VPRIV®
velaglucerase alfa
for injection

INDIVIDUAL JOURNEYS
VARIOUS STAGES
VPRIV READY

VPRIV is indicated for long-term enzyme replacement therapy (ERT) for patients with type 1 Gaucher disease; it was evaluated across three clinical trials in 99 patients, including pediatric (aged ≥4 years), young adult, and older populations.[1]

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.

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

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 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

Takeda

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MAKE VPRIV YOUR CHOICE FOR PATIENTS DURING THE VARIOUS STAGES OF LIFE[2,3]

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.[1,4]

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.

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV IS A FIRST-LINE OPTION FOR TYPE 1 GAUCHER PATIENTS[1,5]

1 HOW ERT WORKS

ERT replaces or supplements deficient glucocerebrosidase.[5,6]

Glucocerebrosidase deficiency causes the build-up of lipids in the lysosomes, leading to the formation of Gaucher cells.[7]

Over time, these Gaucher cells infiltrate various organs, particularly the spleen and liver, resulting in a progressive, heterogeneous disease.[7]

ERT is an infusion that replaces or supplements the deficient glucocerebrosidase enzyme.[5,6]

2 VPRIV, AN ERT

ERT is a first-line treatment for Gaucher disease that has been used for many years.[5]

ERTs address the underlying enzyme deficiency.[5,6]

Treatment with ERTs has been used for visceral debulking (reducing spleen and liver volumes) and improving hemoglobin and platelet counts.[5,6]

3 VPRIV MECHANISM OF ACTION (MOA)

VPRIV is specifically designed to match and replace the natural human enzyme.[1,8]

VPRIV is produced using gene-activation technology in a human cell line.[1] VPRIV has the same amino acid sequence as the naturally occurring human enzyme, glucocerebrosidase.[1]

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

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THINK VPRIV

VPRIV is indicated for long-term ERT for patients with type 1 Gaucher disease, and has established safety and efficacy data in patients aged ≥4 years, who were in various stages of life.[1]

10+ YEARS' REAL-WORLD EXPERIENCE

VPRIV has over 10 years of real-world experience.[1] 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.[1]

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).[1,4]

60-MINUTE INFUSIONS

VPRIV is administered as a 60-minute IV infusion under the supervision of a healthcare professional.[1] The recommended starting dosage in treatment-naïve patients (adults and children, aged ≥4 years) is 60 U/kg administered once every other week.[1] 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.[1]

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.[1] 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.[1]

Click here to learn more about VPRIV.

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 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV PATIENT PROFILES*

LIBBY
PEDIATRIC PATIENT

MATEO
COLLEGE STUDENT

ALISON
PATIENT PREFERENCE

NATASHA
PREGNANT PATIENT

DONNA
OTHER MEDICAL CONSIDERATIONS

MICHAEL
DELAYED DIAGNOSIS

JOHN
GERIATRIC PATIENT

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LIBBY – PEDIATRIC PATIENT*

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PEDIATRIC PATIENT

NAME: Libby

AGE: 8

AGE AT TYPE 1 GAUCHER DIAGNOSIS: Newborn

ETHNICITY: Ashkenazi Jewish

TREATMENT HISTORY: VPRIV, 3 years

SYMPTOMS AT BASELINE: Enlarged spleen, low hemoglobin[6]

LAST CHECK-UP: Maintained improvements in spleen volume and hemoglobin level[9]

Click here for clinical trials results.

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

Libby's parents discovered they were carriers of a type 1 Gaucher disease *GBA* gene mutation when they opted to do a carrier screening before her mother became pregnant with Libby.[6]

Libby underwent newborn screening and was diagnosed with type 1 Gaucher disease with the Asn409Ser mutation.[10,11]

She underwent routine monitoring every 6 months. Her doctors monitored her spleen and liver volumes, bone marrow infiltration, hemoglobin, and platelet counts.[12] They also routinely took blood tests to monitor the following: glucosylsphingosine (lyso GL-1), chitotriosidase (CHIT1), chemokine ligand 18 (CCL-18), tartrate-resistant acid phosphatase (TRAP), and angiotensin-converting enzyme (ACE).[12,13]

By age 5, Libby's tests showed evidence for an enlarged spleen and abnormal platelet counts[6], and her doctor recommended initiating ERT. After discussing the risks and benefits of therapy with her doctor, Libby's parents selected VPRIV, and Libby started receiving infusions before entering elementary school.

