XENPOZYME® (olipudase alfa-rpcp) INFUSION CHECKLIST FOR CLINICIANS[1]

PATIENT NAME _____ DATE OF ADMINISTRATION _____

COUNSEL PATIENTS AND CAREGIVERS

- ☐ Advise patients and caregivers that reactions related to the infusion may occur during and after XENPOZYME treatment, including anaphylactic reactions, other serious or severe hypersensitivity reactions, and IARs.
- ☐ Inform patients and caregivers of the signs and symptoms of hypersensitivity reactions and IARs and to seek medical care should signs and symptoms occur.
- ☐ XENPOZYME dosage initiation or escalation, at any time during pregnancy, is not recommended. Advise female patients of reproductive potential to use effective contraception during treatment with XENPOZYME and for 14 days after the last dose if XENPOZYME is discontinued. *For more details, please see Section 8.1, 8.3 in the XENPOZYME full Prescribing Information.*

DETERMINE THE PATIENT'S PHASE IN THE DOSING SCHEDULE

PRIOR TO THE FIRST INFUSION:

- ☐ Verify pregnancy status in females of reproductive potential prior to initiating XENPOZYME.
- ☐ Consider administering pretreatment medication. Antihistamines, antipyretics, and/or corticosteroids may be given prior to XENPOZYME administration to reduce the risk of IARs. However, IARs may still occur in patients after receiving pretreatment.
- ☐ Ensure that baseline transaminase (ALT and AST) levels have been assessed within 1 month prior to treatment initiation.

DURING THE DOSE ESCALATION PHASE:

- ☐ Ensure the patient has not missed any doses since their prior infusion. In the event of missed doses, see guidance in the XENPOZYME full Prescribing Information.
- ☐ Determine the appropriate dose for patients by referring to Section 2.2, 2.3 in the XENPOZYME full Prescribing Information.
- ☐ Assess transaminase levels within 72 hours prior to any infusion during dose escalation, or prior to the next scheduled XENPOZYME infusion upon resuming treatment following a missed dose.
  - **If transaminase levels are elevated above baseline and >2 times the ULN, the XENPOZYME dose can be adjusted (prior dose repeated or reduced) or treatment can be temporarily withheld until the liver transaminases return to the patient's baseline value.**
  - **If either the baseline or pre-infusion transaminase level (during the dose escalation phase) is >2 times the ULN, repeat assessment of transaminase levels within 72 hours after the end of the infusion to monitor trends in transaminase elevations.**

DURING THE MAINTENANCE PHASE:

- ☐ Ensure the patient has previously completed the dose escalation regimen prior to initiating the maintenance phase. The recommended target dose for the maintenance phase is 3 mg/kg.
- ☐ Ensure the patient has not missed any doses since their prior infusion. In the event of missed doses, see guidance in the XENPOZYME full Prescribing Information.
- ☐ Inform the patient that home infusion may be an option, if recommended by the treating physician.
- ☐ Transaminase testing is recommended to be continued as part of routine clinical management.

ALT=alanine aminotransferase; AST=aspartate aminotransferase; IAR=infusion-associated reaction; ULN=upper limit of normal.

INDICATION

XENPOZYME® (olipudase alfa-rpcp) is indicated for treatment of non–central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.

IMPORTANT SAFETY INFORMATION

WARNING: HYPERSENSITIVITY REACTIONS INCLUDING ANAPHYLAXIS

Patients treated with XENPOZYME have experienced life-threatening hypersensitivity reactions, including anaphylaxis. Appropriate medical monitoring and support measures, including cardiopulmonary resuscitation equipment, should be readily available during XENPOZYME administration. If a severe hypersensitivity reaction (e.g., anaphylaxis) occurs, discontinue XENPOZYME immediately, and initiate appropriate medical treatment. In patients with severe hypersensitivity reactions, a desensitization procedure to XENPOZYME may be considered.

Please see Important Safety Information throughout and full Prescribing Information for complete details, including Boxed WARNING.

Xenpozyme® (olipudase alfa-rpcp) For Injection, 20 mg

INFUSION CHECKLIST (CONTINUED)[1]

Xenpozyme® (olipudase alfa-rpcp) For Injection, 20 mg

XENPOZYME PREPARATION

- [ ] Determine the number of vials to be reconstituted based on the individual patient's weight and the prescribed dose; allow vials to reach room temperature.

Patient dose (mg)	Vials required
Patient weight (kg) **x dose** (mg/kg)	$\frac{\textbf{Patient dose (mg)}}{\textbf{X mg/vial}}$

If the number of vials includes a fraction, round up to the next whole number.

X = the vial size (either 4 mg or 20 mg, depending on which vial size is being used).

- Use actual body weight for patients with a BMI ≤30. For patients with a BMI >30, calculate adjusted body weight (kg) = (actual height in m)^2 x 30.

XENPOZYME RECONSTITUTION

Basic reconstitution steps are highlighted below. *For more details, please see Section 2.6 in the XENPOZYME full Prescribing Information.*

- [ ] Under aseptic conditions, reconstitute each vial of XENPOZYME with 1.1 mL (4 mg vial) or 5.1 mL (20 mg vial) of sterile water for injection, USP, by directing the diluent flow to the inside wall of the vial to avoid foaming.
  - Gently roll and tilt vial(s) to reconstitute XENPOZYME and avoid foaming.
  - Visually inspect the reconstituted solution in the vials for particulate matter and discoloration. The solution should be clear and colorless. Discard if the solution is discolored or if visible particulate matter is present.

