Xenpozyme™
(olipudase alfa-rpcp)

ADMINISTERING XENPOZYME IN A HOME SETTING (MAINTENANCE PHASE ONLY)

This guide is a resource for healthcare providers administering XENPOZYME in the home setting during the maintenance phase, and includes requirements for home infusion, details on XENPOZYME administration, and information on managing potential infusion-associated reactions and medication errors.

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

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

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

WHAT IS ASMD?

Xenpozyme™ (olipudase alfa-rpcp)

- ASMD—historically known as Niemann-Pick disease types A, A/B, and B—is a potentially life-threatening genetic disease.[1-3]
- ASMD is caused by reduced activity of the enzyme acid sphingomyelinase (ASM), which can result in intra-lysosomal accumulation of sphingomyelin in various tissues.[1,2]

WHAT IS XENPOZYME?[1]

XENPOZYME is an enzyme replacement therapy that provides an exogenous source of ASM to treat non-CNS manifestations of ASMD.
- XENPOZYME is not expected to cross the blood-brain barrier or modulate CNS manifestations of ASMD.

XENPOZYME is administered as an intravenous infusion in 2 phases:
- Initial dose escalation
- Maintenance phase (target dose of 3 mg/kg)

XENPOZYME administration should take place in a clinical setting throughout dose escalation, to enable management of potential severe reactions. Home infusion under the supervision of a healthcare provider may be an option during the maintenance phase, if recommended by the treating physician.

XENPOZYME is available as 20 mg of lyophilized powder in a single-dose vial for reconstitution.

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

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

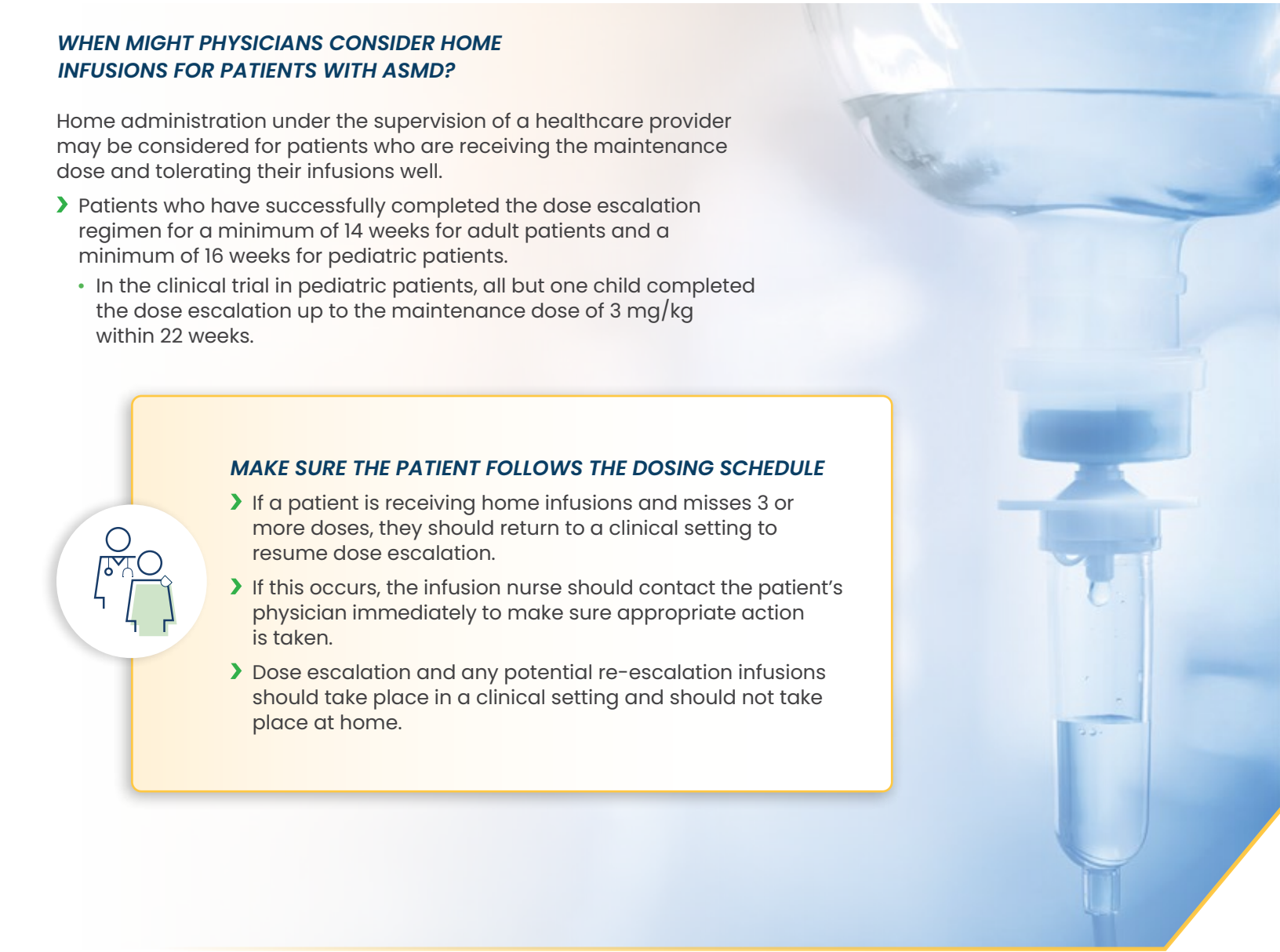
Hypersensitivity Reactions Including Anaphylaxis

