Nexviazyme®
(avalglucosidase alfa-ngpt)

THE #1 PRESCRIBED TREATMENT FOR LOPD[1,*]

POWERED FOR CHANGE FROM THE INSIDE OUT

MAKE THE NEX MOVE FOR YOUR PATIENTS WITH LOPD.

NEXVIAZYME is a monotherapy[†] for your patients with LOPD who are newly diagnosed or on another ERT.[2]

INDICATION

NEXVIAZYME (avalglucosidase alfa-ngpt) is indicated for the treatment of patients 1 year of age and older with late-onset Pompe disease [lysosomal acid alpha-glucosidase (GAA) deficiency].

IMPORTANT SAFETY INFORMATION

WARNING: SEVERE HYPERSENSITIVITY REACTIONS, INFUSION-ASSOCIATED REACTIONS, and RISK OF ACUTE CARDIORESPIRATORY FAILURE IN SUSCEPTIBLE PATIENTS

See full prescribing information for complete boxed warning.

Hypersensitivity Reactions Including Anaphylaxis

- **Appropriate medical support measures, including cardiopulmonary resuscitation equipment, should be readily available. If a severe hypersensitivity reaction occurs, NEXVIAZYME should be discontinued immediately and appropriate medical treatment should be initiated.**

Infusion-Associated Reactions (IARs)

- **If severe IARs occur, consider immediate discontinuation and initiation of appropriate medical treatment.**

Risk of Acute Cardiorespiratory Failure in Susceptible Patients

- **Patients susceptible to fluid volume overload, or those with acute underlying respiratory illness or compromised cardiac or respiratory function, may be at risk of serious exacerbation of their cardiac or respiratory status during NEXVIAZYME infusion.**

*Prescription data as of February 2024. †Not including premedication or pretreatment.
ERT=enzyme replacement therapy; **LOPD**=late-onset Pompe disease.

Please see **Important Safety Information** on page 15 and accompanying full Prescribing Information, including **Boxed WARNING.**

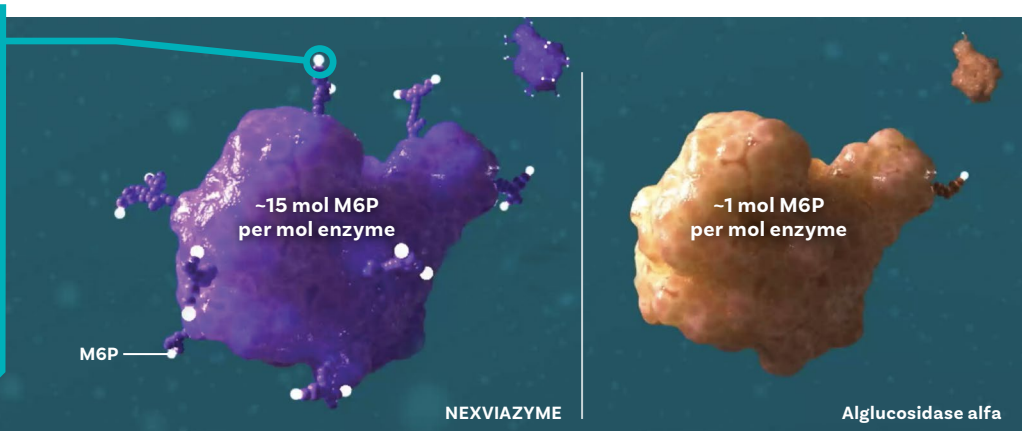
THE NEX STEP IN ERT TECHNOLOGY

NEXVIAZYME: AN M6P-ENRICHED ERT[2]

NEXVIAZYME was engineered with 15X more M6P than alglucosidase alfa (Lumizyme).[2,3]

WHAT IS M6P?

M6P is a part of the molecule that binds to muscle cell receptors (M6PRs), mediating the uptake of ERT into muscle cells.[4-6]



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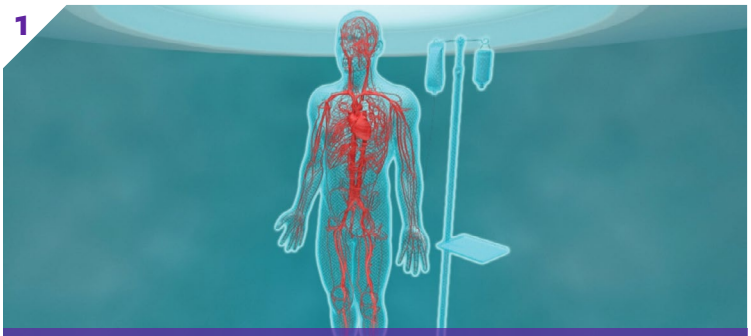
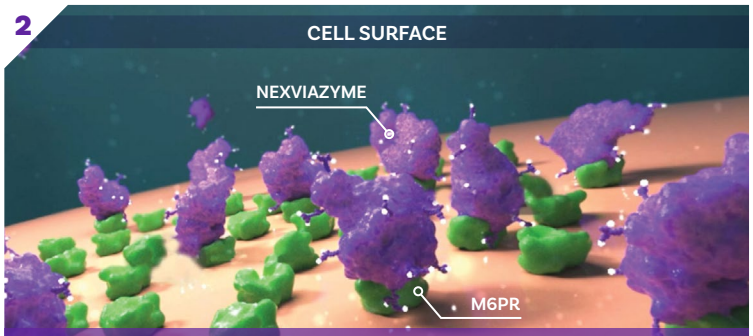


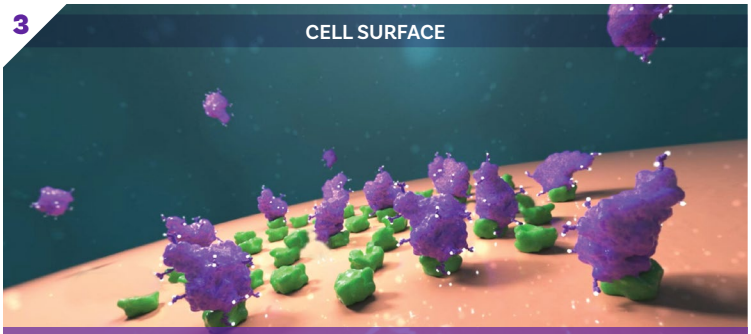
NEXVIAZYME enters the body by intravenous infusion[2]

