

**Oxbryta**[®]
(voxelotor)
300mg • 500mg tablets
300mg tablets for oral suspension



IFE & FOLA ••• Proud parents of Josiah and Micaiah, actual Oxbryta patients

IMAGINE LESS SICKLING

Talk to your healthcare provider
about Oxbryta for sickle cell disease

INDICATION

What is OXBRYTA?

OXBRYTA is a prescription medicine used for the treatment of sickle cell disease in adults and children 4 years of age and older. It is not known if OXBRYTA is safe and effective in children with sickle cell disease below 4 years of age.

OXBRYTA is approved under accelerated approval based on an increase in hemoglobin. Continued approval may depend on verification of clinical benefits in ongoing trials.

SELECTED SAFETY INFORMATION

Do not take OXBRYTA if you or your child have had an allergic reaction to voxelotor or any of the ingredients in OXBRYTA. See the end of the patient leaflet for a list of the ingredients in OXBRYTA.

Please see additional [Important Safety Information](#) on page 13 and [Patient Information](#) and [Instructions for Use](#) on [Oxbryta.com](#).

IMPORTANT WORDS TO KNOW

Your healthcare provider may use some of the words below when talking with you.

ANEMIA [uh-nee-mee-uh]:

Anemia develops when your blood produces a less than normal amount of healthy red blood cells. If you have anemia, your body does not get enough oxygen-filled blood. Less oxygen can make you feel tired or weak.

BILIRUBIN [bil-uh-roo-bin] **levels:**

A substance made in the body when red blood cells break down. Low bilirubin levels are good because that means fewer red blood cells are breaking down, which can lead to anemia.

HEMOGLOBIN [hee-ma-glo-bin]:

A special protein inside red blood cells. It's hemoglobin's job to help red blood cells carry oxygen throughout the body.

HEMOLYSIS [hi-mol-uh-sis]:

Polymerization and sickling weaken red blood cells. These cells are more fragile than healthy red blood cells and can break down. This is called hemolysis.

POLYMERIZATION [pa-li-me-ri-zay-shun]:

For people with sickle cell, hemoglobin inside red blood cells clumps and strings together to form long, stiff chains. When clumped hemoglobin forms long chains, it causes the red blood cells to change into a sickle, or banana shape. This is called polymerization.

RETICULOCYTE [ri-tik-uh-luh-site] **count:**

A new or "baby" red blood cell that has not yet fully developed. When your body isn't getting enough oxygen, the body works hard to add more red blood cells by creating reticulocytes.

VASO-OCCLUSIONS [va-so-uh-kloo-zhuh n]/ **PAIN CRISES:**

When red blood cells sickle, they are no longer flexible, can stick together, and do not flow easily through blood vessels. Therefore, sickled cells can block blood flow and oxygen delivery to various parts of the body. When a blood vessel is partially or completely blocked, a pain crisis may occur, which is also called a vaso-occlusion.

WHY DO CELLS SICKLE?

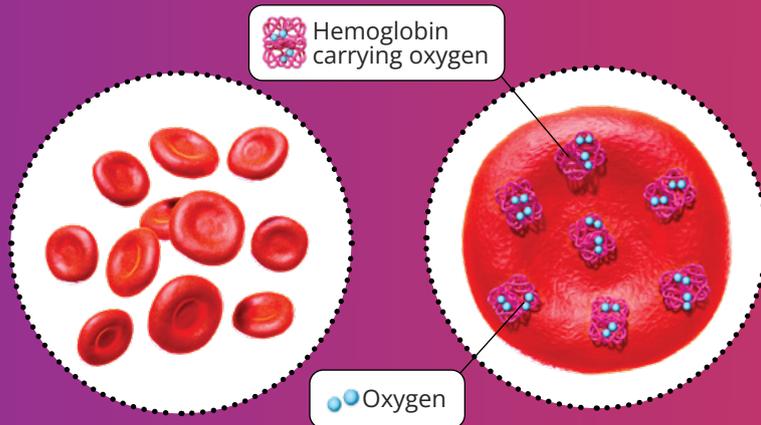
Sickle cell disease is caused by a sickle gene that is inherited from both parents.

About Sickle Cell



Want to **start the conversation about a treatment** for sickle cell with your healthcare provider? Get some tips on **page 9**.

