AQVESME™ is NOW APPROVED for thalassemia

In adults

AQVESME is the **ONLY** treatment for anemia in **BOTH** non–transfusion-dependent **(NTD)** and transfusion-dependent **(TD)**, **alpha**- or **beta-thalassemia** that:

- Hb ↑ Significantly **increases hemoglobin (Hb)** in NTD thalassemia
- Significantly **reduces fatigue** in NTD thalassemia
- Significantly **reduces transfusion burden** in TD thalassemia

Please see AQVESME results starting on page 7 ►

What is AQVESME?

AQVESME is a prescription medicine used to treat anemia (low red blood cells) in adults with alpha- or beta-thalassemia. It is not known if AQVESME is safe and effective in children.

IMPORTANT SAFETY INFORMATION

AQVESME may cause serious side effects, including:

- **Liver injury**. AQVESME can cause serious liver injury. Liver injury has happened in people with thalassemia within the first 6 months of treatment with AQVESME. Your healthcare provider will do blood tests to check your liver before you start treatment with AQVESME, every 4 weeks for the first 24 weeks of treatment, and as needed. Your healthcare provider may temporarily or permanently stop your treatment with AQVESME if you have abnormal liver blood tests.

  Tell your healthcare provider right away if you develop any new or worsening signs or symptoms of liver problems, including:

  - loss of appetite
  - nausea
  - pain in the upper right side of your stomach area
  - vomiting
  - yellowing of the skin and white part of your eyes (jaundice)
  - dark-colored urine

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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About thalassemia

What is thalassemia?

Thalassemia is a group of **rare genetic blood conditions**. It affects how a protein called hemoglobin is made. **Hemoglobin is a key building block of red blood cells (RBCs).** Hemoglobin helps RBCs carry oxygen throughout the body.

In people with thalassemia, there is less healthy hemoglobin, which means less oxygen is carried throughout the body. This results in chronic anemia that can last throughout life.

In healthy adults who don't have thalassemia, hemoglobin levels are usually between 14 g/dL and 18 g/dL in men, and between 12 g/dL and 16 g/dL in women.

It's important to work with your care team to monitor hemoglobin levels.

How is thalassemia described?

There are 2 main types of thalassemia: **alpha-thalassemia** and **beta-thalassemia**. The type of thalassemia you have depends on your genes and on which part of the hemoglobin is affected—alpha chains or beta chains.

Traditionally, thalassemia has been described as thalassemia major, thalassemia intermedia, thalassemia minor, and thalassemia trait—which refer to genetics and severity of anemia.

Thalassemia can also be described based on your need for blood transfusions.

Transfusion-dependent (TD) thalassemia

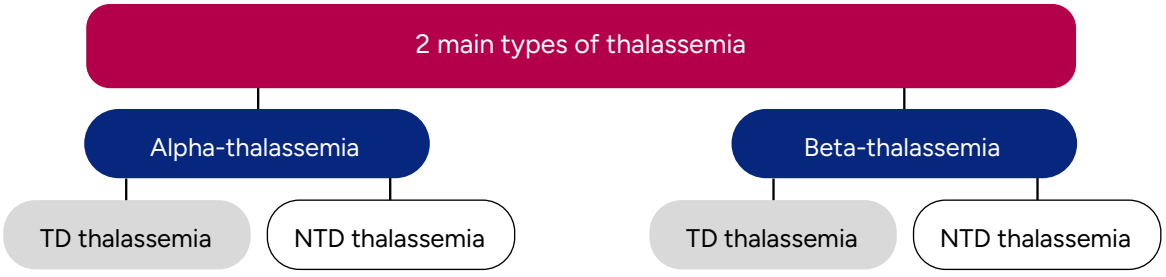
People who require regular blood transfusions for survival

- For example, someone who has TD thalassemia may get blood transfusions every 3 weeks

Non–transfusion-dependent (NTD) thalassemia

People who do not require regular blood transfusions, but may need transfusions sometimes

- People with NTD thalassemia may get blood transfusions from time to time, or they may not get any at all
- People with NTD thalassemia may require more frequent transfusions over time, and some may become transfusion dependent



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About thalassemia

What are the symptoms of thalassemia?

Symptoms of thalassemia can vary from person to person. **Common symptoms of thalassemia may include:**

- Fatigue
- Weakness
- Shortness of breath
- Dizziness and fainting
- Paleness
- Headaches

These are not all the symptoms of thalassemia.

It's important to share your symptoms with your care team. Symptoms may be a sign of something serious.

What is the impact of thalassemia?

People with thalassemia are at risk for serious health issues—regardless of whether they require transfusions. Some possible serious complications include:

- Blood clots (which can lead to cardiovascular issues or stroke)
- Brittle bones
- Organ damage
- Iron overload (which can lead to other complications)
- Abnormal production of hormones
- Blood cells made outside the bone marrow
- High blood pressure in the lungs

The impact of NTD thalassemia ▸ The impact of TD thalassemia ▸

Thalassemia results in chronic anemia that can last throughout life. Even if you don't experience a lot of symptoms, chronic anemia can lead to serious complications, including organ damage, and can be life-threatening if not properly monitored and managed.

NTD=non–transfusion dependent; TD=transfusion dependent.

