STAY ON TRACK WITH YOUR INFUSIONS

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

WELCOME TO TREATMENT WITH XENPOZYME. Your treatment is given as an intravenous infusion once every 2 weeks. No matter where you are in your infusion schedule—*whether you are starting out in dose escalation or have already reached your maintenance dose*—these tips can help you stay on track with treatment.

INFUSION BASICS

Biweekly infusions: Prioritize keeping and attending all of your infusion appointments. If you miss 3 or more infusions, you will need to return to dose escalation. Dose escalation should take place in a clinical setting to manage for the possibility of severe reactions.

Routine monitoring: Your doctor will regularly order blood tests before and possibly after infusions during dose escalation to monitor how your body is adjusting to the treatment.

MY CONTACTS

Infusion location: _____

Infusion specialist: _____ Phone: _____

TIPS FOR TREATMENT

PRE-INFUSION

- ✓ Be prepared to share your medical history.
- ✓ Put all of your **infusion** dates and times in your calendar.
- ✓ Put all of your **blood test** dates and times in your calendar.
- ✓ Let your doctor know if there is a change in your pregnancy status, if applicable.
- ✓ Prior to infusion, your doctor may decide to pretreat you or your child with anti-fever, anti-allergy, and/or steroid medications.

INFUSION DAY

- ✓ Schedule enough travel time to arrive on time or early to your appointment.
- ✓ If you have questions, make a list to discuss with your doctor.
- ✓ Prepare for your infusion by dressing comfortably and bringing something to help pass the time.
- ✓ During the infusion, let your doctor or nurse know if you or your child is experiencing any side effects.

POST-INFUSION

- ✓ Track how you are feeling.
- ✓ Write down any side effects you experience and share them with your doctor.
- ✓ Confirm your next **infusion** appointment.
- ✓ Confirm your next **blood test** appointment.

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: SEVERE ALLERGIC REACTIONS

Allergic Reactions Including Anaphylaxis

Allergic reactions, including severe reactions that may be serious or life-threatening (known as anaphylaxis), have occurred during and after XENPOZYME treatment. Tell your healthcare provider right away if you develop any reactions, and seek immediate medical care if severe reactions occur. If a severe allergic reaction occurs, your doctor may decide to discontinue XENPOZYME immediately and provide appropriate medical care. Appropriate medical support measures may be administered, and you may require close observation during and after XENPOZYME administration.

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

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS

Allergic Reactions (Including Anaphylaxis) and Infusion-Associated Reactions (IARs)

See Boxed WARNING for more information. Your doctor may decide to give you antihistamine, anti-fever, and/or steroid medications before your infusions. Signs of allergic reactions and infusion-associated reactions (IARs) included hives, itchy skin, skin redness, rash, swelling underneath the skin, tender bumps under the skin, and localized swelling, as well as headache, vomiting, nausea, fever, and diarrhea.

Reactions may occur during and/or after the infusion. Tell your healthcare provider right away if you experience any reactions. Your healthcare provider may slow or stop the infusion or may lower the next dose.

Elevated Transaminases Levels

XENPOZYME may be associated with elevated liver enzymes (known as transaminases) within 24 to 48 hours after infusion. Your doctor should check your liver enzyme levels with a blood test:

- within one month before starting XENPOZYME;
- within 72 hours before any infusion during the dose escalation phase, or before your next scheduled XENPOZYME infusion if you missed a dose.

Based on the results of your blood tests, your doctor may make changes to your dose or infusion schedule. Upon reaching the recommended maintenance dose, your doctor may continue to monitor your liver enzyme levels.

Risk to Unborn Babies

Starting or increasing the dose of XENPOZYME is not recommended in a pregnant female as it may cause harm (birth defects) to the developing baby. If you are pregnant or plan to become pregnant, tell your doctor right away.

If you are a female of reproductive potential, your doctor will verify your pregnancy status before you start treatment with XENPOZYME. You should use effective contraception during XENPOZYME treatment and for 14 days after your last dose if XENPOZYME is discontinued.

ADVERSE REACTIONS

- Most frequently reported adverse drug reactions in adults (incidence ≥10%) were headache, cough, diarrhea, low blood pressure, and redness in the eye.
- Most frequently reported adverse drug reactions in pediatric patients (incidence ≥20%) were fever, cough, diarrhea, runny nose, abdominal pain, vomiting, headache, hives, nausea, rash, joint pain, itchy skin, fatigue, and sore throat.

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LEARN MORE AT XENPOZYME.COM

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Access personalized support and resources at CareConnectPSS.com.
Services are also available at **1-800-745-4447** (toll free), Option 3, or email **Info@CareConnectPSS.com.**

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PERSONALIZED SUPPORT SERVICES

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