Prior to XENPOZYME administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids. Appropriate medical 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. Consider the risks and benefits of re-administering XENPOZYME following severe hypersensitivity reactions (including anaphylaxis).
- If a *mild or moderate* hypersensitivity reaction occurs, the infusion rate may be slowed or temporarily withheld, and/or the XENPOZYME dose reduced.

CONSIDERATIONS FOR HOME INFUSION[1]

Xenpozyme™ (olipudase alfa-rpcp)



WHEN MIGHT PHYSICIANS CONSIDER HOME INFUSIONS FOR PATIENTS WITH ASMD?

Home administration under the supervision of a healthcare provider may be considered for patients who are receiving the maintenance dose and tolerating their infusions well.

- Patients who have successfully completed the dose escalation regimen for a minimum of 14 weeks for adult patients and a minimum of 16 weeks for pediatric patients.
  - In the clinical trial in pediatric patients, all but one child completed the dose escalation up to the maintenance dose of 3 mg/kg within 22 weeks.

MAKE SURE THE PATIENT FOLLOWS THE DOSING SCHEDULE

- If a patient is receiving home infusions and misses 3 or more doses, they should return to a clinical setting to resume dose escalation.
- If this occurs, the infusion nurse should contact the patient's physician immediately to make sure appropriate action is taken.
- Dose escalation and any potential re-escalation infusions should take place in a clinical setting and should not take place at home.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Hypersensitivity Reactions Including Anaphylaxis (continued)

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

- Hypersensitivity reactions in adults included urticaria, pruritus, erythema, rash, rash erythematous, eczema, angioedema, and erythema nodosum.
- Hypersensitivity reactions in pediatric patients included urticaria, pruritus, rash, erythema and localized edema.

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

MONITORING INFUSION-ASSOCIATED REACTIONS (IARs) AND HYPERSENSITIVITY[1]

Xenpozyme™ (olipudase alfa-rpcp)

OBSERVE PATIENTS CLOSELY DURING AND FOR AN APPROPRIATE PERIOD OF TIME AFTER THE INFUSION, BASED ON CLINICAL JUDGMENT

PRIOR TO EACH INFUSION:

- Verify pregnancy status in females of reproductive potential.
- Inform patients and caregivers of the signs and symptoms of hypersensitivity reactions and IARs, and have them seek medical care should signs and symptoms occur.
- 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.
- Transaminase testing is recommended to be continued as part of routine clinical management.

DURING AND AFTER THE INFUSION:

- XENPOZYME dosage initiation or escalation, at any time during pregnancy, is not recommended.
  - Based on findings from animal reproduction studies, treatment with XENPOZYME may cause embryo-fetal harm. (See Warning & Precautions, Section 5.4 of the Prescribing Information.)
  - 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.
- The decision to continue or discontinue XENPOZYME maintenance dosing in pregnancy should be made based on considerations with regard to both the fetus and the female patient.
- In the event of a ***severe*** hypersensitivity reaction (e.g., anaphylaxis) or a ***severe*** IAR, immediately discontinue XENPOZYME administration and initiate appropriate medical treatment.
  - Consider the risks and benefits of re-administering XENPOZYME following severe hypersensitivity reactions (including anaphylaxis) or IARs.
  - In patients with a severe hypersensitivity reaction, a tailored desensitization procedure to XENPOZYME may be considered. If the decision is made to readminister XENPOZYME, ensure the patient tolerates the infusion. If the patient tolerates the infusion, the dosage (dose and/or rate) may be increased to reach the approved recommended dosage.
- In the event of a ***mild to moderate*** hypersensitivity reaction or a ***mild to moderate*** IAR, consider temporarily holding or slowing the infusion rate, and/or reducing the XENPOZYME dose. If dose is reduced, re-escalate according to the dose escalation regimens for adult and pediatric patients, as applicable.
  - Consider testing for immunoglobulin E antidrug antibodies in XENPOZYME-treated patients who experience severe hypersensitivity reactions including anaphylaxis.
  - Consider other clinical laboratory testing such as serum tryptase and complement activation in patients who experience anaphylaxis.

