HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use MIMRYLO™ safely and effectively. See full prescribing information for MIMRYLO.

MIMRYLO (rusfertide) for injection, for subcutaneous use
Initial U.S. Approval: 2026

----------INDICATIONS AND USAGE----------
MIMRYLO is a hepcidin mimetic indicated for the treatment of erythrocytosis in adults with polycythemia vera (PV). (1)

---------- DOSAGE AND ADMINISTRATION ----------
Recommended starting dose: 19 mg by subcutaneous injection once a week. (2.1)
Adjust dose based on efficacy or safety to a maximum of 108 mg weekly. (2.1)
See Full Prescribing Information for instructions on preparation and administration. (2.4)

---------- DOSAGE FORMS AND STRENGTHS ----------
For injection: 9.5 mg, 19 mg, 28 mg, 41 mg, and 54 mg of rusfertide as a lyophilized powder in single-dose vials for reconstitution. (3)

----------CONTRAINDICATIONS----------
None. (4)

---------- WARNINGS AND PRECAUTIONS ----------
- New or Worsening Thrombocytosis: MIMRYLO may increase platelet counts in patients with PV. After initiating MIMRYLO and during dose modifications, monitor complete blood count (CBC) every 2 to 4 weeks, or as clinically indicated. (5.1)
- Injection-Site Reactions: Injection site reactions have been reported in patients treated with MIMRYLO. Use ice, topical corticosteroid creams, antihistamines or analgesics, as needed, to treat injection site pain and swelling. (5.2)
- Embryo-Fetal Toxicity: Based on animal data, MIMRYLO can cause fetal harm. Advise females of the potential risk to the fetus and to use effective contraception. (5.3)

---------- ADVERSE REACTIONS ----------
Most common adverse reactions (incidence >15%) were injection site reactions (56%), and anemia (16%). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Takeda Pharmaceuticals America, Inc. at 1-877-TAKEDA-7 (1-877-825-3327) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

---------- USE IN SPECIFIC POPULATIONS ----------
Lactation: Breastfeeding not recommended. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 8/2026

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

MIMRYLO is indicated for the treatment of erythrocytosis in adults with polycythemia vera (PV).

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

- MIMRYLO is for subcutaneous use only.
- The recommended weekly dosage range of MIMRYLO is 9.5 mg to 108 mg.
  - The **recommended starting dose** of MIMRYLO is 19 mg once a week.
  - Doses above 54 mg will require two injections.
  - Doses greater than 82 mg should be administered on separate days.
- Administer MIMRYLO subcutaneously on a weekly dosing schedule. See Table 1.

Table 1: MIMRYLO Weekly Dosing Instructions

MIMRYLO Weekly Dose*	Dosing Instructions	Frequency During Each Week
9.5 mg	Single injection	Once weekly
19 mg		
28 mg		
41 mg		
54 mg		
69 mg	28 mg AND 41 mg	Once weekly on the Same Day
82 mg	41 mg AND 41 mg	Once weekly on the Same Day
95 mg	Day 1: 54 mg Day 4 or 5: 41 mg	Day 1 and Day 4 or 5
108 mg	Day 1: 54 mg Day 4 or 5: 54 mg	

* Doses higher than 54 mg are administered as 2 injections. If the weekly dosage is greater than 82 mg, administer your first injection on day 1 and the second injection on day 4 or 5.

- Adjust the dose of MIMRYLO based on efficacy or safety *[see Dosage and Administration (2.2)]*.

2.2 Dose Modifications

Monitor complete blood count (CBC) every 2 to 4 weeks or as clinically indicated during dose modifications.

Dose increase:

After a minimum of 2 weeks at the current weekly dose, dose increase may be considered according to Table 2 and based on medical judgement to reduce or to maintain hematocrit at the recommended level below 45%. Allow a minimum of 2 weeks between dose increases.

Table 2: Recommended MIMRYLO Dose Increase to Reduce or to Maintain Hematocrit Below 45%

Current Weekly Dose	Increase Weekly Dose to
9.5 mg	19 mg
19 mg	28 mg
28 mg	41 mg
41 mg	54 mg
54 mg	69 mg
69 mg	82 mg
82 mg	95 mg
95 mg	108 mg

Dose decrease:

For Grade ≥2 anemia or for drug-related Grade ≥3 toxicities, reduce the dose of MIMRYLO according to Table 3.

Table 3: Recommended MIMRYLO Dose Decrease for Patients Experiencing Grade ≥2 Anemia or for Drug-Related Grade ≥3 Toxicities

Current Weekly Dose	Decrease Weekly Dose to
9.5 mg	Discontinue treatment
19 mg	9.5 mg
28 mg	19 mg
41 mg	28 mg
54 mg	41 mg
69 mg	54 mg
82 mg	69 mg
95 mg	82 mg
108 mg	95 mg

2.3 Missed Dose

- For patients injecting once a week
  - If the injection is missed by 1 to 4 days, take the missed injection immediately and then resume regular dosing schedule.
  - If the injection is missed by more than 4 days, take the missed injection immediately. Take the next injection 3 days later and then resume the regular dosing schedule.

- For patients injecting two times a week
  - If the injection is missed by 1 to 2 days, take the missed injection immediately and take the next injection 3 days later. Then resume the regular dosing schedule.
  - If the injection is missed by more than 2 days, skip the missed injection and continue the regular dosing schedule.

2.4 Preparation and Administration Instructions

Prior to treatment initiation, healthcare providers should show patient and/or caregivers how to prepare and inject MIMRYLO subcutaneously into the abdomen, thigh, or upper arm. Advise patients and/or caregivers to contact healthcare providers with questions. For detailed instructions on the preparation and administration of MIMRYLO, see the Instructions for Use provided in the product carton.

Preparation:

- Determine the number of vial(s) of MIMRYLO needed for the full dose.
- MIMRYLO must be reconstituted using the provided diluent prefilled syringe.
- Attach the vial adapter to the vial(s).
- Attach the diluent syringe to the vial adapter.
- Inject all of the diluent from the attached syringe into the vial containing lyophilized powder. Do not remove the syringe from the vial adapter.
- Gently swirl the vial to reconstitute. This may take about 2 minutes. Do not shake.
- Set the vial on a clean flat surface and let it sit to allow the liquid to settle and any excess foam to disappear. This may take about 1 minute.
- Visually inspect that the reconstituted solution is clear with very little foam, colorless, and free from visible particles. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.
- Withdraw all of the reconstituted solution from the vial into the syringe.
- After reconstitution, MIMRYLO may be stored at room temperature between 20°C to 25°C (68°F to 77°F) for up to 4 hours.
- **After reconstitution, administer MIMRYLO as soon as possible, but no later than 4 hours**. **Discard reconstituted solution if not used within 4 hours**.

Administration:

- Attach the needle to the syringe.
- Administer subcutaneously into the abdomen at least 2 inches from the navel, outer area of upper arm, or front of the thigh. The outer area of the upper arms may be used only if the injection is being given by a caregiver.
  - Do not select a site where the skin is tender, bruised, red, irritated, hard or broken.
  - Do not inject into the same spot twice in a row. Change (rotate) sites between injections.
- Weekly doses exceeding 54 mg are administered as 2 injections.
  - If the weekly dose is greater than 82 mg, administer your first injection on day 1 and the second injection on day 4 or 5.

3 DOSAGE FORMS AND STRENGTHS

For injection: a sterile, white to off-white lyophilized powder for reconstitution in single-dose vials containing 9.5 mg, 19 mg, 28 mg, 41 mg, and 54 mg rusfertide (provided as rusfertide acetate) per vial, co-packaged with a clear diluent solution.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 New or Worsening Thrombocytosis

MIMRYLO may increase platelet counts in patients with PV. Within 4 weeks of treatment initiation, platelet counts increased by an average of 31% from baseline. Thirty-six percent of patients had platelet counts that exceeded 600 x 10^9/L, and 6% had platelet counts that exceeded 1,000 x 10^9/L. Platelet counts generally plateaued on treatment by Week 8. MIMRYLO was discontinued due to increased platelet counts in 1% of patients.

After initiating MIMRYLO and during dose modifications, monitor CBC every 2 to 4 weeks or as clinically indicated. Platelet elevations associated with MIMRYLO may require cytoreductive therapy initiation, modification, or MIMRYLO dose modifications or discontinuation.

5.2 Injection-Site Reactions

Injection site reactions occurred in 135 (47%) patients treated with MIMRYLO in VERIFY. The most common (>5%) injection site reactions reported were erythema (27%), pruritus (17%), pain (15%), and swelling (8%). Two patients experienced Grade 3 injection site reactions, and all other patients experienced Grade 1 or Grade 2 injection site reactions; most did not require medication for treatment. Two patients (0.7%) experienced injection site reactions that led to treatment discontinuation. Use ice, topical corticosteroid creams, antihistamines or analgesics, as needed, to treat injection site pain and swelling *[see Dosage and Administration (2.4)]*.

