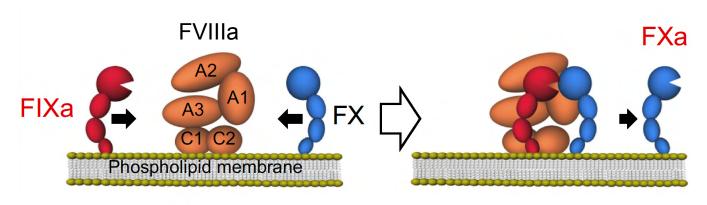
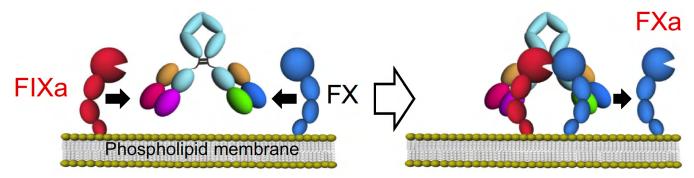


RAPID RECAP

MECHANISM OF ACTION OF FACTOR MIMETICS^{1,2}



BsAb Mimetic



Factor mimetics are engineered molecules that mimic the function of clotting FVIII. Instead of replacing FVIII, they bridge the gap in the clotting process between FIXa and FXa using a bispecific antibody.^{1,2}



FVIIIa MIMETICS Advancing HEMOPHILIA Treatment Today and Tomorrow



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APPROVED AND INVESTIGATIONAL THERAPIES³⁻⁹

Drug Name	Status	Half-Life	Administration	Rate of FX Activation	Epitope	Binding Affinity to FIX/FIXa	Binding Affinity to FX/FXa
Emicizumab ^{3,4}	Approved	Absorption: 1.7 days Elimination: 28 days	SC	2.88	EGF1 on FIX/FIXa EGF2 on FX/FXa	1.52 μΜ	1.58 µМ
Mim8 (dencecimig) ^{5,6}	Phase 3	Terminal: 1 month	SC	31-fold compared to emicizumab	162CT-helix on FIX/FIXa EGF2 and series protease domain on FX/FXa	2.3 μΜ	1.5 μΜ
NXT007 ^{7,8}	Phase 1/2	Plasma elimination: 22.1 days post IV 19.6-24.4 days post subcutaneous	SC	Similar to emicizumab	EGF1 on FIX/FIXa using a non- common light chain EGF2 on FX/FXa using a non- common light change	~1 µM	30-40 fold reduced relative to emicizumab
Inno8 ^{9-,10}	Phase 1	Plasma: 115 hours	Oral	~90x higher than emicizumab	FX activation peptide FIXa serine protease domain	Not reported	Not reported



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CONSIDERATIONS FOR TRANSITIONING PATIENTS^{3,4,11}

Considerations	Patient Selection	Patient Education	Transition Planning	Safety	Lab Monitoring	Emergency Planning	Psycho- Social Support
Details	Inhibitor status, age, comorbidities, treatment history	Mechanism, administration, expectations	Washout/ overlap period, dosing, monitoring	Thrombotic risk, drug interactions	Assay interference, bleed assessment	Bleed management, medical alerts	Quality of life, support resources

LABORATORY MONITORING CONSIDERATIONS^{4,12-14}



aPTT will be artificially shortened in patients on factor mimetics, even if there is no improvement in clinical hemostasis

aPTT cannot be used to monitor therapy effectiveness or to detect bleeding risk



One-stage clotting assays and chromogenic assays using **human reagents are unreliable**, as they are affected by the presence of the mimetic

 Chromogenic FVIII assays using bovine reagents are not affected by emicizumab and are preferred if FVIII activity needs to be measured



Inhibitor testing (Bethesda assay) is also affected; use bovine-based reagents for accurate results



Routine monitoring for thrombosis is not required, but vigilance is needed if patients receive concomitant activated prothrombin complex concentrates (aPCC)



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KEY TAKEAWAYS

- Factor mimetics overcome limitations of FVIII replacement therapy and reduce bleeding rates in hemophilia patients, including those with inhibitors
- Factor mimetics are not a monotherapy, and alternative therapies should be considered for these
 patients to maintain hemostasis
- These therapies have favorable safety profiles, with most adverse events being mild and serious complications rare
- Long-term safety and rare risks still require ongoing monitoring as these treatments become more widely used

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