Patients with acquired hemophilia by underlying condition (%)*

<table>
<thead>
<tr>
<th>Condition</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>51.9%</td>
</tr>
<tr>
<td>Dermatologic disorder</td>
<td>12.9%</td>
</tr>
<tr>
<td>Antiphospholipid syndrome</td>
<td>11.6%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>10.3%</td>
</tr>
<tr>
<td>Gastrointestinal bleeding</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rheumatologic disorder</td>
<td>4.6%</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>4.6%</td>
</tr>
<tr>
<td>Isolated prolonged aPTT</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Data were collected from the European Acquired Haemophilia (EACH2) registry.

Adapted from Knoebl et al.4

Acquired hemophilia affects men and women equally*.

Importantly, some patients may have more than one associated disease.

The most common and serious adverse reactions in clinical trials are thrombotic events.

Indications and Usage

NovoSeven® RT (Coagulation factor VIIa[recombinant]) is a coagulating factor indicated for:

- Treatment of bleeding episodes and peri-operative management in adults and children with acquired hemophilia
- Treatment of bleeding episodes and peri-operative management in adults with congenital factor VII deficiency
- Adjunctive therapy to platelet transfusions in patients with congenital hemophilia
- Treatment of epistaxis in adults with congenital hemophilia
- Treatment of epistaxis in children with congenital factor VII deficiency
- Treatment of spontaneous epistaxis in adults and children with congenital factor VII deficiency
- Treatment of epistaxis in patients with congenital Glanzmann’s thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets
- Treatment of bleeding episodes and peri-operative management in adults with acquired hemophilia

Important Safety Information

**Adverse Reactions**

- Please consult the full Prescribing Information for a complete list of adverse reactions.

**Important Safety Information**

**Acquired hemophilia**

- A rare, spontaneous, and potentially deadly condition
- Only 1 to 1.5 per million people are affected yearly
- Associated with severe and life-threatening bleeding
- Up to 2% mortality in severe cases

**Who “acquires” acquired hemophilia?**

- Underlying conditions include autoimmune disorders, malignancies, cerebrovascular disorders, and pregnancy; however, in approximately 50% to 80% of patients, the cause is unknown

**Signs include:**

- Isolated prolonged aPTT
- Purpura and skin necrosis
- Vascular and/or visceral/retroperitoneal bleeding
- Prolonged bleeding following surgery

**Importantly, some patients may have more than one associated disease.**
An acquired hemophilia case in which delayed diagnosis put a patient at risk

**The patient**
A 19-year-old woman with heavy postpartum vaginal bleeding

**Initial presentation**
- Hemorrhage to the abdomen (OB/GYN) with heavy vaginal bleeding 1 week after successful spontaneous vaginal delivery
- The patient was at risk of life-threatening bleeding

**The diagnosis**
- The diagnosis of von Willebrand disease (vWD) was challenged by a resident during hematology/oncology rounds who suggested it was acquired hemophilia due to the isolated prolonged aPTT associated with an acute or recent onset of bleeding symptoms could be a sign of acquired hemophilia
- The diagnosis was confirmed by the Bethesda assay (BU) 1:1 aPTT mixing study and repeat test result after incubation

**Management**
- Patient was started on immunosuppressive therapy and inhibitors were successfully eradicated

**Important Safety Information (cont’d)**

#### For hematology/oncology specialists
- Earlier consult with a hematologist/oncologist may support earlier diagnosis of acquired hemophilia in this case. The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.
- The patient should be referred to an obstetrician/gynecologist for continued bleeding without resolution.
- The diagnosis of vWD was challenged by a resident during hematology/oncology rounds who suggested it was acquired hemophilia due to the isolated prolonged aPTT associated with an acute or recent onset of bleeding symptoms could be a sign of acquired hemophilia.
- An isolated elevated aPTT should prompt an early consult with a hematologist.
- An isolated prolonged aPTT led to misdiagnosis and delayed treatment.
- Although there was no previous bleeding history in this case, it is important to remember that history of postpartum hemorrhage has a high risk of recurrence with subsequent pregnancies.
- Failure to properly diagnose acquired hemophilia in this case led to several unnecessary invasive procedures and unsuccessful treatment.
- The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.
- Earlier consult with a hematologist/oncologist may support earlier diagnosis.