5.3 Embryo-Fetal Toxicity

Based on findings from animal reproduction studies, MIMRYLO may cause fetal harm when administered to a pregnant woman. Administration of MIMRYLO to pregnant rats and rabbits during organogenesis resulted in structural anomalies and embryo-fetal lethality, respectively, at exposures lower than the maximum recommended human dose. Pregnancy testing is recommended for females of reproductive potential prior to treatment with MIMRYLO. Advise females of reproductive potential to use an effective method of contraception during treatment with MIMRYLO and for at least 30 days after the final dose. Advise patients to stop taking MIMRYLO if they become pregnant *[see Use in Specific Populations (8.1, 8.3)]*.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- New or Worsening Thrombocytosis *[see Warnings and Precautions (5.1)]*
- Injection-Site Reactions *[see Warnings and Precautions (5.2)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Polycythemia Vera

VERIFY

The safety of MIMRYLO was evaluated in VERIFY *[see Clinical Studies (14)]*, a Phase 3, randomized double-blind, placebo-controlled study in patients with PV. During the randomized controlled period (Week 0 to Week 32), 145 patients received MIMRYLO and 146 patients received placebo. Following the randomized controlled period, patients in the placebo arm crossed over to MIMRYLO, resulting in a total of 285 patients exposed to MIMRYLO during the study. The median duration of exposure to MIMRYLO was 61 weeks (range; 2 weeks to 133 weeks) with 65% of patients exposed to ≥52 weeks.

During the randomized controlled period (Week 0 to Week 32), the most common (>15%) adverse reactions in the MIMRYLO arm were injection site reactions (56%) and anemia (16%).

One (0.4%) patient experienced a serious adverse reaction of anemia. Dosage reductions of MIMRYLO due to an adverse reaction occurred in 30 (11%) patients. Adverse reactions which required dosage reduction included anemia in 28 (10%) patients, dyspnea in 2 (0.7%) patients and thrombocytosis in 1 (0.4%) patient. Adverse reactions which resulted in permanent discontinuation of MIMRYLO included injection site reactions in 2 (0.7%) patients, thrombocytosis in 2 (0.7%) patients and anemia in 1 (0.4%) patient.

Table 4 summarizes the adverse reactions occurring in ≥5% of the patients with a difference of ≥5 percentage points between the MIMRYLO arm and the placebo arm in the randomized part (Week 0 to Week 32) of the VERIFY study.

Table 4: Adverse Reactions Occurring in ≥5% Patients with a Difference of ≥5 Percentage Points Between the MIMRYLO Arm and the Placebo Arm in VERIFY (Week 0 to Week 32)

Adverse Reaction	MIMRYLO (n = 145)		PLACEBO (n = 146)	
	All Grades (%)	Grade 3 (%)	All Grades (%)	Grade 3 (%)
Injection site reactions	56	0.7	33	0
Anemia[a]	16	0	4.1	0
Thrombocytosis[b]	8	0	0.7	0
Dyspnea[c]	8	0	1.4	0

[a] Includes anemia and hemoglobin decreased.
[b] Includes thrombocytosis and platelet count increased.
[c] Includes dyspnea and dyspnea exertional.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data on MIMRYLO use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or other adverse maternal or fetal outcomes. Based on findings from animal studies, MIMRYLO may cause fetal harm when administered to a pregnant woman *[see Warnings and Precautions (5.3)]*. In animal reproductive studies, subcutaneous administration of rusfertide to pregnant rats and rabbits during organogenesis at exposures lower than the human exposure (based on AUC) at the maximum recommended human dose (MRHD) resulted in malformations and embryo fetal lethality, respectively *[see Data]*.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defect and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In an embryo-fetal development study in pregnant rats, rusfertide administered subcutaneously at 0.3, 1, and 3 mg/kg/dose administered every three days from gestation day (GD) 6 to 15 caused dose-dependent increases in the incidence of craniofacial and CNS malformations (narrowed nasopharynx, dilated cerebral ventricles, enlarged olfactory lobes, eye defects and fused ribs) at doses 1 mg/kg/dose and higher at exposures less than the clinical exposures at the MRHD based on AUC.

In an embryo-fetal development study in pregnant rabbits, rusfertide administered subcutaneously at 0.03, 0.1, 0.3, and 1 mg/kg/dose from GD 7 to 16 caused embryo-fetal lethality at a dose of 1 mg/kg at exposures less than the clinical exposures at the MRHD based on AUC.

8.2 Lactation

Risk Summary

There are no data on the presence of rusfertide in either human or animal milk, the effects on the breastfed child, or the effects on milk production.

Because of the potential for serious adverse reactions in the breastfed child, including impaired iron absorption, advise patients not to breastfeed during treatment with MIMRYLO and for 30 days after the final treatment.

8.3 Females and Males of Reproductive Potential

Based on animal data, MIMRYLO may cause fetal malformations at doses with exposures less than the clinical exposure at the MRHD *[see Use in Specific Populations (8.1)]*.

Pregnancy testing

Pregnancy testing is recommended for females of reproductive potential.

Contraception

Females

MIMRYLO may cause fetal harm when administered to pregnant women. Advise female patients of reproductive potential to use effective contraception during treatment with MIMRYLO and for at least 30 days after the final dose of MIMRYLO *[see Use in Specific Populations (8.1) and Nonclinical Toxicology (13.1)].*

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

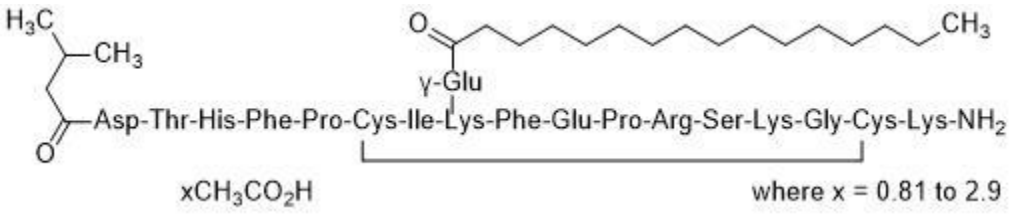
8.5 Geriatric Use

There were 71 (25%) patients 65 years of age and older that received MIMRYLO in the VERIFY study *[see Clinical Studies (14)]*, while 22 (8%) were 75 years of age and older. No overall differences in safety or effectiveness of MIMRYLO have been observed between patients 65 years of age and older and younger adult patients.

11 DESCRIPTION

MIMRYLO (rusfertide) for injection, for subcutaneous use, a hepcidin mimetic, is a synthetic cyclic peptide (disulfide) isolated as an acetate salt. The chemical name for rusfertide is S^6,S^{16}-cyclo[*N*-isovaleryl-Asp-Thr-His-Phe-Pro-Cys-Ile-*Nε*-(*N*-palmitoyl-γ-Glu)-Lys-Phe-Glu-Pro-Arg-Ser-Lys-Gly-Cys-Lys-NH_2] acetate.

Rusfertide acetate has the following chemical structure:



Rusfertide acetate is an amorphous white to off-white powder, light sensitive and hygroscopic with low solubility in ethanol or acetonitrile. The aqueous solubility in pH range of 2.5 to 7.4 is ≥112 mg/mL.

The average molecular weight for the free base is 2442.0 u. The molecular formula for the free base is $C_{114}H_{181}N_{27}O_{28}S_2$.

MIMRYLO for injection is supplied as a sterile, preservative-free, white to off-white lyophilized powder in a single-dose glass vial. The 9.5 mg dose strength delivers 9.5 mg of rusfertide (provided as rusfertide acetate), mannitol (25 mg), sodium acetate trihydrate (1.36 mg), and glacial acetic acid/sodium hydroxide for pH adjustment, for subcutaneous injection after reconstitution with the provided diluent. The 19 mg, 28 mg, 41 mg, and 54 mg dose strengths deliver 19 mg, 28 mg, 41 mg and 54 mg of rusfertide (provided as rusfertide acetate), mannitol (20 mg), sodium acetate trihydrate (1.36 mg), and glacial acetic acid/sodium hydroxide for pH adjustment, for subcutaneous injection after reconstitution with the provided diluent.

The diluent for MIMRYLO is a sterile, preservative-free solution containing sodium acetate trihydrate (1.36 mg/mL), zinc acetate dihydrate (2.2 mg/mL), and glacial acetic acid for adjusting the pH to nominal pH of 5.4 in Water for Injection, USP. It is a clear, colorless solution, free from visible particles, and is provided in a glass prefilled syringe.

After reconstitution, MIMRYLO is a clear and colorless solution free from visible particles.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Rusfertide is a mimetic of the endogenous hormone hepcidin that blocks the iron transporter ferroportin. Inhibition of ferroportin by rusfertide reduces availability of iron for production of red blood cells resulting in lower hematocrit levels.

12.2 Pharmacodynamics

In healthy participants receiving single subcutaneous doses of 9.5 mg, 19 mg, 28 mg, 41 mg, and 54 mg MIMRYLO, the maximum reduction in serum iron was noted approximately 24 to 48 hours post dose. The higher doses (41 mg and 54 mg) of MIMRYLO resulted in a more sustained reduction in serum iron up to 96 hours.

In the Phase 3 VERIFY study, mean ferritin concentrations increased from 21 mcg/L at baseline to 124 mcg/L at Week 32 and 174 mcg/L at Week 52 for patients who were randomized to receive MIMRYLO. The exposure-response relationships of MIMRYLO have not been fully characterized.

Cardiac Electrophysiology

At 1.3 times the geometric mean rusfertide maximum plasma concentration (C_{max}) achieved with the maximum recommended weekly dose of 108 mg MIMRYLO, clinically significant QTc interval prolongation was not observed.

