VPRIV®
velaglucerase alfa
for injection

VPRIV DOSING & INFUSION QUICK GUIDE

This guide contains preparation and administration information for healthcare professionals administering VPRIV.

CLICK TO GET STARTED

INDICATION

VPRIV® (velaglucerase alfa) for injection is indicated for long-term enzyme replacement therapy (ERT) for patients with type 1 Gaucher disease.

IMPORTANT SAFETY INFORMATION

WARNING: HYPERSENSITIVITY REACTIONS INCLUDING ANAPHYLAXIS

Patients treated with enzyme replacement therapies have experienced life-threatening hypersensitivity reactions, including anaphylaxis. Anaphylaxis has occurred during the early course of enzyme replacement therapy and after extended duration of therapy.
Initiate VPRIV in a healthcare setting with appropriate medical monitoring and support measures, including access to cardiopulmonary resuscitation equipment. If a severe hypersensitivity reaction (e.g., anaphylaxis) occurs, discontinue VPRIV and immediately initiate appropriate medical treatment, including use of epinephrine. Inform patients of the symptoms of life-threatening hypersensitivity reactions, including anaphylaxis and to seek immediate medical care should symptoms occur.

Life-threatening hypersensitivity reactions, including anaphylaxis, have occurred in patients treated with enzyme replacement therapies, including VPRIV. VPRIV-treated patients have had these reactions occur in clinical studies and postmarketing experience.

Please see Important Safety Information throughout and on page 7. Please click here for Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

You understand your patients and the various stages they'll experience in their individual journeys. We understand your needs in supporting your patients on their journey.

Our goal is to help make sure you're not just ready, you're VPRIV Ready.

Takeda

PATIENT ASSESSMENT

As with any infusion or medical procedure, it is important to assess your patient's current condition and review their medical history, including any prior enzyme replacement therapy (ERT) for type 1 Gaucher disease.[1] Initiate VPRIV treatment in a healthcare setting with appropriate medical monitoring and support measures, including access to cardiopulmonary resuscitation equipment. Administration of VPRIV should be supervised by a healthcare provider knowledgeable in the management of hypersensitivity reactions including anaphylaxis.[1]

- Check preinfusion vital signs and labs, if required per facility infusion protocol
- Review previous infusion notes, if any, to determine if the patient has had infusion reactions to an ERT and to assess any changes since the last visit[1]
- Consider pre-treatment with antihistamines and/or corticosteroids in patients who exhibited symptoms of hypersensitivity associated with prior velaglucerase alfa product infusions[1]
- Notify the patient's treating physician if the infusion cannot be administered[1]

VPRIV DOSING

VPRIV is administered as a 60-minute IV infusion once every other week under the supervision of a healthcare professional[1]

- Always refer to the **Prescribing Information** before administering VPRIV

TREATMENT-NAÏVE PATIENTS	60 MINUTE INFUSION	TREATMENT-EXPERIENCED PATIENTS
The recommended starting dosage in treatment-naïve patients (adults and children, aged 4 years and older) is 60 U/kg administered once every other week.[1,2]		Patients (adults and children, aged 4 years and older) currently being treated on a stable dosage of imiglucerase for type 1 Gaucher disease may be switched to VPRIV by starting treatment with VPRIV at the previous imiglucerase dosage 2 weeks after the last imiglucerase dose.[1,3]

- Dose adjustments may be made on an individual basis based on the achievement and maintenance of therapeutic goals[1]
- VPRIV is dosed according to body weight[1]

IMPORTANT SAFETY INFORMATION (CONTINUED)

Life-threatening hypersensitivity reactions, including anaphylaxis, have occurred in patients treated with enzyme replacement therapies, including VPRIV. VPRIV-treated patients have had these reactions occur in clinical studies and postmarketing experience.

Hypersensitivity reactions were the most commonly observed adverse reactions in patients treated with VPRIV in clinical studies. Patients were not routinely pre-medicated prior to infusion of VPRIV. The most commonly observed symptoms of hypersensitivity reactions were: headache, dizziness, hypotension, hypertension, nausea, fatigue/asthenia, and pyrexia.

