekly Prophylaxis (n=19)*

<table>
<thead>
<tr>
<th>Bleeding Episode Etiology</th>
<th>Weekly Prophylaxis (n=19)*</th>
<th>14-day Prophylaxis (n=19)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>Mean (SD)</td>
<td>0.28 (1.01)</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Range</td>
<td>0, 4.5</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>1.07 (2.1)</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Range</td>
<td>0, 7.3</td>
</tr>
</tbody>
</table>

*Based on a matched pair design; IQR = interquartile range; SD = standard deviation

15 REFERENCES


16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

IDELVION is supplied as a lyophilized powder in single-use vials containing the labeled amount of Factor IX activity, expressed in international units (IU). IDELVION is packaged with 2.5 mL (for reconstitution of 250, 500 or 1000 IU vials) or 5 mL (for reconstitution of 2000 IU vials) of Sterile Water for Injection, USP, one Mix2Vial filter transfer set, and one sterile alcohol swab. Components are not made with natural rubber latex.

Table 8: Comparison of Annualized Spontaneous Bleeding Rate (AsBR) by Prophylaxis Regimen for Subjects in the Clinical Trial

<table>
<thead>
<tr>
<th>Bleeding Episode Etiology</th>
<th>Weekly Prophylaxis</th>
<th>14-day Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>Mean (SD)</td>
<td>Median (SD)</td>
</tr>
<tr>
<td></td>
<td>14.6 (8.42)</td>
<td>15.4</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>8.0, 18.0</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>82.8, 100</td>
</tr>
<tr>
<td></td>
<td>Range</td>
<td>54.3, 100</td>
</tr>
</tbody>
</table>

*Based on matched pair design

Total includes spontaneous and traumatic bleeds.

Table 9: Comparison of Annualized Spontaneous Bleeding Rate (AsBR) by Prophylaxis Regimen for Subjects in the Clinical Trial

<table>
<thead>
<tr>
<th>Bleeding Episode Etiology</th>
<th>Weekly Prophylaxis</th>
<th>14-day Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>Mean (SD)</td>
<td>Median (SD)</td>
</tr>
<tr>
<td></td>
<td>0.28 (1.01)</td>
<td>1.07 (2.1)</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Range</td>
<td>0, 7.3</td>
</tr>
</tbody>
</table>

*Based on a matched pair design; IQR = interquartile range; SD = standard deviation

15 REFERENCES


16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

IDELVION is supplied as a lyophilized powder in single-use vials containing the labeled amount of Factor IX activity, expressed in international units (IU). IDELVION is packaged with 2.5 mL (for reconstitution of 250, 500 or 1000 IU vials) or 5 mL (for reconstitution of 2000 IU vials) of Sterile Water for Injection, USP, one Mix2Vial filter transfer set, and one sterile alcohol swab. Components are not made with natural rubber latex.
FDA-Approved Patient Labeling

IDELVION® (eye del' vee on), Coagulation Factor IX (Recombinant), Albumin Fusion Protein

This leaflet summarizes important information about IDELVION. Please read it carefully before using IDELVION. This information does not take the place of talking with your healthcare provider, and it does not include all of the important information about IDELVION. If you have any questions after reading this, ask your healthcare provider.

What is IDELVION?
IDELVION, Coagulation Factor IX (Recombinant), Albumin Fusion Protein is an injectable medicine used to replace clotting factor (Factor IX) that is missing in people with hemophilia B (also called congenital Factor IX deficiency or Christmas disease). Hemophilia B is an inherited bleeding disorder that prevents blood from clotting normally. IDELVION is used in children and adults with hemophilia B to control and prevent bleeding episodes. Your healthcare provider may give you IDELVION when you have surgery. IDELVION can reduce the number of bleeding episodes when used regularly (prophylaxis).

Who should not use IDELVION?
You should not use IDELVION if you:
- have had life-threatening hypersensitivity reactions to IDELVION
- are allergic to hamster proteins
- are allergic to any ingredients in IDELVION

Tell your healthcare provider if you have had an allergic reaction to any Factor IX product prior to using IDELVION.

