HyQvia
[Immune Globulin Infusion (Human), 10%
with Recombinant Human Hyaluronidase]

Optimizing Ig Treatment

for People Living With Primary Immunodeficiency

Join our expert faculty, Nicholas Hartog, MD to learn how a facilitated SCIG, HyQvia, might be a fit for your patients with PI who are two years of age or older. We will introduce HyHub™/HyHub™ Duo, infusion trays.

WE WILL COVER:

- PI, the impact of diagnostic delay, and how to select a suitable immune globulin (IG) therapy
- HyQvia, the only long-lasting,* once-a-month† subcutaneous IG (SCIG) with recombinant human Hy and see how patients can maximize time between infusions
- HyHub and HyHub Duo: Stand-alone, single use, disposable vial access devices for patients 17 years of age and older, as prescribed, to facilitate transfer of HyQvia from vials without using a needle in a home environment or clinical setting
- Three different patients' PI journeys, including symptom onset, diagnosis, and navigating IG treatment options, to discover how HyQvia was an appropriate IG option

*Between infusions.
†Every 3 or 4 weeks.

IG=immune globulin;
SCIG=subcutaneous immune globulin.

SPEAKER:
Nicholas Hartog, MD
Clinical Associate Professor
Michigan State University

TO REGISTER, please visit

https://myattendeeresource.com/Takeda/260918-Takeda-3205

If you have questions, please reach out to
Nalin Katta
at 781-467-8913 or nalin.katta@takeda.com

DON'T WAIT! Registration closes on
September 13, 2026

We hope you can join us for this educational program!

WHEN
Friday, September 18, 2026
12:30 PM Eastern Time

WHERE
erContinental Hotel & Conference Cen
9801 Carnegie Avenue
Cleveland, Ohio 44106

HyHub/HyHub Duo Important Information for Healthcare Providers

Intended Use: HyHub/HyHub Duo are stand-alone, single-use, disposable vial access devices.

Indications for Use: HyHub/HyHub Duo are indicated for patients 17 years of age and older to allow HYQVIA [Immune Globulin Infusion (Human), 10% with Recombinant Human Hyaluronidase] to be transferred from vials without using a needle, as prescribed, in a home environment or clinical setting.

Contraindications:

- Do not use HyHub/HyHub Duo with a pooling bag.
- Do not connect HyHub/HyHub Duo to a syringe driver infusion pump.

Selected Information for Patients:

- **HyHub/HyHub Duo are for SINGLE USE ONLY, even if all docks are not used during a single infusion. Re-use will increase risk of infection. Patients should always use a new HyHub/HyHub Duo for each infusion.**
- **Only use HyHub/HyHub Duo when patients are ready to administer HYQVIA.**
- Patients should not use HyHub/HyHub Duo at home until receiving instructions and training from a healthcare provider.
- **HYQVIA is the only medication that may be used with HyHub/HyHub Duo.**
- Patients should not exceed the maximum infusion volume per infusion site or infusion rate as indicated in the **HYQVIA** prescribing information.

For safe and proper use of HyHub/HyHub Duo, please refer to the complete Instructions for Use included with the devices.

INDICATION

HYQVIA is indicated for the treatment of primary immunodeficiency (PI) in adults and pediatric patients two years of age and older. HYQVIA is for subcutaneous use only.

IMPORTANT SAFETY INFORMATION FOR HYQVIA

WARNING: THROMBOSIS

- **Thrombosis may occur with immune globulin (IG) products, including HYQVIA. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **For patients at risk of thrombosis, administer HYQVIA at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration.**
- **Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

Please see additional Important Safety Information, including Boxed Warning regarding Thrombosis, throughout and click for accompanying Full Prescribing Information.

NO CME/CRNI CREDITS WILL BE PROVIDED

This is a non-CME program sponsored by Takeda. Due to government regulations, Takeda is prohibited from providing meals to prescribers that are licensed in the states of Minnesota and Vermont. **Invitees cannot bring guests.** Takeda will collect and report healthcare professional information concerning meals and other transfers of value pursuant to the Federal Sunshine Act and similar state laws.

IMPORTANT SAFETY INFORMATION FOR HYQVIA (continued)

Contraindications

- History of anaphylactic or severe systemic hypersensitivity reactions to human IG
- IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG
- Known systemic hypersensitivity to hyaluronidase including Recombinant Human Hyaluronidase of HYQVIA
- Known systemic hypersensitivity to human albumin (in the hyaluronidase solution)

Warnings and Precautions

Hypersensitivity: Severe hypersensitivity reactions may occur after treatment with IG products, including HYQVIA, even in patients previously treated with IG products. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

Thrombosis: Has been reported to occur following treatment with IG products, including HYQVIA and in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Immunogenicity of Recombinant Human Hyaluronidase (rHuPH20): Non-neutralizing antibodies to the Recombinant Human Hyaluronidase component can develop. The clinical significance of these antibodies or whether they interfere with fertilization in humans is unknown.

Aseptic Meningitis Syndrome: Has been reported to occur with use of IG, including HYQVIA. The syndrome usually begins within several hours to two days following IG treatment.

Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae.

Hemolysis: HYQVIA contains blood group antibodies which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

Renal Dysfunction/Failure: Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis may occur with IG products, including HYQVIA. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, administer HYQVIA at the minimum rate of infusion practicable. Assess renal function before initiation and throughout treatment, and consider lower, more frequent dosing. If renal function deteriorates, consider discontinuation.

Spread of Localized Infection: Do not infuse HYQVIA into or around an infected area due to potential risk of spreading a localized infection.

Warnings and Precautions (continued)

Transfusion-Related Acute Lung Injury: Non-cardiogenic pulmonary edema may occur with IV administered IG. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. Manage using oxygen therapy with adequate ventilatory support.

Transmittable Infectious Agents: Because HYQVIA is made from human plasma, there is a risk of transmitting infectious agents (e.g. viruses, other pathogens).

Interference with Lab Tests: False positive serological test results and certain assay readings, with the potential for misleading interpretation, may occur as the result of passively transferred antibodies.

Adverse Reactions

The most common adverse reactions observed in >5% of patients in the clinical trials were: Local reactions, headache, antibody formation against rHuPH20, fatigue, nausea, pyrexia, and vomiting.

Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (e.g., measles, mumps, rubella, and varicella).

Use In Specific Populations

Pregnancy: Limited human data are available on the use of HYQVIA during pregnancy. The effects of antibodies to the Recombinant Human Hyaluronidase on the human embryo or fetal development are unknown. It is not known whether HYQVIA can cause fetal harm when administered to a pregnant woman or if it can affect reproductive capacity. HYQVIA should be given to a pregnant woman only if clearly needed.

Please see additional Important Safety Information, including Boxed Warning regarding Thrombosis, throughout and click for accompanying Full Prescribing Information.

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