2



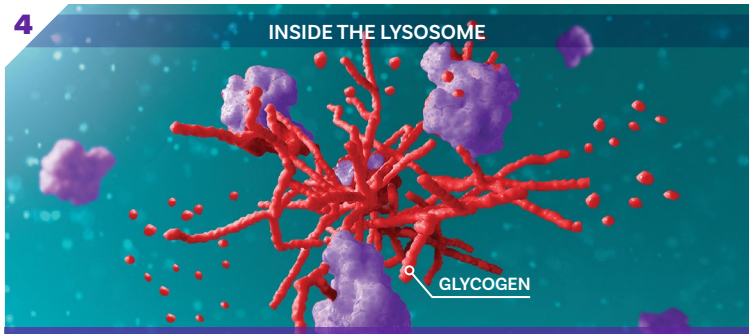
M6P on the surface of NEXVIAZYME binds onto muscle-cell receptors (M6PRs). This forms a NEXVIAZYME/M6PR complex[2,4,7,8]

3



The formation of this complex helps internalize NEXVIAZYME into the cell and facilitates transport to the lysosome[2,5]

4



The NEXVIAZYME/M6PR complex dissociates and NEXVIAZYME enters the lysosome, where it breaks down accumulated glycogen[2,7,9]

M6P=mannose-6-phosphate; **M6PR**=mannose-6-phosphate receptor.

IMPORTANT SAFETY INFORMATION

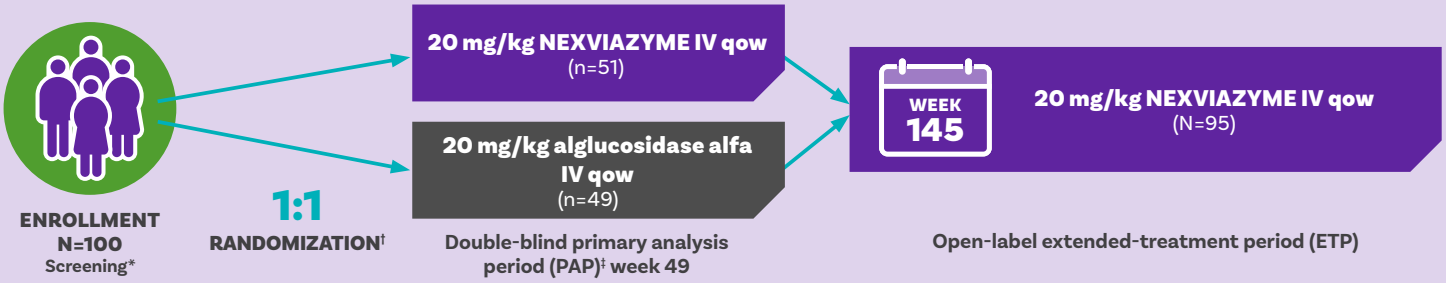
WARNING: SEVERE HYPERSENSITIVITY REACTIONS, INFUSION-ASSOCIATED REACTIONS, and RISK OF ACUTE CARDIORESPIRATORY FAILURE IN SUSCEPTIBLE PATIENTS

Boxed WARNING: Hypersensitivity Reactions Including Anaphylaxis

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

COMET TRIAL: STUDYING THE NEX MOVE IN PATIENTS WITH LOPD

THE FIRST PIVOTAL, HEAD-TO-HEAD, ERT CLINICAL TRIAL IN LOPD[2,10]



COMET TRIAL DESIGN	
Trial design	• In the PAP (from baseline to week 49), 100 treatment-naive participants with LOPD were randomized (1:1) to receive NEXVIAZYME or alglucosidase alfa • In the ETP (after week 49), participants who received NEXVIAZYME in the PAP continued on treatment (NEXVIAZYME arm) and participants who received alglucosidase alfa in the PAP switched to NEXVIAZYME (switch arm)
Select baseline characteristics	• Upright FVC levels ≥32% and ≤85% predicted • 6MWT distance between ≥118 m and ≤630 m • Median age was 49 years (range from 16 to 78)
Primary endpoint	• Change in FVC (% predicted) in the upright position from baseline to week 49
Key secondary endpoint	• Change in total distance walked in 6 minutes (6MWT) from baseline to week 49
Select additional measurements§	• MIP (% predicted) and MEP (% predicted) • HHD upper and lower extremity score • QMFT, total score • SF-12 – PCS score – MCS score

qow=every other week; **FVC**=forced vital capacity; **6MWT**=6-minute walk test; **MIP**=maximum inspiratory pressure; **MEP**=maximum expiratory pressure; **HHD**=hand-held dynamometry; **QMFT**=Quick Motor Function Test; **SF-12**=health-related quality of life 12-item short-form health survey; **PCS**=physical component summary; **MCS**=mental component summary.

*Screening phase (up to 14 days), may be extended to up to 8 weeks in prespecified situations.

†Randomization at a 1:1 ratio with stratification factors based on baseline FVC, sex, age, and country (Japan or ex-Japan).

‡NEXVIAZYME infusion, safety assessments, and efficacy evaluations.

§Select additional measurements are not included in the Prescribing Information.

IMPORTANT SAFETY INFORMATION (continued)

Boxed WARNING: Infusion-Associated Reactions (IARs)

Patients treated with NEXVIAZYME have experienced severe IARs. If severe IARs occur, consider immediate discontinuation of NEXVIAZYME, initiation of appropriate medical treatment, and the benefits and risks of readministering NEXVIAZYME following severe IARs. Patients with an acute underlying illness at the time of NEXVIAZYME infusion may be at greater risk for IARs. Patients with advanced Pompe disease may have compromised cardiac and respiratory function, which may predispose them to a higher risk of severe complications from IARs.