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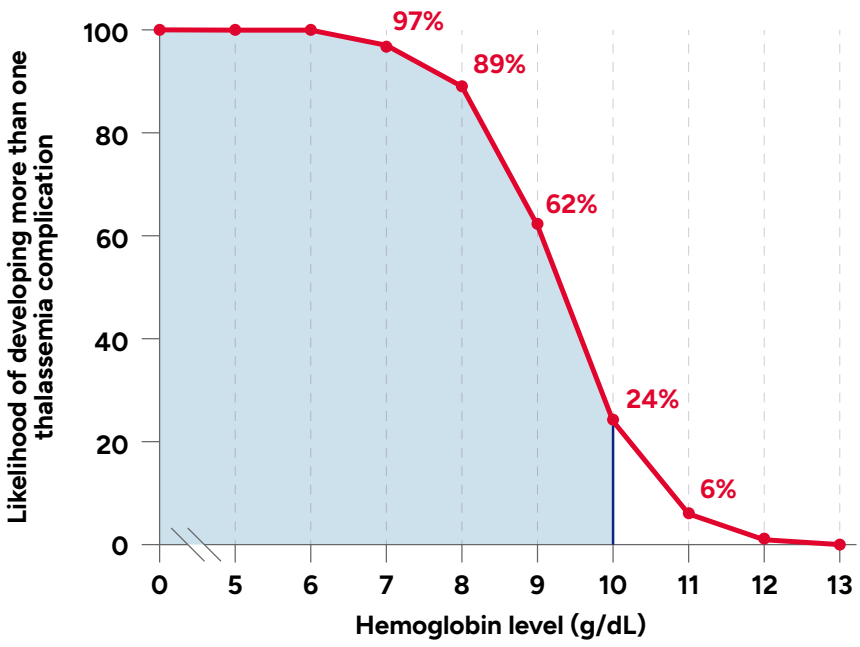
About thalassemia

In people with NTD thalassemia, chronic anemia can lead to serious complications

Close

Each 1 g/dL increase in hemoglobin is independently associated with a decreased risk of complications

Relationship between hemoglobin level and risk of thalassemia complications



- **Monitoring your hemoglobin is an important part of regular monitoring. People with NTD thalassemia with hemoglobin ≤10 g/dL are at increased risk for complications**

Thalassemia results in chronic anemia that can last throughout life. Even if you don't experience a lot of symptoms, chronic anemia can lead to serious complications, including organ damage, and can be life-threatening if not properly monitored and managed.

NTD=non–transfusion dependent; TD=transfusion dependent.

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About thalassemia

Close

People with TD thalassemia also experience clinical complications, despite regular transfusions

Risk of certain complications can increase with increased transfusion burden

A recent study showed the risk of certain complications can increase with transfusion burden. This study looked at complications reported in medical claims for people receiving an average of 12 or more transfusions over a 12-week period compared with those receiving none. Those who received 12 or more transfusions in 12 weeks experienced higher rates of complications.

▲ **2.9X** **Heart-related complications nearly tripled**

▲ **1.9X** **Risk of liver disease nearly doubled**

▲ **3.2X** **Complications associated with hormone production more than tripled**

- **Ongoing transfusions come with the risk of iron overload. This heightens the risk of serious complications and organ damage**

life-threatening if not properly monitored and managed.

NTD=non–transfusion dependent; TD=transfusion dependent.

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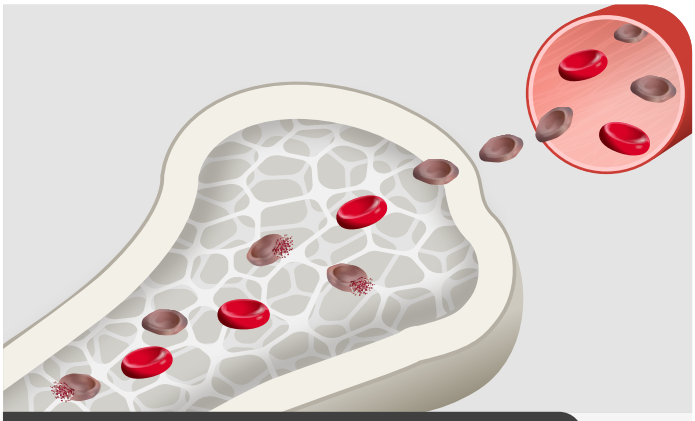
How thalassemia affects you

The bone marrow creates the building blocks that develop into new red blood cells (RBCs). In people who don't have thalassemia, developing RBCs mature into healthy RBCs that carry oxygen throughout the body.

In people with thalassemia, the RBCs aren't made well. They:



Don't develop properly (ineffective erythropoiesis)

Some developing RBCs break down before they leave the bone marrow. This means they can't deliver oxygen to the body.

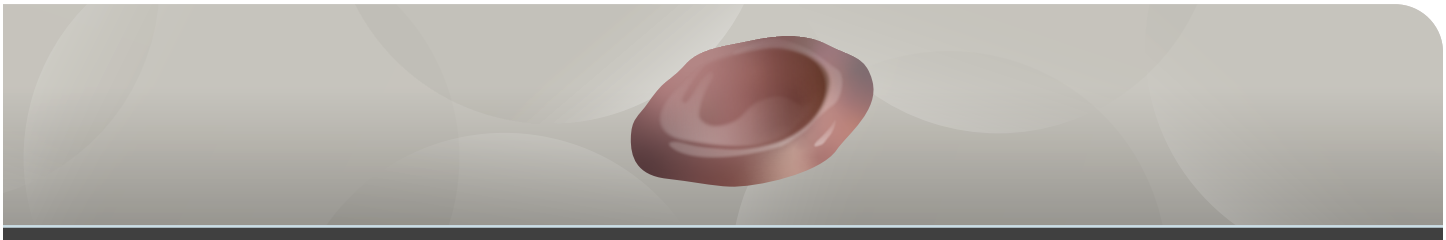
Break down early (increased hemolysis)

Some RBCs that leave the bone marrow and fully develop break down early. This means they can deliver oxygen, but not for as long as healthy RBCs.

These thalassemic RBCs don't have enough energy to withstand damage, and don't develop properly and break down early

Without enough energy to withstand damage, fragile RBCs have a shorter lifespan and can't deliver as much oxygen throughout the body.

In people with thalassemia, RBCs live for about 17-33 days, while healthy RBCs live for about 120 days.



This results in chronic anemia and can be associated with complications over time.