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VPRIV DOSING CALCULATION

Precise dosing requires patient's exact weight and an individual calculation by the healthcare professional. **Always use the exact unit of the required VPRIV dosage and dispose of unused product.**[1]

CALCULATION STEPS	EXAMPLE CALCULATION
1 Obtain patient's weight[1]	Patient's weight = 21 kg
2 Recommended dose of VPRIV is 60 U/kg patient body weight administered once every other week as an IV infusion[1] **Calculate the dosage of VPRIV required*:** Patient weight (kg) × 60 U/kg	21 kg × 60 U/kg of VPRIV = 1,260 U
3 VPRIV is supplied in 400-U single-dose vials[1] **Calculate the number of vials needed†:** Required VPRIV dosage ÷ 400	1,260 ÷ 400 = 3.15 vials needed (4 vials are needed to extract 1,260 units of VPRIV)

**Recommended dose of VPRIV is 60 U/kg patient body weight administered once every other week as an intravenous (IV) infusion.[1] This will change if lbs is used in the calculation instead.*
†1 vial of VPRIV = 400 Units (U).

Click here to use the VPRIV Dosing Calculator.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

Hypersensitivity reactions in the clinical trials include any event considered related to and occurring within up to 24 hours of VPRIV infusion, including one case of anaphylaxis. Generally the reactions were mild and, in treatment-naïve patients, onset occurred mostly during the first 6 months of treatment and tended to occur less frequently with time. Additional hypersensitivity reactions of chest discomfort, dyspnea, pruritus and vomiting have been reported in post-marketing experience. In some cases vomiting can be serious, requiring hospitalization and/or drug discontinuation.

VPRIV PREPARATION

STORAGE & HANDLING

VPRIV is a sterile, white to off-white, lyophilized powder supplied in individually packaged single-dose glass vials, requiring reconstitution and dilution prior to use[1]

VPRIV should be stored refrigerated at 36°F to 46°F (2°C to 8°C) in the original carton away from light. Do not freeze VPRIV[1]

Check the expiration date on the vial and DO NOT use VPRIV after the expiration date[1]

RECONSTITUTION & DILUTION

VPRIV is a lyophilized powder that requires reconstitution and dilution, using sterile technique, prior to intravenous infusion.[1] VPRIV should be prepared as follows:

1. Determine the number of vials to be reconstituted based on the individual patient's weight and the prescribed dose. See Dosing Calculation on the **previous page** for VPRIV dosing guidelines.
2. Inject 4.3 mL of Sterile Water for Injection, USP, into a vial containing VPRIV powder. Mix gently, **do not shake**. The reconstituted VPRIV solution will have a 100 U/mL concentration (400 U of VPRIV in 4 mL of solution). If more vials are needed, repeat the above steps.
3. Visually inspect the solution in the vials. It should be clear to slightly opalescent and colorless. **Do not use if the solution is discolored or if foreign particulate matter is present.***
4. Use a single syringe to withdraw the calculated dosage of drug from the appropriate number of prepared vials. See Dosing Calculation on **previous page** for VPRIV dosing guidelines. Using a separate syringe, withdraw air from a bag of 100 mL of 0.9% Sodium Chloride Injection suitable for IV administration. Inject the calculated dosage of prepared VPRIV directly into the 0.9% sodium chloride injection to dilute.
5. Mix gently, **do not shake**. Slight flocculation (white, irregularly shaped particles) may occasionally occur. A diluted solution with slight flocculation is acceptable for administration.
6. Place medication label on the IV bag according to site/organization policy. Use immediately. If immediate use is not possible, the diluted VPRIV solution may be stored for up to 24 hours at 36°F to 46°F (2°C to 8°C). Do not freeze, and protect from light. Complete the infusion within 24 hours of reconstitution.