12.3 Pharmacokinetics

Rusfertide pharmacokinetics were characterized after a single-dose of 9.5 mg to 54 mg in healthy participants. After subcutaneous administration, rusfertide C_{max} and AUC increased less than dose proportionally over the dose range of 9.5 mg to 54 mg (0.5 to 2.8 times the recommended starting dosage).

Rusfertide pharmacokinetics were predicted in patients with PV using population PK analysis. At the weekly recommended starting dose of 19 mg MIMRYLO, the predicted mean (±SD) rusfertide steady state C_{max} and AUC were 220 (±76.1) ng/mL and 17,800 (±6140) h·ng/mL, respectively. At the weekly dose of 82 mg MIMRYLO, the predicted mean (±SD) rusfertide steady state C_{max} and AUC were 751 (±254) ng/mL and 66200 (±23,300) h·ng/mL, respectively. At the maximum recommended weekly dose of 108 mg MIMRYLO, the predicted mean (±SD) rusfertide steady state C_{max} and AUC were 867 (±297) ng/mL and 105,000 (±36,900) h·ng/mL, respectively.

In healthy participants, steady state concentrations of rusfertide were achieved after approximately 3 once weekly doses. Mean accumulation ratios of rusfertide following once weekly subcutaneous administration of 54 mg were 1.6 and 1.3 for AUC and C_{max}, respectively.

Absorption

Following subcutaneous administration of 19 mg MIMRYLO in healthy participants, the median (min, max) rusfertide time to peak concentration (T_{max}) was 24 hours (4, 48 hours). The absolute bioavailability of rusfertide following subcutaneous administration of 19 mg MIMRYLO is approximately 51%.

At steady state, rusfertide exposures were similar following subcutaneous administration of MIMRYLO in the abdomen, thigh, or upper arm.

Distribution

Rusfertide is highly bound to plasma proteins (>99%). The blood-to-plasma ratio is 2.7. Following subcutaneous administration of 19 mg MIMRYLO in healthy participants, the mean (±SD) rusfertide apparent volume of distribution (Vz/F) was 38.4 (±19.1) L.

Elimination

Following subcutaneous administration of 19 mg MIMRYLO in healthy participants, the mean (±SD) rusfertide apparent clearance (CL/F) was 0.930 (±0.233) L/h, and the mean (±SD) rusfertide plasma elimination half-life was 28.6 (±11.3) hours.

Metabolism

Rusfertide is catabolized into smaller peptides via 2 independent pathways. One pathway involves proteolysis by trypsin-like proteases to form metabolite M1, which undergoes further proteolysis to form metabolite M4. Rusfertide also undergoes hydroxylation to form metabolite M9. M1 is a minor metabolite (<1% of total drug-related exposure). M4 and M9 are pharmacologically active but have potencies that are approximately 65% and 14% of the potency of rusfertide, respectively. Following multiple-dose subcutaneous administration of 54 mg MIMRYLO in healthy participants, M4 and M9 account for approximately 15% and 31% of total drug-related exposure, respectively, at steady state.

Excretion

Following subcutaneous administration of MIMRYLO, rusfertide concentrations in the urine were below the detection limit.

Specific Populations

No clinically meaningful differences in the pharmacokinetics of rusfertide were observed based on age (20 to 86 years), race (White, Asian, Other), sex, body weight (44.5 to 151 kg), or mild-to-moderate renal impairment (eGFR 30 to 89 mL/min).

Patients with Renal Impairment

Following subcutaneous administration of 19 mg MIMRYLO, no clinically meaningful difference was observed in rusfertide systemic exposures (AUC) between participants with severe renal impairment (eGFR <30 mL/min) and participants with normal renal function (eGFR ≥90 mL/min).

Patients with Hepatic Impairment

Following subcutaneous administration of 19 mg MIMRYLO, no clinically meaningful difference was observed in rusfertide systemic exposures (AUC) between participants with moderate hepatic impairment (Child-Pugh B) and participants with normal hepatic function. MIMRYLO has not been studied in participants with severe (Child-Pugh C) hepatic impairment.

Drug Interaction Studies

In vitro Studies

Cytochrome P450 (CYP) Enzymes: Rusfertide does not inhibit CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, or CYP3A at clinically relevant concentrations. Rusfertide does not induce CYP1A2, CYP2B6, or CYP3A.

Transporter Systems: Rusfertide is not a substrate of and does not inhibit BCRP, BSEP, MATE1, MATE2K, OATP1B1, OATP1B3, OAT1, OAT3, OCT1, OCT2, or P-gp.

12.6 Immunogenicity

The observed incidence of anti-drug antibodies (ADA) is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of anti-drug antibodies in the study described below with the incidence of anti-drug antibodies in other studies, including those of MIMRYLO.

The incidence of anti-rusfertide antibodies to MIMRYLO using a drug-tolerant enzyme-linked immunosorbent assay (ELISA) method for patients in the VERIFY study, with a median duration of exposure of 61 weeks and ADA samples evaluated up to 108 weeks, was 34% (97 out of 282). Of these 97 patients, 35 (36%) developed neutralizing antibodies (NAb) and 12 (12%) developed antibodies that showed cross-reactivity to human hepcidin. The incidence of NAb may be underreported due to the lack of adequate assay sensitivity. However, all ADA responses were of low magnitude (maximum titer value of 1:1000) with titers progressively decreasing or returning to baseline.

Overall, there was no apparent correlation of anti-rusfertide antibody development on the pharmacokinetics, effectiveness, and safety of MIMRYLO in the VERIFY study.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Rusfertide was not carcinogenic in a 6-month transgenic mouse study at subcutaneous doses up to 25 mg/kg/week or in a 2-year rat carcinogenicity study at doses up to 3 mg/kg/ week. In rats, systemic exposure at the highest dose tested was comparable to clinical exposure at the maximum recommended human dose (MRHD), based on AUC.

Rusfertide was not mutagenic in a bacterial reverse mutation assay (Ames), *in vitro* chromosomal aberration test (cultured human peripheral blood lymphocytes) or in a rat *in vivo* lymphocyte chromosome aberration study.

In separate fertility and early embryonic development studies in female and male rats, rusfertide was administered subcutaneously once weekly in females at doses of 0.3, 1, or 3 mg/kg/dose beginning 15 days prior to cohabitation and then once every three days during the cohabitation and gestation periods until gestation day 7, and once weekly males at doses of 1, 3, or 10 mg/kg/dose for 4 weeks prior to cohabitation, and during cohabitation and post cohabitation mating periods, for a total of ≥7 weeks. Rusfertide had no effect on mating, estrous cycle, fertility, sperm parameters, or any ovarian and uterine parameters at any dose at exposures approximately 1-fold in females and 2.6-fold in males the clinical exposure at the MRHD based on AUC.

14 CLINICAL STUDIES

VERIFY

The efficacy of MIMRYLO was evaluated in a multicenter, randomized, double-blind, placebo-controlled Phase 3 study in 293 adult patients with PV [NCT05210790]. Eligible patients required at least 3 phlebotomies in the 28 weeks or 5 phlebotomies in 1 year prior to randomization due to inadequate hematocrit control while receiving ongoing standard of care therapy which included

phlebotomy alone or phlebotomy plus one or more cytoreductive agents. The mean age at baseline was 57 years (range 27-86 years); 27% of patients were female and73% were male; 262 patients (89.4%) were White, 9 patients (3.1%) were Asian, 2 patients (0.7%) were Black or African American, 2 patients (0.7%) were American Indian or Alaska Native, and 18 patients (6.1%) were of other, not reported, or unknown race; 14 patients (4.8%) were of Hispanic or Latino ethnicity.

At randomization, patients were receiving phlebotomy only (44.7%), phlebotomy + hydroxyurea (38.9%), phlebotomy + ruxolitinib (2.4%), phlebotomy + interferon (13.3%), and phlebotomy + combination of cytoreductive therapies (0.6%). Of all enrolled patients, 53.2% of patients were considered low risk defined as age less than 60 years and no history of previous thrombotic event(s). 46.8% of patients were considered high risk defined as age greater than or equal to 60 years and/or a history of previous thrombotic event(s). At baseline, the mean ± SD hematocrit was 42.4 ± 1.97 for the placebo arm and 42.2 ± 2.21 for the MIMRYLO arm.

Patients were randomized 1:1 to MIMRYLO or placebo from Week 0 to Week 32. The patients that completed 32 weeks of treatment were eligible to receive open-label treatment with MIMRYLO until Week 52 followed by long-term extension treatment with MIMRYLO until week 156. The starting dosage of MIMRYLO was 19 mg subcutaneously once a week. The dose was then titrated to control and maintain hematocrit <45%. During the 32-week randomized controlled period, the median duration of MIMRYLO treatment exposure was 32 weeks, and 91.2% of patients completed through Week 32.

The efficacy of MIMRYLO was based on the proportion of patients achieving a response (defined as absence of phlebotomy eligibility) between Week 20 to Week 32. Phlebotomy eligibility was defined as a confirmed hematocrit greater than or equal to 45% that is at least 3 percentage (absolute) points higher than the hematocrit obtained at baseline or a hematocrit greater than or equal to 48%. Fatigue was measured by the Patient-Reported Outcomes Measurement Information System (PROMIS) Fatigue Short Form 8a standardized score, where higher scores indicate greater fatigue.

Efficacy results are presented in Table 5.