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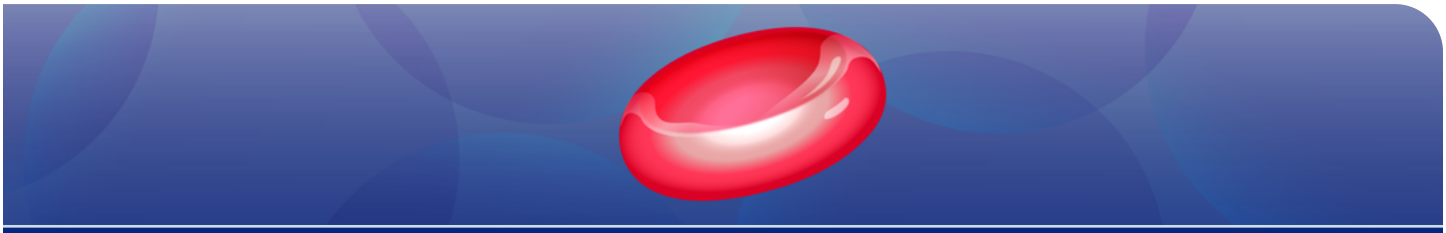
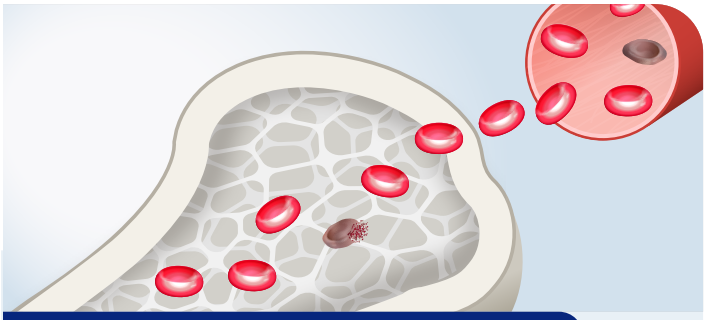
Discover AQVESME™

In adults, **AQVESME** is the **ONLY** treatment for anemia in **BOTH** non–transfusion-dependent **(NTD)** and transfusion-dependent **(TD)**, **alpha**- or **beta-thalassemia**.

Discover the science behind AQVESME

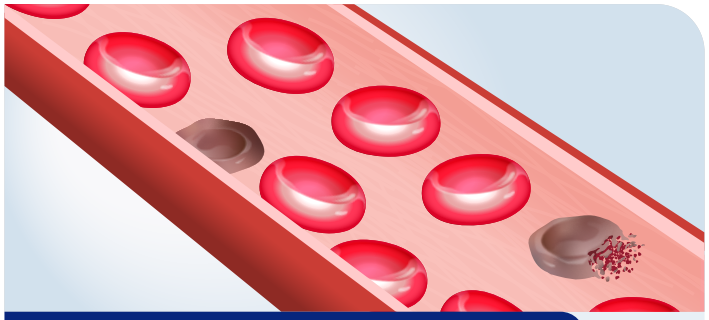


AQVESME boosts the energy production inside red blood cells (RBCs) and is thought to*:



STRENGTHEN for proper development (to address ineffective erythropoiesis)

Give developing RBCs in the bone marrow more energy to help withstand damage and become fully developed RBCs



DEFEND against early breakdown (to address hemolysis)

Increase energy in fully developed RBCs in the blood to help them withstand damage and live longer

AQVESME boosts the energy inside RBCs and is thought to help RBCs withstand damage so they can live longer and deliver more oxygen to your body.

*Based on early pre-clinical research in beta-thalassemia.

IMPORTANT SAFETY INFORMATION (cont.)

In clinical studies of AQVESME, 2 of 301 people (0.66%) treated with AQVESME experienced adverse reactions suggestive of liver injury. Three additional people experienced adverse reactions suggestive of liver injury during the open-label extension periods, after switching from placebo to AQVESME. Of the 5 people, two had serious liver injury requiring hospitalization, including 1 who developed jaundice. Another developed jaundice without requiring hospitalization. All 5 people discontinued treatment with AQVESME, and these reactions improved upon treatment discontinuation.

Because of the risk for liver injury, AQVESME is only available through a restricted access program called the AQVESME Risk Evaluation and Mitigation Strategy (REMS).

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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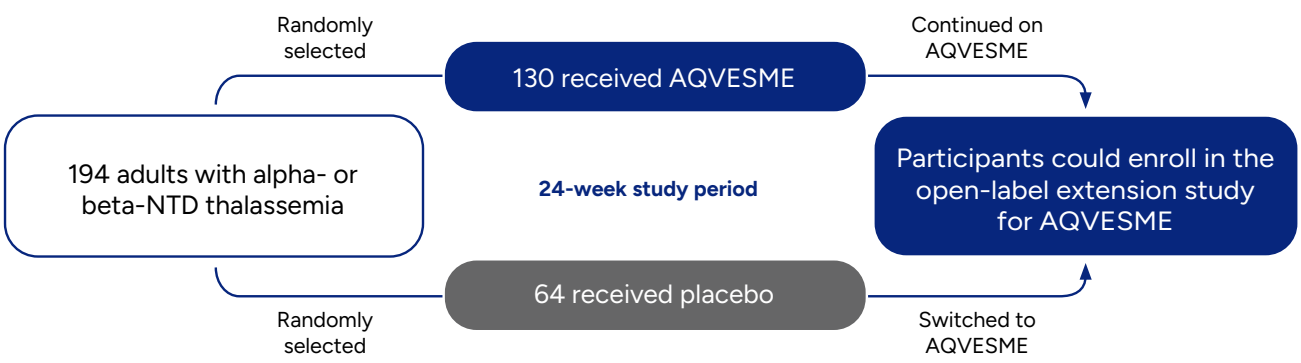
Studies designed for thalassemia

AQVESME™ was studied in the ENERGIZE clinical trial in people with alpha- or beta-thalassemia who were not transfusion dependent.

ENERGIZE clinical trial
Non–transfusion-dependent (NTD) thalassemia

About the study

- 194 adults with alpha- or beta-NTD thalassemia (ages 18-69)
- The study lasted 24 weeks. After the study was completed, people were able to enroll in an open-label extension study, which is currently ongoing



Main goal

- To show an increase in at least 1 g/dL in hemoglobin in people taking AQVESME from weeks 12 through 24 compared to the start of the study

Other goal

- Reduce fatigue in people taking AQVESME

Placebo=a pill with no medicine in it.