*Contact Medical Information at **1-866-888-0660**, option 2 or email **medinfous@takeda.com** for all US inquiries if the solution is discolored or if foreign particulate matter is present.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Anaphylaxis has occurred during the early course of enzyme replacement therapy and after extended duration of therapy. Administration of VPRIV should be supervised by a healthcare provider knowledgeable in the management of hypersensitivity reactions including anaphylaxis. Initiate VPRIV in a healthcare setting with appropriate medical monitoring and support measures including access to cardiopulmonary resuscitation equipment.

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VPRIV ADMINISTRATION

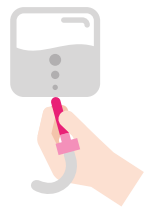
- VPRIV should be administered under the supervision of a healthcare professional[1]
- Diluted VPRIV should be administered through an in-line, low protein-binding 0.2 or 0.22 µm filter. VPRIV should not be infused with other products in the same infusion tubing. The compatibility of VPRIV in a solution with other products has not been evaluated[1]

Click here to see our full Dosing & Infusion Guide.

VPRIV ADMINISTRATION STEPS

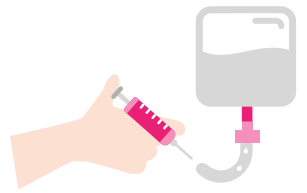
1

Attach IV tubing to the bag of VPRIV solution. IV tubing should have an in-line filter in place.[1]



2

Use normal saline to prime tubing and expel all air.

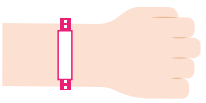


3

Set the infusion to administer at the rate prescribed. A 60-minute infusion is recommended.[1]

4

Select the IV infusion site; this will vary by patient and may include: antecubital, wrist, or hand veins, or a central venous catheter. Follow your facility's policies for IV insertion, medication infusion, and disposal of biohazardous waste.



5

Begin VPRIV therapy infusion with the flow-regulating device or IV pump. Monitor the patient regularly. If anaphylactic or other acute reactions occur, discontinue VPRIV immediately and immediately initiate appropriate medical treatment, including use of epinephrine.[1]

Please click here to see Boxed Warning for hypersensitivity reactions, including anaphylaxis, and Section 5.1 of the Warnings and Precautions section of the Prescribing Information in the pocket for important information on hypersensitivity reactions.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Management of hypersensitivity reactions should be based on severity of the reaction, such as slowing the infusion rate, treatment with medications such as antihistamines, antipyretics and/or corticosteroids, and/or stopping and resuming treatment with increased infusion time. If a severe hypersensitivity reaction (e.g., anaphylaxis) occurs, discontinue VPRIV and immediately initiate appropriate medical treatment, including use of epinephrine. In cases where patients have exhibited symptoms of hypersensitivity to velaglucerase alfa or excipients in the drug product or to other enzyme replacement therapy, pre-treatment with antihistamines and/or corticosteroids may prevent subsequent reactions. Inform patients of the symptoms of life-threatening hypersensitivity reactions, including anaphylaxis and to seek immediate medical care should symptoms occur.

TAKEDA SUPPORT PROGRAMS

Takeda Patient Support
Your Source for Education and Access

*When you prescribe **VPRIV** for your patient, Takeda Patient Support is here for them. Our support specialists provide several services including:*

- **Benefits investigation** to help determine your patient's insurance benefits and eligibility for certain services
- **Prior authorization (PA), reauthorization, and appeals information**
- **Enrolling your patient in the Takeda Patient Support Co-Pay Assistance Program** if they qualify*
- **Information about financial assistance options** for your patient, if they're eligible

Our additional services include:

- **Specialty pharmacy or site of care triage** and coordination
- **Directing your patient** to community support resources
- **Assistance** during life transitions like relocation, moving to college, or changing jobs, and insurance changes.
- **Coordination** between your patient's specialty pharmacy and your site of care, even if they are traveling out of town or relocating

Want to connect with Takeda Patient Support?

Our support specialists are never more than a tap or a call away — **1-866-888-0660**, Monday through Friday, 8:30 am to 8:00 pm ET.

Need to enroll your patient?

Click here to visit our convenient online enrollment portal. You can also enroll your patient by faxing the completed Start Form.

