VPRIV®
velaglucerase alfa
for injection

INDIVIDUAL JOURNEYS VARIOUS STAGES VPRIV READY

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.

This brochure is available to help you better understand VPRIV, an enzyme replacement therapy (ERT) for type 1 Gaucher disease, so that you will be able to better support your type 1 Gaucher patients' needs.

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

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.

Please see additional Important Safety Information throughout and on pages 22–23.
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Takeda

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RECOGNIZING TYPE 1 GAUCHER DISEASE

Gaucher disease is a rare, inherited genetic disorder in which a person has a deficiency of the enzyme glucocerebrosidase.[1–3] This enzyme is responsible for breaking down a fatty substance, glucocerebroside, in the body. Without sufficient glucocerebrosidase enzyme, fatty substances accumulate within the lysosomes of cells and can impair organ function progressively over time.[2,3]

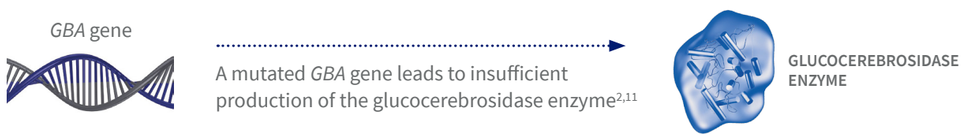
PREVALENCE

- Although rare, Gaucher disease is the most common type of lysosomal storage disease[3]
- While there are three types of Gaucher disease, type 1 is the most common, making up 90% of all cases[4]
- Type 1 is the most common form of Gaucher disease, affecting[3,5]:

~1–9 in 100,000 within the overall population[6]
~1 in 600 within the Ashkenazi Jewish population[7–9]
~1 in 17 within the Ashkenazi Jewish community that are carriers[10]

HEREDITY

Type 1 Gaucher disease has an autosomal recessive inheritance pattern, which means people can be carriers of the genetic mutation without having the condition themselves.[1,9] Two carriers who have children together can pass the genetic mutation on to their children – there is a 25% chance of the child being born with Gaucher disease.[9]



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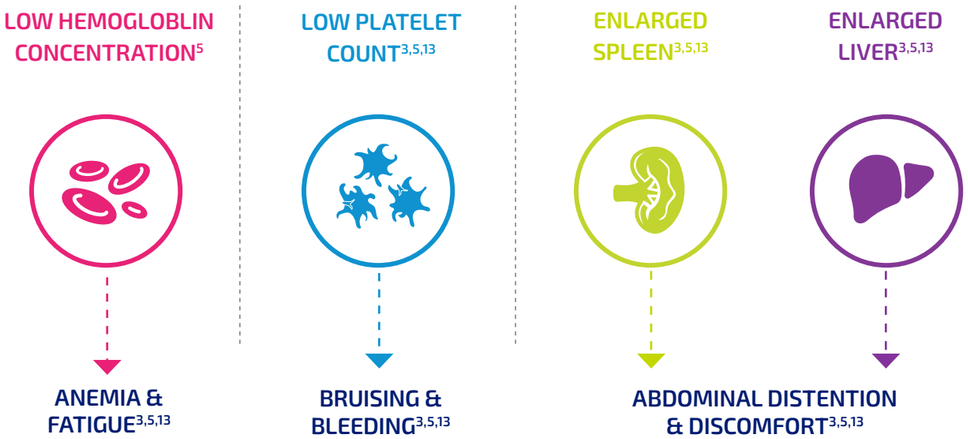
COMMON SIGNS & SYMPTOMS OF TYPE 1 GAUCHER DISEASE

- Gaucher disease is a multi-systemic and progressive disease[3,5]
- Symptom onset can range from early childhood into late adulthood[12]
- Signs and symptoms may vary from patient to patient[3]
- It is important to be aware of the possible combinations of signs and symptoms, as this can help lead to earlier diagnosis



A combination of these signs and symptoms may be indicative of type 1 Gaucher disease. If you suspect type 1 Gaucher disease, test now.

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.