IMPORTANT SAFETY INFORMATION (cont.)

Before taking AQVESME, tell your healthcare provider about all of your medical conditions, including if you:

- have liver problems, such as cirrhosis
- are pregnant or plan to become pregnant. It is not known if AQVESME will harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think that you are pregnant during treatment with AQVESME.
- are breastfeeding or plan to breastfeed. It is not known if AQVESME passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby during treatment with AQVESME.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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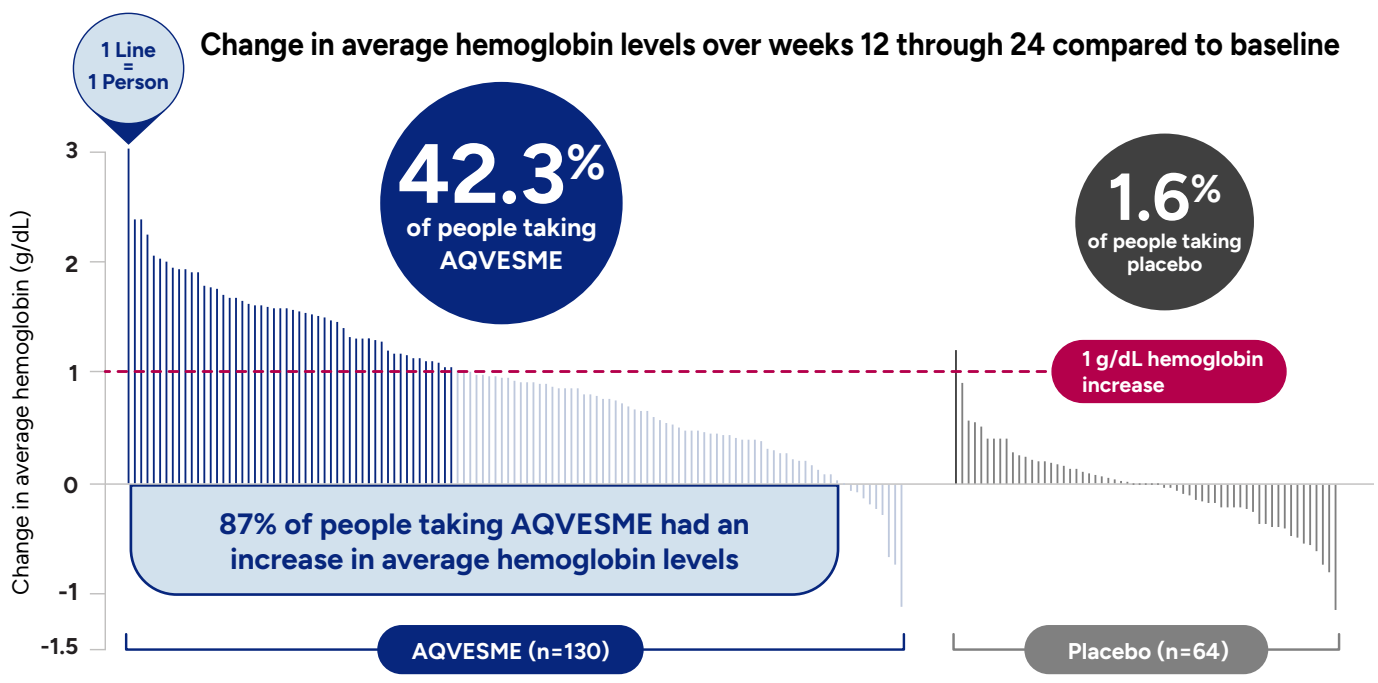
AQVESME™ significantly increased hemoglobin levels

Aqvesme™ (mitapivat) tablets 100mg

ENERGIZE clinical trial results | Non–transfusion-dependent (NTD) thalassemia

A significantly higher percentage of people taking AQVESME had hemoglobin levels increase by at least 1 g/dL vs people taking placebo



See average hemoglobin response ▶
See how AQVESME works over time ▶

An increase in hemoglobin of 1 g/dL is considered a meaningful improvement in anemia.

Placebo=a pill with no medicine in it.

IMPORTANT SAFETY INFORMATION (cont.)

Tell your healthcare provider about all the medicines that you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Make sure to tell your healthcare provider if you take or use hormonal birth control (contraceptives). If you take or use hormonal birth control (except for intrauterine systems containing levonorgestrel), it may not work as well during treatment with AQVESME. Use a different type of birth control or use an additional nonhormonal birth control method (such as condoms) during treatment with AQVESME and for 28 days after stopping treatment with AQVESME. AQVESME and certain other medicines may affect each other and cause side effects. AQVESME may affect the way other medicines work, and other medicines may affect the way AQVESME works.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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AQVESME™ significantly increased hemoglobin levels

Aqvesme™ (mitapivat) tablets 100mg

Change in average hemoglobin levels with AQVESME™

Close

ENERGIZE clinical trial results | Non–transfusion-dependent (NTD) thalassemia

For the people taking AQVESME who achieved the main goal, the average increase in hemoglobin was 1.6 g/dL

↑ **1.6** g/dL average increase

An increase in hemoglobin of 1 g/dL is considered a meaningful improvement in anemia.

Placebo=a pill with no medicine in it.

IMPORTANT SAFETY INFORMATION (cont.)