WITHOUT SICKLE CELL



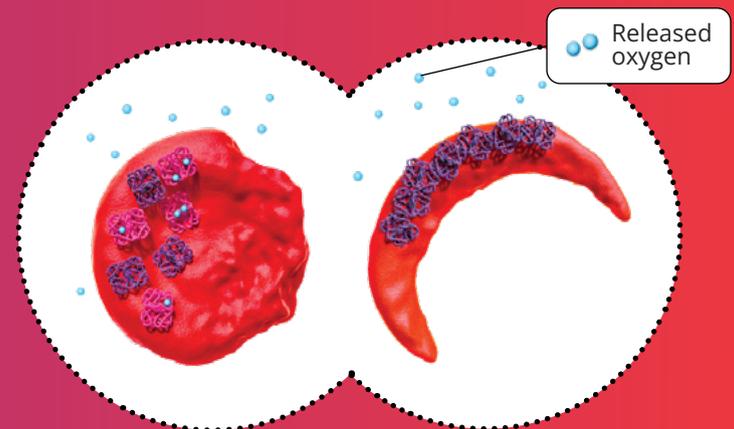
HEALTHY RED BLOOD CELLS

are flexible, can change shape easily, and can travel through blood vessels of any size.

HEMOGLOBIN

is a special protein inside red blood cells that helps carry oxygen throughout the body.

WITH SICKLE CELL



POLYMERIZATION AND SICKLING

occur when oxygen is released from abnormal hemoglobin, causing it to clump together (polymerize) to form long, stiff chains and make red blood cells change into a sickle, or banana shape.

Take a closer look

Watch a short video that takes you inside the red blood cell to **learn more about why cells sickle** and the impact sickling can have on the body over time.

[WATCH THE VIDEO](#)

WHAT SICKLING CAN TRIGGER

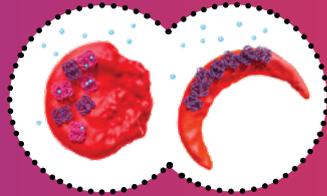
Polymerization, which causes sickling, can lead to serious consequences in the body.

VASO-OCCLUSIONS/ PAIN CRISES:

Sickled cells can block blood flow. When a blood vessel is partially or completely blocked, a pain crisis may occur.



Hemoglobin carrying oxygen in a **HEALTHY** red blood cell

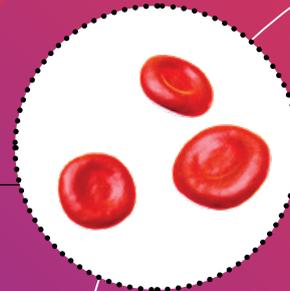


Polymerization and sickling in a **SICKLED** cell



ANEMIA:

When red blood cells break down, the body does not have the amount of healthy red blood cells that it needs. This is called anemia, and this type of anemia could result in the body not having enough oxygen.



HEMOLYSIS:

Hemolysis is when red blood cells break down. This can be caused by a variety of factors, including polymerization and sickling.

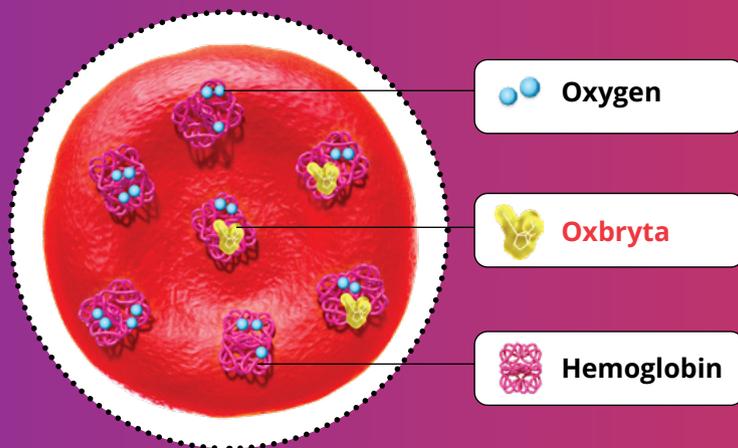


OXBRYTA IS A ONCE-DAILY, FDA-APPROVED TREATMENT

Oxbryta may reduce sickling and help red blood cells deliver oxygen throughout the body.

Oxbryta
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Oxbryta attaches to sickle hemoglobin to help keep it from clumping together.