#### For pharmacists
- Communication between the pharmacist and health care team could support earlier diagnosis of acquired hemophilia.

#### For nonspecialist HCPs
- Acute bleeding in a postpartum patient without a previous history of bleeding could support earlier diagnosis of acquired hemophilia.
- Failure to do an initial aPTT led to failure to recognize a bleeding episode.
- Failure to properly diagnose acquired hemophilia in this case led to several unnecessary invasive procedures and unsuccessful treatment.
- The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.

**Key Takeaways**

- **For nonspecialist HCPs**
  - Acute bleeding in a postpartum patient without a previous history of bleeding could support earlier diagnosis of acquired hemophilia.
  - Failure to properly diagnose acquired hemophilia in this case led to several unnecessary invasive procedures and unsuccessful treatment.
  - The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.

- **For hematology/oncology specialists**
  - Earlier consult with a hematologist/oncologist may support earlier diagnosis of acquired hemophilia.
  - The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.

- **For pharmacists**
  - Communication between the pharmacist and health care team could support earlier diagnosis of acquired hemophilia.

- **Important Safety Information**
  - Acute bleeding in a postpartum patient without a previous history of bleeding could support earlier diagnosis of acquired hemophilia.
  - Failure to properly diagnose acquired hemophilia in this case led to several unnecessary invasive procedures and unsuccessful treatment.
  - The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.

**CASE STUDY**

### Key Laboratory

<table>
<thead>
<tr>
<th>Test</th>
<th>Lab results</th>
<th>Repeat test result after incubation</th>
<th>Normal reference range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1T aPTT mixing study</td>
<td>62</td>
<td>70</td>
<td>—</td>
</tr>
<tr>
<td>FVIII activity (%)</td>
<td>5</td>
<td>3</td>
<td>82-155</td>
</tr>
<tr>
<td>Bethesda assay (BU)</td>
<td>18</td>
<td>—</td>
<td>&lt;0.6</td>
</tr>
</tbody>
</table>

**Repeat test result after incubation**

- aPTT=activated partial thromboplastin time; HCP=health care provider.

**Test Lab results**

- aPTT: 62, 70
- FVIII activity: 5%
- Bethesda assay: 18

**Key Takeaways**

- Failure to properly diagnose acquired hemophilia in this case led to several unnecessary invasive procedures and unsuccessful treatment.
- The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.

**Implications of the Case Study**

- Acute bleeding in a postpartum patient without a previous history of bleeding could support earlier diagnosis of acquired hemophilia.
- Failure to properly diagnose acquired hemophilia in this case led to several unnecessary invasive procedures and unsuccessful treatment.
- The patient should receive follow-up care after a complete, sustained response to treatment and regular monitoring of FVIII levels.

**Recommended dosing of NovoSeven® RT for acquired hemophilia**

- **First-line treatment**
  - Treatment of acute bleeding episodes: 70 mcg/kg to 90 mcg/kg every 2 to 3 hours until hemostasis is achieved

- **Salvage therapy**
  - Treatment of acute bleeding episodes: 70 mcg/kg to 90 mcg/kg every 2 to 3 hours

**Thrombotic adverse events**

- 4% in patients with acquired hemophilia

**Reimbursement**

- The appropriate code must be included on all claim forms for patients with acquired hemophilia treated with NovoSeven® RT

**First-line treatment**

- Treatment of acute bleeding episodes: 70 mcg/kg to 90 mcg/kg every 2 to 3 hours until hemostasis is achieved

**Thrombotic adverse events**

- 4% in patients with acquired hemophilia