Tell your healthcare provider about all the medicines that you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Make sure to tell your healthcare provider if you take or use hormonal birth control (contraceptives). If you take or use hormonal birth control (except for intrauterine systems containing levonorgestrel), it may not work as well during treatment with AQVESME. Use a different type of birth control or use an additional nonhormonal birth control method (such as condoms) during treatment with AQVESME and for 28 days after stopping treatment with AQVESME. AQVESME and certain other medicines may affect each other and cause side effects. AQVESME may affect the way other medicines work, and other medicines may affect the way AQVESME works.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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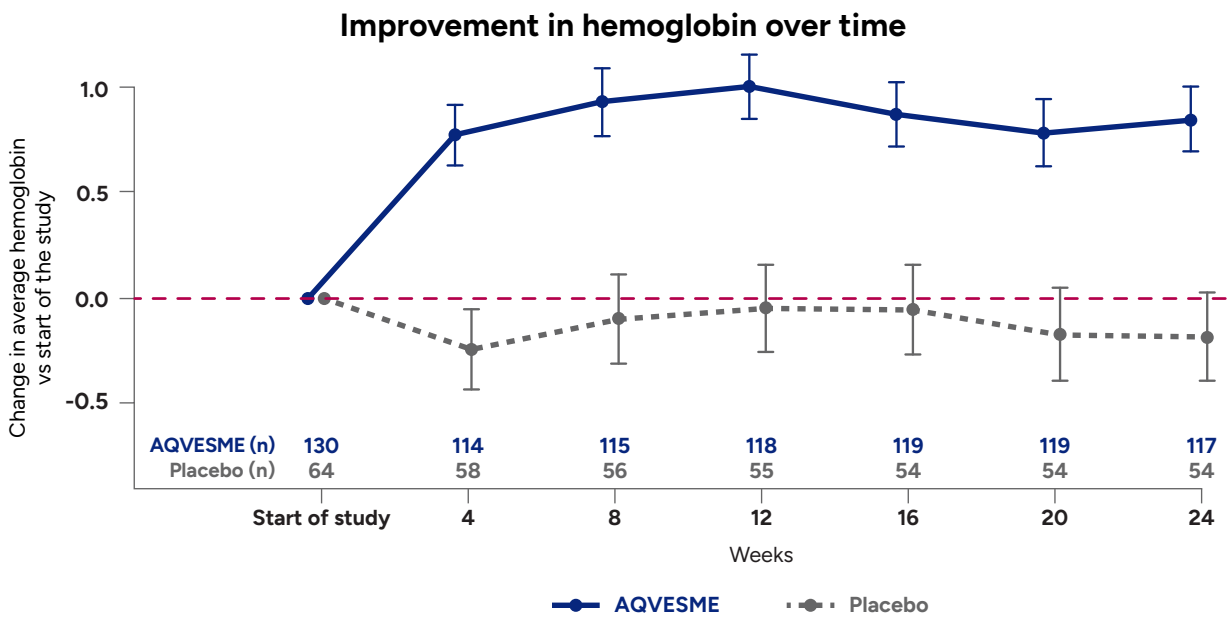
AQVESME™ significantly

Close

AQVESME™ delivered an early and lasting increase in hemoglobin levels

ENERGIZE clinical trial results | Non–transfusion-dependent (NTD) thalassemia

People taking AQVESME saw a rise in average hemoglobin as early as 4 weeks and maintained this improvement over the 24-week study



IMPORTANT SAFETY INFORMATION (cont.)

Tell your healthcare provider about all the medicines that you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Make sure to tell your healthcare provider if you take or use hormonal birth control (contraceptives). If you take or use hormonal birth control (except for intrauterine systems containing levonorgestrel), it may not work as well during treatment with AQVESME. Use a different type of birth control or use an additional nonhormonal birth control method (such as condoms) during treatment with AQVESME and for 28 days after stopping treatment with AQVESME. AQVESME and certain other medicines may affect each other and cause side effects. AQVESME may affect the way other medicines work, and other medicines may affect the way AQVESME works.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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AQVESME™ significantly reduced fatigue