Since 2019, more than
15,000 PATIENTS
have been prescribed Oxbryta*

* Based on US patient claims collected from initial approval in November 2019 to August 2023.

Oxbryta may reduce sickling

Oxbryta may affect hemoglobin levels by impacting the first step in the process—polymerization.

Watch Oxbryta in action

See how Oxbryta works on hemoglobin to interfere with the process that causes red blood cells to sickle.

[WATCH THE VIDEO](#)

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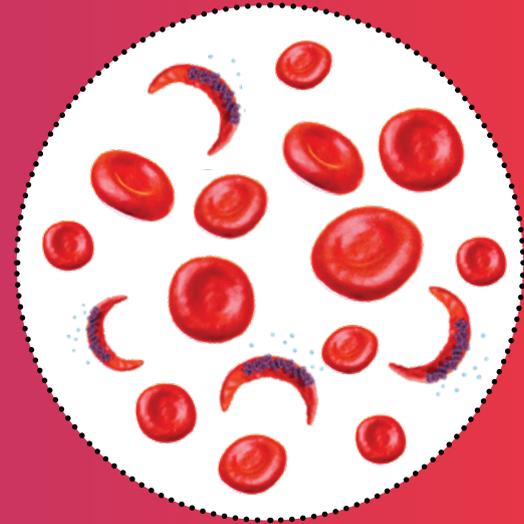
RESEARCH SUGGESTS THAT OXBRYTA MAY DECREASE THE NUMBER OF SICKLED RED BLOOD CELLS

The example pictures below show the shapes of both normal and sickled red blood cells of a hypothetical patient taking Oxbryta.

Before Oxbryta



After Oxbryta



For illustrative purposes only, and individual responses may vary.

SELECTED SAFETY INFORMATION

What should I avoid while taking OXBRYTA?

Do not take St. John's wort during treatment with OXBRYTA.

What are the possible side effects of OXBRYTA?

OXBRYTA can cause serious side effects, including:

- **Severe skin rash and serious allergic reactions.** Treatment with OXBRYTA may cause severe skin reactions and serious allergic reactions. The organs in your body may also be affected, such as your liver, kidneys or lungs, and your blood cells.

- **Stop taking OXBRYTA**, and tell your healthcare provider or get emergency medical help right away if you develop any of the following signs or symptoms during treatment:

- rash
- hives
- high temperature (fever)
- swollen glands (lymph nodes)
- trouble swallowing
- shortness of breath (difficult breathing)
- swelling of your face, around your eyes, lips, or tongue
- lack of energy and tiredness (fatigue)
- muscle or joint aches

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HOW OXBRYTA WAS STUDIED

The HOPE trial studied patients ages 12 and up

Oxbryta Tablets were studied in 90 patients who received Oxbryta (daily dose of 1,500 mg) and 92 patients who received a placebo (sugar pill) for 24 weeks.

The goals of this study

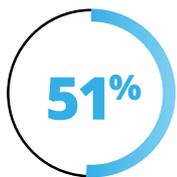
The main goal of the HOPE clinical trial was to determine if treatment with Oxbryta helped increase **hemoglobin** by more than 1 gram per deciliter (g/dL) through 24 weeks of treatment.

Another goal was to determine if Oxbryta also helped decrease **hemolysis**.

- **More than half of patients (65%)** were taking hydroxyurea along with Oxbryta and continued to do so during the entire trial
- **70% of Oxbryta patients** continued through 72 weeks

OXBRYTA SIGNIFICANTLY INCREASED HEMOGLOBIN LEVELS

OF THE
90 PATIENTS WHO
RECEIVED OXBRYTA



saw a rise of more than 1 g/dL

OF THE
92 PATIENTS WHO
RECEIVED PLACEBO



saw a rise of more than 1 g/dL

Results shown were at 24 weeks.

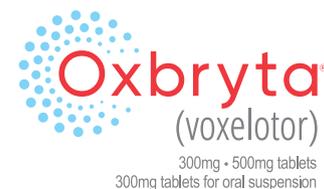
SELECTED SAFETY INFORMATION

The most common side effects of OXBRYTA include:

- headache
- stomach-area (abdominal) pain
- nausea or vomiting
- diarrhea
- fever
- rash or hives

These are not all the possible side effects of OXBRYTA.