Ensure appropriate medical support measures, including cardiopulmonary resuscitation equipment, are readily available during XENPOZYME administration.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

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.

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

ADMINISTERING XENPOZYME AT HOME[1]

Xenpozyme™ (olipudase alfa-rpcp)

THE MAINTENANCE PHASE OF XENPOZYME CAN TAKE PLACE AT HOME ONLY AFTER SUCCESSFUL DOSE ESCALATION AND BASED ON PHYSICIAN JUDGMENT

- The decision to have patients moved to home infusion should be made after evaluation and recommendation by a physician.
- Dose and infusion rates should remain constant while at home and cannot be changed without supervision of a physician.
- In case of missed doses or delayed infusion, the treating physician should be contacted.

COUNSELING 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 have them seek medical care should signs and symptoms occur.

XENPOZYME MAY CAUSE EMBRYO-FETAL HARM BASED ON ANIMAL STUDIES

- Advise pregnant females and females of reproductive potential of the potential risk to the fetus.
- Advise females of reproductive potential to inform their healthcare provider of a known or suspected pregnancy.
- Advise females of reproductive potential to use effective contraception during treatment and for 14 days after the last dose if XENPOZYME is discontinued.

RISK OF POTENTIAL MEDICATION ERRORS IN HOME SETTING

- Prior to treatment administration: please read both the preparation and administration instructions in the XENPOZYME full Prescribing Information and the preparation/infusion section included in this guide carefully.
- Ensure the availability of the following:
  - Cardiopulmonary resuscitation equipment
  - Patient information (prescribed maintenance dose, weight)
  - Physician contact information
  - Necessary supplies and environment (i.e., clean environment with electricity, water, telephone access, refrigeration)
- Carefully prepare the medication referencing the XENPOZYME full Prescribing Information and this guide.

In case of medication errors that have been identified, please contact the treating physician and report the case via the national reporting system: https://www.fda.gov/drugs/information-consumers-and-patients-drugs/working-reduce-medication-errors

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Infusion-Associated Reactions (continued)

The most frequent IARs in:

- adult patients were headache, pruritus, vomiting and urticaria;
- pediatric patients were urticaria, erythema, headache, nausea, pyrexia, and vomiting.

INFUSION PREPARATION AND ADMINISTRATION[1]

Xenpozyme™ (olipudase alfa-rpcp)

SUPPLIES NEEDED

- Refrigerated XENPOZYME (lyophilized powder for reconstitution)
- Sterile water for injection, USP
- Infusion bag
  - Appropriate infusion pump
- 0.9% sodium chloride injection, USP
- In-line low protein-binding 0.2-µm filter

RECONSTITUTION AND DILUTION

Note: The lyophilized powder must be reconstituted with sterile water for injection, USP, diluted with 0.9% sodium chloride injection, USP, and then administered by intravenous infusion.

- The reconstitution and dilution steps must be completed under aseptic conditions.

1 Determine the number of vials to be reconstituted based on the individual patient's weight and the prescribed dose.

Patient dose (mg)	Vials required
Patient weight (kg) **x dose** (mg/kg)	$\frac{\textbf{Patient dose}\ (\text{mg})}{\textbf{20}\ \text{mg/vial}}$

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

In patients with a body mass index (BMI) >30, the body weight that is used to calculate the dose of XENPOZYME is estimated via the following method: Body weight (kg) to be used for dose calculation = (actual height in m)^2 x 30.

2 Remove the required number of vials from refrigeration and set aside for approximately 20 to 30 minutes to allow them to reach room temperature.

3 Reconstitute each vial with 5.1 mL of sterile water for injection, USP, by directing the diluent flow to the inside wall of the vial to avoid foaming.

4 Tilt and roll each vial gently between the palms and avoid foaming. Each vial will yield a 4 mg/mL clear, colorless solution.

5 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.

IMPORTANT RECONSTITUTION AND DILUTION NOTES

- The reconstitution and dilution steps must be completed under aseptic conditions.
- Avoid the formation of foam. Let any visible foam in the infusion bag dissipate before administration.

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 serum protein concentrations, was observed.