XENPOZYME DILUTION

- [ ] Withdraw the required volume of reconstituted solution and dilute to final volume with 0.9% sodium chloride injection, USP, in a syringe or infusion bag, depending on the volume of infusion, based on body weight and progress through dose escalation for adults or pediatric patients. *For more details, please see Section 2.6, Table 4 in the XENPOZYME full Prescribing Information.*
- [ ] Gently invert the syringe or the infusion bag to mix. Do not shake.

XENPOZYME INFUSION

- [ ] Ensure appropriate medical support measures, including cardiopulmonary resuscitation equipment, are readily available during administration.
- [ ] Prior to administration, inspect the syringe or infusion bag for foaming. If foaming is present, let foam dissipate before administering XENPOZYME.
- [ ] Administer XENPOZYME at the infusion volumes and rates described in the XENPOZYME full Prescribing Information. Use an in-line low protein-binding 0.2-µm filter during administration.
- [ ] Do not infuse XENPOZYME in the same intravenous line with other products.

POST-INFUSION

- [ ] After the infusion is complete, the infusion line should be flushed with 0.9% sodium chloride injection, USP, using the same infusion rate as the one used for the last part of the infusion.
- [ ] Vials are for single dose only. Discard any unused solution.

PATIENT MONITORING

- [ ] During the dose escalation phase: Post-infusion testing of ALT and AST levels may be required to monitor patients if the pre-infusion levels were elevated and should be obtained within 72 hours after the end of infusion.
- [ ] Observe the patient closely for signs of IARs and hypersensitivity reactions during and for an appropriate period of time after the infusion, based on clinical judgment.
- [ ] In the event of a severe hypersensitivity reaction or a severe IAR, immediately discontinue XENPOZYME administration and initiate appropriate medical treatment.
- [ ] In the event of a mild to moderate hypersensitivity reaction or IAR, consider temporarily holding or slowing the infusion rate, and/or reducing the XENPOZYME dose. If dose is reduced, re-escalate following dose escalation according to the dose escalation regimens for adult and pediatric patients, as applicable.
- [ ] Consider testing for IgE ADA, serum tryptase, and complement activation in patients who experience anaphylaxis.

MAINTAINING A DOSING SCHEDULE

- [ ] Ensure that the patient or caregiver makes an appointment for the next infusion and understands the importance of adhering to a regular dosing schedule.
- [ ] Remind the patient and caregiver of support services available via CareConnect Personalized Support Services.

ADA=antidrug antibody; BMI=body mass index; IgE=immunoglobulin E.

For more detailed instructions, please see the XENPOZYME full Prescribing Information and the XENPOZYME Dosing Guide.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Xenpozyme® (olipudase alfa-rpcp) For Injection, 20 mg

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions Including Anaphylaxis

See Boxed WARNING on the first page. Prior to XENPOZYME administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids.

- If a *severe* hypersensitivity reaction occurs, discontinue XENPOZYME immediately and initiate appropriate medical treatment. Consider the risks and benefits of re-administering XENPOZYME following severe hypersensitivity reactions.
- If a *mild or moderate* hypersensitivity reaction occurs, consider temporarily holding the infusion, slowing the infusion rate, and/or reducing the XENPOZYME dose.

Infusion-Associated Reactions

Antihistamines, antipyretics, and/or corticosteroids may be given prior to XENPOZYME administration to reduce the risk of infusion-associated reactions (IARs). However, IARs may still occur in patients after receiving pretreatment.

- If *severe* IARs occur, discontinue XENPOZYME immediately and initiate appropriate medical treatment. Consider the risks and benefits of re-administering XENPOZYME following severe IARs.
- If a *mild or moderate* IAR occurs, the infusion rate may be slowed or temporarily withheld, and/or the XENPOZYME dosage may be reduced.

Acute phase reactions (APRs), acute inflammatory responses accompanied by elevations in inflammatory serum protein concentrations, have been observed. Most APRs occurred at 48 hours post infusion during the dose escalation period. APRs were managed similar to other IARs.

Elevated Transaminase Levels

XENPOZYME may be associated with elevated transaminases (ALT, AST, or both) within 24 to 48 hours after infusion. Levels generally returned to levels observed prior to the XENPOZYME infusion. To manage the risk of elevated transaminase levels, assess ALT and AST:

- within one month prior to initiation of XENPOZYME,
- within 72 hours prior to any infusion during dose escalation, which includes the first 3 mg/kg dose, or prior to the next scheduled XENPOZYME infusion upon resuming treatment following a missed dose.

Upon reaching the recommended maintenance dose, transaminase testing is recommended to be continued as part of routine clinical management of ASMD.

Risk of Fetal Malformations During Dosage Initiation or Escalation in Pregnancy

XENPOZYME dosage initiation or escalation, at any time during pregnancy, is not recommended as it may lead to elevated sphingomyelin metabolite levels that may increase the risk of fetal malformations. The decision to continue or discontinue XENPOZYME maintenance dosing in pregnancy should consider the female's need for XENPOZYME, the potential drug-related risks to the fetus, and the potential adverse outcomes from untreated maternal ASMD disease.

Verify pregnancy status in females of reproductive potential prior to initiating XENPOZYME treatment. Advise females of reproductive potential to use effective contraception during XENPOZYME treatment and for 14 days after the last dose if XENPOZYME is discontinued.

ADVERSE REACTIONS

- Most frequently reported adverse drug reactions in adults (incidence ≥10%) were headache, cough, diarrhea, hypotension, and ocular hyperemia.
- Most frequently reported adverse drug reactions in pediatric patients (incidence ≥20%) were pyrexia, cough, diarrhea, rhinitis, abdominal pain, vomiting, headache, urticaria, nausea, rash, arthralgia, pruritus, fatigue, and pharyngitis.

Please see full Prescribing Information for complete details, including Boxed WARNING.

Reference: 1. XENPOZYME. Prescribing Information.

MAT-US-2206674-v3.0-02/2024