NEWS RELEASE

# Positive Phase III Results for Genentech's Gazyva Show Superiority to Standard Therapy Alone in People With Lupus Nephritis

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– The REGENCY study met its primary endpoint, demonstrating statistically significant and clinically meaningful treatment benefits in people with active lupus nephritis –

– Gazyva is designed to target an underlying cause of lupus nephritis, aiming to prevent or delay progression to end-stage kidney disease –

– Lupus nephritis is a potentially life-threatening manifestation of an autoimmune disease affecting 1.7 million people worldwide, primarily women; up to one-third of people on current treatments will progress to end-stage kidney disease within 10 years –

SOUTH SAN FRANCISCO, Calif.--(BUSINESS WIRE)-- Genentech, a member of the Roche Group (SIX: RO, ROG; OTCQX: RHHBY), announced today positive topline results from the Phase III REGENCY study of Gazyva® (obinutuzumab) in people with active lupus nephritis. In the study, a higher proportion of people treated with Gazyva plus standard therapy (mycophenolate mofetil and glucocorticoids) achieved a complete renal response (CRR) at 76 weeks compared to those treated with standard therapy alone. Safety was in line with the well-characterized profile of Gazyva. No new safety signals were identified.

"Gazyva achieved a robust complete renal response rate in lupus nephritis, which is associated with long-term preservation of kidney function and delay or prevention of end-stage kidney disease," said Levi Garraway, M.D., Ph.D., chief medical officer and head of Global Product Development. "Since dialysis or transplants are often required for patients with advanced kidney disease, these findings could represent an important step forward for

people living with this devastating disease."

"I am very excited about today's announcement that the Phase III REGENCY study has met its primary endpoint," said Dr. Brad H. Rovin, Director of Nephrology and Medical Director of the Center for Clinical Research Management at The Ohio State University Wexner Medical Center, and investigator for the REGENCY study. "The results of REGENCY are compelling. Obinutuzumab could offer the lupus community an effective new treatment option for controlling this difficult disease that can be associated with high morbidity for individuals living with lupus."

Two key secondary endpoints showed statistically significant and clinically meaningful benefits with Gazyva – the endpoint proportion of patients achieving CRR with a successful reduction of corticosteroid use, and an improvement in proteinuric response (both at 76 weeks). These endpoints are important indicators for achieving better disease control in lupus nephritis. Other secondary endpoints were not statistically significant, but numerically greater responses were observed for Gazyva in several endpoints.*

Data are being shared with health authorities, including the U.S. Food and Drug Administration (FDA) and the European Medicines Agency, with the goal of making this potential new treatment option for lupus nephritis available as soon as possible. Data are also being submitted for publication in a medical journal and presentation at a future medical congress.

Lupus nephritis is a potentially life-threatening manifestation of an autoimmune disease that affects approximately 1.7 million people worldwide, predominantly women and mostly women of color and childbearing age. In lupus nephritis, disease-causing B cells drive persistent inflammation that damages the kidneys. Despite current treatment options, up to a third of people will develop end-stage kidney disease within 10 years, where dialysis or transplant are the only available options and the risk of mortality is high. Data suggest that Gazyva depletes disease-causing B cells, helping to limit further damage to the kidneys and potentially preventing or delaying progression to end-stage kidney disease.

Gazyva was granted Breakthrough Therapy Designation by the FDA in 2019, based on data from the Phase II NOBILITY study. Breakthrough Therapy Designation is designed to accelerate the development and regulatory review of medicines intended to treat serious or life-threatening conditions where preliminary clinical evidence has indicated they may demonstrate substantial improvement over existing therapies.

In addition to REGENCY, Gazyva is being investigated in children and adolescents with lupus nephritis, people with membranous nephropathy, childhood-onset idiopathic nephrotic syndrome and systemic lupus erythematosus (SLE), an autoimmune disease that commonly affects the kidneys and can lead to lupus nephritis. Our pipeline also includes RG6299 (ASO factor B), an antisense oligonucleotide therapy being investigated in people with primary immunoglobulin A nephropathy at high risk of progression, Lunsumio® (mosunetuzumab), a first-in-class

CD20xCD3 T-cell engaging bispecific antibody being investigated in SLE, PiaSky® (crovalimab), a novel recycling monoclonal antibody being investigated in atypical hemolytic uremic syndrome and RG6382, a CD19xCD3 T-cell engaging bispecific antibody being investigated in SLE.