NEXVIAZYME PHARMACODYNAMICS: ROLE IN GLYCOGEN DEGRADATION[2,11]

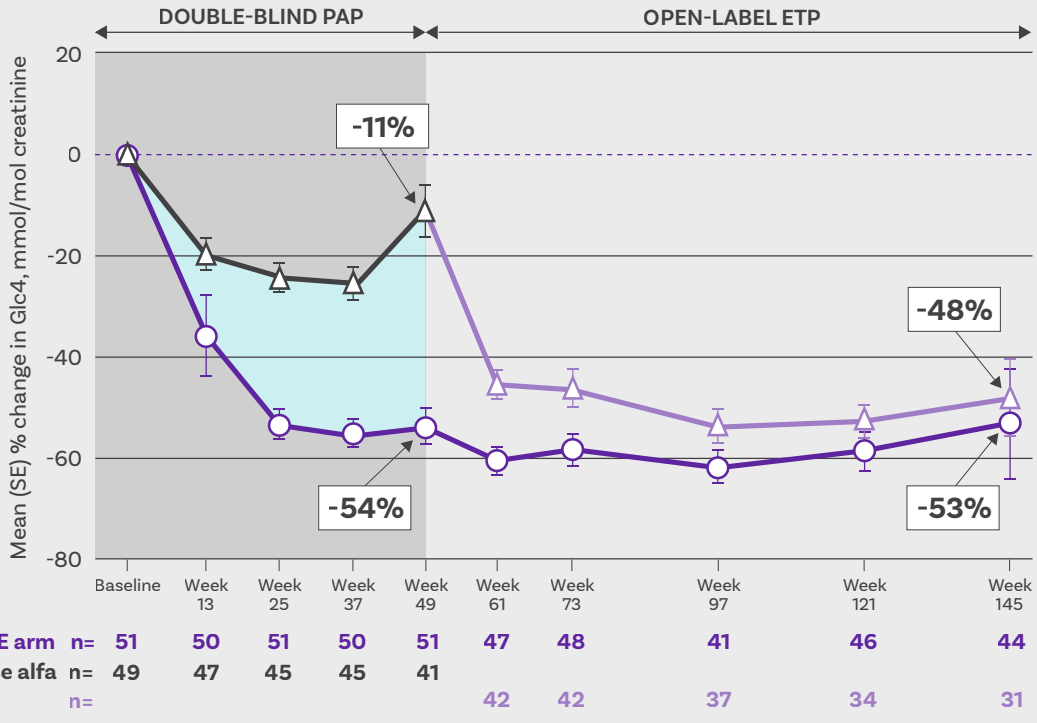
At week 145, NEXVIAZYME reduced urinary glucose tetrasaccharide (Glc4) levels in both the NEXVIAZYME and Switch arms compared with baseline.[2,11]

URINARY Glc4 % CHANGE FROM BASELINE TO WEEK 145[11]

PRETREATMENT BASELINE (mmol/mol Cr)

NEXVIAZYME 12.7

Alglucosidase alfa 8.7



WHAT IS Glc4?

In patients with LOPD, excess glycogen is degraded to hexose tetrasaccharide (Hex4), which is then excreted in urine. The urinary Hex4 assay measures its major component, Glc4.[2]

At week 49, urinary Glc4 compared with baseline was reduced[2]:

- **-54%** in patients treated with **NEXVIAZYME**
- **-11%** in patients treated with **alglucosidase alfa**

At week 145, NEXVIAZYME reduced urinary Glc4 compared with baseline[2]:

- **-53%** in the **NEXVIAZYME** arm*
- **-48%** in the **Switch** arm†

*Mean value at week 145 was 4.32 mmol/mol Cr for the NEXVIAZYME arm.
†Mean value at week 145 was 5.25 mmol/mol Cr for the Switch arm.
Cr=creatinine; **SE**=standard error.

IMPORTANT SAFETY INFORMATION (continued)

Boxed WARNING: Risk of Acute Cardiorespiratory Failure in Susceptible Patients

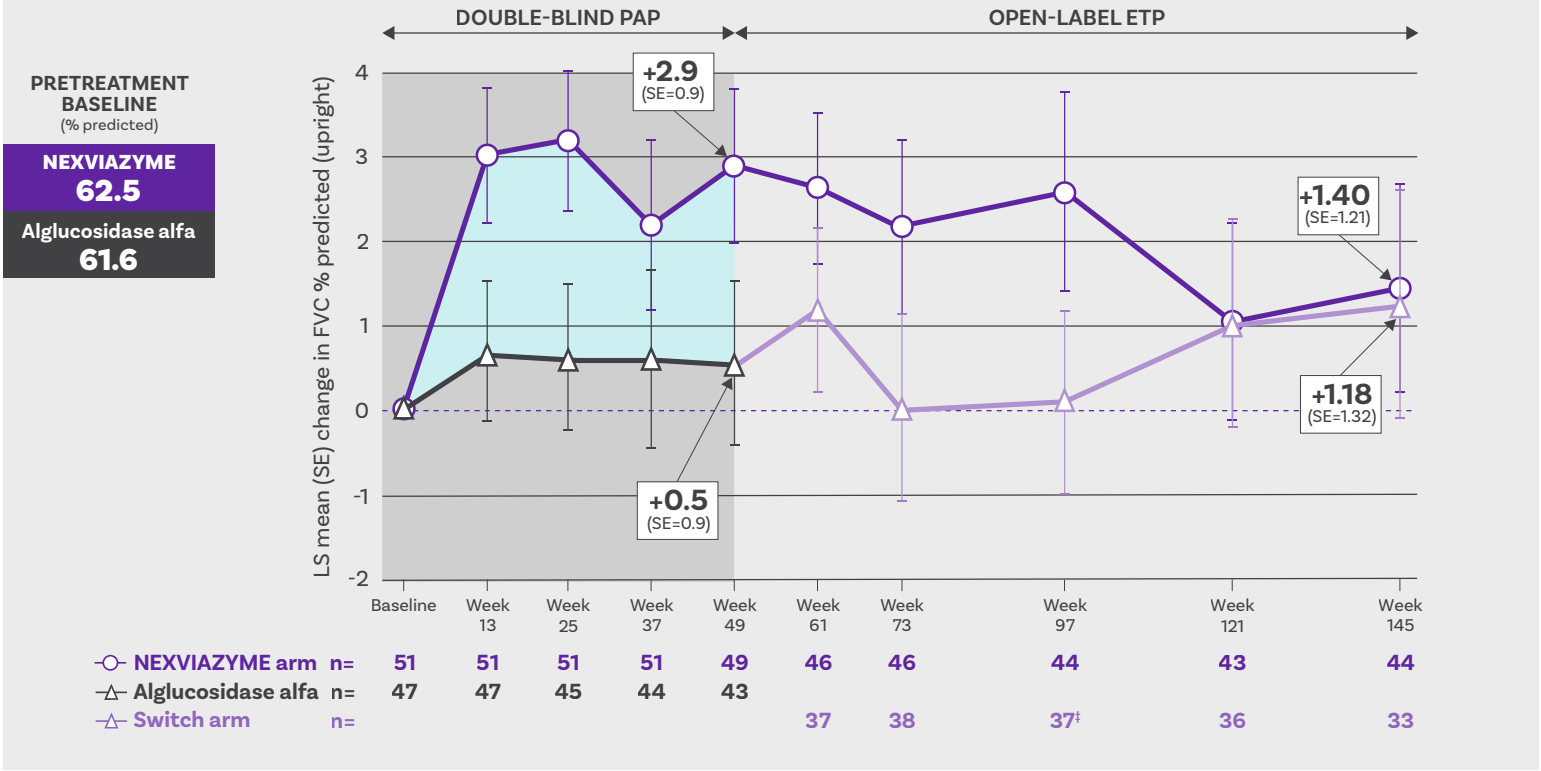
Patients susceptible to fluid volume overload, or those with acute underlying respiratory illness or compromised cardiac or respiratory function for whom fluid restriction is indicated may be at risk of serious exacerbation of their cardiac or respiratory status during NEXVIAZYME infusion. More frequent monitoring of vitals should be performed during NEXVIAZYME infusion.