CONSIDER

- **VPRIV has been evaluated in 24 pediatric patients (aged 4–17 years) during clinical trials (Study 044)[14]**

Click here for more information on the Pediatric Subset of VPRIV's 5-Year Long-term Extension Study (044).

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MATEO – COLLEGE STUDENT*

COLLEGE STUDENT

NAME: Mateo

AGE: 20

AGE AT TYPE 1 GAUCHER DIAGNOSIS: 15

ETHNICITY: Caucasian

TREATMENT HISTORY: VPRIV, 5 years

SYMPTOMS AT BASELINE:
Moderately low hemoglobin, mildly enlarged spleen, reduced bone density[6]

LAST CHECK-UP:
Maintained improvements in hemoglobin level and spleen volume[1,2,9]

Click here for clinical trials results.

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

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

Once **Mateo** was diagnosed with type 1 Gaucher disease as a teenager, his parents and physician came up with a treatment plan.

After discussing the risks and benefits, they chose VPRIV as his treatment. Mateo received infusions at the hospital for the first 6 months and then transitioned to home infusions.[1]

When Mateo was 18 years old, he moved away from his home in Miami, Florida, to attend college in New York City.

Mateo and his parents planned for this transition and found an infusion center near his campus. He was able to schedule his infusions around his classes and settle into his new treatment schedule.

CONSIDER

- **VPRIV can be infused in multiple settings, including at infusion centers and hospitals. Patients can also work with their HCPs to arrange for infusions to be taken at home**
- **Young adults are able to change infusion sites when going to college or moving away from home**
- **Note that Takeda Support Program services are available to eligible, opted-in VPRIV patients throughout their treatment. See pages 24 and 25 for more information on Takeda Support Programs**
- **Download a VPRIV Start Form and fill it in with your patients to begin**

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

Need assistance? 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.

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ALISON – PATIENT PREFERENCE*

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PATIENT PREFERENCE

NAME: Alison

AGE: 28

AGE AT TYPE 1 GAUCHER DIAGNOSIS: 22

ETHNICITY: Mixed race

TREATMENT HISTORY:
VPRIV (3 years), substrate reduction therapy (SRT; 7 months), VPRIV (2 years)

SYMPTOMS AT BASELINE:
Mildly enlarged spleen, mild thrombocytopenia, low hemoglobin[6]

LAST CHECK-UP:
Maintained improvements in spleen volume and hemoglobin level[1,3,15]

Click here for clinical trials results.

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

Alison was diagnosed with type 1 Gaucher disease when she was 22 years old, after experiencing moderate anemia and fatigue.[6]

After speaking with her doctor about risks and benefits of treatment, she and her doctor chose VPRIV. She was treated with VPRIV for several years at an infusion center and then switched to SRT when it became available.

After some time on SRT, she elected to switch back to VPRIV and has remained on VPRIV since.

Alison's career demands much of her time, so she now receives her 60-minute VPRIV infusion at home.[1]

CONSIDER

- **VPRIV has been evaluated during clinical trials in 73 adult patients (≥18 years)[16]**
- **VPRIV is a 60-minute infusion taken once every other week, which may be administered at home under the supervision of a healthcare professional[1]**

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

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NATASHA – PREGNANT PATIENT*

PREGNANT PATIENT

NAME: Natasha

AGE: 32

AGE AT TYPE 1 GAUCHER DIAGNOSIS: 17

ETHNICITY: Ashkenazi Jewish

TREATMENT HISTORY: VPRIV, 13 years

SYMPTOMS AT BASELINE:
Moderately enlarged spleen, moderate thrombocytopenia, low hemoglobin[6]

LAST CHECK-UP:
Maintained improvements in spleen volume, hemoglobin level, and platelet count[1,2,9,17]

*Click **here** for clinical trials results. .*

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

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

Natasha was diagnosed as a teenager. After weighing the benefits and risks of various treatment options, together with her parents and her doctor, Natasha chose to start VPRIV.