*Mean change in estimated glomerular filtration rate at 76 weeks, death or renal-related events through week 76, and overall renal response at 50 weeks.

## About Gazyva in Kidney Diseases

Gazyva® (obinutuzumab) is a Type II engineered humanized monoclonal antibody designed to attach to CD20, a protein found on certain types of B cells. In lupus nephritis, disease-causing B cells drive persistent inflammation that damages the kidneys. We can target an underlying cause of lupus nephritis to help gain better control of the disease by depleting disease-causing B cells with Gazyva, aiming to protect the kidneys from further damage and potentially prevent or delay progression to end-stage kidney disease.

Gazyva is already approved in 100 countries for various types of lymphoma. In the United States, Gazyva is part of a collaboration between Genentech and Biogen.

## About the REGENCY Study

REGENCY [ **NCT04221477** ] is a Phase III, randomized, double-blind, placebo-controlled, multicenter study investigating the efficacy and safety of Gazyva® (obinutuzumab) plus standard therapy (mycophenolate mofetil and glucocorticoids) in people with active/chronic International Society of Nephrology/Renal Pathology Society 2003 proliferative Class III or IV lupus nephritis, with or without Class V. The study enrolled 271 people, who were randomized 1:1 to receive either biannual intravenous dosing of Gazyva plus standard therapy or placebo plus standard therapy. REGENCY was designed based on robust **Phase II data** and conducted during the COVID-19 pandemic. The study population was representative of the real-world population of people with lupus nephritis. The primary endpoint was the proportion of people who achieved complete renal response (CRR) at 76 weeks. Key secondary endpoints included the proportion of people who achieved CRR at week 76 with successful reduction of corticosteroid use (prednisone taper); the proportion who achieved proteinuric response at 76 weeks; mean change in estimated glomerular filtration rate at 76 weeks; death or renal related events through week 76 and overall renal response at 50 weeks. Safety and tolerability were also assessed.

## About Lupus Nephritis

Lupus nephritis is a potentially life-threatening manifestation of systemic lupus erythematosus, an autoimmune disease that commonly affects the kidneys. Lupus nephritis affects approximately 1.7 million people worldwide.

Lupus nephritis has a profound impact on the lives and outlook of those affected and even with the latest treatments, the damage caused to the kidneys usually gets worse over time, with up to a third of people progressing to end-stage kidney disease within 10 years, where the only options are dialysis or transplant. Lupus nephritis predominantly affects women, mostly women of color and usually of childbearing age. Currently, there is no cure.

## Gazyva U.S. Indications

Gazyva® (obinutuzumab) is a prescription medicine used:

- With the chemotherapy drug, chlorambucil, to treat chronic lymphocytic leukemia (CLL) in adults who have not had previous CLL treatment.
- With the chemotherapy drug, bendamustine, followed by Gazyva alone for follicular lymphoma (FL) in adults who did not respond to a rituximab-containing regimen, or whose FL returned after such treatment.
- In combination with chemotherapy, followed by Gazyva alone in those who responded, to treat stage II bulky, III, or IV FL in adults who have not had previous FL treatment.

## Important Safety Information

## The most important safety information patients should know about Gazyva

Patients must tell their doctor right away about any side effect they experience. Gazyva can cause side effects that can become serious or life-threatening, including:

- Hepatitis B Virus (HBV): Hepatitis B can cause liver failure and death. If the patient has a history of hepatitis B infection, Gazyva could cause it to return. Patients should not receive Gazyva if they have active hepatitis B liver disease. The patient's doctor or healthcare team will need to screen them for hepatitis B before, and monitor the patient for hepatitis during and after, their treatment with Gazyva. Sometimes this will require treatment for hepatitis B. Symptoms of hepatitis include: worsening of fatigue and yellow discoloration of skin or eyes.
- Progressive Multifocal Leukoencephalopathy (PML): PML is a rare and serious brain infection caused by a virus. PML can be fatal. The patient's weakened immune system could put them at risk. The patient's doctor will watch for symptoms. Symptoms of PML include: confusion, difficulty talking or walking, dizziness or loss of balance, and vision problems.

