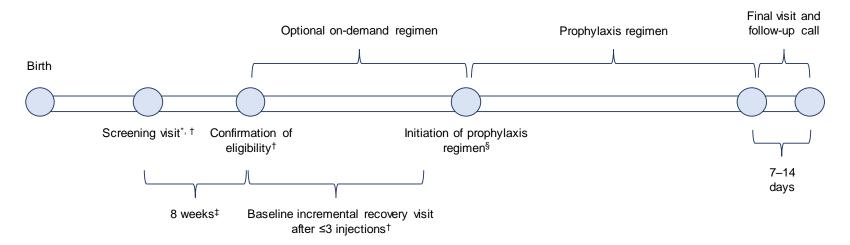
## PUPs A Supplement - MS# BLD-2021-013563R1

## Supplemental Figure 1. Study design



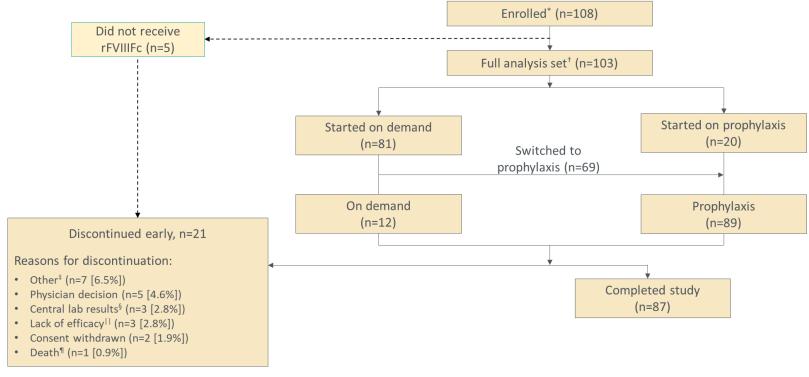
<sup>\*</sup>Subjects were not allowed on study if they had received any infusion of factor prior to eligibility confirmation.

<sup>&</sup>lt;sup>†</sup>Screening and baseline incremental recovery visits may be performed as 2 separate visits or all activities necessary for screening, confirmation of eligibility, and the baseline incremental recovery visit may be performed at the same visit.

<sup>&</sup>lt;sup>‡</sup>When screening was not completed within 8 weeks, some assessments were repeated.

<sup>§</sup>Investigators had the option to treat a subject on demand, however, according to global standards of care, prophylaxis was generally initiated prior to or immediately following a third joint bleed.

## Supplemental Figure 2. Subject disposition



rFVIIIFc, recombinant factor VIII Fc fusion protein; ITI, immune tolerance induction.

 $<sup>^*</sup>$ All subjects who were enrolled in the study, whether or not dosed with rFVIIIFc.

<sup>&</sup>lt;sup>†</sup>Enrolled subjects who had taken ≥1 dose of rFVIIIFc. Two subjects who discontinued early were not allocated to a treatment regimen.

<sup>&</sup>lt;sup>‡</sup>Reasons included unavailable homecare (n=1), patient identified as meeting an exclusion criterion (n=2), discontinuation for need of continuous infusion (n=3 [n=2 for intracranial hemorrhage; n=1 for planned surgery]), and parent decision (n=1).

<sup>§</sup>Baseline FVIII activity level was determined to be ≥1% (screening failures).

<sup>|</sup> All 3 subjects had high-titer inhibitors and were receiving ITI at the time of discontinuation.

<sup>&</sup>lt;sup>¶</sup>Death due to an intracranial hemorrhage during the screening period with onset before the first dose of rFVIIIFc.

**Supplemental Table 1:** Summary of risk factors by inhibitor classification\*,<sup>†</sup>

|   | High-titer inhibitor | Low-titer inhibitor |
|---|----------------------|---------------------|
|   | (n=14)               | (n=14)              |
| Factor  | n (%)                | n (%)               |
| Race  | _                    | _                   |
| Black or White Hispanic (n=5)                 | 2 (40.0)             | 3 (60.0)            |
| Other (n=23)                                  | 12 (52.2)            | 11 (47.8)           |
| Family history of inhibitor                   |                      |                     |
| Yes (n=9)                                     | 6 (66.7)             | 3 (33.3)            |
| No (n=15)                                     | 6 (40.0)             | 9 (60.0)            |
| Unknown (n=4)                                 | 2 (50.0)             | 2 (50.0)            |
| Genotype                                      |                      |                     |
| High risk (n=23)                              | 11 (47.8)            | 12 (52.2)           |
| Low risk (n=1)                                | 0 (0.0)              | 1 (100.0)           |
| Unknown risk (n=4)                            | 3 (75.0)             | 1 (25.0)            |
| Treatment emergent adverse event of infection |                      |                     |
| Yes (n=17)                                    | 9 (52.9)             | 8 (47.1)            |
| No (n=11)                                     | 5 (45.5)             | 6 (54.5)            |
|   |                      |                     |

rFVIIIFc, recombinant factor VIII Fc fusion protein.

<sup>\*</sup>Percentages are based on the number of subjects at each level of the risk factor.

<sup>&</sup>lt;sup>†</sup>Subjects developing a positive inhibitor (≥0.6 BU/mL, confirmed by a second test result from a separate sample drawn ≥2 weeks after the date of the original sample) after exposure to rFVIIIFc are included in the inhibitor subgroup.