**INTRODUCTION**

- Persons with haemophilia A (PwHA) require routine intravenous infusion of exogenous FVIII or bypassing agents in order to prevent or treat bleeding episodes.1

- EmicizumabB, a recombinant, humanized, bispecific monoclonal antibody, bridges activated factor IX (FIXa) and factor X (FX), to replace the function of missing FVIII and thereby restore haemostasis in PwHA.2,3

- In the phase 3 HAVEN 3 study (NCT02847637), emicizumab treatment provided significant bleed reduction and had a favourable safety profile in PwHA without FVIII inhibitors.4

- Here we present the pharmacokinetic (PK) and pharmacodynamic (PD) biomarker data in PwHA from HAVEN 3 who received emicizumab maintenance once weekly (QW).

**METHODS**

- HAVEN 3 enrolled PwHA without FVIII inhibitors aged ≥12 years.

- Participants in Arms A and D received emicizumab 3 mg/kg QW for four weeks followed by 1.5 mg/kg QW maintenance (Figure 1, data cut-off 15 September 2017; N=49).5

  - Data from Arms A and D were pooled and results are displayed as a single group.

**RESULTS**

- By Week 5, mean steady-state trough plasma concentrations of emicizumab had reached >50 µg/mL.

- Levels were then sustained throughout the emicizumab maintenance dosing period, consistent with an emicizumab half-life of approximately 30 days (Figure 2).

**CONCLUSIONS**

- Emicizumab showed the desired pro-coagulant effect with sustained, concentration-dependent PD activity with QW dosing in PwHA without inhibitors.

- The PK and PD profiles, and PK/PD relationship, of emicizumab QW in PwHA without inhibitors were consistent with those from PwHA with inhibitors in HAVEN 3.6

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**DISCLOSURES**

- All authors are present at the meeting.
- All authors contributed to the preparation of the manuscript.

**REFERENCES**


**AUTHOR DETAILS**