wilate®

von Willebrand Factor/Coagulation Factor VIII Complex (Human)

DEB, TONY, AND ANDREW BASA:

One family's search to find the simple solution to a complicated disease

Andrew Basa was just 3 years old when his doctor told Deb and Tony their son had Type 2a severe von Willebrand disease (VWD).

When Andrew was diagnosed with VWD, he was started on an antihemophilic factor/von Willebrand factor complex "as needed," a treatment regimen that would continue until he was about 13. Andrew's typical dose was 60–80 IU/kg when he had a bleed, but it was unreliable control at best. "He was an active child and started to develop problems with his ankles," says Tony Basa. Deb adds, "Sometimes we needed multiple infusions to stop the bleed. Andrew would bleed about 2 times every month, sometimes more. We would end up having to take him to the ER for treatment."

At age 12 Andrew began to have problems with his knees, so the Basas started searching for new options. They went to at least two different physicians before finding their current doctor at Boston Children's Hospital. That's where they discovered that Andrew had a torn meniscus in his knee.

The Basas were asked if they would be willing to try wilate® as part of a clinical trial. They agreed, and Andrew received wilate® in conjunction with his knee surgery. Before deciding to continue with wilate®, Deb and Tony fully researched the new treatment option and involved Andrew in the decision.

They learned that wilate® was developed specifically for VWD, unlike some other treatments that were originally developed for hemophilia A. "Before we found wilate®, Andrew wasn't able to be a typical active boy. It was as if his life was on hold."

Today, Andrew's parents report that with wilate®," he's a totally different kid. He wants to play football and basketball with his brother. He's not timid like before; he's confident and unafraid. He feels protected and generally just feels better."

All of his treatments are done at home, and Andrew has, after some practice, learned to self-infuse. The Basas also take advantage of the Octapharma Co-pay Assistance Program which helps them save on out-of-pocket costs associated with Andrew's treatment.

Mom has the last word, "I feel like wilate® was made for Andrew. VWD is such a struggle. It takes an emotional toll on the entire family, but wilate® has dramatically improved things for all of us. And for that I'm extremely grateful."

Indications and Usage

wilate® is a von Willebrand Factor/Coagulation Factor VIII Complex (Human) indicated in children and adults with von Willebrand disease for on-demand treatment and control of bleeding episodes, and for perioperative management of bleeding. wilate® is not indicated for the treatment of hemophilia A.

Please see enclosed Full Prescribing Information.

Please see other side for Important Safety Information.

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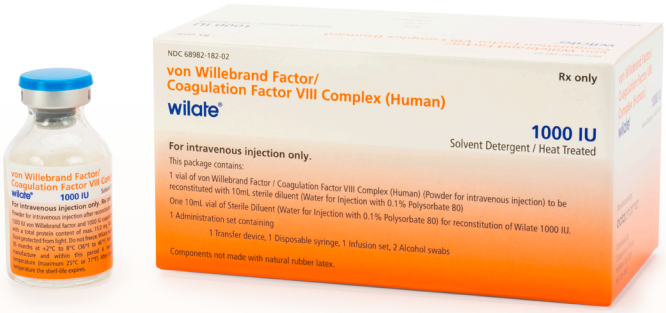
von Willebrand Factor/Coagulation Factor VIII Complex (Human)

The Simple Solution to a Complicated Disease

- Developed specifically for the treatment of VWD[1,2]
- Formulated to provide a physiologic 1:1 ratio of VWF and factor VIII[3,4]
- No differential dosing required[3]
- High purity and high specific activity[2,3]
- Proven efficacy for surgery in all types of VWD[3]
- Dual viral inactivation using a solvent/detergent and PermaHeat treatment[2,3]



Important Safety Information

wilate® is contraindicated in patients with known hypersensitivity reactions, including anaphylactic or severe systemic reactions to human plasma-derived products, any ingredient in the formulation, or components of the container. wilate® is made from human plasma and carries the risk of transmitting infectious agents.

The most serious adverse reactions to treatment with wilate® in patients with VWD were hypersensitivity reactions. The most common adverse reactions (≥1%) in patients with VWD were hypersensitivity reactions, urticaria, and dizziness. Seroconversions for antibodies to parvovirus B19 not accompanied by clinical signs of disease have been observed. Monitor plasma levels of FVIII activity to avoid sustained excessive FVIII levels, which may increase the risk of thromboembolic events. Development of neutralizing antibodies to FVIII and to VWF, especially in VWD type 3 patients, may occur.

Please see enclosed Full Prescribing Information.

References: 1. Kessler et al. *Thromb Haemost*. 2011;106:279-288. 2. Stadler et al. *Biologicals*. 2006;34:281-288. 3. wliate full prescribing information. Hoboken, NJ: Octapharma; rev 2015. 4. Berntorp et al. *Eur J Haematol*. 1988;40:205-214.

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octapharma®

For the safe and optimal use of human proteins