Table 5: Efficacy Results of VERIFY Study

Endpoint	Placebo (N=146)	MIMRYLO (N=147)
Proportion of patients achieving a Response[a] (Week 20 to Week 32) n (%)	48 (32.9)	113 (76.9)
Common Risk Difference (95% CI)	43.8% (33.5%, 54.2%)	
p-value[b]	<0.0001	
Mean Number of Phlebotomies (Baseline to Week 32), LSM±SE[c]	1.82±0.227	0.53±0.224
LSM Difference (SE) (95% CI)[c]	-1.29±0.152 (-1.59, -1.00)	
p-value[c]	<0.0001	
Proportion of patients Maintaining HCT Values <45%[d] (Week 0 to Week 32), n (%)	21 (14.4)	92 (62.6)
Common Risk Difference (95% CI)	48.2% (38.4%, 57.9%)	
p-value[b]	<0.0001	
Mean change from Baseline Total Fatigue score based on PROMIS Short Form 8a[e] at Week 32 LSM±SE[f]	0.19±1.05	-1.79±1.04
LSM Difference ± SE (95% CI)[f]	-1.98±0.88 (-3.71, -0.25)	
p-value[f]	0.0252	

[a] Responders are defined as patients with absence of phlebotomy eligibility. Phlebotomy eligibility was defined as either (1) A confirmed HCT ≥45% that was at least 3% (absolute) higher than the baseline HCT, where confirmation was defined as 2 consecutive HCT assessments that were ≥45% and at least 3% higher than the baseline HCT, or (2) HCT ≥48%.

[b] P-value is obtained from the Cochran-Mantel-Haenszel test stratifying by ongoing standard of care therapy.

[c] LS Means, 95% CI, and p-value are obtained from ANCOVA model adjusted for pre-treatment number of phlebotomies, treatment, and stratification variable (ongoing standard of care therapy).

[d] A single HCT ≥45% was permitted.

[e] For the PROMIS T score, week 32 change from baseline is available for 120 patients in the MIMRYLO arm and 115 patients in the placebo arm.

[f] LS Means, 95% CI, and p-value are obtained from MMRM model adjusted for baseline, treatment, visit, treatment by visit interaction, baseline by visit interaction, and stratification variable (ongoing standard of care therapy).

ANCOVA=Analysis of Covariance; CI=confidence interval; HCT=hematocrit; LSM=least-squares means; SE=standard error

The mean change from baseline in hematocrit levels (Week 0 to Week 32) increased in the placebo arm but remained approximately 0 or lower in the MIMRYLO arm. During Week 32 to Week 52, when the patients in the placebo arm were switched to MIMRYLO, the mean change in hematocrit decreased rapidly.

16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

MIMRYLO for injection is supplied in a carton for each individual dosage strength comprising a single-dose vial containing a sterile, preservative-free, white to off-white lyophilized powder and a single-dose prefilled syringe containing a clear, colorless solution (diluent) with a luer lock adapter and soft inner tip cap.

Not made with natural rubber latex.

Dosage Strength (mg/vial)	Color Cap Indicator	Vial NDC Number	Carton NDC Number
9.5	Blue	63020-710-10	63020-715-10
19	Lime	63020-720-20	63020-725-20
28	Burgundy	63020-730-30	63020-735-30
41	Yellow	63020-740-40	63020-745-40
54	White	63020-760-60	63020-765-60
Prefilled Diluent Syringe NDC 63020-600-05			

Storage and Handling

- Store at room temperature between 20°C to 25°C (68°F to 77°F).
- Do not freeze.
- Store in the original carton to protect from light.
- Do not use the vial or the diluent prefilled syringe after the expiration date on the carton.
- For detailed instructions on the preparation and administration of MIMRYLO, see the Instructions for Use provided in the product carton.
- After reconstitution, MIMRYLO may be stored at room temperature between 20°C to 25°C (68°F to 77°F) for up to 4 hours.
- After reconstitution, administer MIMRYLO within 4 hours.
- Discard reconstituted solution if not used within 4 hours.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information and Instructions for Use).

Subcutaneous Dosing Technique

Provide guidance to patients and caregivers on proper subcutaneous administration technique, and how to use MIMRYLO *[see Instructions for Use]*.

Missed Dose

Instruct patients to call healthcare provider if they are unsure when to inject a missed dose *[see Dosage and Administration (2.3)]*.

New or Worsening Thrombocytosis

Advise patients that MIMRYLO may increase platelet counts. Instruct patients to contact their healthcare provider if they experience signs or symptoms of bleeding or blood clots, such as unusual bruising or bleeding, chest pain, shortness of breath, leg pain or swelling, or sudden severe headache *[see Warnings and Precautions (5.1)]*.

Injection Site Reactions

Advise patients that injection site reactions may occur with MIMRYLO. Instruct patients to contact their healthcare provider if they experience severe or persistent injection site reactions. Inform patients that ice, topical corticosteroid creams, antihistamines, or analgesics may be used to manage injection site pain and swelling *[see Warnings and Precautions (5.2) and Dosage and Administration (2.4)]*.

Embryo-Fetal Toxicity

MIMRYLO may cause fetal harm. Advise females to inform their healthcare provider of a known or suspected pregnancy *[see Warnings and Precautions (5.3) and Use in Specific Populations (8.1)]*.

Advise female patients of reproductive potential to use effective contraception during treatment with MIMRYLO and for at least 30 days after the final dose *[see Use in Specific Populations (8.3)]*.

Lactation

Advise females not to breastfeed during treatment with MIMRYLO and for 30 days after the final dose *[see Use in Specific Populations (8.2)]*.

Distributed by:
Takeda Pharmaceuticals America, Inc.
Cambridge, MA 02142

R1

PATIENT INFORMATION
MIMRYLO™ (mim-rahy-loh)
(rusfertide)
for injection, for subcutaneous use

What is MIMRYLO?

MIMRYLO is a prescription medicine that is used to treat erythrocytosis (high red blood cell count) in adults with polycythemia vera.

It is not known if MIMRYLO is safe and effective in children.

Before using MIMRYLO, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or plan to become pregnant. MIMRYLO may harm your unborn baby.
  Females who are able to become pregnant:
  - Your healthcare provider may do a pregnancy test before you start treatment with MIMRYLO.
  - Use effective birth control (contraception) during treatment and for at least 30 days after the final dose of MIMRYLO.
  - Tell your healthcare provider right away if you become pregnant or think that you may be pregnant during treatment with MIMRYLO.
  - Stop taking MIMRYLO if you become pregnant.
- are breastfeeding or plan to breastfeed. It is not known if MIMRYLO passes into your breast milk. Do not breastfeed during treatment with MIMRYLO and for 30 days after the final dose of MIMRYLO. Talk to your healthcare provider about the best way to feed your baby during this time.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I use MIMRYLO?

- **See the detailed Instructions for Use that comes with MIMRYLO for information on how to prepare and inject a dose of MIMRYLO.**
- Use MIMRYLO exactly as your healthcare provider tells you to.
- Your healthcare provider will tell you how much MIMRYLO to inject and when to inject it. **Do not** inject more than your prescribed dose.
- Do not change your dose or stop treatment with MIMRYLO unless your healthcare provider tells you.
- MIMRYLO is given as an injection under your skin (subcutaneous injection).
- Inject MIMRYLO under the skin in the stomach area (abdomen) at least 2 inches away from the belly button (navel), front of the thigh, or the upper outer arm. Choose a different site each time you inject MIMRYLO.
- Your healthcare provider should show you or your caregiver how to prepare and inject MIMRYLO. Contact your healthcare provider if you have questions. **Do not** inject yourself or someone else until you have been shown how to inject MIMRYLO.
- MIMRYLO is available in more than 1 strength. Make sure the MIMRYLO strength you have matches your prescribed strength.
- Your prescribed dose may require more than 1 injection.
  - Do not give more than two injections a day.
  - If your weekly dose is greater than 82 mg, give your first injection on day 1 and the second injection on day 4 or 5.
- If you inject one time a week:
  - If you miss a dose by 1 to 4 days, take the missed injection as soon as you remember. Then continue with your regular weekly schedule.
  - If you miss a dose by more than 4 days, take the missed injection as soon as you remember. Take your next injection 3 days later and then return to your regular weekly schedule.
- If you inject two times a week:
  - If you miss a dose by 1 to 2 days, take the missed injection as soon as you remember. Take your next injection 3 days later and then return to your regular schedule.
  - If you miss a dose by more than 2 days, skip the dose and continue with your regular injection schedule.
- Contact your healthcare provider if you do not know when to inject a missed dose.

What are the possible side effects of MIMRYLO?
MIMRYLO may cause serious side effects, including:

- **New or worsening increased blood platelets (thrombocytosis)**. MIMRYLO may increase blood platelet counts. Your healthcare provider will do blood tests when you start and during treatment with MIMRYLO to check your platelet counts.
- **Injection-site reactions.** MIMRYLO may cause injection-site reactions such as redness, itching, pain, swelling, bruising, hardening at the injection site, and irritation. If you get an injection site reaction, apply ice packs, steroid cream, or take medicines as needed to treat injection site pain and swelling.

Your healthcare provider may change your dose or stop treatment with MIMRYLO if you have side effects.

The most common side effects of MIMRYLO are:

- injection site reactions
- low red blood cell count (anemia)

These are not all of the possible side effects of MIMRYLO.

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

How should I store MIMRYLO?