When Natasha was 29 years old, she was eager to have her first child. Before becoming pregnant, she spoke to her doctor to discuss her pregnancy plan. Her doctor did not discourage her from considering pregnancy, and together, they ensured her type 1 Gaucher disease symptoms were brought under control to reduce the risk of possible complications during pregnancy, delivery, and postpartum.[18,19]

During her pregnancy, Natasha developed new symptoms; her hemoglobin and thrombocyte levels dropped.[19] As part of her birth plan, her doctor adjusted her VPRIV dose to support her therapeutic goals.[1] Her doctor arranged for her to give birth in a center where she had access to blood transfusions in case of postpartum symptoms.[19] Natasha delivered a healthy baby. Natasha's experience is her own and not every patient's experience will be the same.

CONSIDER

- **Existing symptoms such as anemia and thrombocytopenia can be exacerbated, and new symptoms can develop during pregnancy, which can increase the risk of complications such as bleeding[18,19]**
- **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†[1,17]**
- **Available data cannot definitively establish or exclude the absence of a VPRIV-associated risk during pregnancy[1]**

  †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[1,17]
- **Additional information on the use of VPRIV in pregnant patients with type 1 Gaucher disease can be found in the Prescribing Information, and further information on Gaucher disease during pregnancy can be found in VPRIV Resources on the VPRIV website**

Click here to see the VPRIV Patient Population.

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DONNA – OTHER MEDICAL CONSIDERATIONS*

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

OTHER MEDICAL CONSIDERATIONS

NAME: Donna

AGE: 36

AGE AT TYPE 1 GAUCHER DIAGNOSIS: 28

ETHNICITY: Ashkenazi Jewish

TREATMENT HISTORY: VPRIV, 8 years

SYMPTOMS AT BASELINE: Moderate thrombocytopenia, low hemoglobin[6]

LAST CHECK-UP: Maintained improvements in hemoglobin level[1,2,9]

FAMILY HISTORY: Brother with type 1 Gaucher disease

OTHER MEDICAL HISTORY: Anxiety and depression, treated with sertraline

*Click **here** for clinical trials results.*

Click here to learn more about PreppedAhead and how to enroll your patients.

Donna was diagnosed with type 1 Gaucher disease in her late 20s. Her doctor discussed the risks and benefits of treatment. He then reviewed Donna's entire medical history, including her use of sertraline, and decided to treat Donna with VPRIV. Donna recently had her second child. Donna has now returned to work part-time and is balancing the new demands of her schedule.

Donna receives VPRIV at an infusion center near her office.[1] She recently started using the PreppedAhead† program so that her infusion is prepared ahead of arrival at the infusion center, giving her more time for her family and work.

CONSIDER

- **No drug–drug interactions have been observed with VPRIV, as per the Prescribing Information[1]**
- **The PreppedAhead program expedites infusion preparation**

†PreppedAhead is only available to eligible patients enrolled in Takeda Patient Support, and whose site-of-care is enrolled in the PreppedAhead program

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.

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MICHAEL – DELAYED DIAGNOSIS*

DELAYED DIAGNOSIS

NAME: Michael

AGE: 47

AGE AT TYPE 1 GAUCHER DIAGNOSIS: 43

ETHNICITY: African American

TREATMENT HISTORY: VPRIV, 4 years

SYMPTOMS AT BASELINE:
Moderately enlarged spleen and liver, severe thrombocytopenia, low hemoglobin, reduced bone mineral density[6]

LAST CHECK-UP:
Maintained improvements in spleen volume, hemoglobin level, and platelet count[1,2,9]

*Click **here** for clinical trials results.*

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

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

Michael had experienced persistent fatigue and easy bruising[6] for many years before receiving an incorrect diagnosis of immune thrombocytopenic purpura (ITP) in his 30s.[20] His symptoms had progressed by the time he was correctly diagnosed, at the age of 43, with type 1 Gaucher disease.[21]

The geneticist who diagnosed Michael recommended starting treatment immediately. Michael and his doctor discussed treatment options and selected VPRIV. Once Michael had been prescribed VPRIV, he was able to utilize the QuickStart program to receive his first infusion while his prior authorization was being reviewed.

CONSIDER

- QuickStart, as part of Takeda Support Programs, allows eligible patients to receive up to two free VPRIV infusions while the prior authorization is still being reviewed

Click here to learn more about this program and how to enroll your patients.

