

**NOW APPROVED:
XENPOZYME[™]**

**THE FIRST AND ONLY DISEASE-SPECIFIC
TREATMENT FOR ASMD (NON-CNS MANIFESTATIONS)**

ASMD=acid sphingomyelinase deficiency; CNS=central nervous system.

INDICATIONS AND USAGE

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 HYPERSENSITIVITY REACTIONS

Hypersensitivity Reactions Including Anaphylaxis

Hypersensitivity reactions, including severe reactions known as anaphylaxis, may occur during and after XENPOZYME treatment. You should seek immediate medical care if hypersensitivity reactions (including anaphylaxis) occur. If a severe hypersensitivity 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 this brochure and full [Prescribing Information](#), including Boxed WARNING, for complete details.

WHAT IS ASMD?

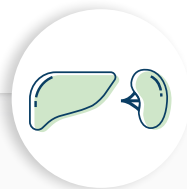
ASMD is an inherited condition with multiorgan symptoms that can worsen over time. Historically known as Niemann-Pick disease types A, A/B, and B, ASMD is caused by reduced activity of an enzyme called acid sphingomyelinase (ASM).

When you have this ASM enzyme deficiency, your body cannot adequately break down a substance in your cells called sphingomyelin. This may lead to a buildup of sphingomyelin in certain organs, such as the lungs, spleen, and liver.

OVER TIME, ASMD CAN LEAD TO MULTIORGAN SYMPTOMS INCLUDING:



Decreased lung function



Enlarged liver and/or spleen



Low platelet count, which can lead to easy bleeding and bruising



Growth delay in children

Please see [Important Safety Information](#) throughout this brochure and full [Prescribing Information](#), including Boxed WARNING, for complete details.

INTRODUCING XENPOZYME

Xenpozyme™
(olipudase alfa-rpcp)

THE FIRST AND ONLY DISEASE-SPECIFIC TREATMENT FOR ASMD (NON-CNS MANIFESTATIONS)



XENPOZYME is an enzyme replacement therapy that provides the ASM enzyme that is deficient in people with ASMD.



The effectiveness of XENPOZYME has been evaluated in 3 clinical trials including adults and children with ASMD.



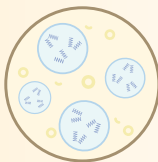
The safety of XENPOZYME has been evaluated across 3 clinical trials including adults and children with ASMD.



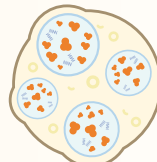
XENPOZYME is administered in 2 phases, dose escalation followed by maintenance, with a potential option of home infusion during the maintenance phase. The decision to move to home infusion can only be made after evaluation and recommendation by your prescribing doctor.

HOW DOES XENPOZYME WORK?

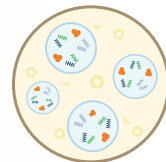
XENPOZYME provides the enzyme that is deficient or missing, helping to reduce the buildup of a substance called sphingomyelin in cells. XENPOZYME does not impact symptoms related to the central nervous system.



Healthy cell



ASMD causes a buildup of sphingomyelin in the cells.



XENPOZYME replaces the ASM enzyme and helps reduce the buildup of sphingomyelin.



Lysosome



Accumulated sphingomyelin



ASM enzyme



ASM replacement XENPOZYME

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions Including Anaphylaxis

Your doctor may decide to give you antihistamine, anti-fever, and/or steroid medications before your infusions.

- If a *severe* hypersensitivity reaction (e.g., anaphylaxis) occurs, your doctor should discontinue XENPOZYME immediately and initiate appropriate medical treatment.
- If a *mild or moderate* hypersensitivity reaction occurs, your doctor may adjust or temporarily withhold your infusion rate or dose of XENPOZYME.