## Who should not receive Gazyva:

Patients should NOT receive Gazyva if they have had an allergic reaction (e.g., anaphylaxis or serum sickness) to

Gazyva. Patients must tell their healthcare provider if they have had an allergic reaction to obinutuzumab or any other ingredients in Gazyva in the past.

## Additional possible serious side effects of Gazyva:

Patients must tell their doctor right away about any side effect they experience. Gazyva can cause side effects that may become severe or life threatening, including:

- Infusion Reactions: These side effects may occur during or within 24 hours of any Gazyva infusion. Some infusion reactions can be serious, including, but not limited to, severe allergic reactions (anaphylaxis), acute life-threatening breathing problems, or other life-threatening infusion reactions. If the patient has a reaction, the infusion is either slowed or stopped until their symptoms are resolved. Most patients are able to complete infusions and receive medication again. However, if the infusion reaction is life-threatening, the infusion of Gazyva will be permanently stopped. The patient's healthcare team will take steps to help lessen any side effects the patient may have to the infusion process. The patient may be given medicines to take before each Gazyva treatment. Symptoms of infusion reactions may include: fast heartbeat, tiredness, dizziness, headache, redness of the face, nausea, chills, fever, vomiting, diarrhea, rash, high blood pressure, low blood pressure, difficulty breathing, and chest discomfort.
- Hypersensitivity Reactions Including Serum Sickness: Some patients receiving Gazyva may have severe or life-threatening allergic reactions. This reaction may be severe, may happen during or after an infusion, and may affect many areas of the body. If an allergic reaction occurs, the patient's doctor will stop the infusion and permanently discontinue Gazyva.
- Tumor Lysis Syndrome (TLS): Tumor lysis syndrome, including fatal cases, has been reported in patients receiving Gazyva. Gazyva works to break down cancer cells quickly. As cancer cells break apart, their contents are released into the blood. These contents may cause damage to organs and the heart, and may lead to kidney failure requiring the need for dialysis treatment. The patient's doctor may prescribe medication to help prevent TLS. The patient's doctor will also conduct regular blood tests to check for TLS. Symptoms of TLS may include nausea, vomiting, diarrhea, and tiredness.
- Infections: While the patient is taking Gazyva, they may develop infections. Some of these infections may be fatal and severe, so the patient should be sure to talk to their doctor if they think they have an infection. Patients administered Gazyva in combination with chemotherapy, followed by Gazyva alone are at a high risk of infections during and after treatment. Patients with a history of recurring or chronic infections may be at an increased risk of infection. Patients with an active infection should not be treated with Gazyva. Patients taking Gazyva plus bendamustine may be at higher risk for fatal or severe infections compared to patients taking Gazyva plus CHOP or CVP.
- Low White Blood Cell Count: When the patient has an abnormally low count of infection-fighting white blood

cells, it is called neutropenia. While the patient is taking Gazyva, their doctor will do blood work to check their white blood cell count. Severe and life-threatening neutropenia can develop during or after treatment with Gazyva. Some cases of neutropenia can last for more than one month. If the patient's white blood cell count is low, their doctor may prescribe medication to help prevent infections.

- Low Platelet Count: Platelets help stop bleeding or blood loss. Gazyva may reduce the number of platelets the patient has in their blood; having low platelet count is called thrombocytopenia. This may affect the clotting process. While the patient is taking Gazyva, their doctor will do blood work to check their platelet count. Severe and life-threatening thrombocytopenia can develop during treatment with Gazyva. Fatal bleeding events have occurred in patients treated with Gazyva. If the patient's platelet count gets too low, their treatment may be delayed or reduced.
- Disseminated Intravascular Coagulation (DIC): Fatal and severe DIC has been reported in people receiving GAZYVA. DIC is a rare and serious abnormal blood clotting condition that should be monitored and managed by your doctor as it can lead to uncontrollable bleeding

The most common side effects of Gazyva in CLL were infusion-related reactions and low white blood cell counts.