- Store MIMRYLO at room temperature between 68°F to 77°F (20°C to 25°C).
- Do not freeze.
- Store MIMRYLO in the original carton to protect it from light.
- Do not use the vial or diluent syringe after the expiration date on the carton.
- After mixing (reconstitution), MIMRYLO may be stored at room temperature between 68°F to 77°F (20°C to 25°C) for up to 4 hours.
- Use MIMRYLO within 4 hours after mixing.
- Throw away (dispose of) mixed MIMRYLO if not used within 4 hours.

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

General information about the safe and effective use of MIMRYLO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use MIMRYLO for a condition for which it was not prescribed. Do not give MIMRYLO to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about MIMRYLO that is written for health professionals.

What are the ingredients in MIMRYLO?

Active ingredient: rusfertide acetate
Inactive ingredients: mannitol, sodium acetate trihydrate, and glacial acetic acid/sodium hydroxide for pH adjustment. The diluent for MIMRYLO contains sodium acetate trihydrate, zinc acetate dihydrate, and glacial acetic acid.

Distributed by:
Takeda Pharmaceuticals America, Inc.,
Cambridge, MA 02142

For more information, go to www.MIMRYLO.com or call 1-877-TAKEDA-7 (1-877-825-3327).

This Patient Information has been approved by the U.S. Food and Drug Administration. Issued: 08/2026

INSTRUCTIONS FOR USE
MIMRYLO™ (mim-rahy-loh)
(rusfertide)
for injection, for subcutaneous use

This Instructions for Use contains information on how to prepare and inject MIMRYLO.

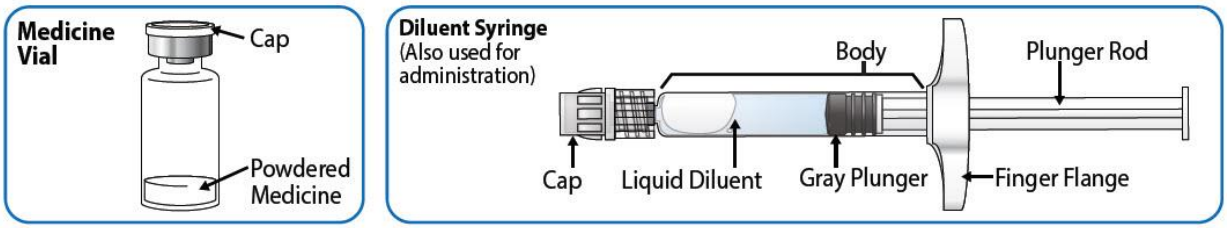
Read this Instructions for Use before you begin preparing and injecting MIMRYLO and each time you get a refill. There may be new information.
Your healthcare provider should show you or your caregiver how to prepare and inject MIMRYLO. **Do not** inject yourself or someone else until you have been shown how to inject MIMRYLO.

Available Strengths

9.5 mg | 19 mg | 28 mg | 41 mg | 54 mg

Supplies Needed to Inject MIMRYLO (Figure A)

Supplies Included in the MIMRYLO Carton



Additional Supplies (not included in the carton)

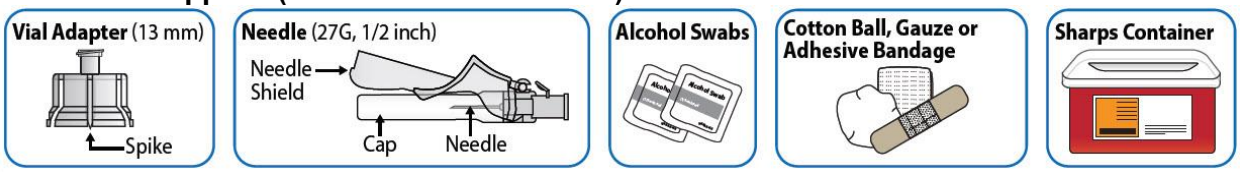


Figure A

If you do not have these items, ask your pharmacist.

Important Information You Need to Know Before Preparing and Injecting MIMRYLO

- **For injection under the skin (subcutaneous injection) only.**
- MIMRYLO is available in more than 1 strength. **Make sure the MIMRYLO strength you have matches your prescribed strength.**
- **If you have any questions on preparing or injecting MIMRYLO**, contact your healthcare provider.
- **Your prescribed dose may require more than 1 injection.**
  - **Do not** administer more than two injections daily.
  - If your weekly dosage is greater than 82 mg, administer your first injection on day 1 and the second injection on day 4 or 5.

- The supplies included in the MIMRYLO carton, vial adapter, needle, and alcohol swabs are for single use only. **Do not** reuse any of these supplies.
- **Do not** use if any of the supplies are opened, damaged, or missing.
- **Do not** use if MIMRYLO is expired.
- MIMRYLO is supplied as a single-dose vial of powder for mixing (reconstitution). Before you inject MIMRYLO, you must mix (reconstitute) MIMRYLO with liquid (diluent) that comes in a syringe.
- **Do not** prepare MIMRYLO for injection until you are ready to inject. **Keep the medicine at room temperature after mixing (**see **Storing MIMRYLO). Inject MIMRYLO within 4 hours of mixing.**
- **Do not** touch the gray rubber stopper on the top of the vial.
- **Do not** let the vial adapter tip or spike touch your hands or any surface.
- **Do not** let the syringe tip or needle touch your hands or any surface.
- **Do not** throw away the needle or syringe in your household trash. See "**After Injecting MIMRYLO**" section below for more information.
- This product is not made with natural rubber latex.

Storing MIMRYLO

- **Store the MIMRYLO at room temperature** between 68° to 77°F (20° to 25°C) (Figure B).
- Do not freeze.
- Store MIMRYLO in the original carton to protect it from light.
- Do not use the vial or diluent syringe after the expiration date on the carton.
- After mixing, MIMRYLO may be stored at room temperature between 68° to 77°F (20° to 25°C) for up to 4 hours.
- Use MIMRYLO within 4 hours after mixing.
- Throw away (dispose of) the mixed MIMRYLO if not used within 4 hours.

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

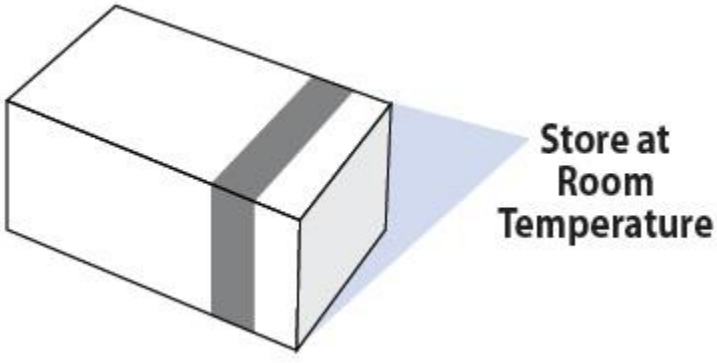


Figure B

Getting Started

1 Washing hands and checking the supplies

1.1 **Wash hands** well with soap and water (Figure C).

Figure C

1.2 **Check your prescribed dose** (Figure D). **MIMRYLO is available in more than 1 strength. Your prescribed dose may require more than 1 injection**.

1.3 **Check the expiration date** on the outside of the carton (Figure D).

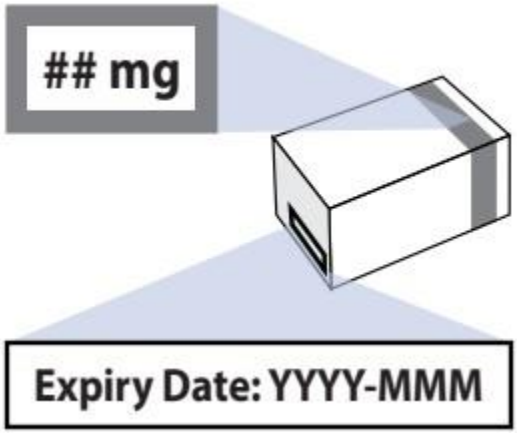


Figure D

Do not use MIMRYLO if the expiration date has passed and contact your healthcare provider.

1.4 **Take all items out of the carton**. Remove the prefilled syringe by the body only.

Do not remove the diluent syringe from the carton by its plunger rod or syringe cap.

1.5 **Check** if the supplies have been **opened, damaged, or are missing** (Figure E).

Do not use if any of the supplies are opened, damaged or missing.