COMET TRIAL: STUDYING THE NEX MOVE IN PATIENTS WITH LOPD

AT WEEK 49, NEXVIAZYME DEMONSTRATED A MEANINGFUL IMPROVEMENT IN BREATHING COMPARED WITH ALGLUCOSIDASE ALFA AND BASELINE[2,11]

At week 145, improvement in breathing ability was maintained in both the NEXVIAZYME and Switch arms.[11]

LS MEAN CHANGE IN FVC (% PREDICTED) BASELINE TO WEEK 145[2,11]



At week 49, respiratory function compared with baseline improved[2]:

+2.9 pp[§] in patients treated with **NEXVIAZYME**

+0.5 pp in patients treated with **alglucosidase alfa**

At week 145, respiratory function compared with baseline[11]:

IMPROVED in the **NEXVIAZYME** arm*

IMPROVED in the **Switch** arm†

The ETP LS mean analysis was not prespecified and included patients with assumed missing-at-random data points using all observed data. Due to the descriptive nature of the ETP and decreased sample size, LS mean data should be interpreted with caution and respect to sample mean values.

*In the NEXVIAZYME arm, the mean change in FVC (% predicted) was 1.7 (SD=8.6, 95% CI: -0.9, 4.2) from baseline to week 145.[2] †In the Switch arm, the mean change in FVC (% predicted) was 0.5 (SD=8.3, 95% CI: -2.3, 3.4) from baseline to week 145.[2]

‡One participant's FVC (% predicted) value at week 97 was excluded due to a physiologically implausible change between weeks 73-97 and 97-121.
§Statistical superiority of NEXVIAZYME over alglucosidase alfa was not achieved (p=0.06).

SD=standard deviation; **pp**=percent predicted.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

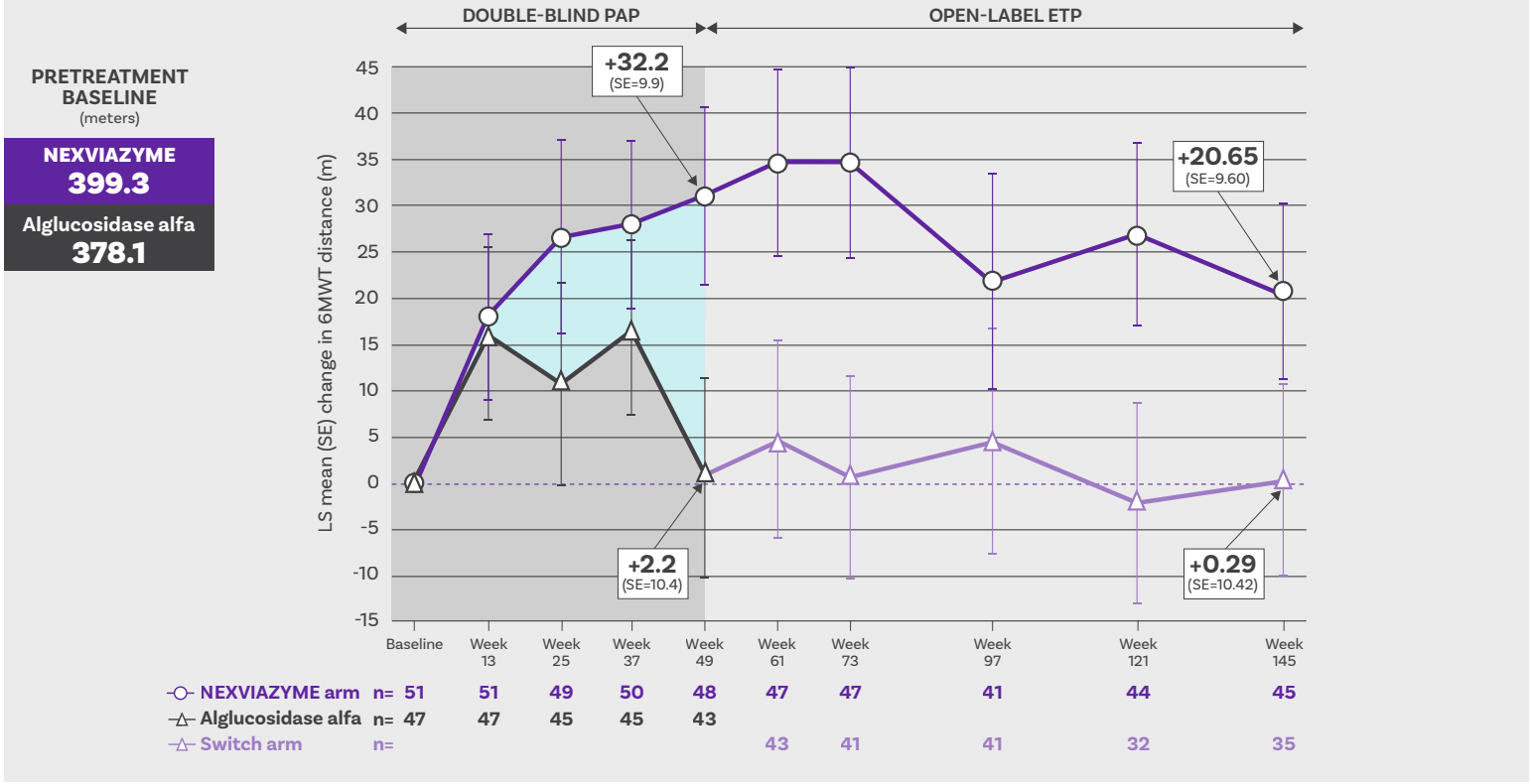
Hypersensitivity Reactions Including Anaphylaxis: See Boxed WARNING. Prior to NEXVIAZYME administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids. The risks and benefits of readministering NEXVIAZYME following severe hypersensitivity reaction (including anaphylaxis) should be considered. If a mild or moderate hypersensitivity reaction occurs, the infusion rate may be slowed or temporarily stopped.