The most common side effects seen with GAZYVA in a study that included relapsed or refractory NHL, including FL patients were infusion-related reactions, fatigue, low white blood cell counts, cough, upper respiratory tract infection, and joint or muscle pain.

The most common side effects seen with GAZYVA in a study that included previously untreated FL patients were infusion-related reactions, low white blood cell count, upper respiratory tract infections, cough, constipation and diarrhea.

## Before receiving Gazyva, patients should talk to their doctor about:

- Immunizations: Before receiving Gazyva therapy, the patient should tell their healthcare provider if they have recently received or are scheduled to receive a vaccine. Patients who are treated with Gazyva should not receive live vaccines.
- Pregnancy: The patient should tell their doctor if they are pregnant, think that they might be pregnant, or plan to become pregnant. Gazyva may harm their unborn baby. The patient should speak to their doctor about using Gazyva while they are pregnant. The patient should talk to their doctor or their child's doctor about the safety and timing of live virus vaccinations to their infant if they received Gazyva during pregnancy. Patients of childbearing potential should use effective contraception while taking Gazyva and for 6 months after your Gazyva treatment.
- Breastfeeding: Because of the potential risk of serious side reactions in breastfed children, patient should not breastfeed while taking Gazyva and for 6 months after your last dose.

Patients should tell their doctor about any side effects.

These are not all of the possible side effects of Gazyva. For more information, patients should ask their doctor or pharmacist.

Gazyva is available by prescription only.

Report side effects to the FDA at (800) FDA-1088, or **http://www.fda.gov/medwatch.** Report side effects to Genentech at (888) 835-2555.

Please visit **http://www.Gazyva.com** for the Gazyva full Prescribing Information, including BOXED WARNINGS, for additional Important Safety Information.

## About Lunsumio ® (mosunetuzumab-axgb)

Lunsumio® is a first-in-class CD20xCD3 T-cell engaging bispecific antibody designed to target CD20 on the surface of B cells and CD3 on the surface of T cells. This dual targeting activates and redirects a patient's existing T cells to engage and eliminate target B cells by releasing cytotoxic proteins into the B cells. A robust clinical development program for Lunsumio is ongoing, investigating the molecule as a monotherapy and in combination with other medicines, for the treatment of people with B-cell non-Hodgkin's lymphomas, including follicular lymphoma and diffuse large B-cell lymphoma, and other blood cancers.

## Lunsumio U.S. Indication

Lunsumio® (mosunetuzumab-axgb) is a prescription medicine used to treat adults with follicular lymphoma whose cancer has come back or did not respond to previous treatment, and who have already received two or more treatments for their cancer.

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

The conditional approval of Lunsumio is based on response rate. There are ongoing studies to establish how well the drug works.

## What is the most important information I should know about Lunsumio?

Lunsumio may cause Cytokine Release Syndrome (CRS), a serious side effect that is common during treatment with Lunsumio and can also be severe or life-threatening.

## Get medical help right away if you develop any signs or symptoms of CRS at any time, including:

- fever of 100.4°F (38°C) or higher
- chills
- low blood pressure
- fast or irregular heartbeat
- tiredness or weakness
- difficulty breathing
- headache
- confusion
- feeling anxious
- dizziness or light-headedness
- nausea
- vomiting

## Due to the risk of CRS, you will receive Lunsumio on a "step-up dosing schedule."

- The step-up dosing schedule is when you receive smaller "step-up" doses of Lunsumio on Day 1 and Day 8 of your first cycle of treatment
- You will receive a higher dose of Lunsumio on Day 15 of your first cycle of treatment
- If your dose of Lunsumio is delayed for any reason, you may need to repeat the step-up dosing schedule
- Before each dose in Cycle 1 and Cycle 2, you will receive medicines to help reduce your risk of CRS

Your healthcare provider will check you for CRS during treatment with Lunsumio and may treat you in a hospital if you develop signs and symptoms of CRS. Your healthcare provider may temporarily stop or completely stop your treatment with Lunsumio, if you have severe side effects.