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XENPOZYME DEMONSTRATED IMPROVEMENT ACROSS MULTIPLE ORGANS IN ADULTS



A CLINICAL TRIAL IN ADULTS

- Evaluated the safety and effectiveness of XENPOZYME in 31 adults with ASMD type B or type A/B, 18 to 66 years of age.
- Randomized treatment: 13 adults received XENPOZYME and the other 18 adults received placebo. The clinical trial was blinded, meaning the participants and their doctors did not know if they were taking placebo or taking XENPOZYME.
- Followed all adults over 1 year, after which time those receiving placebo were offered XENPOZYME, and all were offered the option to remain in the trial for up to 4 years.
- 17 of 18 adults previously receiving placebo and 13 of 13 adults previously treated with XENPOZYME for 52 weeks started or continued treatment with XENPOZYME, respectively, for up to 4 years.

AFTER 1 YEAR OF TREATMENT, ADULTS TAKING XENPOZYME EXPERIENCED IMPROVEMENT IN THE FOLLOWING ENDPOINTS:

21% IMPROVEMENT IN LUNG FUNCTION AS MEASURED BY DL_{CO} WITH XENPOZYME VS PLACEBO



After 1 year of treatment, the average improvement in % predicted DL_{CO}* (a measurement of lung function) from baseline was 24% for adults taking XENPOZYME (n=12) vs 3% for adults taking placebo (n=17).

XENPOZYME Baseline: 49.1% predicted DL_{CO}; Week 52: 59.4% predicted DL_{CO}
Placebo Baseline: 48.5% predicted DL_{CO}; Week 52: 49.9% predicted DL_{CO}

39% REDUCTION IN SPLEEN VOLUME WITH XENPOZYME VS PLACEBO



After 1 year of treatment, the average reduction in spleen volume from baseline was 39% for adults taking XENPOZYME (n=13) vs an increase of 0.5% for adults taking placebo (n=17).

XENPOZYME Baseline: 11.5 MN; Week 52: 7.2 MN
Placebo Baseline: 11.2 MN; Week 52: 11.2 MN

*The clinical trial studied the percentage change in lung function as measured by DL_{CO} from baseline to Week 52.

DL_{CO}=diffusing capacity of the lungs for carbon monoxide; MN=multiples of normal.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Hypersensitivity Reactions Including Anaphylaxis (continued)

Hypersensitivity reactions, including anaphylaxis, have been reported in olipudase alfa-treated patients.

- Signs of hypersensitivity reactions in adults included hives, itchy skin, skin redness, rash, swelling underneath the skin, and tender bumps under the skin.
- Hypersensitivity reactions in pediatric patients included hives, itchy skin, rash, and localized swelling.

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XENPOZYME DEMONSTRATED IMPROVEMENT ACROSS MULTIPLE ORGANS IN ADULTS

Xenpozyme[™]
(olipudase alfa-rpcp)

25% REDUCTION IN LIVER VOLUME WITH XENPOZYME VS PLACEBO



After 1 year of treatment, the average reduction in liver volume from baseline was 27% for adults taking XENPOZYME (n=12) vs 2% for adults taking placebo (n=17).

XENPOZYME Baseline: 1.4 MN; Week 52: 1.0 MN
Placebo Baseline: 1.6 MN; Week 52: 1.6 MN

16% INCREASE IN PLATELET COUNT WITH XENPOZYME VS PLACEBO



After 1 year of treatment, the average increase in platelet count from baseline was 18% for adults taking XENPOZYME (n=13) vs 3% for adults taking placebo (n=16).

XENPOZYME Baseline: $109.3 \times 10^9/L$; Week 52: $126.4 \times 10^9/L$
Placebo Baseline: $115.6 \times 10^9/L$; Week 52: $120.2 \times 10^9/L$

SUSTAINED IMPROVEMENTS IN MULTIPLE ORGANS OVER 2 YEARS

Adults in the original XENPOZYME group experienced improvement from baseline to Week 104.

- 34% improvement in lung function (n=5)
- 32% reduction in liver volume (n=9)
- 48% reduction in spleen volume (n=9)
- 24% increase in platelet count (n=9)

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Infusion-Associated Reactions

Your doctor may decide to give you antihistamine, anti-fever, and/or steroid medications before your infusions to reduce the risk of infusion-associated reactions (IARs). However, IARs may still occur after receiving these medications.

- If *severe* IARs occur, your doctor should discontinue XENPOZYME immediately and initiate appropriate medical treatment.
- If a *mild or moderate* IAR occurs, your doctor may adjust or temporarily withhold your infusion rate or dose of XENPOZYME.