COMET TRIAL: STUDYING THE NEX MOVE IN PATIENTS WITH LOPD

AT WEEK 49, NEXVIAZYME DEMONSTRATED A MEANINGFUL IMPROVEMENT IN WALKING COMPARED WITH ALGLUCOSIDASE ALFA AND BASELINE[2,11]

At week 145, walking ability improved compared with baseline in the NEXVIAZYME arm and was maintained near baseline in the Switch arm.[11]

LS MEAN CHANGE IN 6MWT DISTANCE (M) BASELINE TO WEEK 145[2,11]



At week 49, walking distance compared with baseline improved[2]:

+32.2 meters‡ in patients treated with **NEXVIAZYME**

+2.2 meters in patients treated with **alglucosidase alfa**

At week 145, walking distance compared with baseline[11]:

IMPROVED in the **NEXVIAZYME** arm*

MAINTAINED near baseline in the **Switch** arm†

The ETP LS mean analysis was not prespecified and included patients with assumed missing-at-random data points using all observed data. Due to the descriptive nature of the ETP and decreased sample size, LS mean data should be interpreted with caution and respect to sample mean values.

*In the NEXVIAZYME arm, the mean change in 6MWT was 24.9 (SD=68.6, 95% CI: 4.8, 44.9) from baseline to week 145.[2] †In the Switch arm, the mean change in 6MWT was -4.1 (SD=90.4, 95% CI: -34.1, 25.8) from baseline to week 145.[2]

‡*P* value for the difference between groups was at nominal level, without multiplicity adjustment (p=0.04).

SD=standard deviation; **pp**=percent predicted.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

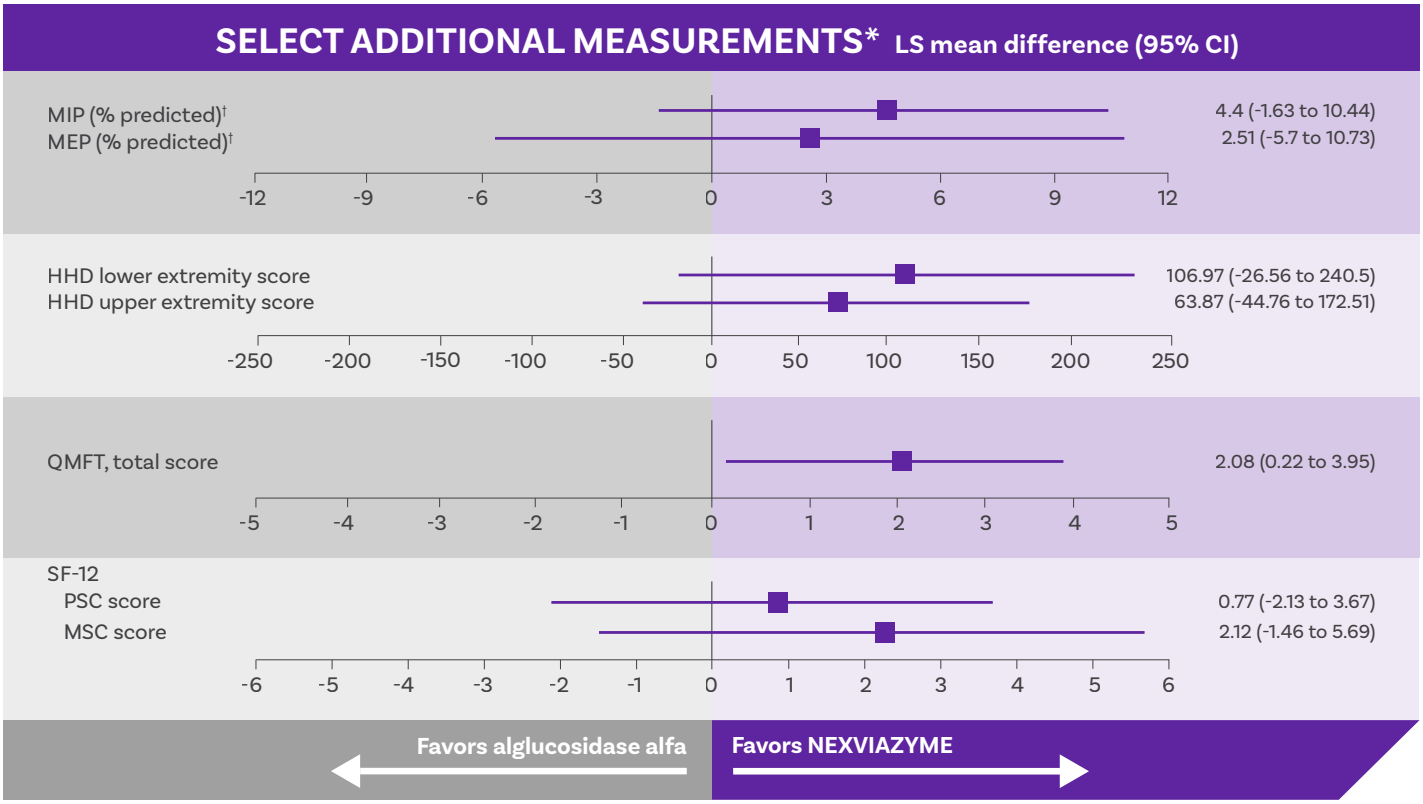
Infusion-Associated Reactions: See Boxed WARNING. IARs may still occur in patients after receiving pretreatment. If mild or moderate IARs occur regardless of pretreatment, decreasing the infusion rate or temporarily stopping the infusion may ameliorate the symptoms.

Risk of Acute Cardiorespiratory Failure in Susceptible Patients: See Boxed WARNING.

COMET TRIAL: STUDYING THE NEX MOVE IN PATIENTS WITH LOPD

SELECT ADDITIONAL MEASUREMENTS IN PATIENTS RECEIVING NEXVIAZYME COMPARED WITH ALGLUCOSIDASE ALFA[10]

Differences between treatment groups in changes from baseline to week 49.[10]



Limitations: Statistical superiority of NEXVIAZYME over alglucosidase alfa was not achieved at week 49 (p=0.06) in COMET pivotal trial. P values for select additional measurements are provided at the nominal level. The subsequent analyses could represent chance findings as multiplicity adjustment has not been applied.[2]

MIP + MEP: Measures respiratory muscle strength

HHD: Measures extremity muscle strength

QMFT: Measures motor function

SF-12: Assesses health-related quality of life

*Figure adapted from Diaz-Manera J, Kishnani P, Kusha H, et al. *Lancet Neurol.* 2021;20:1012-1026. †MIP and MEP includes post hoc analysis. Four participants (two in each group) with implausibly high MIP % predicted and MEP % predicted values at baseline were excluded from all MIP and MEP analyses.