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

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JOHN – GERIATRIC PATIENT*

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GERIATRIC PATIENT

NAME: John

AGE: 68

AGE AT TYPE 1 GAUCHER DIAGNOSIS: 55

ETHNICITY: Hispanic

TREATMENT HISTORY: VPRIV, 13 years

SYMPTOMS AT BASELINE: Moderately enlarged spleen, mildly low platelet count, moderately low hemoglobin[6]

LAST CHECK-UP: Maintained improvements in spleen volume, hemoglobin level, and platelet count[1,2,9]

OTHER MEDICAL HISTORY: Heart condition and high blood pressure, currently treated with verapamil

*Click **here** for clinical trials results.*

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 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

John was diagnosed with type 1 Gaucher disease at the age of 55.

John and his physician discussed treatment options, and they decided together that VPRIV was right for him. Throughout the years, John has continued to receive his VPRIV infusions once every other week.[1] John used to have his infusions at a treatment center but then decided to receive them at home, where he is more comfortable. When John retired, he wanted to travel abroad with his family. As he informed his physician in advance, they were able to devise a plan with suitable arrangements that supported his therapeutic needs while he was traveling.

In recent years, John has been diagnosed with a heart condition and high blood pressure, for which he needs prescription medication. Despite these new medications, John's doctor advised that he was able to continue to receive his VPRIV treatment, as VPRIV does not have any associated DDIs listed on the PI.[1]

CONSIDER

- **VPRIV has been evaluated during clinical trials in 56 older patients (≥65 years, including 10 patients ≥75 years)[1]**
- **No drug–drug interactions or contraindications are listed with VPRIV, as per the Prescribing Information[1]**

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

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VPRIV CLINICAL PROGRAM OVERVIEW

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).[1,4]

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).[1,9]

CLINICAL PARAMETER	MEAN AT BASELINE[1]	MEAN CHANGE FROM BASELINE (± SE)[1,9]	PERCENTAGE CHANGE[9]
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)

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

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).[1,22]

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.[1,15] Hemoglobin concentration and platelet count in patients administered VPRIV 15–60 U/kg once every other week remained stable, on average, through 12 months of treatment (n=40).[1,15]

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.[2]

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.[2] Infusion-related AEs were experienced by six out of 57 patients.[2] Nineteen serious AEs were reported; no serious AE was considered to be related to VPRIV.[2]

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

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VPRIV CLINICAL PROGRAM OVERVIEW (CONTINUED)

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.[2] Clinical parameter improvements were maintained over long-term VPRIV treatment (up to ~60 months).[2]

+26%

Increase in hemoglobin concentration[16]

- Mean hemoglobin concentration at baseline†: 11.0 g/dL[16]
- Mean change from baseline to 24 months: +2.8 g/dL[2,16]

+120%

Increase in platelet count[16]

- Mean platelet count at baseline†: 108.6 × 10^9/L[16]
- Mean change from baseline to 24 months: +87.9 × 10^9/L[16]

−64%

Decrease in spleen volume[16]

- Mean spleen volume at baseline†: 3.8% of body weight[16]
- Mean change from baseline to 24 months: −2.7% of body weight[16]

−27%

Decrease in liver volume[16]

- Mean liver volume at baseline†: 4.0% of body weight[16]
- Mean change from baseline to 24 months: −1.2% of body weight[16]

*Data compiled from two phase III clinical trials and extension study (treatment-naïve patients, n=57)
†Baseline is defined as before the first dose of VPRIV in Studies 032 and 039

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV SAFETY & TOLERABILITY PROFILE

The most serious, and most commonly observed, adverse reactions in 94 patients treated with VPRIV in clinical studies were hypersensitivity reactions. The most commonly observed symptoms of hypersensitivity reactions were headache, dizziness, hypotension, hypertension, nausea, fatigue/asthenia, and pyrexia. The most common adverse reactions during clinical studies (in ≥10% of patients) were hypersensitivity reactions, headache, dizziness, pyrexia, abdominal pain, back pain, joint pain (knee), asthenia/fatigue, activated partial thromboplastin time (aPTT) prolonged, and nausea. The safety profile of VPRIV was similar between pediatric patients and adult patients. Adverse reactions more commonly seen in pediatric patients compared to adult patients included (>10% difference) rash, aPTT prolonged, and pyrexia.[1]

IMMUNOGENICITY: Across clinical trials, VPRIV has been shown to have 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). One additional patient developed IgG antibodies to VPRIV during an extension study.[1]

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.[1]

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

CONTINUE

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.