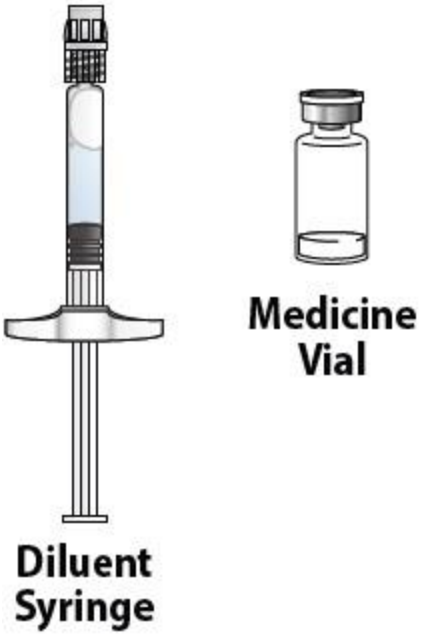


Figure E

1.6 Gather additional supplies (Figure F).

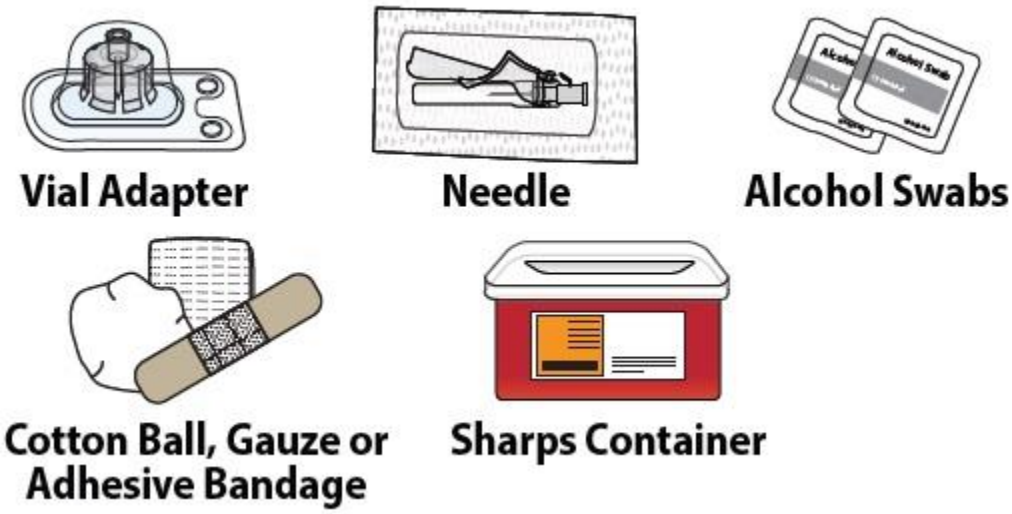


Figure F

Preparing MIMRYLO for Injection (Reconstitution)

2 Attaching the vial adapter to the medicine vial

2.1 **Take off the cap** from the medicine vial (Figure G).

Throw away the medicine vial cap into household trash.

Figure G

2.2 **Clean gray rubber stopper** on top of the medicine vial with a new alcohol swab (Figure H).

Throw away used alcohol swab into household trash.

Do not touch the gray rubber stopper on the top of the vial after cleaning.

Figure H

2.3 **Open vial adapter packaging** (Figure I).

- **Do not** let the vial adapter spike touch your hands or any surface.
- **Do not** remove the vial adapter from its plastic packaging.

Note: Your vial adapter may look different. Follow the vial adapter manufacturer instructions.

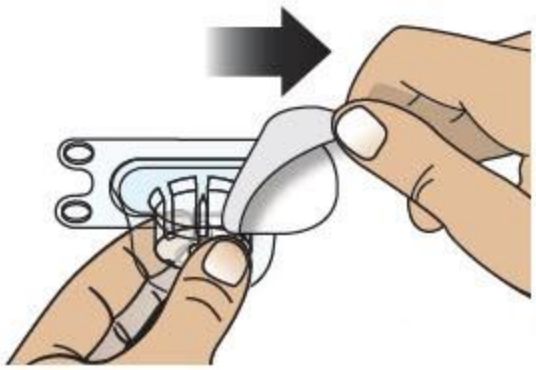


Figure I

2.4 **Place the medicine vial on a flat surface.** Hold (stabilize) the medicine vial with 1 hand. Using the other hand **place the vial adapter in its packaging over the medicine vial.**

Push the adapter straight down onto the top of the medicine vial **until it snaps** on and is fully attached (Figure J).

Note: The spike on the vial adapter should punch through (puncture) the gray rubber stopper.

- **Do not** attach the vial adapter at an angle.
- **Do not** remove the vial adapter from the medicine vial after it is attached.

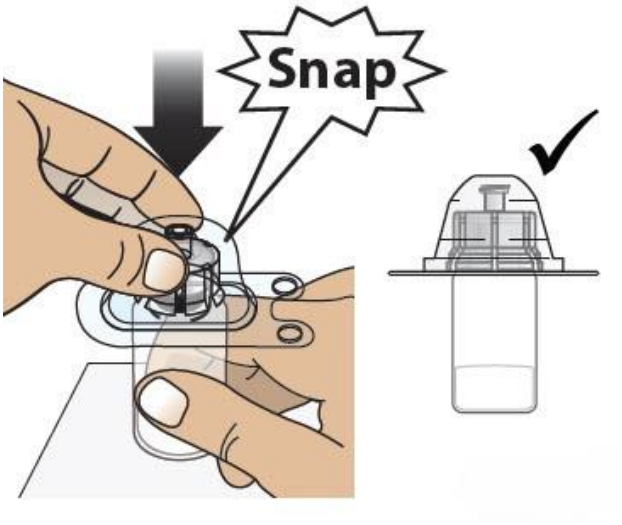


Figure J

3 Attaching the diluent syringe to the vial adapter

3.1 Lightly squeeze the plastic packaging to lift and remove it from the vial adapter (Figure K).

Throw away the plastic packaging into household trash.

Do not let the vial adapter tip touch your hands or any surface.

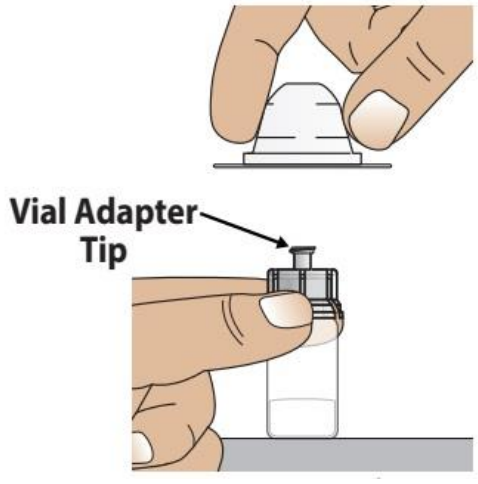


Figure K

3.2 **Take off the diluent syringe cap** (Figure L):

- **hold the syringe by the body** with 1 hand
- with the other hand, **remove the syringe cap** by turning to the left (counterclockwise) until it lifts away.

Throw away the syringe cap into household trash.

Do not let the diluent syringe tip touch your hands or any surface.

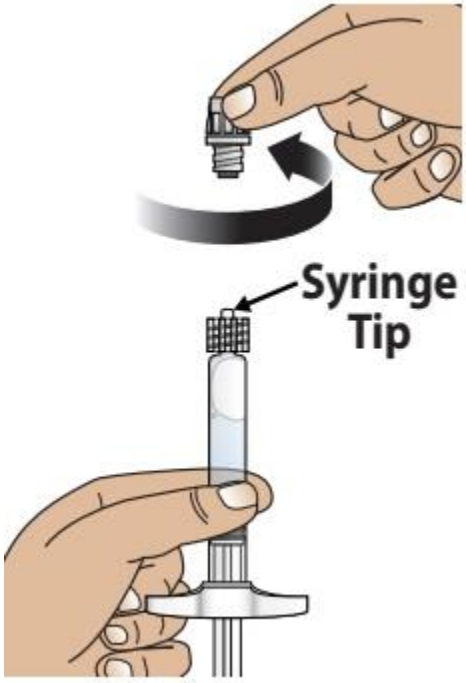
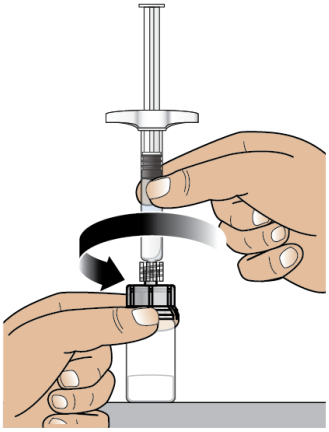


Figure L

3.3 **Attach the diluent syringe to the vial adapter** (Figure M):

- **place** the medicine vial on a flat surface
- **hold the vial adapter** with 1 hand
- with the other hand **attach the diluent syringe to the vial adapter** by turning to the right (clockwise) until it is snug.

Do not tighten too much.



Do not push the plunger; it may spill the diluent

Figure M

4 Mixing the diluent with the powdered medicine

4.1 **Place the medicine vial on a flat surface** with the diluent syringe pointing down.

Inject all the diluent into the medicine vial by slowly pushing down on the diluent syringe plunger rod until it is empty (Figure N).

Do not remove the diluent syringe from the medicine vial.

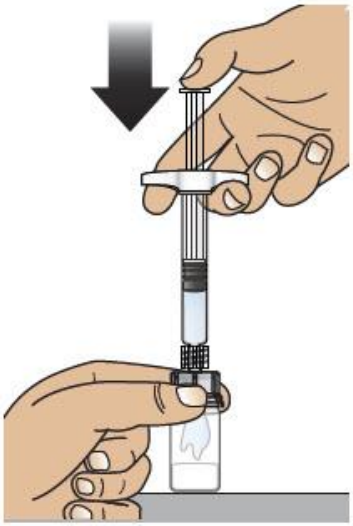


Figure N

4.2 **Mix the diluent and medicine by slowly and gently swirling** the medicine vial in a circular motion **until the powder is fully dissolved**. This may take about 2 minutes (Figure O).

If there is powder medicine stuck to the inside of the medicine vial wall, continue to gently swirl until it is removed.

The mixed medicine may look foamy.

Do not shake the medicine vial.

Figure O

4.3 Set the medicine vial with the attached diluent syringe on a clean flat surface and let it sit to allow the liquid to settle and any excess foam to go away. **This may take about 1 minute** (Figure P).

The diluent syringe plunger rod may rise up by itself. This is normal.