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS

The most common adverse reactions (>5%) were headache, fatigue, diarrhea, nausea, arthralgia, dizziness, myalgia, pruritus, vomiting, dyspnea, erythema, paresthesia and urticaria.

COMET TRIAL: STUDYING THE NEX MOVE IN PATIENTS WITH LOPD

THE SAFETY PROFILE OF NEXVIAZYME WAS WELL ESTABLISHED[2]

No patients in the NEXVIAZYME group reported a severe IAR and 1 (2%) patient reported a serious AR during the PAP (up to week 49) in the COMET trial.[2]

Adverse reactions reported in ≥6% of patients treated with NEXVIAZYME at week 49[2]

Adverse Reaction	NEXVIAZYME (n=51) n (%)	ALGLUCOSIDASE ALFA (n=49) n (%)
Headache	11 (22%)	16 (33%)
Fatigue	9 (18%)	7 (14%)
Diarrhea	6 (12%)	8 (16%)
Nausea	6 (12%)	7 (14%)
Arthralgia	5 (10%)	8 (16%)
Dizziness	5 (10%)	4 (8%)
Myalgia	5 (10%)	7 (14%)
Pruritus	4 (8%)	4 (8%)
Vomiting	4 (8%)	3 (6%)
Dyspnea	3 (6%)	4 (8%)
Erythema	3 (6%)	3 (6%)
Paresthesia	3 (6%)	2 (4%)
Urticaria	3 (6%)	1 (2%)

NEXVIAZYME IARs AND ARs IN THE COMET TRIAL DURING THE PAP (UP TO WEEK 49)*

IARs[2]

25% (13/51) of patients receiving NEXVIAZYME

33% (16/49) of patients receiving alglucosidase alfa

Mild-to-moderate IARs reported in >1 patient receiving NEXVIAZYME were headache, diarrhea, pruritus, urticaria, and rash.

SEVERE IARs[2]

0 patients receiving NEXVIAZYME

4% (2/51) of patients receiving alglucosidase alfa

SERIOUS ARs[2]

2% (1/51) of patients receiving NEXVIAZYME

6% (3/49) of patients receiving alglucosidase alfa

During the ETP (up to week 145), no new safety concerns were observed in the NEXVIAZYME arm or the Switch arm.[11]

*The COMET trial was not designed to demonstrate a statistically significant difference in the incidence of ARs between NEXVIAZYME and alglucosidase alfa.[2]

ARs=adverse reactions; **IARs**=infusion-associated reactions.

COMPREHENSIVE SAFETY ANALYSIS

A LONG-TERM LOOK AT THE NEX MOVE

Treatment discontinuations

3% (4/14) of NEXVIAZYME-treated patients permanently discontinued treatment due to adverse reactions.[2]

3 of the 4 patients discontinued because of serious adverse reactions.[2]

Serious adverse reactions

In 2 or more NEXVIAZYME-treated patients, respiratory distress, chills, and pyrexia were reported.[2]

Pooled safety analysis was gathered for 141 patients with Pompe disease treated with NEXVIAZYME (118 adult and 23 pediatric), including patients who switched from alglucosidase alfa.[2]

Adverse reactions were similar across both adult and pediatric populations.[2]

Infusion-associated reactions

IARs reported in more than 1 patient included chest discomfort, cyanosis, decreased or increased blood pressure, diarrhea, dizziness, erythema, fatigue, feeling hot or cold, generalized edema, headache, hyperhidrosis, hypoxia, influenza-like illness, nausea, pain, pruritus, pyrexia, rash, respiratory distress, tachycardia, throat irritation, tongue edema, tremor, urticaria, and vomiting.[2]

Most frequent adverse reactions

In >5% of patients in the pooled safety population, abdominal pain, arthralgia, chills, diarrhea, dizziness, dyspnea, erythema, fatigue, flushing, headache, hypertension, hypotension, myalgia, nausea, pruritus, pyrexia, rash, vomiting, and urticaria were reported.[2]

COMPREHENSIVE SAFETY ANALYSIS

IMMUNOGENICITY AND ANTIDRUG ANTIBODIES (ADA)

ADA activity was monitored in NEXVIAZYME-treated patients for up to 8 years.[2]

Incidence of anti-NEXVIAZYME antibodies in patients with Pompe disease

Most adults and some children developed ADA following treatment with NEXVIAZYME. Most ADA were not neutralizing antibodies (NAbs).[2]

	NEXVIAZYME			
	Treatment-Naive Patients: ADA (N=62)	Treatment-Experienced Patients: ADA (N=80)‡		
	Adults/ Pediatrics 20 mg/kg every 2 weeks (n=62)*,†	Adults 20 mg/kg every 2 weeks (n=58)	Pediatrics 20 mg/kg every 2 weeks (n=6)	Pediatrics 40 mg/kg every 2 weeks (n=16)
	n (%)	n (%)	n (%)	n (%)
ADA at baseline	2 (3%)	43 (74%)	1 (17%)	2 (13%)
ADA after treatment	59 (95%)	36 (62%)	1 (17%)	9 (56%)
Neutralizing Antibody (NAb)				
Both NAb types	14 (23%)	5 (9%)	0	0
Inhibition of enzyme activity	19 (31%)	11 (19%)	0	0
Inhibition of enzyme cellular uptake	26 (42%)	20 (34%)	0	2 (13%)

*Includes 2 pediatric patients.
†Treatment naive: treated only with NEXVIAZYME.
‡Treatment experienced: previously treated with alglucosidase alfa. Treatment-experienced patients received alglucosidase alfa treatment within a range of 0.9-9.9 years for adult patients and 0.6-11.8 years for pediatric patients before receiving NEXVIAZYME.
§Mean 47 months, up to 8 years of treatment.

In ERT-naive NEXVIAZYME-treated patients§

Seroconversion[2]:

The median time to seroconversion was 8 weeks.