## What are the possible side effects of Lunsumio?

## Lunsumio may cause serious side effects, including:

- Neurologic problems. Your healthcare provider will check you for neurologic problems during treatment with Lunsumio. Your healthcare provider may also refer you to a healthcare provider who specializes in neurologic problems. Tell your healthcare provider right away if you develop any signs or symptoms of neurologic problems during or after treatment with Lunsumio, including:
    - headache
    - numbness and tingling of the arms, legs, hands, or feet

    - dizziness
    - confusion and disorientation
    - difficulty paying attention or understanding things
    - forgetting things or forgetting who or where you are
    - trouble speaking, reading, or writing
    - sleepiness or trouble sleeping
    - tremors
    - loss of consciousness
    - seizures
    - muscle problems or muscle weakness
    - loss of balance or trouble walking

- Serious infections. Lunsumio can cause serious infections that may lead to death. Your healthcare provider will check you for signs and symptoms of infection before and during treatment. Tell your healthcare provider right away if you develop any signs or symptoms of infection during treatment with Lunsumio, including:
    - fever of 100.4° F (38° C) or higher
    - cough
    - chest pain
    - tiredness
    - shortness of breath
    - painful rash
    - sore throat
    - pain during urination
    - feeling weak or generally unwell

- Low blood cell counts. Low blood cell counts are common during treatment with Lunsumio and can also be severe. Your healthcare provider will check your blood cell counts during treatment with Lunsumio. Lunsumio may cause the following low blood cell counts:
    - low white blood cell counts (neutropenia). Low white blood cells can increase your risk for infection
    - low red blood cell counts (anemia). Low red blood cells can cause tiredness and shortness of breath
    - low platelet counts (thrombocytopenia). Low platelet counts can cause bruising or bleeding problems

- Growth in your tumor or worsening of tumor related problems (Tumor flare). Lunsumio may cause serious or severe worsening of your tumor. Tell your healthcare provider if you develop any of these signs or symptoms of tumor flare during your treatment with Lunsumio: tender or swollen lymph nodes, chest pain, cough, trouble breathing, and pain or swelling at the site of the tumor

Your healthcare provider may temporarily stop or permanently stop treatment with Lunsumio

if you develop severe side effects.

The most common side effects of Lunsumio include: tiredness, rash, fever, and headache.

The most common severe abnormal lab test results with Lunsumio include: decreased phosphate, increased glucose, and increased uric acid levels.

Before receiving Lunsumio, tell your healthcare provider about all of your medical conditions, including if you:

- have ever had an infusion reaction after receiving Lunsumio
- have an infection, or have had an infection in the past which lasted a long time or keeps coming back
- have or have had Epstein-Barr Virus
- are pregnant or plan to become pregnant. Lunsumio may harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with Lunsumio

Females who are able to become pregnant:

- your healthcare provider should do a pregnancy test before you start treatment with Lunsumio
- you should use an effective method of birth control during your treatment and for 3 months after the last dose of Lunsumio
- are breastfeeding or plan to breastfeed. It is not known if Lunsumio passes into your breast milk. Do not breastfeed during treatment and for 3 months after the last dose of Lunsumio

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

What should I avoid while receiving Lunsumio?

Do not drive, operate heavy machinery, or do other dangerous activities if you develop dizziness, confusion, tremors, sleepiness, or any other symptoms that impair consciousness until your signs and symptoms go away. These may be signs and symptoms of CRS or neurologic problems.

These are not all the possible side effects of Lunsumio. Talk to your healthcare provider for more information about the benefits and risks of Lunsumio.

You may report side effects to the FDA at (800) FDA-1088 or **http://www.fda.gov/medwatch** . You may also report side effects to Genentech at (888) 835-2555.

Please see Important Safety Information, including Serious Side Effects, as well as the Lunsumio full **Prescribing Information** and **Medication Guide** or visit **https://www.Lunsumio.com** .

## PiaSky U.S. Indication

PiaSky® is a prescription medicine used to treat a disease called paroxysmal nocturnal hemoglobinuria (PNH) in adults and children 13 years of age or older who weigh at least 88 pounds (40 kg).

It is not known if PiaSky is safe and effective in children under 13 years of age and in people who weigh less than 88 pounds (40kg).