Please see additional [Important Safety Information](#) on page 13 and [Patient Information](#) and [Instructions for Use](#) on [Oxbryta.com](#).



Oxbryta significantly decreased hemolysis

When fewer red blood cells break down, anemia improves. Some ways to know anemia has improved:

- Lower **bilirubin** levels
- Lower **reticulocyte** counts

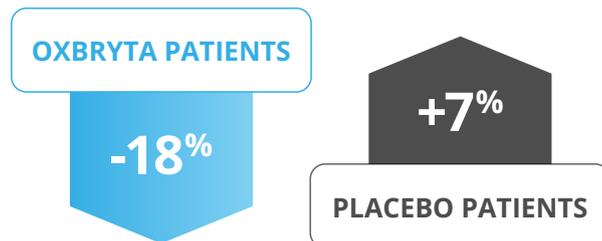
ON AVERAGE, BILIRUBIN LEVELS DECREASED



Results shown were at 24 weeks.

Patients on Oxbryta saw a significant decrease in average bilirubin levels compared to patients on placebo.

ON AVERAGE, RETICULOCYTE COUNTS DECREASED



Results shown were at 24 weeks.

Patients on Oxbryta saw a significant decrease in their average reticulocyte counts, while patients on placebo saw their average counts increase.

SELECTED SAFETY INFORMATION

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HOW OXBRYTA WAS STUDIED (CONT'D)

The HOPE-KIDS 1 trial studied patients with sickle cell ages 4 to less than 12 years old

Oxbryta 300 mg Tablets for Oral Suspension were studied in 45 patients ages 4 to less than 12 years old who received Oxbryta 300 mg Tablets for Oral Suspension (daily dose based on body weight) for 24 weeks.

The goal of this study

The HOPE-KIDS 1 clinical trial explored if Oxbryta helped increase **hemoglobin** by more than 1 gram per deciliter (g/dL) through 24 weeks of treatment.

- **Most patients (80%)** were taking hydroxyurea along with Oxbryta and continued to do so during the entire trial

OXBRYTA INCREASED HEMOGLOBIN

OF THE
45 PATIENTS WHO
RECEIVED OXBRYTA

36%

saw a rise of more than 1 g/dL

Patients ages 4 to less than 12 years old experienced similar side effects as patients ages 12 years and up.

SELECTED SAFETY INFORMATION

The most common side effects of OXBRYTA include:

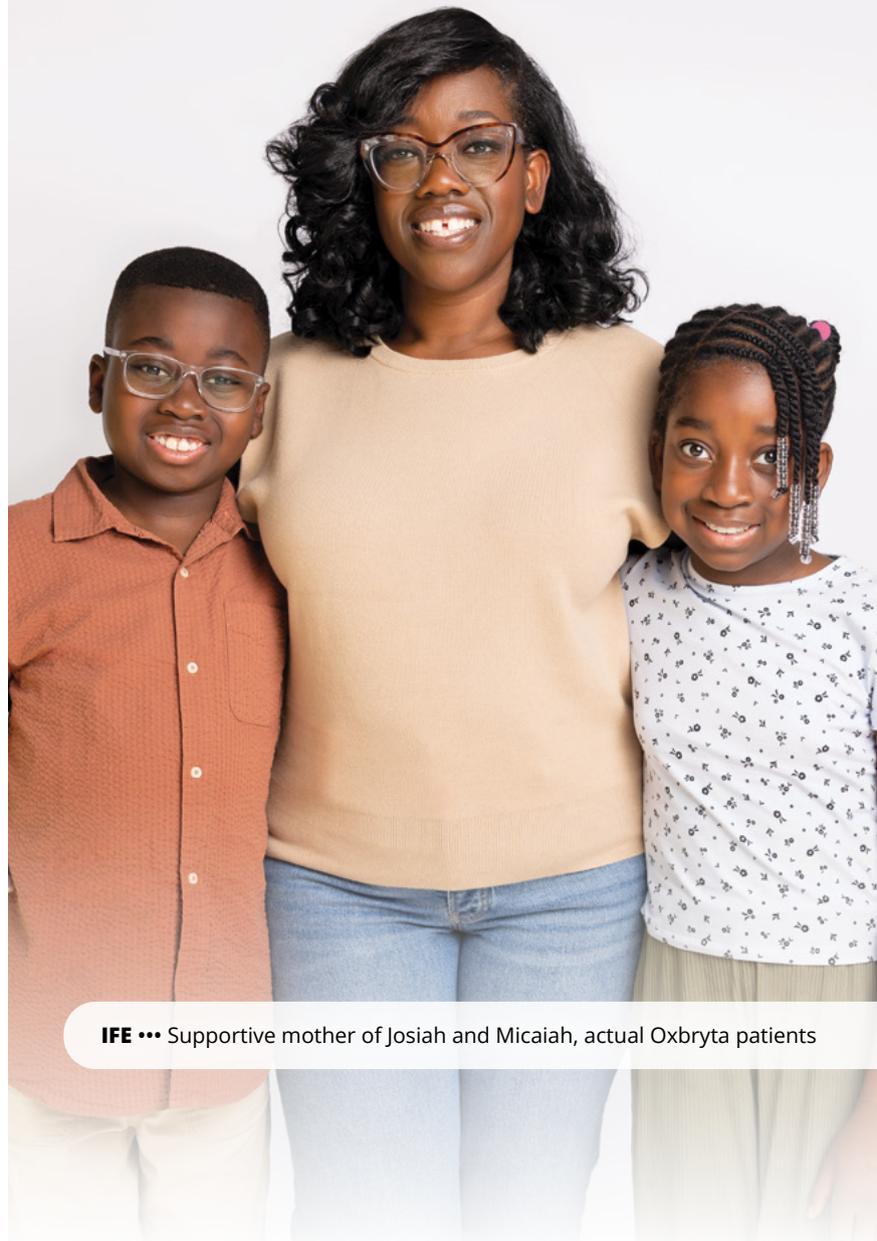
- headache
- stomach-area (abdominal) pain
- nausea or vomiting
- diarrhea
- fever
- rash or hives