Incidence of IARs[2]:

69% (9/13) in those with ADA peak titer ≥12,800

27% (12/44) in those with ADA titer <12,800

33% (1/3) in those who were ADA negative

One adult patient (with ADA peak titer 3200) developed anaphylaxis

In ERT-experienced patients who switched to NEXVIAZYME[2]

Adult patients who developed ADA had increased incidence of IARs and hypersensitivity reactions versus those ADA negative.

One pediatric patient (ADA peak titer 6,400) and 2 adult patients (ADA peak titers 800 and 12,800, respectively) developed anaphylaxis.

There was no identified clinically significant effect of ADA on clinical efficacy or pharmacokinetics.

A trend toward decreased pharmacodynamic response was observed in patients with ADA peak titer ≥12,800.

The observed incidence of anti-drug antibodies (ADA) is highly dependent on the sensitivity and specificity of the assay. Differences in assay methods preclude meaningful comparisons of the incidence of ADAs in the studies described above with the incidence of ADAs in other studies, including those of NEXVIAZYME or of other avalglucosidase alfa products.

ADA=antidrug antibodies.

NEXVIAZYME: A MONOTHERAPY*

THE NEX STEP FOR PATIENTS WITH LOPD 1 YEAR OF AGE AND OLDER[2]

NEXVIAZYME: an M6P-enriched ERT[2,11]	NEXVIAZYME	Alglucosidase alfa
	~15 mol M6P per mol enzyme	~1 mol M6P per mol enzyme

NEXVIAZYME is the #1 prescribed treatment for LOPD[1,†]

PHARMACODYNAMICS[2]

At week 49, urinary Glc4 compared with baseline was reduced:

-54% in patients treated with **NEXVIAZYME**

-11% in patients treated with **alglucosidase alfa**

At week 145, NEXVIAZYME reduced urinary Glc4 compared with baseline:

-53% in the **NEXVIAZYME** arm

-48% in the **Switch** arm

RESPIRATORY FUNCTION (FVC)

At week 49, respiratory function compared with baseline improved[2]:

+2.9 pp[‡] in patients treated with **NEXVIAZYME**

+0.5 pp in patients treated with **alglucosidase alfa**

At week 145, respiratory function compared with baseline[11]:

IMPROVED in the **NEXVIAZYME** arm

IMPROVED in the **Switch** arm

WALKING DISTANCE (6MWT)

At week 49, walking distance compared with baseline improved[2]:

+32.2 meters in patients treated with **NEXVIAZYME**

+2.2 meters in patients treated with **alglucosidase alfa**

At week 145, walking distance compared with baseline[11]:

IMPROVED in the **NEXVIAZYME** arm

MAINTAINED near baseline in the **Switch** arm

ESTABLISHED SAFETY PROFILE[2,11]

At week 49,

1 (2%) patient receiving **NEXVIAZYME** reported a serious adverse reaction

3 (6%) patients receiving **alglucosidase alfa** reported serious adverse reactions

At week 145, no new safety concerns were observed.

*Not including premedication or pretreatment. †Prescription data as of February 2024. ‡Statistical superiority of NEXVIAZYME over alglucosidase alfa was not achieved.

IMPORTANT SAFETY INFORMATION

WARNING: SEVERE HYPERSENSITIVITY REACTIONS, INFUSION-ASSOCIATED REACTIONS, and RISK OF ACUTE CARDIORESPIRATORY FAILURE IN SUSCEPTIBLE PATIENTS

Boxed WARNING: Hypersensitivity Reactions Including Anaphylaxis

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

GETTING STARTED

CONSIDER NEXVIAZYME for your patients with LOPD. NEXVIAZYME is suitable for ERT-naive or ERT-experienced patients 1 year of age and older.[2]

PRESCRIBE the number of vials based on individual patient weight and dosage.[2]

Calculating dose and vials example:

Total patient weight (kg) **x** Dosage selection (weight based) 20 mg/kg or 40 mg/kg = **Total patient dose** (mg)

$$\frac{\text{Total patient dose (mg)}}{\text{Vial concentration (100 mg/vial)}} = \textbf{Total vial count}$$ (round up to the nearest whole vial)

Example:

42 kg **x** 20 mg/kg = **840 mg**

$$\frac{840 \text{ mg}}{100 \text{ mg/vial}} = \textbf{8.4 vials}$$

9 vials total of NEXVIAZYME are needed

CHOOSE an infusion location that works best for each patient. Patients already receiving ERT can keep their same infusion center.

CHECK to see if your patient is eligible for the CareConnectPSS® QuickStart Program. Co-pay and financial assistance are available for eligible patients, similar to alglucosidase alfa.

QUICKSTART

The CareConnectPSS® Program allows eligible patients to start therapy promptly at no cost while their insurance is verified.

IMPORTANT SAFETY INFORMATION (continued)

Boxed WARNING: Infusion-Associated Reactions (IARs)

Patients treated with NEXVIAZYME have experienced severe IARs. If severe IARs occur, consider immediate discontinuation of NEXVIAZYME, initiation of appropriate medical treatment, and the benefits and risks of readministering NEXVIAZYME following severe IARs. Patients with an acute underlying illness at the time of NEXVIAZYME infusion may be at greater risk for IARs. Patients with advanced Pompe disease may have compromised cardiac and respiratory function, which may predispose them to a higher risk of severe complications from IARs.

PREPARATION FOR WHAT'S NEX

NEXVIAZYME: GIVEN AS A MONOTHERAPY WITHOUT FASTING, STABILIZERS, OR A WASHOUT PERIOD[1,2,*]

Switching to NEXVIAZYME can be a seamless process

Patients who are switching to NEXVIAZYME can begin receiving treatment immediately, with no washout period between the final alglucosidase alfa dose and the first NEXVIAZYME dose.[1] Patients may also be able to keep their same dosing schedule and their same infusion center.[2]

Recommended biweekly dose[2]:

Patients weighing ≥30 kg: 20 mg/kg[†]

Patients weighing <30 kg: 40 mg/kg[†]

Prior to administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids.

Dose modifications due to hypersensitivity reactions and/or IARs[2]

Dose modifications with NEXVIAZYME may be necessary due to severe hypersensitivity reactions (including anaphylaxis) or a severe IAR. Please consult the full Prescribing Information for instructions on appropriate dose modifications before beginning administration.