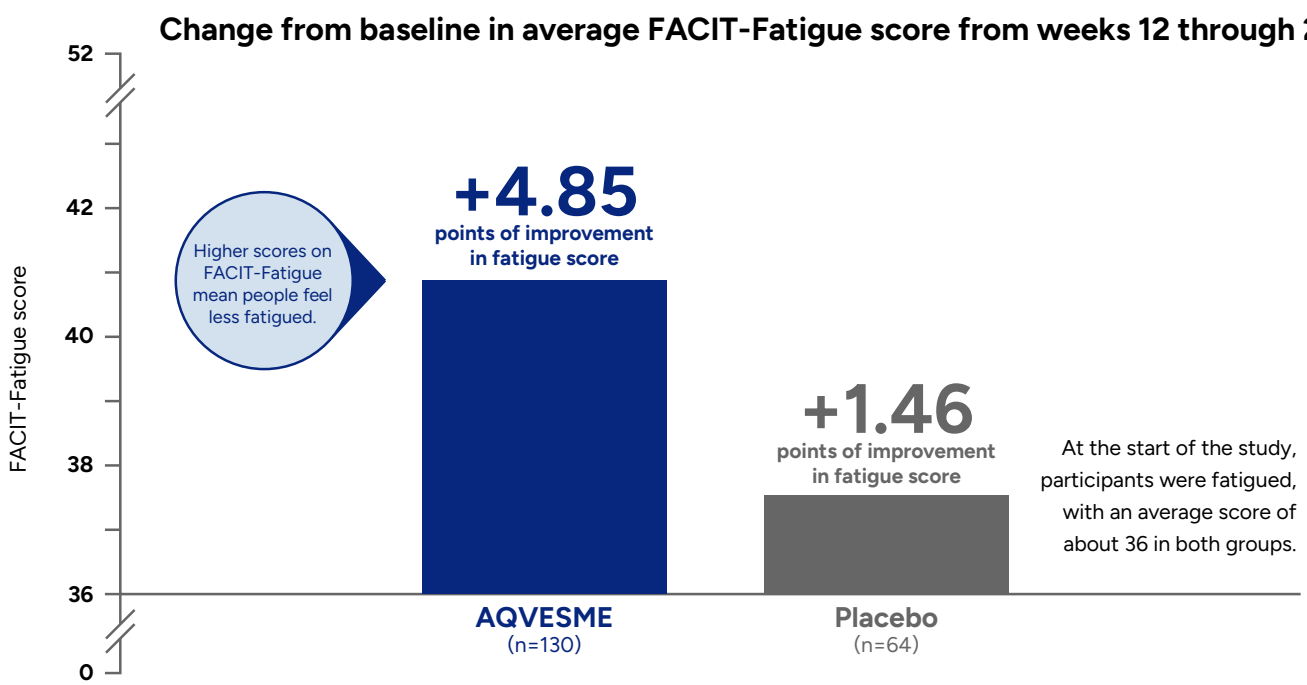
Aqvesme™ (mitapivat) tablets 100mg

How fatigue was measured

In the ENERGIZE clinical trial, fatigue was measured over weeks 12 through 24 using a questionnaire called FACIT-Fatigue. This tool assessed symptoms like tiredness, weakness, and difficulty with usual activities due to fatigue. For people in the general US population, the average FACIT-Fatigue score is about 44. At the start of the study, on average, the participants were fatigued, with an average score of about 36 in people taking either AQVESME or placebo.

ENERGIZE clinical trial results | Non–transfusion-dependent (NTD) thalassemia

People taking AQVESME had more than a 3X improvement in fatigue score compared to people taking placebo



FACIT-Fatigue=Functional Assessment of Chronic Illness Therapy–Fatigue Scale; placebo=a pill with no medicine in it.

IMPORTANT SAFETY INFORMATION (cont.)

The most common side effects of AQVESME in patients:

- headache
- insomnia

These are not all of the possible side effects of AQVESME. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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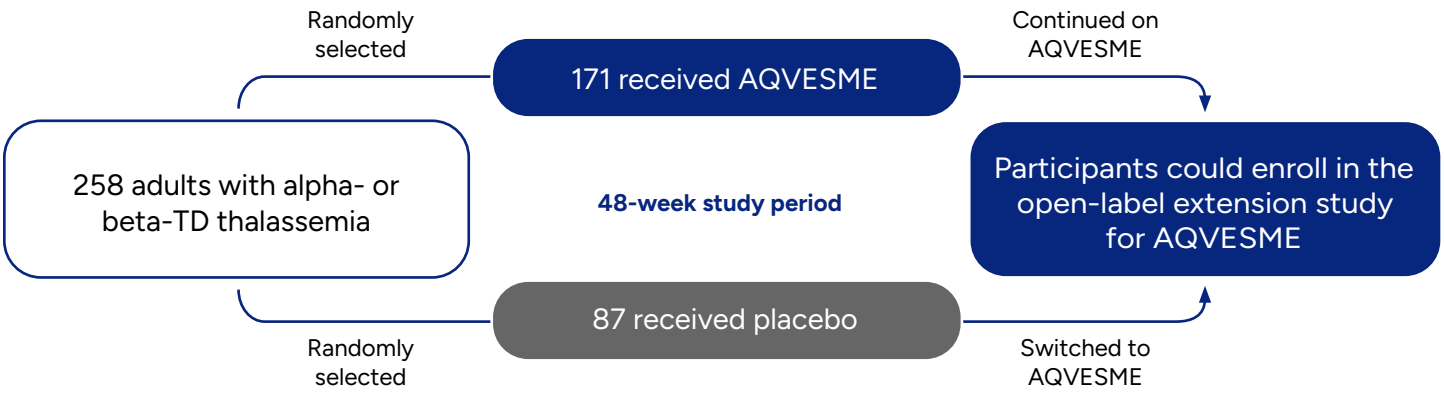
Studies designed for thalassemia

AQVESME™ was studied in the ENERGIZE-T clinical trial in people with alpha- or beta-thalassemia who were transfusion dependent.

ENERGIZE-T clinical trial
Transfusion-dependent (TD) thalassemia

About the study

- 258 adults with alpha- or beta-TD thalassemia (ages 18-67)
- The study lasted 48 weeks. After the study was completed, people were able to enroll in an open-label extension study, which is currently ongoing



Main goal

- Reduce red blood cell units by 50% or more in people taking AQVESME, with a reduction of at least 2 units, during any consecutive 12-week period compared to before starting the study

Placebo=a pill with no medicine in it.

IMPORTANT SAFETY INFORMATION

AQVESME may cause serious side effects, including:

- **Liver injury**. AQVESME can cause serious liver injury. Liver injury has happened in people with thalassemia within the first 6 months of treatment with AQVESME. Your healthcare provider will do blood tests to check your liver before you start treatment with AQVESME, every 4 weeks for the first 24 weeks of treatment, and as needed. Your healthcare provider may temporarily or permanently stop your treatment with AQVESME if you have abnormal liver blood tests.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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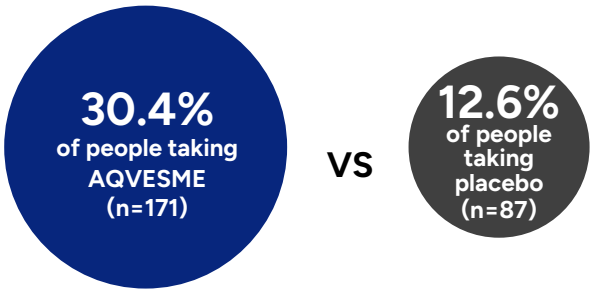
Imagine cutting your transfusion burden in half or more

Aqvesme™ (mitapivat) tablets 100mg

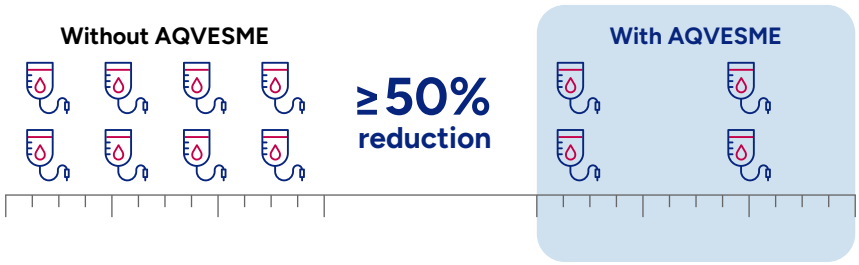
ENERGIZE-T clinical trial results | Transfusion-dependent (TD) thalassemia