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XENPOZYME SAFETY PROFILE IN ADULTS



THE SAFETY OF XENPOZYME WAS EVALUATED IN THE CLINICAL TRIAL OVER 1 YEAR

ADVERSE EVENTS THAT OCCURRED IN AT LEAST 1 ADULT TREATED WITH XENPOZYME

ADVERSE REACTION	XENPOZYME N=13	PLACEBO N=18
Headache	7 (54%)	8 (44%)
Cough	4 (31%)	2 (11%)
Diarrhea	2 (15%)	2 (11%)
Low blood pressure	2 (15%)	2 (11%)
Eye redness	2 (15%)	1 (6%)
Skin redness	1 (8%)	1 (6%)
Weakness/fatigue	1 (8%)	1 (6%)
Sore throat	1 (8%)	1 (6%)
Shortness of breath	1 (8%)	0
Hives	1 (8%)	0
Skin lesions	1 (8%)	0
Muscle pain	1 (8%)	0
Throat irritation	1 (8%)	0
C-reactive protein abnormal	1 (8%)	0

➤ The most frequently reported adverse drug reactions in adults (incidence $\geq 10\%$) were headache, cough, diarrhea, low blood pressure, and eye redness.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Infusion-Associated Reactions (continued)

The most frequent IARs in:

- adult patients were headache, rash, vomiting, and hives;
- pediatric patients were hives, swelling, headache, nausea, fever, and vomiting.

Please see [Important Safety Information](#) throughout this brochure and full [Prescribing Information](#), including **Boxed WARNING**, for complete details.



WHAT TO LOOK FOR WHEN TAKING XENPOZYME

- Some adults experienced mild or moderate hypersensitivity reactions with XENPOZYME, meaning their immune systems had an exaggerated response to the medication such as developing hives, redness to the skin, or itchy skin. Your doctor might consider pretreatment with other medications to lessen the chance of a hypersensitivity reaction. The doctor will also monitor you and will be prepared to follow the appropriate course of action if a reaction occurs.
- XENPOZYME is given as an intravenous infusion. Some adults experienced side effects in the clinical trials that may have been associated with the XENPOZYME infusion. These are called infusion-associated reactions (IARs) and they typically occurred between the time of infusion and up to 24 hours after the infusion was complete.
- If you are having a reaction to the infusion, whether mild or severe, tell your doctor or infusion nurse right away. The doctor may slow or stop the infusion and may lower your next dose.
- IARs occurred in approximately 50% of adults taking XENPOZYME.



IN THE CLINICAL TRIALS,
THE MAJORITY OF IARs
WITH XENPOZYME WERE
MILD TO MODERATE



DURING THE INFUSION,
THE DOCTOR WILL
MONITOR FOR IARs

THE MOST FREQUENT IARs
IN ADULTS ($\geq 10\%$) WERE
HEADACHE, ITCHING,
VOMITING, AND HIVES



ASK FOR ASSISTANCE: If you are
having a reaction during the infusion,
tell the doctor right away.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Infusion-Associated Reactions (continued)

An acute phase reaction (APR), an acute inflammatory response accompanied by elevations in inflammatory protein concentrations from blood tests, was observed.

- Most of the APRs occurred at 48 hours post infusion during the dose escalation period.
- The most common symptoms of APRs were fever, vomiting, and diarrhea.
- Your doctor can manage APRs like other IARs you may experience.

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XENPOZYME DEMONSTRATED IMPROVEMENT ACROSS MULTIPLE ORGANS IN CHILDREN



A CLINICAL TRIAL IN CHILDREN

- Evaluated the safety and effectiveness of XENPOZYME in children with ASMD type B or type A/B <18 years old over 64 weeks.
- Included 8 children (7 children from 2 to <12 years old, and 1 child <2 years old) who all received XENPOZYME.

AFTER 1 YEAR OF TREATMENT, CHILDREN TAKING XENPOZYME EXPERIENCED IMPROVEMENT IN THE FOLLOWING EXPLORATORY ENDPOINTS:



46% IMPROVEMENT IN LUNG FUNCTION

AS MEASURED BY DLco

After 1 year of treatment with XENPOZYME, the average improvement in % predicted DLco* (a measurement of lung function) from baseline was 46% (n=3).