Tell your healthcare provider if you are pregnant or breast-feeding because IDELVION may not be right for you.

What should I tell my healthcare provider before using IDELVION?
You should tell your healthcare provider if you:
- have or had any medical problems
- take any medicines, including prescription and non-prescription medicines, such as over-the-counter medicines, supplements, or herbal remedies
- have any allergies, including allergies to hamster proteins
- are breastfeeding. It is not known if IDELVION passes into your milk and if it can harm your baby.
- are pregnant or planning to become pregnant. It is not known if IDELVION may harm your unborn baby.
- have been told that you have inhibitors to Factor IX (because IDELVION may not work for you).

How should I administer IDELVION?
- IDELVION is given directly into the bloodstream.
- IDELVION should be administered as ordered by your healthcare provider.
- You should be trained on how to do injections by your healthcare provider or hemophilia treatment center. Many people with hemophilia B learn to inject IDELVION by themselves or with the help of a family member. See the step-by-step guide (Instructions for Use) provided at the end of this leaflet for directions on mixing and infusing IDELVION.
- Your healthcare provider will tell you how much IDELVION to use based on your weight, the severity of your hemophilia B, and where you are bleeding.
- You may need to have blood tests done after getting IDELVION to be sure that your blood level of Factor IX is high enough to clot your blood.
- Call your healthcare provider right away if your bleeding does not stop after taking IDELVION.

What are the possible side effects of IDELVION?
Allergic reactions may occur with IDELVION. Call your healthcare provider right away and stop treatment if you get a rash or hives, itching, tightness of the chest or throat, difficulty breathing, light-headedness, dizziness, nausea, or decrease in blood pressure.

Your body can make antibodies, called inhibitors, against Factor IX, which may stop IDELVION working properly. Your healthcare provider may need to test your blood for inhibitors from time to time.

IDELVION may increase the risk of forming abnormal blood clots in your body, especially if you have risk factors for developing blood clots. Call your healthcare provider if you have chest pain, difficulty breathing, leg tenderness or swelling.

A common side effect of IDELVION is headache.

This is not the only side effect possible with IDELVION. To learn more, talk to your healthcare provider or pharmacist. Tell your healthcare provider about any side effect that bothers you or does not go away.

What are the IDELVION dosage strengths?
IDELVION comes in four different dosage strengths: 250, 500, 1000 or 2000 IU. The actual strength of IDELVION is printed on the carton and vial label. The labeling of the four dosage strengths are color-coded as follows:

<table>
<thead>
<tr>
<th>Fill Size</th>
<th>Nominal Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>250 IU</td>
</tr>
<tr>
<td>Blue</td>
<td>500 IU</td>
</tr>
<tr>
<td>Green</td>
<td>1000 IU</td>
</tr>
<tr>
<td>Purple</td>
<td>2000 IU</td>
</tr>
</tbody>
</table>

Always check the actual dosage strength printed on the label to make sure you are using the strength prescribed by your healthcare provider.

How should I store IDELVION?
- Store vial in original carton to protect from light.
- Store at 2-25°C (36-77°F). Do not freeze.
- Do not use IDELVION after the expiration date printed on the label.
- The reconstituted product (after mixing dry product with diluent) must be used within 4 hours and cannot be stored or refrigerated. Discard any IDELVION left in the vial at the end of your infusion.

What else should I know about IDELVION?
- Do not use IDELVION for a condition for which it is not prescribed.
- Do not share IDELVION with other people, even if they have the same symptoms that you have.

Instructions for Use
For intravenous use after reconstitution only.
Do not attempt to do an intravenous injection unless you have been taught how by your healthcare provider or hemophilia center. Always follow the specific instructions given by your healthcare provider.

The steps listed below are general guidelines for using IDELVION. If you are unsure of the instructions, call your healthcare provider before using IDELVION. Your healthcare provider will prescribe the dose that you should take. You may need to have blood tests from time to time. Talk to your healthcare provider before traveling. Dispose of all unused solution, empty vial(s), and other used medical supplies in an appropriate medical waste container.