## What is the most important information I should know about PiaSky?

## PiaSky is a medicine that can affect your immune system. PiaSky may lower the ability of your immune system to fight infections

- PiaSky increases your chance of getting serious infections caused by Neisseria meningitidis . Meningococcal infections may quickly become life-threatening or cause death if not recognized and treated early.
    - You must complete or update your meningococcal vaccines at least 2 weeks before your first dose of PiaSky.
    - If your healthcare provider decides that immediate treatment with PiaSky is needed and your meningococcal vaccination is not up to date, you should receive meningococcal vaccination as soon as possible, and receive antibiotics for as long as your healthcare provider tells you.
    - If you have been given a meningococcal vaccine in the past, you might need additional vaccines before starting PiaSky. Your healthcare provider will decide if you need additional meningococcal vaccine.
    - Meningococcal vaccines do not prevent all meningococcal infections. Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of a serious meningococcal infection:
        - fever
        - fever and a rash
        - fever with a high heart rate
        - fever with a headache
        - headache with nausea or vomiting
        - headache with a stiff neck or stiff back
        - confusion

        - muscle aches, with flu-like symptoms
        - eyes sensitive to light
- Your healthcare provider will give you a Patient Safety Card about the risk of serious meningococcal infection. Carry it with you at all times during treatment and for 11 months after your last dose of PiaSky. Your risk of meningococcal infection may continue for several months after your last dose of PiaSky. It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.
- PiaSky is only available through a program called the PiaSky Risk Evaluation and Mitigation Strategy (PiaSky REMS). Before you can receive PiaSky, your healthcare provider must:
    - enroll in the PiaSky REMS program.
    - counsel you about the risk of serious meningococcal infection.
    - give you information about the signs and symptoms of serious meningococcal infection.
    - make sure that you are vaccinated with a meningococcal vaccine and that you receive antibiotics if you need to start PiaSky right away if you are not up to date on your vaccines.
    - give you a Patient Safety Card about your risk of meningococcal infection.
- Immune system reactions called Type III hypersensitivity reactions are common during treatment with PiaSky and can be serious. If you are currently being treated with or have been treated with another C5 inhibitor medicine and you switch to PiaSky, PiaSky may cause Type III hypersensitivity reactions. People may also develop Type III hypersensitivity reactions when they switch from PiaSky to another C5 inhibitor medicine. If you have been treated with another C5 inhibitor medicine and you switch to PiaSky, or if you have been treated with PiaSky and you switch to another C5 inhibitor medicine, your healthcare provider should monitor you for 30 days after you switch medicines. Call your healthcare provider or go to the nearest emergency room right away if you have any signs or symptoms of Type III hypersensitivity reaction including:
    - joint pain
    - muscle or bone pain
    - rash or skin problems
    - itching
    - headache
    - kidney problems
    - numbness and tingling or a feeling of pins and needles especially of the hands and feet
    - fever
    - weakness, tiredness, or lack of energy
    - stomach trouble or pain
- PiaSky may also increase the risk of other types of serious infections, including infections caused by Neisseria spp., Streptococcus pneumoniae, Haemophilus influenzae, and Neisseria gonorrhoeae.

    - If you receive treatment with PiaSky, you should receive vaccines against Streptococcus pneumoniae.
    - If your child receives treatment with PiaSky, your child should receive vaccines against Streptococcus pneumoniae and may receive vaccines against Haemophilus influenzae , depending on their age.
- Call your healthcare provider right away if you have any new signs or symptoms of infection such as:
    - fever of 100.4°F (38°C) or higher
    - cough
    - chest pain
    - tiredness
    - feeling short of breath
    - painful rash
    - sore throat
    - burning pain when passing urine
    - feeling weak or generally unwell

## Who should not receive PiaSky?

## Do not receive PiaSky if you:

- Have a serious meningococcal infection caused by Neisseria meningitidis when you are starting PiaSky treatment.
- Are allergic to crovalimab or any of the ingredients in PiaSky.

## Before receiving PiaSky tell your healthcare provider about all of your medical conditions, including if you:

- have an infection or fever.
- are pregnant or plan to become pregnant. It is not known if PiaSky may harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if PiaSky passes into your breast milk.