A significantly higher percentage of people taking AQVESME™ reduced red blood cell (RBC) units by ≥50% over a 12-week period* vs people taking placebo

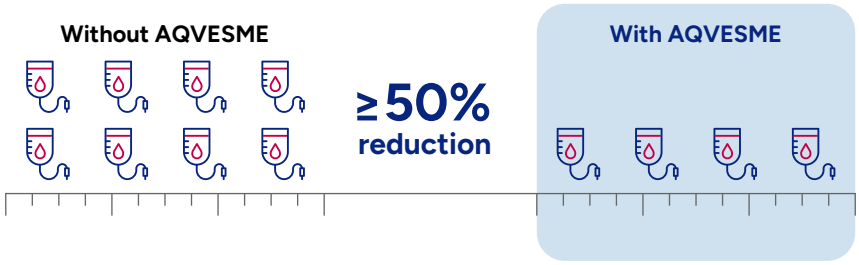


For example, a person who usually needs 8 RBC units over 12 weeks may only need 4 RBC units while taking AQVESME. This may mean:

their transfusions may be less frequent...



...or they may need fewer RBC units at each visit†



*With a reduction of at least 2 units, over any consecutive 12 weeks through week 48.
†Reduction in transfusion burden was based on each person's individual needs.

IMPORTANT SAFETY INFORMATION (cont.)

Tell your healthcare provider right away if you develop any new or worsening signs or symptoms of liver problems, including:

- loss of appetite
- nausea
- pain in the upper right side of your stomach area
- vomiting
- yellowing of the skin and white part of your eyes (jaundice)
- dark-colored urine

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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The safety of AQVESME™ was established in 2 clinical trials

Most common side effects of AQVESME:

- Headache
- Insomnia (trouble sleeping)

Possible serious side effects of AQVESME

There is a potential risk of liver injury with AQVESME. Liver injury has happened in people with thalassemia within the first 6 months of treatment with AQVESME.

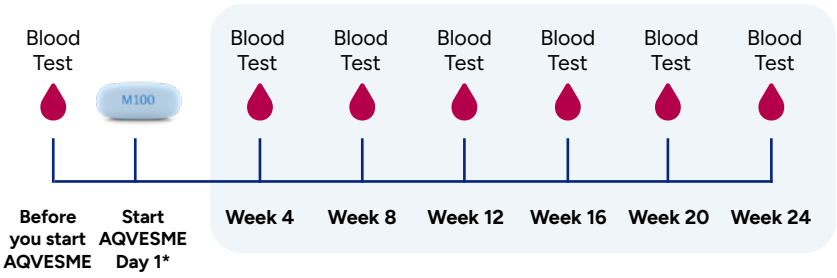
- In clinical trials, 2 of 301 people (0.66%) treated with AQVESME experienced adverse reactions suggestive of liver injury. Three additional people experienced adverse reactions suggestive of liver injury during the open-label extension periods, after switching from placebo to AQVESME. Of the 5 people, 2 had serious liver injury requiring hospitalization, including 1 who developed jaundice. Another developed jaundice without requiring hospitalization. All 5 people discontinued treatment with AQVESME, and these reactions improved upon treatment discontinuation
- Tell your healthcare provider right away if you develop any signs or symptoms of liver injury, including: yellowing of the skin or whites of the eyes, dark urine, pain in the upper right side of the stomach area, nausea, vomiting, or not feeling hungry
- Your healthcare provider may temporarily or permanently stop your treatments with AQVESME if you have abnormal liver blood test results

The AQVESME Risk Evaluation and Mitigation Strategy (REMS)

AQVESME is only available through AQVESME REMS, a program designed to inform you of the potential risk of liver injury and to monitor your liver function. REMS programs are required by the Food and Drug Administration (FDA) for certain medicines to help manage the risk of serious side effects.

Your doctor will enroll you in AQVESME REMS to regularly monitor your liver function. They will provide you information about the potential risk of liver injury and about regular liver monitoring requirements. Blood tests will be done:

- Before you start treatment
- Every 4 weeks for the first 24 weeks, and as needed



*AQVESME is 1 pill taken twice daily.

Your doctor can help answer questions along the way. For more information about AQVESME REMS, visit AQVESMEREMS.com or call 1-800-625-9951.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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Taking AQVESME™

How to take AQVESME

AQVESME is 1 pill taken by mouth twice daily.

- Take AQVESME exactly as your healthcare provider tells you to take it
- Take AQVESME with or without food
- Swallow AQVESME whole. Do not split, chew, crush, or dissolve the tablets

What to do if you miss a dose

If you miss a dose by 4 hours or less, take the scheduled dose of AQVESME as soon as possible.

If you miss a dose by more than 4 hours, do not take AQVESME right away. Wait until it's time for your next dose. Then, take AQVESME as you normally would.

Thalassemia is a chronic, genetic disease, which means it's lifelong. Once you start AQVESME, it's important to continue to take it as directed by your healthcare provider.

NTD=non–transfusion dependent; TD=transfusion dependent.

IMPORTANT SAFETY INFORMATION (cont.)

In clinical studies of AQVESME, 2 of 301 people (0.66%) treated with AQVESME experienced adverse reactions suggestive of liver injury. Three additional people experienced adverse reactions suggestive of liver injury during the open-label extension periods, after switching from placebo to AQVESME. Of the 5 people, two had serious liver injury requiring hospitalization, including 1 who developed jaundice. Another developed jaundice without requiring hospitalization. All 5 people discontinued treatment with AQVESME, and these reactions improved upon treatment discontinuation.

Because of the risk for liver injury, AQVESME is only available through a restricted access program called the AQVESME Risk Evaluation and Mitigation Strategy (REMS).

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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Welcome to myAgios® Patient Support Services

Whether you're considering treatment with AQVESME™, ready to start, or looking for more information about thalassemia, myAgios is here to help you

myAgios is a customized support program for people living with thalassemia, designed to provide personalized education and treatment support.