Please see additional Important Safety Information throughout and on pages 26—27. Click here to see Full Prescribing Information, including Boxed WARNING for Risk of Anaphylaxis.

VPRIV®
velaglucerase alfa
for injection

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 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, your patient must be enrolled in Takeda Patient Support and have commercial insurance. Other terms and conditions apply. Call us for more details.

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.*

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, Yiddish, and more — using a translation service. To learn more about Takeda Patient Support, visit:* ***www.takedapatientsupport.com/hcp***.

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

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.[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

Click here to download a PreppedAhead sign-up form.

CONTINUE

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.

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.

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.

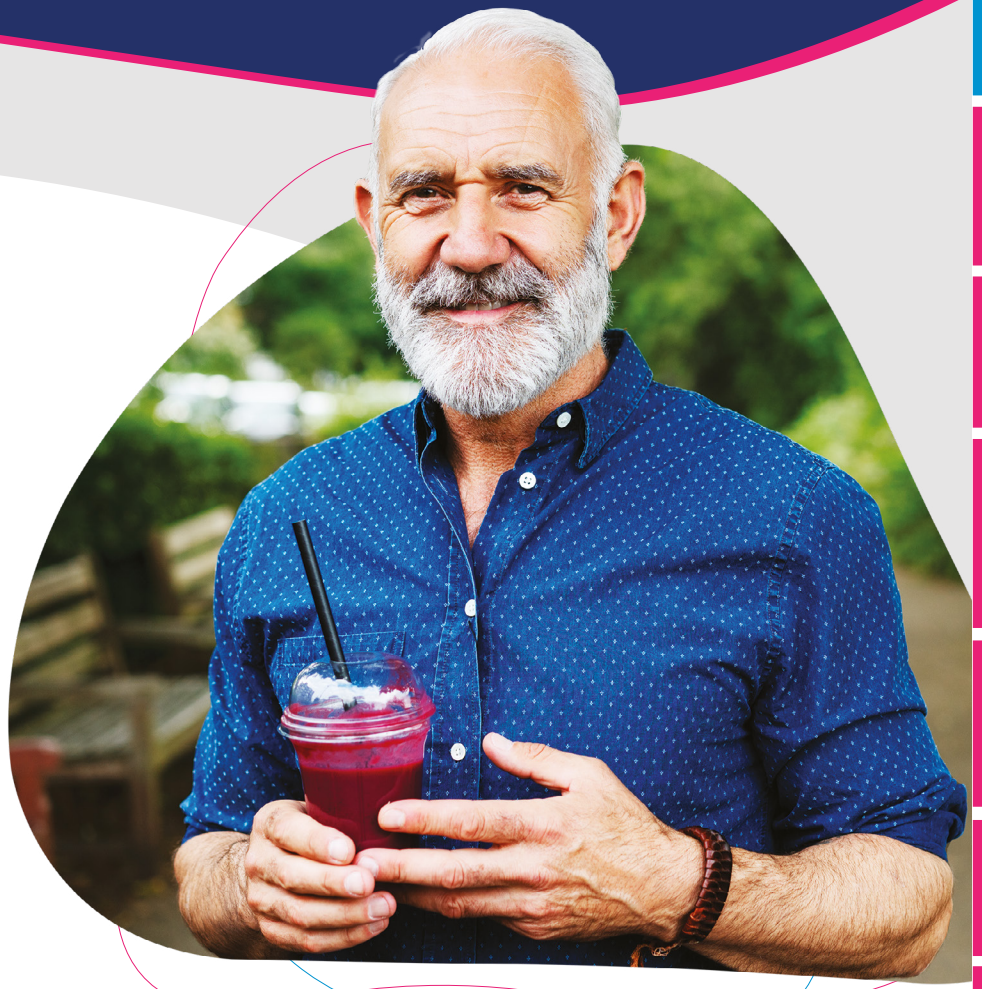
To report SUSPECTED ADVERSE REACTIONS, contact Medical Information at 1-866-888-0660, option 2 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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.

CONTINUE

VPRIV®
velaglucerase alfa
for injection



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

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

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