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TESTING FOR TYPE 1 GAUCHER DISEASE

Accurate and timely diagnosis is important for the management of type 1 Gaucher disease.[2]

The diagnosis of type 1 Gaucher disease often occurs several years after the first onset of clinical signs, and patients may experience diagnostic delays of up to 10 years.[14,15]
This could be due to several factors:

- As a rare disease, the overall awareness of Gaucher disease is limited[14]
- The clinical manifestations are highly heterogeneous, both in type and severity, presenting at a wide range of ages[14,16]
- The earliest symptoms are general and non-specific so may be difficult to recognize[14]
- Patients may be misdiagnosed and referred to multiple specialists before receiving an accurate diagnosis[14,16]

Delayed diagnosis can have serious medical consequences, including the development of potentially irreversible complications.[14]

Type 1 Gaucher disease can be confirmed with:

β-Glucosidase enzyme assay — the gold standard of diagnosing type 1 Gaucher disease is a blood test that measures levels of glucosidase activity[13,14]

Genetic testing — identifies Gaucher disease-causing gene mutations and carrier status[7,15]

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HOW ERT WORKS

ERT replaces or supplements deficient glucocerebrosidase.[17,18]

- Glucocerebrosidase deficiency causes the build-up of lipids in the lysosomes, leading to the formation of Gaucher cells[3]
- Over time, these Gaucher cells infiltrate various organs, particularly the spleen and liver, resulting in a progressive, heterogeneous disease[3]
- ERT is a common treatment option for type 1 Gaucher disease.[9,19]
  ERT is designed to work by replacing or supplementing the patient's deficient glucocerebrosidase enzyme.[20]
  ERT, such as VPRIV, is administered by an intravenous infusion[21]

ERT IS A FIRST-LINE TREATMENT

- ERT is a first-line treatment for Gaucher disease that has been used for many years[17]
- ERTs address the underlying enzyme deficiency[17,18]
- Treatment with ERTs has been used for visceral debulking (reducing spleen and liver volumes) and improving hemoglobin and platelet counts[17,18]

IMPORTANT SAFETY INFORMATION (CONTINUED)

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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THINK VPRIV

10+ YEARS'
REAL-WORLD EXPERIENCE

VPRIV has over 10 years of real-world experience.[21] VPRIV was first approved by the FDA in 2010 and has been indicated for long-term use to treat patients with type 1 Gaucher disease ever since.[21]

LARGEST
CLINICAL TRIAL OF AN ERT IN GD1

VPRIV's safety and efficacy were studied in the largest clinical trial program of an ERT for type 1 Gaucher disease across three clinical trials (n=99; aged ≥4 years).[21,22]

60-MINUTE
INFUSIONS

VPRIV is administered as a 60-minute IV infusion under the supervision of a healthcare professional.[21] The recommended starting dosage in treatment-naïve patients (adults and children, aged ≥4 years) is 60 U/kg administered once every other week.[21] Patients (adults and children, aged ≥4 years) 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.[21]

DERIVED
FROM HUMAN CELLS

VPRIV is an ERT, specifically designed to match and replace the natural human enzyme (glucocerebrosidase) that is missing with type 1 Gaucher disease.[21] VPRIV is an ERT for type 1 Gaucher disease that is made from a human cell line; this design is intended to facilitate targeted uptake of VPRIV into cells.[21]

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VPRIV IS AN ENZYME REPLACEMENT THERAPY

VPRIV is indicated for long-term ERT for patients with type 1 Gaucher disease.[21]

- VPRIV is a hydrolytic lysosomal glucocerebroside-specific enzyme indicated for long-term ERT for patients with type 1 Gaucher disease[21]
- VPRIV's safety and efficacy were evaluated in the largest clinical trial program of an ERT for type 1 Gaucher disease; VPRIV was studied across three clinical trials (n=99; aged ≥4 years)[21,22]