Call 1-877-77-AGIOS (1-877-772-4467)

myAgios offers help with:

- Disease education and support in understanding treatment options
- Resources for living with thalassemia
- Ongoing treatment support for people who have been prescribed AQVESME
- Accessing AQVESME and understanding insurance coverage
- Exploring ways to make AQVESME more affordable

One team to support people living with thalassemia

Your dedicated team at myAgios is made up of:

Agios Clinical Educators (ACEs)

An ACE works closely with you, your family, and your healthcare team to provide education, resources, and community connections.

Patient Support Managers (PSMs)

Your PSM will help you find ways to make it easier to get the AQVESME you've been prescribed.

For one-on-one disease and treatment education, connect with an Agios Clinical Educator near you. Visit myAgios.com/ace-locator or call 1-877-77-AGIOS (1-877-772-4467) Mon-Fri, 8 AM to 8 PM ET.

ACEs and PSMs do not provide medical advice. For medical advice or treatment-related questions, please talk to your healthcare team.

IMPORTANT SAFETY INFORMATION (cont.)

Before taking AQVESME, tell your healthcare provider about all of your medical conditions, including if you:

- have liver problems, such as cirrhosis
- are pregnant or plan to become pregnant. It is not known if AQVESME will harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think that you are pregnant during treatment with AQVESME.
- are breastfeeding or plan to breastfeed. It is not known if AQVESME passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby during treatment with AQVESME.

Aqvesme™ (mitapivat) tablets 100 mg

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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myAgios® financial assistance

Get the information and answers you need

If you do not have insurance, myAgios Patient Support Managers can assist you with financial and coverage support to help you access AQVESME™. Available information includes:

The AQVESME Copay Program

- If you're eligible, this program can lower the copay to $0 per prescription
- People participating in government healthcare insurance are not eligible

The Patient Assistance Program

- For eligible people, Agios' Patient Assistance Program can offer access to medication if you are uninsured or underinsured

Coverage Interruption Program

- If you are on AQVESME but experience an interruption in prescription coverage by your health insurance, you may be eligible for the Coverage Interruption Program
- People participating in government healthcare insurance are not eligible

Please visit AQVESME.myAgios.com/financial-support to learn more about financial assistance options and to see full Terms and Conditions.

IMPORTANT SAFETY INFORMATION (cont.)

Tell your healthcare provider about all the medicines that you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Make sure to tell your healthcare provider if you take or use hormonal birth control (contraceptives). If you take or use hormonal birth control (except for intrauterine systems containing levonorgestrel), it may not work as well during treatment with AQVESME. Use a different type of birth control or use an additional nonhormonal birth control method (such as condoms) during treatment with AQVESME and for 28 days after stopping treatment with AQVESME. AQVESME and certain other medicines may affect each other and cause side effects. AQVESME may affect the way other medicines work, and other medicines may affect the way AQVESME works.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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3 simple steps to help start treatment promptly

myagios®

Once you and your doctor have reviewed AQVESME™ clinical and REMS information and decided AQVESME is right for you, these are the steps to start treatment promptly:

1 **You and your doctor complete and sign the AQVESME Start Form and your doctor completes AQVESME REMS certification**

The AQVESME Start Form enrolls you in myAgios® Patient Support Services. The myAgios team can assist you and your doctor in determining insurance coverage and exploring financial assistance options.

2 **Complete liver test**

A blood test to show how well your liver is working must be completed within 4 weeks of the first prescription being filled. The myAgios team will work with you and your doctor to determine the ideal timing for the required liver test based on the status of insurance determination.

3 **Your doctor enrolls you in AQVESME REMS**

To enroll, you and your doctor complete and sign the AQVESME REMS Patient Enrollment Form, including documentation of the liver test and confirmation that AQVESME is appropriate for you.

Your doctor can help answer questions along the way. For more information, visit AQVESMEREMS.com or call 1-800-625-9951 Mon-Fri, 8 AM to 8 PM ET.

The myAgios team will ensure that AQVESME is delivered directly to your home through an exclusive REMS-certified Specialty Pharmacy.

If you have questions, contact myAgios by calling 1-877-77-AGIOS (1-877-772-4467)

REMS=Risk Evaluation and Mitigation Strategy.

IMPORTANT SAFETY INFORMATION (cont.)

The most common side effects of AQVESME in patients:

- headache
- insomnia

These are not all of the possible side effects of AQVESME. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Aqvesme™ (mitapivat) tablets 100 mg

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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Experience AQVESME™

Aqvesme™ (mitapivat) tablets 100mg

Ask your doctor today if AQVESME is right for you

In adults

AQVESME is the **ONLY** treatment for anemia in **BOTH** non–transfusion-dependent **(NTD)** and transfusion-dependent **(TD)**, **alpha**- or **beta-thalassemia** that:

- Hb ↑ Significantly **increases hemoglobin (Hb)** in NTD thalassemia
- Significantly **reduces fatigue** in NTD thalassemia
- Significantly **reduces transfusion burden** in TD thalassemia

Connect with an Agios Clinical Educator for information in your preferred language. Call **1-877-77-AGIOS (1-877-772-4467)** Mon-Fri, 8 AM to 8 PM ET to get support and answers in over 50 languages.

This brochure is not intended to be medical advice. For medical advice, please contact your healthcare provider.

What is AQVESME?

AQVESME is a prescription medicine used to treat anemia (low red blood cells) in adults with alpha- or beta-thalassemia. It is not known if AQVESME is safe and effective in children.

IMPORTANT SAFETY INFORMATION

AQVESME may cause serious side effects, including:

- **Liver injury.** AQVESME can cause serious liver injury. Liver injury has happened in people with thalassemia within the first 6 months of treatment with AQVESME. Your healthcare provider will do blood tests to check your liver before you start treatment with AQVESME, every 4 weeks for the first 24 weeks of treatment, and as needed. Your healthcare provider may temporarily or permanently stop your treatment with AQVESME if you have abnormal liver blood tests.

Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

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