These are not all the possible side effects of OXBRYTA.

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IFE ... Supportive mother of Josiah and Micaiah, actual Oxbryta patients

SELECTED SAFETY INFORMATION

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QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER

Here are some questions to get the conversation about Oxbryta started:

1. I've been reading about Oxbryta. Do you think it may be right for me or the child I care for?
2. How was Oxbryta studied? Are there any trials that explain how Oxbryta may help?
3. I've been prescribed other medicines for sickle cell before. How is Oxbryta different?
4. How is Oxbryta 300 mg Tablets for Oral Suspension different from Oxbryta 300 mg Tablets and Oxbryta 500 mg Tablets?
5. Which form of Oxbryta do you recommend for me or the child I care for?
6. What are the side effects of Oxbryta? What can we do to help manage them?
7. Can Oxbryta be taken with hydroxyurea or other medicines?
8. Will I or the child I care for need to undergo any type of monitoring while taking Oxbryta (blood tests, kidney function, etc)?
9. Is there something I can look for in the lab results to tell if Oxbryta is helping?
10. Is there patient support available for people who are prescribed Oxbryta?

SELECTED SAFETY INFORMATION

Before taking OXBRYTA, tell your healthcare provider about all of your medical conditions, including if you or your child:

- have liver problems
- are pregnant or plan to become pregnant. It is not known if OXBRYTA can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if OXBRYTA can pass into your breastmilk and if it can harm your baby. Do not breastfeed during treatment with OXBRYTA and for at least 2 weeks after the last dose.

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AZALEAH ••• Mother, gardener, and actual Oxbryta patient

QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER (CONT'D)

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Here are some questions to ask your healthcare provider when you are ready to start Oxbryta:

1. Does Oxbryta need to be taken every day?
2. Can it be taken with food or on an empty stomach?
3. What happens if I or the child I care for misses a dose of Oxbryta?
4. How do I or the child I care for take Oxbryta?
5. What kinds of drinks can I use to mix Oxbryta 300 mg Tablets for Oral Suspension?



Talk to the hematologist or other members of the healthcare team to see if Oxbryta may be right for you or the child you care for.

Together, you can decide on the right treatment option for you.

SELECTED SAFETY INFORMATION

Tell your healthcare provider about all the medicines you or your child take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Some medicines may affect how OXBRYTA works. OXBRYTA may also affect how other medicines work and may affect the results of certain blood tests. Keep a list of all your medicines and show it to your healthcare provider.

MAKENZIE ••• Nursing student, advocate, and actual Oxbryta patient

Please see additional [Important Safety Information](#) on page 13 and [Patient Information](#) and [Instructions for Use](#) on [Oxbryta.com](#).