Figure P

4.4 **After the liquid has settled, inspect the liquid** (Figure Q).

It should be clear with very little foam, colorless, and free from visible particles.

Important: You must inject the medicine **within 4 hours** of mixing it.

Do not use the medicine vial if the liquid looks colored or contains particles.

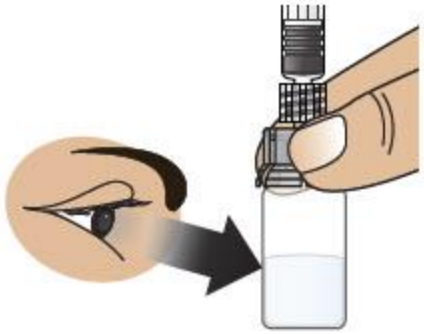


Figure Q

5 Drawing the mixed (reconstituted) medicine into the syringe

5.1 **Make sure the syringe plunger rod is pressed down** all the way to remove any air (Figure R).

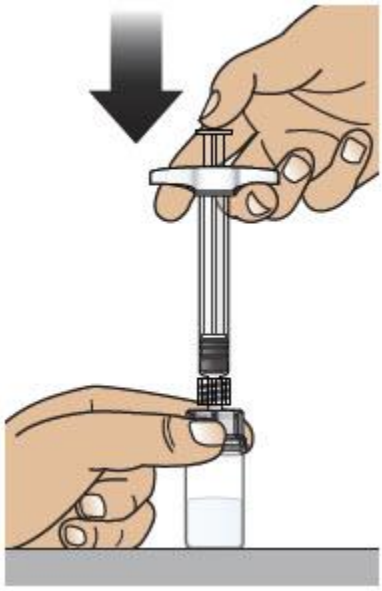


Figure R

5.2 While holding the plunger down, turn the syringe upside down **so the medicine vial is now on top** (Figure S).

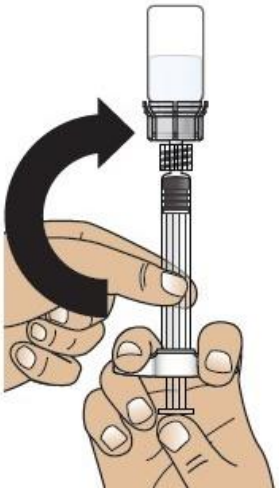


Figure S

5.3 Hold the syringe with the medicine vial on top. **Slowly pull the syringe plunger rod down to fill the syringe** with the mixed medicine (Figure T).

Note: It is normal to have an air gap or bubbles in the syringe after drawing liquid.

Figure T

6 Taking the empty medicine vial off the syringe

6.1 **Take off the empty medicine vial** (Figure U):

- **hold the syringe by the body** with 1 hand
- with the other hand, grasp the vial adapter and **remove the vial adapter** by turning to the left (counterclockwise) until it lifts away.
- **Do not** touch the syringe tip or allow it to touch any surface.
- **Do not** touch or push the plunger rod until you are ready to inject.

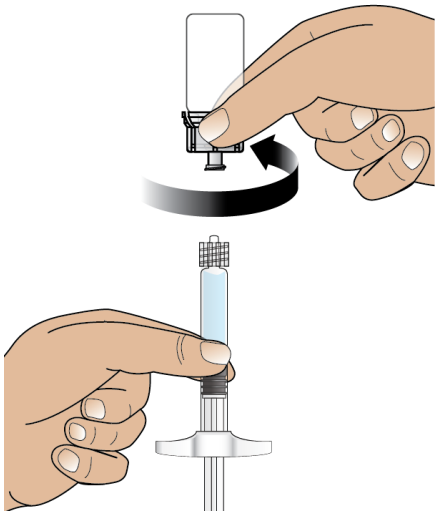


Figure U

6.2 **Throw away (dispose of) the empty medicine vial into an FDA-cleared sharps disposal container** (Figure V).

See the “Additional Disposal Information” section below for more information.

Do not throw away (dispose of) the empty medicine vial in your household trash.

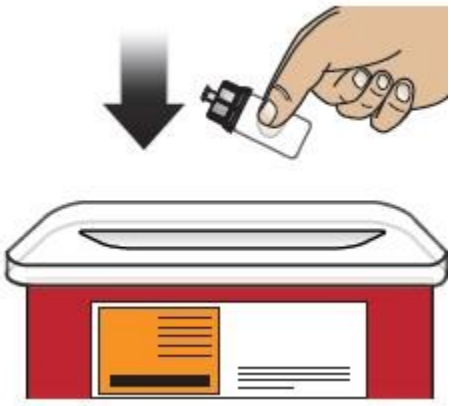


Figure V

Injecting MIMRYLO

7 Attaching the needle to the syringe

7.1 **Remove the needle from its packaging** by using your fingers to pull the package apart (Figure W).

Do not touch the open end of the needle.

Note: Your needle may look different. Follow the needle manufacturer instructions.

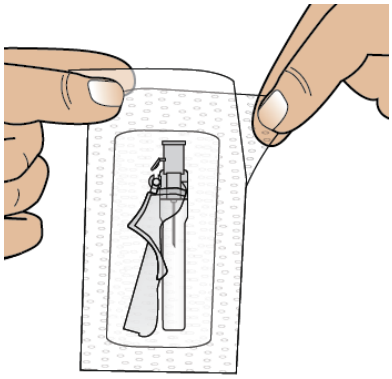


Figure W

7.2 **Attach the needle to the syringe** (Figure X):

- **hold the syringe by the body** with 1 hand
- with the other hand **attach the needle onto the syringe** by turning to the right (clockwise) until it is snug.

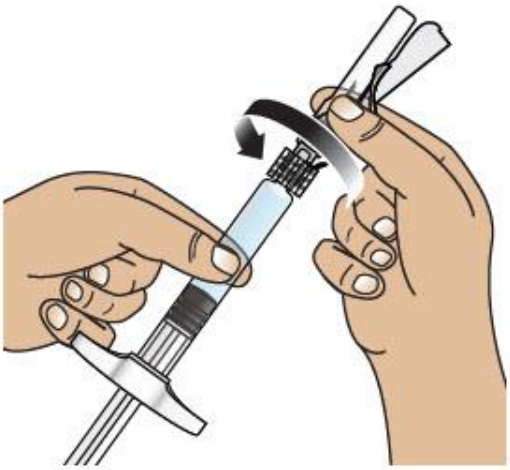


Figure X

7.3 **Set the prepared syringe** on a clean flat surface (Figure Y).

Important: You must inject the medicine **within 4 hours** of mixing it.

Do not touch or push the plunger rod until you are ready to inject.

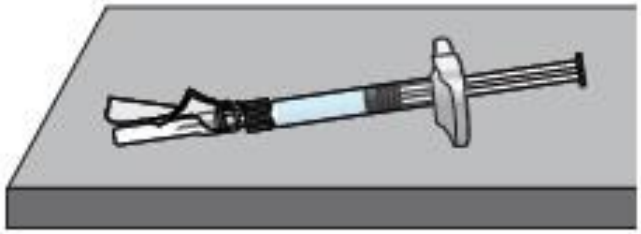


Figure Y

8 Choosing and cleaning the injection site(s)

8.1 **Choose from the following injection sites** (Figure Z):

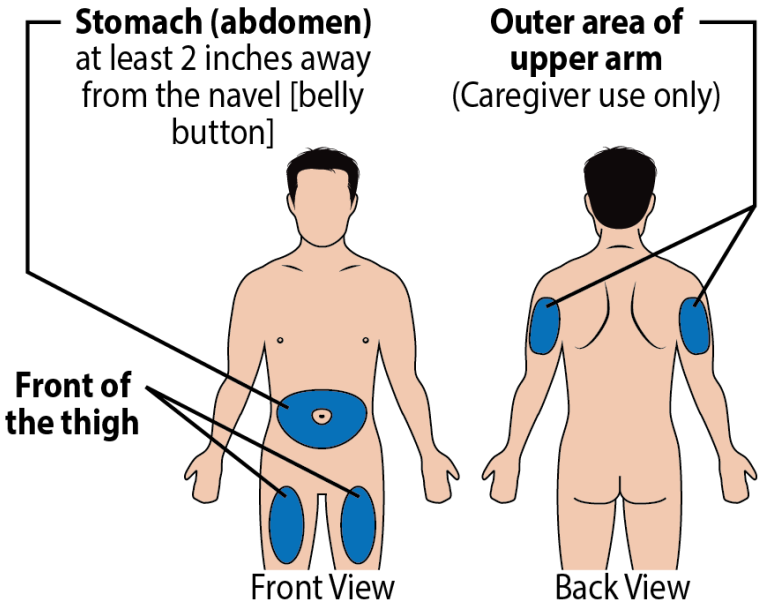


Figure Z

- **Do not** select a site where the skin is tender, bruised, red, irritated, hard or broken.
- **Do not** inject into the same spot twice in a row. Change (rotate) sites between injections. You can write down or log your injection sites to help remember.

8.2 **Clean the chosen injection site(s)** with a new alcohol swab. Allow the skin to air dry (Figure AA).

Throw away used alcohol swab into household trash.

- **Do not** touch the cleaned area again before injecting.
- **Do not** fan or blow on the clean site.

Figure AA

9 Taking off the needle cap

9.1 **Hold the syringe** by the body with the needle pointing up. **Pull the needle shield back** (Figure AB).