*To be eligible, the patient must be enrolled in Takeda Patient Support, and have commercial insurance. Other terms and conditions apply. Call for more details.

QuickStart

Streamline treatment initiation for eligible patients:

- Some insurance plans may require additional paperwork, called a prior authorization, before treatment can be initiated, which can cause delays
- QuickStart allows eligible patients to receive their infusion while the prior authorization is still being reviewed, and to receive up to **two free doses** of VPRIV
- Additional terms and conditions apply

To be eligible for QuickStart, patients must be enrolled in Takeda Patient Support. When filling in a VPRIV Start form with your patient, check mark the QuickStart box in Section 6 to enroll your patient in the QuickStart program.

PreppedAhead

Expedite infusion preparation with PreppedAhead so your patient can save time before their infusions:

- VPRIV is a 60-minute infusion, administered once every other week.[1] PreppedAhead provides patients with the option of having their site of care prepare treatment before they arrive to save time
- PreppedAhead is only available to eligible patients enrolled in Takeda Patient Support, and whose site of care is enrolled in the PreppedAhead program

Download a **PreppedAhead sign-up form**.

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Hypersensitivity reactions were the most commonly observed adverse reactions in patients treated with VPRIV in clinical studies. Patients were not routinely pre-medicated prior to infusion of VPRIV. The most commonly observed symptoms of hypersensitivity reactions were: headache, dizziness, hypotension, hypertension, nausea, fatigue/asthenia, and pyrexia. Hypersensitivity reactions in the clinical trials include any event considered related to and occurring within up to 24 hours of VPRIV infusion, including one case of anaphylaxis. Generally the reactions were mild and, in treatment-naïve patients, onset occurred mostly during the first 6 months of treatment and tended to occur less frequently with time. Additional hypersensitivity reactions of chest discomfort, dyspnea, pruritus and vomiting have been reported in post-marketing experience. In some cases vomiting can be serious, requiring hospitalization and/or drug discontinuation.

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The most common adverse reactions during clinical studies (in ≥10% of patients) were hypersensitivity reactions, headache, dizziness, abdominal pain, nausea, back pain, joint pain, prolonged activated partial thromboplastin time (aPTT), fatigue/asthenia, and pyrexia. In clinical studies, the overall frequency of adverse events was generally higher in the population naïve to enzyme replacement therapy (ERT) than in the population switched from imiglucerase to VPRIV.

The safety and efficacy profiles were similar in pediatric (ages 4 to 17) and adult patients. The safety of VPRIV has not been established in patients under 4 years of age. Adverse reactions more commonly seen in pediatric patients compared to adult patients include (>10% difference): rash, prolonged aPTT, and pyrexia. The adverse reaction profile in elderly patients was consistent with that previously observed across pediatric and adult patients. In general, dose selection for an elderly patient should be approached cautiously, considering comorbid conditions.

As with all therapeutic proteins, there is a potential for immunogenicity. In clinical studies, 1 of 54 (2%) enzyme treatment-naïve patients treated with VPRIV developed IgG class antibodies (neutralizing in an *in vitro* assay). One additional patient developed IgG antibodies to VPRIV during an extension study. It is unknown if the presence of IgG antibodies to VPRIV is associated with a higher risk of infusion reactions. Patients with an immune response to other ERTs who are switching to VPRIV should continue to be monitored for antibodies to VPRIV.

Please click here for Full Prescribing Information.

To report **SUSPECTED ADVERSE REACTIONS**, contact Medical Information at 1-866-888-0660, option 2 or FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**. For assistance with medical inquiries about VPRIV, please contact Takeda at 1-877-TAKEDA-7 (1-877-825-3327) or email **medinfous@takeda.com**.

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Visit www.hcp.vpriv.com
for more information on VPRIV.

YOU'RE NOT JUST READY, YOU'RE VPRIV READY

REFERENCES

1. VPRIV [prescribing information].
2. Gonzalez DE, et al. *Am J Hematol.* 2013; 88 (3): 166–171.
3. Zimran A, et al. *Am J Hematol*. 2013; 88(3): 172–178.

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