TIPS FOR A SUCCESSFUL TELEMEDICINE VISIT

Telemedicine allows you to have a virtual visit with a healthcare provider using a smartphone, computer, or tablet. A telemedicine visit can offer a convenient alternative to an in-person visit.



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Answer phone calls and respond to texts or emails that may be sent to you by the healthcare provider's office.



Check out the device (computer, smartphone, or tablet) you'll be using. Are your Wi-Fi, camera, and microphone working? Different providers may use different apps, websites, or technology. **Is there any software you need to download or log in to ahead of the appointment?**



Prepare questions or a list of topics that you want to discuss during the appointment. See **pages 9 and 10** for some example questions you can ask your healthcare provider to help get the conversation about Oxbryta started.



Ensure your smartphone, computer, or tablet is fully charged or plugged in so you can stay connected throughout the appointment.



Make sure you **have a good internet connection.**



If you are a caregiver or parent of a child (4+), **make sure the child you care for is ready for the appointment.**



Have a list of the medicines you or the child you care for is currently taking.



Find a quiet place for the visit and be mindful of your surroundings. Try not to have loved ones or friends in the background, unless they are helping with the appointment. Or, let them know that you are about to have a healthcare provider's visit and ask them to keep noise to a minimum during your appointment.



Have paper and pen (or another digital device) nearby so you can take notes on anything the healthcare provider may say during the appointment that you don't want to forget.



Be open and honest about how you are or the child you care for is feeling. This will help the healthcare provider come up with the best plan. The healthcare provider has heard it all, so don't be embarrassed to share any important details.

SELECTED SAFETY INFORMATION

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HERE FOR YOU, HERE WITH YOU

YourSource™ is a free support program that works with you throughout your Oxbryta treatment

We see your strength and resilience, and we know that managing your Oxbryta treatment can be a lot. That's why we'll work with you to help you understand the necessary information and steps required to receive your medication, go over financial assistance programs you may qualify for,* and access additional support resources. We're here for you so you can continue Oxbryta as prescribed by your healthcare provider.

YOUR SUPPORT CIRCLE JUST GOT LARGER

As we work together, the YourSource Care Team will rally around you with ongoing resources and support for Oxbryta.

Meet the team dedicated to helping you:

- Care Coordinators
- Access Navigators
- Nurse Support Team
- Specialty Pharmacy

NOTE: Our Nurse Support Team doesn't provide medical advice or case-management services. Always talk with your healthcare provider if you need guidance about your specific condition or overall health.