Baseline: 48.5% predicted DLco; Week 52: 70.9% predicted DLco



47% REDUCTION IN SPLEEN VOLUME

After 1 year of treatment with XENPOZYME, the average reduction in spleen volume from baseline was 47% (n=8).

Baseline: 18.3 MN; Week 52: 9.5 MN



38% REDUCTION IN LIVER VOLUME

After 1 year of treatment with XENPOZYME, the average reduction in liver volume from baseline was 38% (n=8).

Baseline: 2.5 MN; Week 52: 1.6 MN



38% INCREASE IN PLATELET COUNT

After 1 year of treatment with XENPOZYME, the average increase in platelet count from baseline was 38% (n=7).

Baseline: $136.7 \times 10^9/L$; Week 52: $184.5 \times 10^9/L$

*The clinical trial studied the percentage change in lung function as measured by DLco from baseline to Week 52.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Elevated Transaminases Levels

XENPOZYME may be associated with elevated liver enzymes, known as transaminases, within 24 to 48 hours after infusion.

- Elevated transaminase levels were reported in patients during the XENPOZYME dose escalation phase in clinical trials.

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XENPOZYME DEMONSTRATED IMPROVEMENT ACROSS MULTIPLE ORGANS IN CHILDREN



IMPROVEMENT IN GROWTH FOR CHILDREN EXPERIENCING GROWTH DELAY

AS MEASURED BY HEIGHT Z-SCORES

After 1 year of treatment with XENPOZYME, improvement in linear progression was observed (as measured by height Z-scores). The average improvement in height Z-scores from baseline was 0.5 (n=7).

Baseline: -1.9 height Z-score; Week 52: -1.5 height Z-score

IN CHILDREN, XENPOZYME DEMONSTRATED IMPROVEMENTS IN A LONG-TERM TRIAL

- ▶ 8 children from the clinical trial continued treatment in a Long-Term Trial.
- ▶ Upon entering the trial, the 8 children ranged in age from 2 to <12 years and were treated for 2.5 to 3.2 years.



LONG-TERM TRIAL RESULTS

- ▶ Improvements continued in the 3 children evaluated for % predicted DL_{CO}, in the 8 children evaluated for spleen and liver volumes, and in the 6 children evaluated for platelet count during the additional 6 months extension.
- ▶ In addition, the height Z-score increased by 1.3 from baseline when evaluated through 24 months of XENPOZYME treatment.
- ▶ Bone age as assessed by hand x-ray, which was delayed by a mean of 26 months at baseline in the 7 children enrolled in the clinical trial, improved to within a mean of 12 months of the chronological age when assessed at Month 24 in all 7 children who were enrolled in the Long-Term Trial.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Elevated Transaminases Levels (continued)

To manage the risk of elevated transaminase levels, 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 levels of transaminases from your blood tests, your doctor may make changes to your dose or infusion schedule.

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

Please see [Important Safety Information](#) throughout this brochure and full [Prescribing Information](#), including **Boxed WARNING**, for complete details.

XENPOZYME SAFETY PROFILE IN CHILDREN



THE SAFETY OF XENPOZYME WAS EVALUATED IN THE CLINICAL TRIAL OVER 64 WEEKS AND IN THE LONG-TERM TRIAL FOR AN OVERALL OBSERVATION PERIOD UP TO 3.2 YEARS

ADVERSE EVENTS THAT OCCURRED IN AT LEAST 1 CHILD TREATED WITH XENPOZYME

ADVERSE REACTION	XENPOZYME N=8
Fever	8 (100%)
Cough	6 (75%)
Diarrhea	6 (75%)
Stuffy nose	6 (75%)
Stomach pain	5 (63%)
Vomiting	4 (50%)
Headache	4 (50%)
Hives	4 (50%)
Nausea	3 (38%)
Rash	3 (38%)
Joint pain	3 (38%)
Itch	2 (25%)
Fatigue	2 (25%)
Sore throat	2 (25%)
C-reactive protein increased	1 (13%)
Low blood pressure	1 (13%)
Anaphylactic reaction	1 (13%)
Hypersensitivity	1 (13%)
Infusion site swelling	1 (13%)
Irregular heartbeat	1 (13%)
Throat irritation/swelling	1 (13%)