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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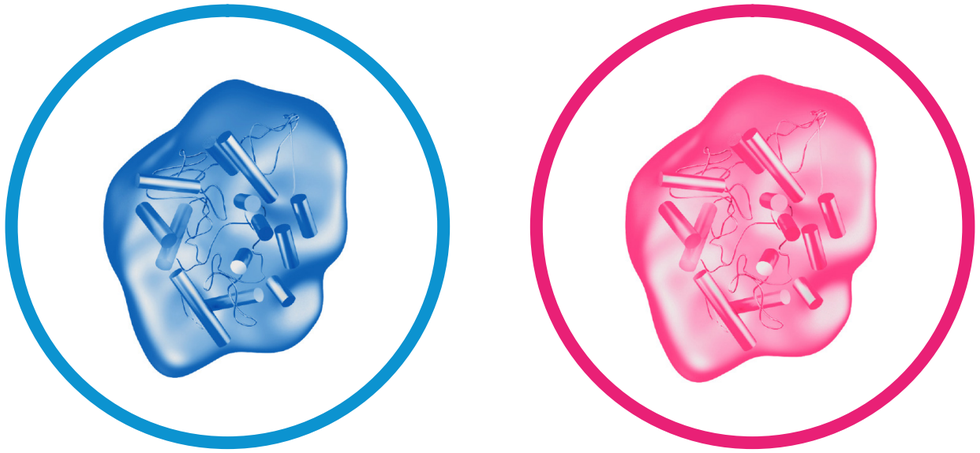
VPRIV DESIGN

VPRIV is specifically designed to match and replace the natural human enzyme.[21,23]

- VPRIV is produced using gene-activation technology in a human cell line[21]
- VPRIV has the same amino acid sequence as the naturally occurring human enzyme, glucocerebrosidase[21]



GLUCOCEREBROSIDASE

VPRIV

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.

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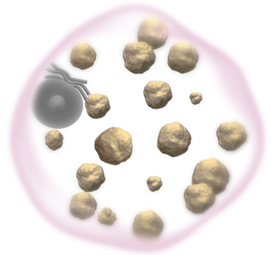
VPRIV MECHANISM OF ACTION

VPRIV's glycosylation pattern is intended to facilitate targeted uptake into macrophages.[21,23–25]

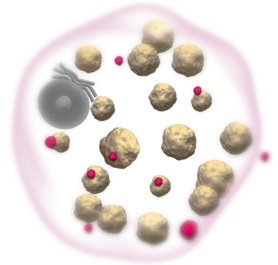
1

GAUCHER CELL
Gaucher cells are swollen due to the accumulation of a fatty substance known as glucocerebroside.[13,26]



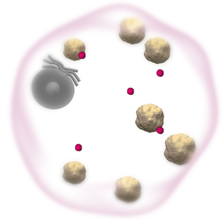
2

VPRIV ACTION
VPRIV is designed to bind to, and be absorbed into, the cell. Once inside the cell, VPRIV breaks down glucocerebroside.[21]



3

RESULTING CELL
Like the naturally occurring human enzyme, VPRIV breaks down glucocerebroside, reducing the overall amount in the cell.[21]



*For illustration purposes only. *In vitro* test results do not necessarily correlate with clinical efficacy

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VPRIV CLINICAL PROGRAM OVERVIEW

VPRIV's safety and efficacy profile was studied in the largest clinical trial program of an ERT for type 1 Gaucher disease in 99 patients across three clinical trials, which included pediatric (aged ≥4 years), adult, and geriatric (aged ≥65 years) patients.[21,22] Some of these patients were then enrolled into one phase III, open-label, long-term extension trial conducted in adult and pediatric patients (n=93).[21,27]

TREATMENT-NAÏVE* STUDIES

*Treatment-naïve: patients who had not received disease-specific treatment within the 30 months prior to starting VPRIV[28,29]

12-MONTH PARALLEL-DOSE: STUDY 032

A 12-month, randomized, double-blind, parallel-dose-group study in 25 patients. Treatment-naïve patients administered VPRIV, dosed at 60 U/kg once every other week, showed improvements vs. baseline in hemoglobin concentration (primary objective), platelet count, and spleen volume (n=12).[21,28]