- Always work on a clean, flat surface and wash your hands before performing the mixing (reconstitution) procedures.
- Mix (reconstitute) IDELVION using the diluent (Sterile Water for Injection) and transfer device (Mirz2Vial) provided in the kit.
- To give an injection, you will also need a syringe and suitable needle (not provided).
- If a package is opened or damaged, do not use and contact your healthcare provider.
- Do not use IDELVION beyond the expiration date printed on the vial and carton.
- Look at the mixed (reconstituted) solution. Do not use IDELVION if the reconstituted solution is cloudy, contains any particles, or is discolored.
- IDELVION is for single use only. Contains no preservatives. Discard partially used vials.
- Ensure the vials of IDELVION and the Sterile Water for Injection are at room temperature before mixing.
- Follow the reconstitution instructions as described in Table 1.
Table 1: IDELVION Reconstitution Instructions

1. Place the IDELVION vial, diluent vial, and Mix2Vial® transfer set on a flat surface.

2. Remove flip caps from the IDELVION and Sterile Water for Injection (diluent) vials.

3. Wipe the stoppers with the sterile alcohol swab provided and allow to dry prior to opening the Mix2Vial transfer set package.

4. Open the Mix2Vial transfer set package by peeling away the lid (Fig. 1). Do not remove the device from the package.

5. Place the diluent vial on a flat surface and hold the vial tightly. Grip the Mix2Vial transfer set together with the clear package and push the plastic spike at the blue end of the Mix2Vial transfer set firmly through the center of the stopper of the diluent vial (Fig. 2).

6. Carefully remove the clear package from the Mix2Vial transfer set. Do not remove the Mix2Vial transfer set or touch the exposed end of the device (Fig. 3).

7. With the IDELVION vial placed firmly on a flat surface, invert the diluent vial with the Mix2Vial transfer set attached and push the plastic spike of the transparent adapter firmly through the center of the stopper of the IDELVION vial (Fig. 4). The diluent will automatically transfer into the IDELVION vial.

8. With the diluent and IDELVION vial still attached to the Mix2Vial transfer set, gently swirl the IDELVION vial to ensure that the powder is fully dissolved (Fig. 5). Do not shake the vial. The reconstituted solution should be a clear or yellow to colorless solution. Do not use if particulate matter or discoloration is observed.

9. With one hand, grasp the IDELVION side of the Mix2Vial transfer set and with the other hand grasp the blue diluent-side of the Mix2Vial transfer set, and unscrew the set into two pieces (Fig. 6).

10. Draw air into an empty, sterile syringe. While the IDELVION vial is upright, screw the syringe to the Mix2Vial transfer set. Inject air into the IDELVION vial.

11. While keeping the syringe plunger pressed, invert the system upside down and draw the concentrate into the syringe by pulling the plunger back slowly (Fig. 7).

12. Disconnect the filled syringe by unscrewing it from the Mix2Vial transfer set (Fig. 8).

13. Use immediately or within 4 hours of reconstitution. Keep solution at room temperature. Do not refrigerate after reconstitution.

14. If the dose requires more than one vial, use a separate, unused Mix2Vial transfer set and Sterile Water for Injection (diluent) vial for each product vial. Repeat steps 10-12 to pool the contents of the vials into one syringe.

15. Record treatment—Remove the peel-off portion of the label from each vial used and affix it to the patient’s treatment diary/log book.

Administration (intravenous injection)

- Do not mix IDELVION in the same tubing or container with other medicinal products.
- Attach the syringe containing the reconstituted IDELVION solution to a sterile infusion set and give an injection as directed by your healthcare provider or hemophilia treatment center.
- Administer intravenously. Do not exceed infusion rate 10 mL per minute.

Resources at CSL Behring available to the patient:
For Adverse Reaction Reporting contact:
CSL Behring Pharmacovigilance Department at 1-866-915-6958
Contact CSL Behring to receive more product information:
Reimbursement Services 1-800-676-4266
For more information, visit www.IDELVION.com

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CSL Behring GmbH
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Bern 22, Switzerland 3000
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CSL Behring LLC
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