- The most frequently reported adverse drug reactions in children (incidence $\geq 20\%$) were fever, cough, diarrhea, stuffy nose, stomach pain, vomiting, headache, hives, nausea, rash, joint pain, itch, fatigue, and sore throat.
- Serious anaphylactic reactions were reported in 2 (25%) children treated with XENPOZYME.
- Treatment-related serious adverse reactions, hypersensitivity reactions (including anaphylaxis), and IARs occurred within 24 hours of infusion and were observed in a higher percentage of children than in adults.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Risk of Fetal Malformations During Dosage Initiation or Escalation in Pregnancy

XENPOZYME dosage initiation or escalation, for a female at any time during her pregnancy, is not recommended as it may increase risk of defects in the fetus. The decision to continue or discontinue XENPOZYME maintenance dosing, if you are a pregnant female, should be determined by you and your doctor and should consider your need for XENPOZYME, the potential drug-related risks to the fetus, and the potential risks due to untreated maternal ASMD disease.

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XENPOZYME SAFETY PROFILE IN CHILDREN

Xenpozyme™
(olipudase alfa-rpcp)



WHAT TO LOOK FOR WHEN TAKING XENPOZYME

- ▶ Some children experienced mild, moderate, or severe hypersensitivity reactions with XENPOZYME, meaning their immune systems had an exaggerated response to the medication such as developing hives, redness to the skin, or itchy skin. Your child's doctor might consider pretreatment with other medications to lessen the chance of a hypersensitivity reaction. The doctor will also monitor your child and will be prepared to follow the appropriate course of action if a reaction occurs.
- ▶ XENPOZYME is given as an intravenous infusion. Some children experienced side effects in the clinical trials that may have been associated with the XENPOZYME infusion. These are called IARs and they typically occurred between the time of infusion and up to 24 hours after the infusion was complete.
- ▶ If your child is having a reaction to the infusion, whether mild or severe, tell their doctor or infusion nurse right away. The doctor may slow or stop the infusion and may lower their next dose.
- ▶ IARs occurred in approximately 75% of children taking XENPOZYME. A severe IAR occurred in 1 child (12.5%).



IN THE CLINICAL TRIALS,
THE MAJORITY OF IARs
WITH XENPOZYME WERE
MILD TO MODERATE



DURING THE INFUSION,
THE DOCTOR WILL
MONITOR FOR IARs

THE MOST FREQUENT IARs
IN CHILDREN (>20%) WERE
HIVES, RASH, HEADACHE,
NAUSEA, FEVER, AND
VOMITING



ASK FOR ASSISTANCE: If your child is having a reaction during the infusion, tell the doctor right away.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Risk of Fetal Malformations During Dosage Initiation or Escalation in Pregnancy (continued)

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.

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HOW TO TAKE XENPOZYME



- XENPOZYME is given as an intravenous infusion once every 2 weeks—the dose is based on body weight.
- XENPOZYME must always be administered by a trained healthcare provider.

BEFORE INITIATING XENPOZYME

- XENPOZYME dosage initiation or escalation, at any time during pregnancy, is not recommended. Based on findings from animal studies, treatment with XENPOZYME may cause defects in the fetus.
- If you are a female of reproductive potential, your doctor will verify your pregnancy status before starting treatment with XENPOZYME.
- Use effective contraception during treatment with XENPOZYME and for 14 days after the last dose if XENPOZYME is discontinued.
- If you are pregnant or plan to become pregnant, tell your doctor right away.
- Your doctor will order a baseline liver enzyme level measurement for you or your child within 1 month prior to the start of treatment.
- Prior to infusion, your doctor may decide to pretreat you or your child with anti-fever, anti-allergy, and/or steroid medications.