Do not remove the needle shield from the needle.

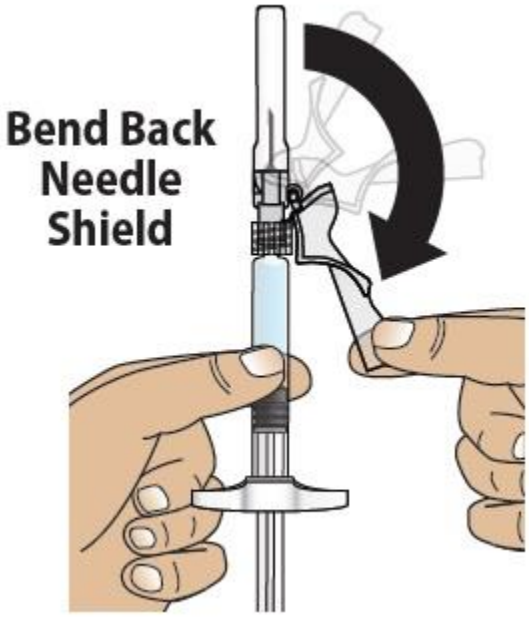


Figure AB

9.2 Carefully take off the needle cap by holding the syringe by the body with 1 hand and **firmly pulling the cap straight off** with the other hand (Figure AC).

Throw away the needle cap into household trash.

- **Do not** touch the plunger rod while taking off the needle cap.
- **Do not** use if the needle looks damaged or bent.
- **Do not** let the needle touch your hands or any surface.
- **Do not** use if the syringe is dropped without the needle cap on.

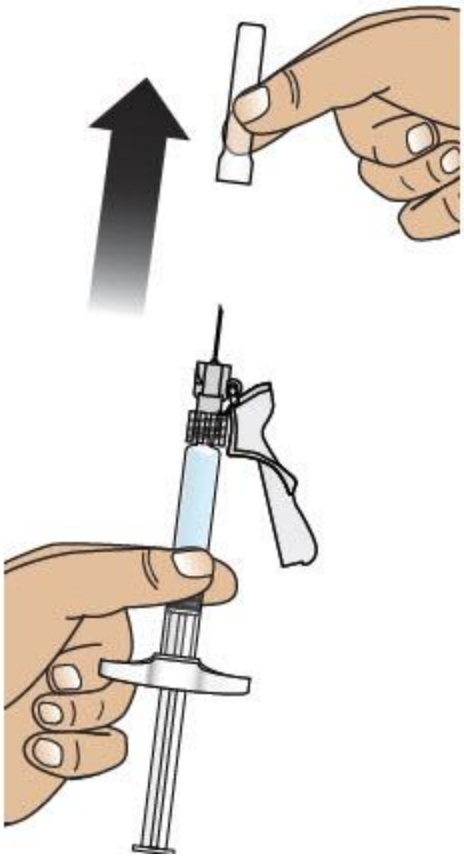


Figure AC

10 Removing air from the syringe

10.1 **Hold** the syringe with the needle tip pointing straight up (Figure AD).

10.2 **Tap the syringe** with your finger to move any air or bubbles to the syringe tip (Figure AD).

10.3 **Slowly and carefully push the syringe plunger rod** to remove the air or bubbles. It is okay if a small air gap or bubbles are left in the syringe.

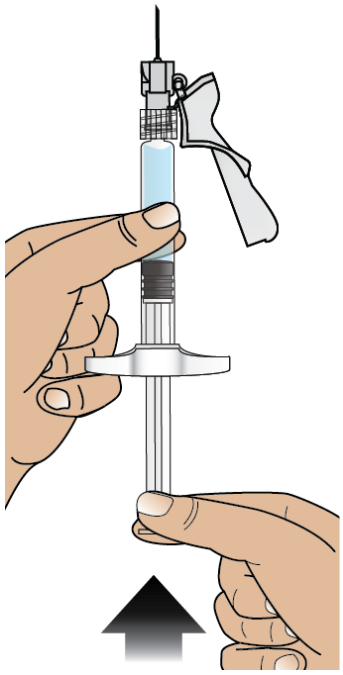


Figure AD

11 Giving the Injection

11.1 Use 1 hand to **pinch the skin** at the injection site (Figure AE).

This allows you to insert the needle into the fatty tissue just under the skin (subcutaneous injection).

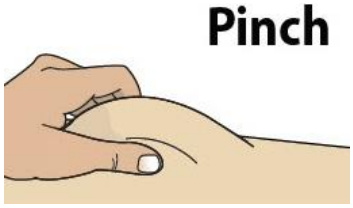


Figure AE

11.2 **Insert the needle** into the pinched skin at a **45 to 90 degree angle** (Figure AF). The pinched skin can be released after the needle is inserted.

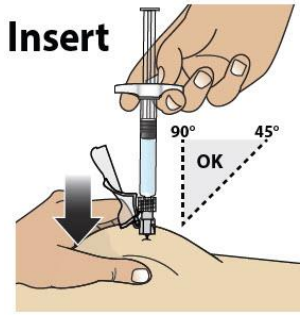


Figure AF

11.3 **Slowly push the plunger rod to inject all the medicine** (Figure AG).
After all the medicine is injected, pull the needle and syringe out of the skin at the same angle as you inserted it.

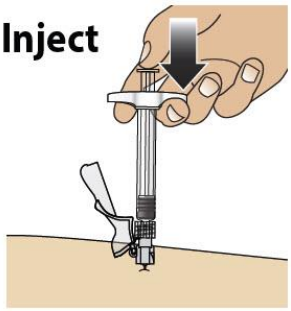


Figure AG

After Injecting MIMRYLO

12 Throwing away (disposing of) the syringe and needle into sharps disposal container and treating the injection site

12.1 **Right after injection of the medicine**, place the needle shield on the hard surface to **carefully push** the needle shield over the needle **until it snaps into place** and covers the needle (Figure AH and AI).

- **Do not** try to remove the needle from the syringe.
- **Do not** recap or touch the needle.

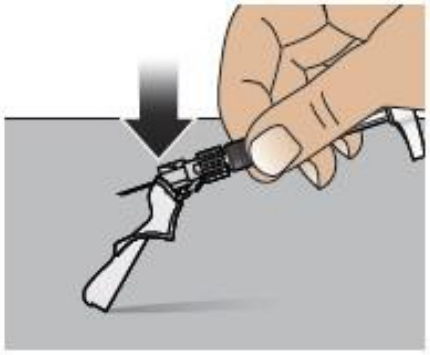


Figure AH

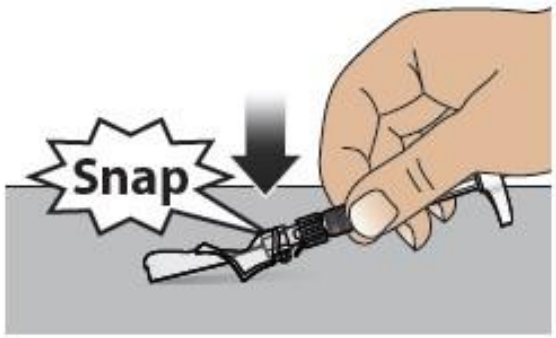


Figure AI

12.2 **Throw away (dispose of) the used syringe with the needle attached into an FDA-cleared sharps disposal container** (Figure AJ).

Do not throw away (dispose of) the needle or syringe in your household trash.

Figure AJ

12.3 **If there is bleeding at the injection site,** gently press a cotton ball or gauze pad over the site (Figure AK) and hold for 10 seconds. Cover with an adhesive bandage if needed.

Do not rub the injection site.

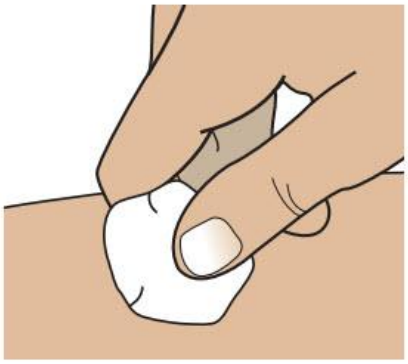


Figure AK

12.4 **If your dosage requires two injections, repeat steps 1 through 12**.

- **If your weekly dosage is greater than 82 mg**, administer your first injection on day 1 and the second injection on day 4 or 5.

Additional Disposal Information

FDA-cleared sharps disposal containers are generally available through pharmacies, medical supply companies, healthcare providers, and online.

If you do not have an FDA-cleared sharps disposal container, you may use a household container that is:

- made of a heavy-duty plastic,
- can be closed with a tight-fitting, puncture-resistant lid without sharps being able to come out,
- upright and stable during use,
- leak-resistant, and
- properly labeled to warn of hazardous waste inside the container.

When your sharps disposal container is almost full, you will need to follow community guidelines for the right way to throw away (dispose of) your sharps disposal container.

There may be state or local laws about how you should throw away used vials, needles and syringes. For more information about safe sharps disposal, and for specific information about sharps disposal in the state that you live in, go to the FDA's website at: http://www.fda.gov/safesharpsdisposal.

Do not throw away (dispose of) your used sharps disposal container in your household trash unless your community guidelines permit this.

Do not recycle your used sharps disposal container.

Keep the sharps disposal container out of the reach of children.

Additional Information

For more information about how to prepare and inject with MIMRYLO visit www.MIMRYLO.com or call 1-877-TAKEDA-7 (1-877-825-3327).

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