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. PiaSky and other medicines can affect each other, causing side effects. **Especially tell your healthcare provider** if you are currently being treated with or have ever been treated with any other complementary C5 inhibitor (C5 inhibitor) medicine. PiaSky is a C5 inhibitor medicine. Know the medicines you take and the vaccines you receive. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

## How should I receive PiaSky?

- Your healthcare provider will give you your PiaSky treatment.
- Your first dose will be given through a vein by intravenous (IV) infusion on Day 1 by your healthcare provider. This is the first loading dose.
- Another loading dose will be given as an injection under the skin (subcutaneous) on Days 2, 8, 15, and 22.
- Your maintenance doses will begin on Day 29 and then will be given every 4 weeks as a subcutaneous injection.
- Your healthcare provider will prescribe the dose based on your weight. If your weight changes, tell your healthcare provider.
- Talk to your healthcare provider if you miss receiving your dose of PiaSky.
- If you are changing treatment from another C5 inhibitor such as eculizumab or ravulizumab to PiaSky, you should receive your first loading dose of PiaSky no sooner than the time you would have received your next scheduled dose of eculizumab or ravulizumab.
- If you stop taking PiaSky and do not switch to another treatment for your PNH, your healthcare provider will need to monitor you closely for at least 20 weeks after stopping PiaSky. Stopping treatment with PiaSky may cause a breakdown of red blood cells due to PNH.
  Symptoms or problems that can happen due to red blood cell breakdown include:
  - a lower number of red blood cells (anemia)
  - blood in your urine or dark urine
  - feeling short of breath
  - feeling tired or low energy (fatigue)
  - stomach pain
  - blood clotting (thrombosis)
  - difficulty swallowing
  - difficulty getting or keeping an erection (erectile dysfunction)
  - kidneys not working properly

## What are the possible side effects of PiaSky?

## PiaSky can cause serious side effects including:

- Infusion- and injection-related reactions. Infusion- or injection-related reactions may happen during or after your PiaSky administration. Symptoms may include headache, pain at infusion or injection site or in other parts of your body, swelling, bruising or bleeding, red skin, itching and rash. PiaSky can also cause serious allergic reactions. Tell your healthcare provider right away or go to the nearest emergency room if you get any of the following symptoms or symptoms of a serious allergic reaction:
  - shortness of breath or trouble breathing
  - pain or tightness in your chest

    - wheezing
    - feeling dizzy or lightheaded
    - swelling of the throat, lips, tongue, or face
    - skin itching, hives, or rash
    - fever or chills

- The most common side effects of PiaSky are:
    - infusion-related reactions
    - respiratory tract infections including infections of the lungs, cold symptoms, and pain or swelling of the nose or throat
    - viral infections
    - Type III hypersensitivity reactions

Tell your healthcare provider about any side effect that bothers you or that does not go away.

These are not all the possible side effects of PiaSky. Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or **https ://www.fda.gov/medwatch .** You may also report side effects to Genentech at (888) 835-2555 .

Please see the full **Prescribing Information** and **Medication Guide** for additional Important Safety Information, including Serious Side Effects , or visit **https://www.piasky.com** .

## About Genentech in Kidney Diseases

For 20 years, we have combined innovation, scientific expertise and commitment to patients to address unmet needs in kidney diseases. Our industry-leading pipeline includes several ongoing Phase I-III clinical studies of immune-mediated investigational therapies with the aim of bringing innovative new treatment options to people living with kidney and kidney-related diseases, including lupus nephritis, membranous nephropathy, immunoglobulin A nephropathy, atypical hemolytic uremic syndrome, childhood-onset idiopathic nephrotic syndrome and systemic lupus erythematosus, an autoimmune disease that can lead to lupus nephritis.

## About Genentech

Founded more than 40 years ago, Genentech is a leading biotechnology company that discovers, develops, manufactures and commercializes medicines to treat patients with serious and life-threatening medical conditions. The company, a member of the Roche Group, has headquarters in South San Francisco, California. For additional information about the company, please visit **http://www.gene.com** .

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