XENPOZYME DOSING

FIRST PHASE IS CALLED DOSE ESCALATION

You or your child will start on a low dose that will gradually increase at every infusion. This will last at least 14 weeks for adults and at least 16 weeks for children.*



Why dose escalation? Gradual dose escalation is essential and may reduce the risk of IARs and elevated liver enzyme levels when first starting treatment.



Where does dose escalation take place? The dose escalation period takes place in a clinical setting to manage for the possibility of severe reactions.

SECOND PHASE IS CALLED MAINTENANCE

After dose escalation, the target maintenance dose is 3 mg/kg.



Why ongoing maintenance? In people with ASMD, the body is unable to make enough of the ASM enzyme; therefore, it is important to keep taking XENPOZYME every 2 weeks.



Can infusions take place at home? Once you or your child starts receiving the maintenance dose, there is a potential option of receiving XENPOZYME at home if the doctor recommends it.

*In clinical trials, all but 1 of the pediatric patients completed the dose escalation up to the target maintenance dose of 3 mg/kg within 22 weeks.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS

- Most frequently reported adverse drug reactions in adults (incidence $\geq 10\%$) were headache, cough, diarrhea, low blood pressure, and redness in the eye.
- Most frequently reported adverse drug reactions in pediatric patients (incidence $\geq 20\%$) 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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HOW TO TAKE XENPOZYME

Xenpozyme™
(olipudase alfa-rpcp)

DOSING FOR ADULTS



WEEK 0



ESCALATION

XENPOZYME is started at a low dose that will gradually increase at every infusion every 2 weeks. This will last at least 14 weeks for adults.

≥WEEK 14



MAINTENANCE

Once the target maintenance dose of 3 mg/kg is reached, infusions will continue every 2 weeks in a clinical setting, or at home if your doctor recommends it.

DOSING FOR CHILDREN



WEEK 0



ESCALATION

XENPOZYME is started at a low dose that will gradually increase at every infusion every 2 weeks. This will last at least 16 weeks for children.

≥WEEK 16*



MAINTENANCE

Once the target maintenance dose of 3 mg/kg is reached, infusions will continue every 2 weeks in a clinical setting, or at home if your doctor recommends it.

*In clinical trials, all but 1 of the pediatric patients completed the dose escalation up to the target maintenance dose of 3 mg/kg within 22 weeks.

MONITORING DURING INFUSIONS

- **During dose escalation**, the doctor will regularly order blood tests to monitor how the liver is working because some people experienced a temporary increase in liver enzymes during the clinical trials. If liver enzymes are elevated during dose escalation, the doctor may delay an infusion, repeat a dose, or lower the dose for the next infusion.
- **During the maintenance phase**, upon reaching the recommended maintenance dose, testing for liver enzyme levels is recommended to be continued as part of routine clinical management of ASMD.



Be sure to keep all 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.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions Including Anaphylaxis

Your doctor may decide to give you antihistamine, anti-fever, and/or steroid medications before your infusions.

- If a *severe* hypersensitivity reaction (e.g., anaphylaxis) occurs, your doctor should discontinue XENPOZYME immediately and initiate appropriate medical treatment.
- If a *mild or moderate* hypersensitivity reaction occurs, your doctor may adjust or temporarily withhold your infusion rate or dose of XENPOZYME.

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IMPORTANT SAFETY INFORMATION

WARNING: SEVERE HYPERSENSITIVITY REACTIONS

Hypersensitivity Reactions Including Anaphylaxis

Hypersensitivity reactions, including severe reactions known as anaphylaxis, may occur during and after XENPOZYME treatment. You should seek immediate medical care if hypersensitivity reactions (including anaphylaxis) occur. If a severe hypersensitivity 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.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions Including Anaphylaxis

Your doctor may decide to give you antihistamine, anti-fever, and/or steroid medications before your infusions.

- If a *severe* hypersensitivity reaction (e.g., anaphylaxis) occurs, your doctor should discontinue XENPOZYME immediately and initiate appropriate medical treatment.
- If a *mild or moderate* hypersensitivity reaction occurs, your doctor may adjust or temporarily withhold your infusion rate or dose of XENPOZYME.

Hypersensitivity reactions, including anaphylaxis, have been reported in olipudase alfa-treated patients.