CLINICAL PARAMETER	MEAN AT BASELINE[21]	MEAN CHANGE FROM BASELINE (± SE)[21,28]	PERCENTAGE CHANGE[28]
HEMOGLOBIN CONCENTRATION†	10.6 g/dL	+2.4 g/dL ± 0.3	+23%
PLATELET COUNT	97 × 10^9/L	+51 × 10^9/L ± 12	+66%
SPLEEN VOLUME	2.9% BW	–1.9% ± 0.5	–50%
LIVER VOLUME‡	3.6% BW	–0.84% ± 0.33	–17%

†Primary objective was a change in hemoglobin concentration
‡Decrease in liver volume was not statistically significant after adjusting for multiple tests. BW, body weight; SE, standard error

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

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TREATMENT-NAÏVE STUDIES (continued)

9-MONTH HEAD-TO-HEAD (NON-INFERIORITY): STUDY 039

A 9-month, randomized, double-blind, active-controlled (imiglucerase), parallel-group study in 34 treatment-naïve patients. VPRIV, dosed at 60 U/kg once every other week, was non-inferior to imiglucerase, dosed at 60 U/kg, in hemoglobin concentration change from baseline (n=17).[21,29]

TREATMENT-EXPERIENCED§ STUDY

§Treatment-experienced: patients previously treated with imiglucerase for a minimum of 30 consecutive months prior to switching to VPRIV[30]

12-MONTH SWITCH: STUDY 034 – PATIENTS PREVIOUSLY TREATED WITH IMIGLUCERASE

A 12-month, open-label, single-arm study of 40 patients switching from imiglucerase to VPRIV. Safety results demonstrated that patients could be safely transitioned from imiglucerase to VPRIV.[21,30] All four clinical parameters in patients administered VPRIV 15–60 U/kg once every other week remained stable, on average, through 12 months of treatment (n=40).[21,30]

CLINICAL PARAMETER	MEDIAN AT BASELINE[30]	MEAN CHANGE FROM BASELINE[30]	WITHIN PRE-DEFINED EFFICACY CRITERIA[30]
HEMOGLOBIN CONCENTRATION	13.8 g/dL	–0.1 g/dL	±1 g/dL
PLATELET COUNT	162 × 10^9/L	+7.0%	±20%
SPLEEN VOLUME	2.5 MN	–5.6%	±15%
LIVER VOLUME	0.8 MN	0.0%	±15%

MN, multiples of normal

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VPRIV CLINICAL PROGRAM OVERVIEW (CONTINUED)

5-YEAR LONG-TERM EXTENSION: STUDY 044

A 5-year, open-label, extension study, using all 25 treatment-naïve participants from Study 032 and 32 of 34 treatment-naïve participants from Study 039, to investigate long-term safety and efficacy of VPRIV.[31]

Safety Results (Primary Objective):

During the 044 trial, almost all patients experienced an adverse event (AE), the majority of which were mild or moderate. The only events that occurred in more than one patient were hypertension and headache. Sixteen of 57 patients experienced AEs that were deemed possibly or probably related to VPRIV.[31] Infusion-related AEs were experienced by six out of 57 patients.[31] Nineteen serious AEs were reported; no serious AE was considered to be related to VPRIV.[31]

Efficacy Results (Secondary Objective)*:

Trial 044 demonstrated improvements from baseline (before the first dose in initial trials) in certain clinical parameters after 24 months of VPRIV treatment in previously untreated Gaucher patients.[31] Clinical parameter improvements were maintained over long-term VPRIV treatment (up to ~60 months).[31]

*Data compiled from two phase III clinical trials and extension study (treatment-naïve patients, n=57)

Click here for more information on VPRIV's Clinical Trials.