- Most of the APRs occurred at 48 hours post infusion during the dose escalation period.
- Elevations of C-reactive protein, calcitonin, and IL-6, and reduction of serum iron were observed.
- The most common clinical symptoms associated with APRs were pyrexia, vomiting, and diarrhea. APRs can be managed as other IARs.

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

RECONSTITUTION AND DILUTION (CONTINUED)

Xenpozyme™ (olipudase alfa-rpcp)

INFUSION VOLUMES BASED ON BODY WEIGHT* FOR THE MAINTENANCE PHASE

	PEDIATRIC PATIENTS (0 TO 17 YEARS)			ADULT PATIENTS ≥18 YEARS
	BODY WEIGHT (≥2 kg to <10 kg)	BODY WEIGHT (≥10 kg to <20 kg)	BODY WEIGHT (≥20 kg)	BODY WEIGHT (≥20 kg)
XENPOZYME DOSE (mg/kg)	Total infusion volume (mL)	Total infusion volume (mL)	Total infusion volume (mL)	Total infusion volume (mL)
3.0	50	100	250	100

*Use actual or adjusted body weight per patient BMI. Use actual body weight (kg) for patients with a BMI ≤30. For patients with a BMI >30, calculate an adjusted body weight (kg) based on height in meters = (actual height in m)^2 x 30.

***REMINDER*: Home infusion is only an option during the maintenance phase if recommended by a physician.**

The infusion volumes shown in the table above pertain ONLY to the maintenance phase. For infusion volumes during the dose escalation phase, see Table 4 in the XENPOZYME full Prescribing Information.

6. Withdraw the required volume of reconstituted solution and dilute to final volume with 0.9% sodium chloride injection, USP, in an infusion bag, based on body weight for adults or pediatric patients (see Section 2.6 and Table 4 in the XENPOZYME full Prescribing Information).

7. Gently invert the infusion bag to mix. Do not shake. Because this is a protein solution, slight flocculation (described as thin translucent fibers) occurs occasionally after dilution. The diluted solution must be filtered through an in-line low protein-binding 0.2-µm filter during administration.

8. Vials are for single use only. Discard any unused solution.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Elevated Transaminases Levels

XENPOZYME may be associated with elevated transaminases (ALT, AST, or both) within 24 to 48 hours after infusion.

- Elevated transaminase levels were reported in patients during the XENPOZYME dose escalation phase in clinical trials.
- At the time of the next scheduled infusion, these elevated transaminase levels generally returned to levels observed prior to the XENPOZYME infusion.

INFUSION PREPARATION AND ADMINISTRATION (CONTINUED)[1]

Xenpozyme™ (olipudase alfa-rpcp)

INFUSION RATES FOR ADULT PATIENTS*

DOSE (mg/kg)	INFUSION RATE			
	step 1	step 2	step 3	step 4
3.0	3.33 mL/hr	10 mL/hr	20 mL/hr	33.33 mL/hr

INFUSION RATES FOR PEDIATRIC PATIENTS*

DOSE (mg/kg)	INFUSION RATE			
	step 1	step 2	step 3	step 4
3.0	0.1 mg/kg/hr	0.3 mg/kg/hr	0.6 mg/kg/hr	1 mg/kg/hr

*In absence of IARs, increase infusion rate per the steps of infusion as indicated (+/- 5 min). Each step of infusion will last for 20 minutes with the exception of the final step, which should last until completion of the infusion volume.

9 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.

10 Do not infuse XENPOZYME in the same intravenous line with other products.

› Reconstituted solution and diluted solution of XENPOZYME should be used immediately. This product contains no preservatives. If immediate use is not possible, the reconstituted solution may be stored for up to 24 hours at 2 °C to 8 °C (36 °F to 46 °F) or up to 12 hours at room temperature (20 °C to 25 °C [68 °F to 77 °F]). After dilution, the solution can be stored for up to 24 hours at 2 °C to 8 °C (36 °F to 46 °F) or up to 12 hours (including infusion time) at room temperature (20 °C to 25 °C [68 °F to 77 °F]). Do not freeze.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

Elevated Transaminases Levels (continued)

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.
- **See full Prescribing Information for additional information on assessment and management of elevated transaminases.**

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

REMINDERS FOR HCPs IN HOME INFUSION SETTINGS[1]

Xenpozyme™ (olipudase alfa-rpcp)

HOME INFUSION UNDER THE SUPERVISION OF A HEALTHCARE PROVIDER MAY BE CONSIDERED FOR PATIENTS IN THE MAINTENANCE PHASE WHO ARE TOLERATING THEIR INFUSIONS WELL

- The decision to have patients moved to home infusion should be made after evaluation and recommendation by a physician.
- Appropriate medical support, including personnel trained in emergency measures, should be readily available when XENPOZYME is administered.
- Dose and infusion rates should remain constant while at home and cannot be changed without supervision of a physician.
- In case of missed doses or delayed infusion, the treating physician should be contacted.