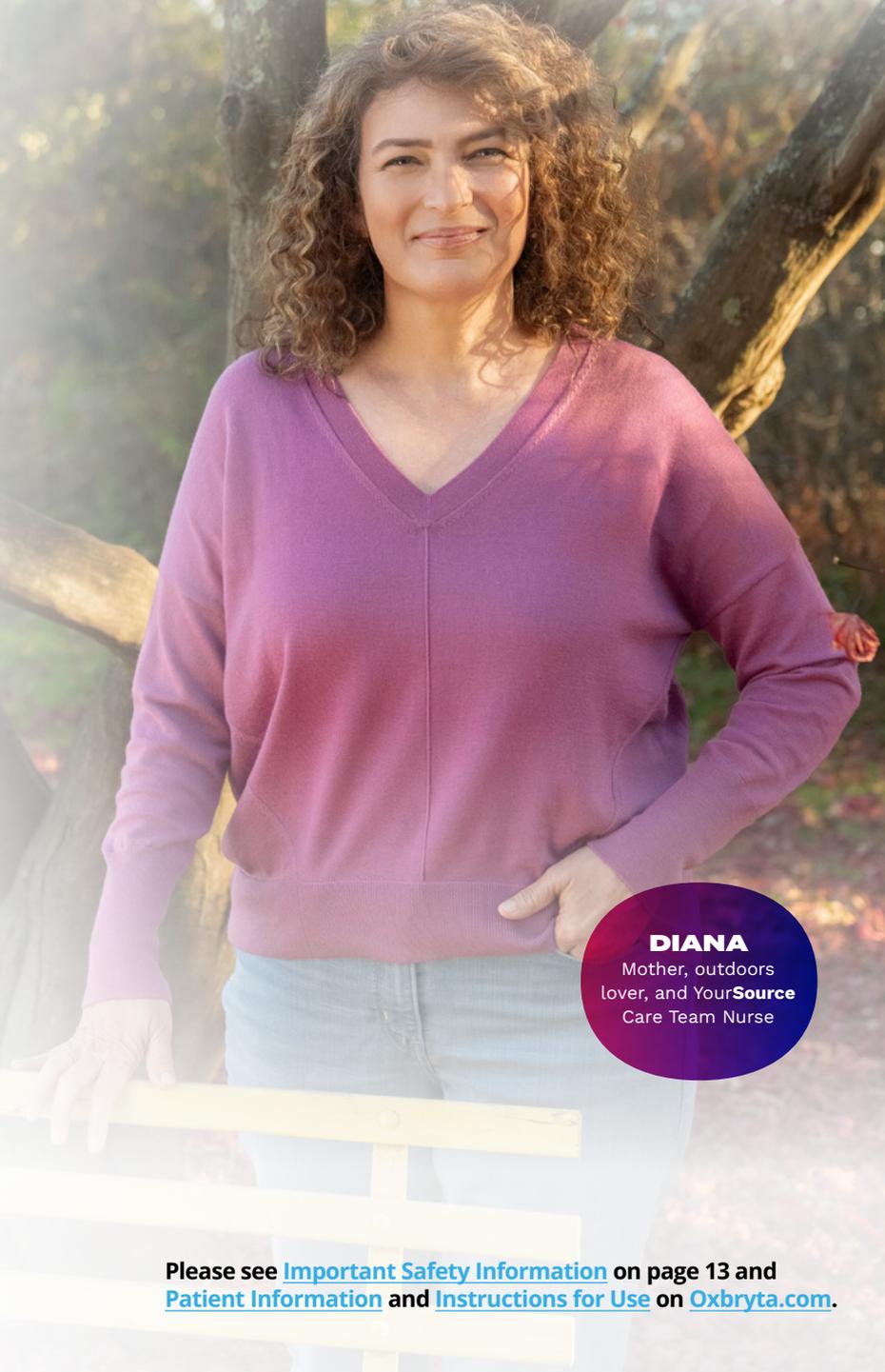
To learn more, give us a call

(833) 428-4968, Option 1
M-F, 8am-8pm ET
YourSourceSupport.com

* Subject to eligibility and certain terms and conditions.



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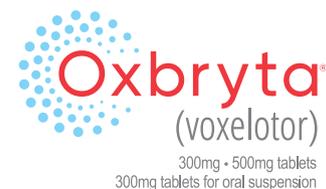


DIANA

Mother, outdoors
lover, and YourSource
Care Team Nurse

Please see [Important Safety Information](#) on page 13 and [Patient Information and Instructions for Use](#) on Oxbryta.com.

INDICATION AND IMPORTANT SAFETY INFORMATION



INDICATION

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- are pregnant or plan to become pregnant. It is not known if OXBRYTA can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if OXBRYTA can pass into your breastmilk and if it can harm your baby. Do not breastfeed during treatment with OXBRYTA and for at least 2 weeks after the last dose.

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What are the possible side effects of OXBRYTA?

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- **Stop taking OXBRYTA**, and tell your healthcare provider or get emergency medical help right away if you develop any of the following signs or symptoms during treatment:
 - rash
 - hives
 - high temperature (fever)
 - swollen glands (lymph nodes)
 - trouble swallowing
 - shortness of breath (difficult breathing)
 - swelling of your face, around your eyes, lips, or tongue
 - lack of energy and tiredness (fatigue)
 - muscle or joint aches

The most common side effects of OXBRYTA include:

- headache
- stomach-area (abdominal) pain
- nausea or vomiting
- diarrhea
- fever
- rash or hives

These are not all the possible side effects of OXBRYTA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Pfizer Inc. at 1-800-438-1985.

Keep OXBRYTA and all medicines out of the reach of children.

Please see [Patient Information](#) and [Instructions for Use](#) on Oxbryta.com.



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Want to hear more
from **actual patients**
taking **Oxbryta?**

VISIT OXBRYTA.COM TO LEARN MORE



Oxbryta® is a registered trademark of Global Blood Therapeutics, Inc., a wholly owned subsidiary of Pfizer Inc., and YourSource™ is a trademark of Pfizer Inc.

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