- Signs of hypersensitivity reactions in adults included hives, itchy skin, skin redness, rash, swelling underneath the skin, and tender bumps under the skin.
- Hypersensitivity reactions in pediatric patients included hives, itchy skin, rash, and localized swelling.

Infusion-Associated Reactions

Your doctor may decide to give you antihistamine, anti-fever, and/or steroid medications before your infusions to reduce the risk of infusion-associated reactions (IARs). However, IARs may still occur after receiving these medications.

- If *severe* IARs occur, your doctor should discontinue XENPOZYME immediately and initiate appropriate medical treatment.
- If a *mild or moderate* IAR occurs, your doctor may adjust or temporarily withhold your infusion rate or dose of XENPOZYME.

The most frequent IARs in:

- adult patients were headache, rash, vomiting, and hives;
- pediatric patients were hives, swelling, headache, nausea, fever, and vomiting.

IMPORTANT SAFETY INFORMATION



An acute phase reaction (APR), an acute inflammatory response accompanied by elevations in inflammatory protein concentrations from blood tests, was observed.

- Most of the APRs occurred at 48 hours post infusion during the dose escalation period.
- The most common symptoms of APRs were fever, vomiting, and diarrhea.
- Your doctor can manage APRs like other IARs you may experience.

Elevated Transaminases Levels

XENPOZYME may be associated with elevated liver enzymes, known as transaminases, within 24 to 48 hours after infusion.

- Elevated transaminase levels were reported in patients during the XENPOZYME dose escalation phase in clinical trials.

To manage the risk of elevated transaminase levels, 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 levels of transaminases from your blood tests, your doctor may make changes to your dose or infusion schedule.

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, for a female at any time during her pregnancy, is not recommended as it may increase risk of defects in the fetus. The decision to continue or discontinue XENPOZYME maintenance dosing, if you are a pregnant female, should be determined by you and your doctor and should consider your need for XENPOZYME, the potential drug-related risks to the fetus, and the potential risks due to untreated maternal ASMD disease.

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

Please see [Important Safety Information](#) throughout this brochure and full [Prescribing Information](#), including **Boxed WARNING**, for complete details.

GET STARTED WITH THE FIRST AND ONLY DISEASE-SPECIFIC TREATMENT FOR ASMD (NON-CNS MANIFESTATIONS)

Xenpozyme™
(olipudase alfa-rpcp)



CareConnectPSS® provides personalized support services to people with ASMD. From diagnosis and treatment journey to insurance coverage and community connections, CareConnectPSS has someone available to help.



➤ **SPEAKING ASMD**

ASMD can be hard to understand or explain. CareConnectPSS offers disease and treatment education—both in-person and virtually—for you, family members, and important members of your community.



➤ **CARE COORDINATION**

It is important to stay connected to ASMD healthcare providers. We can assist you in finding medical facilities with ASMD specialists. If you relocate or travel, CareConnectPSS can also help with logistics.



➤ **INSURANCE COVERAGE**

It is important to understand insurance coverage. CareConnectPSS has experts to help you navigate the healthcare system so you can access your benefits and know your options.



➤ **FINANCIAL ASSISTANCE**

When it comes to ASMD, you are not alone. CareConnectPSS can help you understand and manage treatment costs, follow up on insurance claims, and find assistance programs.

Access personalized support and resources at [CareConnectPSS.com](https://www.careconnectpss.com).

Services are also available at 1-800-745-4447 (toll free), Option 3,
or email [Info@ CareConnectPSS.com](mailto:Info@CareConnectPSS.com).

INDICATIONS AND USAGE

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 HYPERSENSITIVITY REACTIONS

Hypersensitivity Reactions Including Anaphylaxis

Hypersensitivity reactions, including severe reactions known as anaphylaxis, may occur during and after XENPOZYME treatment. You should seek immediate medical care if hypersensitivity reactions (including anaphylaxis) occur. If a severe hypersensitivity 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 this brochure and full [Prescribing Information](#), including Boxed WARNING, for complete details.



LEARN MORE AT [XENPOZYME.COM](https://www.xenpozyme.com)

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