EXPLAIN THAT MORE THAN 1 MISSED DOSE CAN SET BACK TREATMENT

- During the maintenance phase, 2 or more missed doses will require dose adjustment.
  - If a patient is receiving home infusions and misses doses, they may need to return to a clinical setting for dose escalation.
  - Remind the patient to report any missed infusions to a physician.
  - Schedule regular follow-up consultations.

WHEN IS A DOSE CONSIDERED MISSED?*

A dose is considered missed when not administered within 3 days of the scheduled date. When a dose of XENPOZYME is missed, administer the next dose as soon as possible. Thereafter, administration should be scheduled every 2 weeks from the date of the last administration.

*At the next scheduled infusion after a missed dose, if the dose administered is 0.3 mg/kg or 0.6 mg/kg, that dose should be administered twice per Tables 1 and 2 in the XENPOZYME full Prescribing Information.

For complete dose escalation regimens for adult and pediatric patients, please see Tables 1 and 2 in the XENPOZYME full Prescribing Information.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (CONTINUED)

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.

WARNING: SEVERE HYPERSENSITIVITY REACTIONS

Hypersensitivity Reactions Including Anaphylaxis

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

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions Including Anaphylaxis

Prior to XENPOZYME administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids. Appropriate medical 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. Consider the risks and benefits of re-administering XENPOZYME following severe hypersensitivity reactions (including anaphylaxis).
- If a *mild or moderate* hypersensitivity reaction occurs, the infusion rate may be slowed or temporarily withheld, and/or the XENPOZYME dose reduced.

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

- Hypersensitivity reactions in adults included urticaria, pruritus, erythema, rash, rash erythematous, eczema, angioedema, and erythema nodosum.
- Hypersensitivity reactions in pediatric patients included urticaria, pruritus, rash, erythema and localized edema.

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.

The most frequent IARs in:

- adult patients were headache, pruritus, vomiting and urticaria;
- pediatric patients were urticaria, erythema, headache, nausea, pyrexia, and vomiting.

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

- Most of the APRs occurred at 48 hours post infusion during the dose escalation period.
- Elevations of C-reactive protein, calcitonin, and IL-6, and reduction of serum iron were observed.
- The most common clinical symptoms associated with APRs were pyrexia, vomiting, and diarrhea. APRs can be managed as other IARs.

Elevated Transaminases Levels

XENPOZYME may be associated with elevated transaminases (ALT, AST, or both) within 24 to 48 hours after infusion.

- Elevated transaminase levels were reported in patients during the XENPOZYME dose escalation phase in clinical trials.
- At the time of the next scheduled infusion, these elevated transaminase 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.
- **See full Prescribing Information for additional information on assessment and management of elevated transaminases.**

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.

10 STEPS TO PREPARE AND ADMINISTER XENPOZYME AT HOME[1]

1. Determine the number of vials to be reconstituted.
2. Remove the required number of vials from refrigeration and allow them to reach room temperature.
3. Reconstitute each vial.
4. Gently tilt and roll each vial.
5. Visually inspect the reconstituted solution in the vials for particulate matter and discoloration.
6. Determine the required volume of reconstituted solution and dilute to final volume.
7. Gently invert the infusion bag to mix. Do not shake.
8. Vials are for single use only—discard any unused solution.
9. After the infusion is complete, the infusion line should be flushed.
10. Do not infuse XENPOZYME in the same intravenous line with other products.

- Monitor the patient in case of any signs and symptoms of IARs and hypersensitivity reactions (including anaphylaxis), and inform the treating physician. Subsequent infusion in a clinical setting may be required.
- Remind the patient to report any missed infusions to a physician.
- Schedule regular follow-up consultations.

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

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

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

VISIT XENPOZYME.COM/HCP FOR MORE INFORMATION

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References: 1. XENPOZYME. Prescribing Information. Sanofi; 2022. **2.** McGovern MM, Avetisyan R, Sanson BJ, Lidove O. Disease manifestations and burden of illness in patients with acid sphingomyelinase deficiency (ASMD). *Orphanet J Rare Dis.* 2017;12(1):41. **3.** McGovern MM, Dionisi-Vici C, Giugliani R, et al. Consensus recommendation for a diagnostic guideline for acid sphingomyelinase deficiency. *Genet Med.* 2017;19(9):967-974.

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