+26%

Increase in hemoglobin concentration[32]

- Mean hemoglobin concentration at baseline†: 11.0 g/dL
- Mean change from baseline to 24 months: +2.8 g/dL

+120%

Increase in platelet count[32]

- Mean platelet count at baseline†: 108.6 × 10^9/L
- Mean change from baseline to 24 months: +87.9 × 10^9/L

−64%

Decrease in spleen volume[32]

- Mean spleen volume at baseline†: 3.8% of body weight
- Mean change from baseline to 24 months: −2.7% of body weight

−27%

Decrease in liver volume[32]

- Mean liver volume at baseline†: 4.0% of body weight
- Mean change from baseline to 24 months: −1.2% of body weight

†Baseline is defined as before the first dose of VPRIV in Studies 032 and 039

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

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SAFETY PROFILE OF VPRIV

The most serious, and most commonly observed, adverse reactions in 94 patients treated with VPRIV (velaglucerase alfa) in clinical studies were hypersensitivity reactions, including[21]:

- Headache, dizziness, hypo/hypertension, nausea, fatigue/asthenia, and pyrexia[21]

The most common adverse reactions observed across five pooled clinical studies of VPRIV (in ≥10% of adult and pediatric patients aged ≥4 years) were[21]:

ADVERSE REACTION	NAÏVE TO ERT n=54 n (%)	SWITCHED FROM IMIGLUCERASE TO VPRIV n=40 n (%)
Hypersensitivity reaction*	28 (52)	9 (23)
Headache	19 (35)	12 (30)
Dizziness	12 (22)	3 (8)
Pyrexia	12 (22)	5 (13)
Abdominal pain	10 (19)	6 (15)
Back pain	9 (17)	7 (18)
Joint pain (knee)	8 (15)	3 (8)
Asthenia/fatigue	8 (15)	5 (13)
Activated partial thromboplastin time prolonged	6 (11)	2 (5)
Nausea	3 (6)	4 (10)

***Denotes any event considered related to and occurring within up to 24 hours of VPRIV infusion, including one case of anaphylaxis**

When further assessed during a long-term, open-label extension of Study 044, the majority of patients (>80%) experienced mild or moderate adverse events. Overall, the most common severe adverse events were osteonecrosis (3 patients) and arthralgia (2 patients).[32]

The safety profile of VPRIV was similar between pediatric patients and adult patients. Adverse reactions more commonly seen in pediatric patients compared with adult patients included (>10% difference) rash, aPTT prolonged, and pyrexia.[2]

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TOLERABILITY PROFILE OF VPRIV

- VPRIV does not have any listed drug–drug interactions or contraindications in the Prescribing Information (or Package Insert)[21]
  - In general, dose selection for an elderly patient should be approached cautiously, considering comorbid conditions[21]
- In the 5-year, long-term extension study (044), no patient discontinued VPRIV due to an adverse event[32]
  - In post-marketing experience, vomiting was reported (in some cases vomiting can be serious, requiring hospitalization and/or drug discontinuation)[21]

IMMUNOGENICITY

- Across clinical trials, VPRIV had low rates of immunogenicity:
  - 1 in 54 (2%) of treatment-naïve patients treated with VPRIV developed IgG class antibodies (neutralizing in an *in vitro* assay)[21]
  - One additional patient developed IgG antibodies to VPRIV during an extension study. In both patients, the IgG antibodies to VPRIV were determined to be neutralizing in an *in vitro* assay. The presence of IgG antibodies to VPRIV was not associated with hypersensitivity reactions[21]
  - 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[21]

Click here for more information on the VPRIV Safety & Tolerability Profile.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

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VPRIV PATIENT POPULATION

VPRIV's safety and efficacy profile was evaluated in the largest clinical trial program of an ERT for type 1 Gaucher disease in 99 patients across three clinical trials, which included pediatric (aged ≥4 years), adult, and geriatric (aged ≥65 years) patients.[21,22]

VPRIV has been evaluated during clinical trials in:

24
PEDIATRIC PATIENTS
(4–17 years) in Study 044[27]

73
ADULT PATIENTS
(≥18 years) in Study 044[32]

56
GERIATRIC PATIENTS
(≥65 years, including 10 patients ≥75 years) across all clinical studies[21]

300+
PREGNANCIES

Real-world experience data available:

Real-world data for VPRIV in over 300 pregnancies have not identified an association with major birth defects, miscarriage, or adverse maternal or fetal outcomes.*[21,33]

Available data cannot definitively establish or exclude the absence of a VPRIV -associated risk during pregnancy.[21]

*While available data cannot definitively establish or exclude the absence of a VPRIV-associated risk during pregnancy, these data have not identified an association with the use of VPRIV during pregnancy and major birth defects, miscarriage, or adverse maternal or fetal outcomes[21,33]

These data have been reported in the pharmacovigilance database and published observational cohort studies, including the International Collaborate Gaucher Group Registry.[21,33]

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

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VPRIV PATIENT PROFILES*

These patient profiles are available to help you better understand your patient's considerations, and be aware of resources and support available to your patient no matter what stage your patient may be in their individual journey.


LIBBY
PEDIATRIC PATIENT


MATEO
COLLEGE STUDENT


ALISON
PATIENT PREFERENCE


NATASHA
PREGNANT PATIENT


DONNA
OTHER MEDICAL CONSIDERATIONS


MICHAEL
DELAYED DIAGNOSIS


JOHN
GERIATRIC PATIENT

Click here to read each patient's story.

*Patient profiles for illustrative purposes only and do not depict actual patients

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VPRIV DOSING

- VPRIV is administered as a **60-minute IV infusion** once every other week under the supervision of a healthcare professional[21]
- Always refer to the **Prescribing Information** found here, which contains complete dosing and administration 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.[21,28]		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.[21,30]

- Dose adjustments may be made on an individual basis based on the achievement and maintenance of therapeutic goals[21]
- VPRIV is dosed according to body weight[21]

Click here to use the VPRIV Dosing Calculator.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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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Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV ADMINISTRATION

- VPRIV treatment should be administered by a healthcare provider knowledgeable in the management of hypersensitivity reactions including anaphylaxis. Treatment should be initiated in a healthcare setting with appropriate medical monitoring and support measures, including access to cardiopulmonary resuscitation equipment[21]
- 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[21]

Click here to see our full Dosing & Infusion Guide.

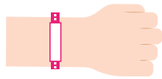
VPRIV ADMINISTRATION STEPS

1 Attach IV tubing to the bag of VPRIV solution. IV tubing should have an in-line filter in place.[21]

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.[21]

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.[21]

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 for important information on hypersensitivity reactions.

Please see Important Safety Information throughout and on pages 22–23.
Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV®
velaglucerase alfa
for injection

PATIENT SUPPORT PROGRAMS

Takeda Patient Support
Your Source for Education and Access

Takeda Patient Support

—support for your patient throughout their treatment journey

*When you prescribe **VPRIV** for your patient, Takeda Patient Support is here for them. Our support specialists can help with your patient's questions and concerns, and provide them with the information they need.*

For onboarding, access, and reimbursement assistance, some of our services may include:

- **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

*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.

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. *If English is not your patient's preferred language, a support specialist can also communicate over the phone in a variety of languages — including Spanish, and more — using a translation service.*

How to get your patients started

1. *Complete and sign the Start Form.* 2. *Have your patient sign the Patient Authorization section.* 3. *Takeda Patient Support will review the Start Form and confirm patient eligibility.* 4. *Your patient will then receive a welcome call from their dedicated support specialist.* 5. *The support specialist will get them started on Takeda Patient Support.*

Click here to visit our convenient online enrollment portal or Print & Fax our downloadable Start Form here.

To learn more about Takeda Patient Support, click here

Please see Important Safety Information throughout and on pages 22–23.
Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

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 up to two free VPRIV infusions, while the prior authorization is still being reviewed
- 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.[21] 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

Click here to download a PreppedAhead sign-up form.

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.

Please see additional Important Safety Information throughout and on pages 22–23.
Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV®
velaglucerase alfa
for injection

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.

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.

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.

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.

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.

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.

Please click here for Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

For assistance with medical inquiries about VPRIV, please contact Takeda at 1-877-TAKEDA-7 (1-877-825-3327), or email medinfous@takeda.com.

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

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