Projected intravenous infusion volume for NEXVIAZYME administration according to patient's weight[2]

4-STEP PROCESS

PATIENT WEIGHT RANGE (kg)	TOTAL INFUSION VOLUME (mL)	RECOMMENDED DOSE (mg/kg)	Step 1 1 mg/kg/hour	Step 2 3 mg/kg/hour	Step 3 5 mg/kg/hour	Step 4 7 mg/kg/hour	APPROXIMATE TOTAL INFUSION DURATION
			INFUSION RATE (mL/hour)				
5 to 9.9	100	40	3	8	13	18	7 hours
10 to 19.9	200		5	15	25	35	
20 to 29.9	300		8	23	38	53	
30 to 34.9	200	20	10	30	50	70	4-5 hours
35 to 49.9	250		13	38	63	88	
50 to 59.9	300		15	45	75	105	
60 to 99.9	500		25	75	125	175	
100 to 119.9	600		30	90	150	210	
120 to 140	700		35	105	175	245	

5-STEP PROCESS[†]

PATIENT WEIGHT RANGE (kg)	TOTAL INFUSION VOLUME (mL)	RECOMMENDED DOSE (mg/kg)	Step 1 1 mg/kg/hour	Step 2 3 mg/kg/hour	Step 3 6 mg/kg/hour	Step 4 8 mg/kg/hour	Step 5 10 mg/kg/hour	APPROXIMATE TOTAL INFUSION DURATION
			INFUSION RATE (mL/hour)					
5 to 9.9	100	40	3	8	15	20	25	5 hours
10 to 19.9	200		5	15	30	40	50	
20 to 29.9	300		8	23	45	60	75	

40 mg/kg

20 mg/kg

Step 1 indicates the starting infusion rate. If there are no signs of IARs, gradually increase the infusion rate every 30 minutes to the subsequent step.

[†]The 5-step process should be used only for subsequent infusions.

See full Prescribing Information for administration instructions, including the recommended infusion rate schedule.

*Not including premedication or pretreatment.

[†]Of actual body weight.

DOSING AND ADMINISTRATION FOR NEXVIAZYME

Administer the infusion incrementally, as determined by the patient's response and comfort.[2]

WHEN THE RECOMMENDED DOSE IS 20 MG/KG

Initial and subsequent infusions[2]

The recommended starting infusion rate is 1 mg/kg/hour. If there are no signs of IARs, gradually increase the infusion rate every 30 minutes in each of the following 4 steps:

1 mg/kg/hour → **3 mg/kg/hour** → **5 mg/kg/hour** → **7 mg/kg/hour**

Then maintain the infusion rate at 7 mg/kg/hour until the infusion is complete.
The approximate total infusion duration is 4 to 5 hours.

WHEN THE RECOMMENDED DOSE IS 40 MG/KG

Initial infusion[2]

The recommended starting infusion rate is 1 mg/kg/hour. If there are no signs of IARs, gradually increase the infusion rate every 30 minutes in each of the following 4 steps:

1 mg/kg/hour → **3 mg/kg/hour** → **5 mg/kg/hour** → **7 mg/kg/hour**

Then maintain the infusion rate at 7 mg/kg/hour until the infusion is complete (4-step process).
The approximate total infusion duration is 7 hours.

Subsequent infusions[2]

The recommended starting infusion rate is 1 mg/kg/hour, with gradual increase in infusion rate every 30 minutes if there are no signs of IARs. The process may use either the above 4-step process or the following 5-step process:

1 mg/kg/hour → **3 mg/kg/hour** → **6 mg/kg/hour** → **8 mg/kg/hour** → **10 mg/kg/hour**

Then maintain the infusion rate at 10 mg/kg/hour until the infusion is complete.
The approximate total 5-step infusion duration is 5 hours.

Patients switching to NEXVIAZYME will likely not need to change their infusion process or center.[2]

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

NEXVIAZYME (avalglucosidase alfa-ngpt) is indicated for the treatment of patients 1 year of age and older with late-onset Pompe disease [lysosomal acid alpha-glucosidase (GAA) deficiency].

IMPORTANT SAFETY INFORMATION

WARNING: SEVERE HYPERSENSITIVITY REACTIONS, INFUSION-ASSOCIATED REACTIONS, and RISK OF ACUTE CARDIORESPIRATORY FAILURE IN SUSCEPTIBLE PATIENTS

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

Infusion-Associated Reactions (IARs)
Patients treated with NEXVIAZYME have experienced severe IARs. If severe IARs occur, consider immediate discontinuation of NEXVIAZYME, initiation of appropriate medical treatment, and the benefits and risks of readministering NEXVIAZYME following severe IARs. Patients with an acute underlying illness at the time of NEXVIAZYME infusion may be at greater risk for IARs. Patients with advanced Pompe disease may have compromised cardiac and respiratory function, which may predispose them to a higher risk of severe complications from IARs.

Risk of Acute Cardiorespiratory Failure in Susceptible Patients
Patients susceptible to fluid volume overload, or those with acute underlying respiratory illness or compromised cardiac or respiratory function for whom fluid restriction is indicated may be at risk of serious exacerbation of their cardiac or respiratory status during NEXVIAZYME infusion. More frequent monitoring of vitals should be performed during NEXVIAZYME infusion.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions Including Anaphylaxis: See Boxed WARNING. Prior to NEXVIAZYME administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids. The risks and benefits of readministering NEXVIAZYME following severe hypersensitivity reaction (including anaphylaxis) should be considered. If a mild or moderate hypersensitivity reaction occurs, the infusion rate may be slowed or temporarily stopped.

Infusion-Associated Reactions: See Boxed WARNING. IARs may still occur in patients after receiving pretreatment. If mild or moderate IARs occur regardless of pretreatment, decreasing the infusion rate or temporarily stopping the infusion may ameliorate the symptoms.

Risk of Acute Cardiorespiratory Failure in Susceptible Patients: See Boxed WARNING.

ADVERSE REACTIONS

The most common adverse reactions (>5%) were headache, fatigue, diarrhea, nausea, arthralgia, dizziness, myalgia, pruritus, vomiting, dyspnea, erythema, paresthesia and urticaria.

PATIENTS CAN EXPECT THE SAME TRUSTED SUPPORT FROM SANOFI

With the CareConnectPSS® QuickStart Program, eligible patients may be able to begin treatment within 5 days of being prescribed NEXVIAZYME. If needed, patients can receive up to 4 infusions of NEXVIAZYME at no cost while benefits are being verified.

To be eligible, patients must:

- **Have commercial insurance and not be covered through any government healthcare plan**
- **Have a prescription for NEXVIAZYME for an indication approved by the US Food and Drug Administration**
- **Be experiencing a delay in an insurance coverage determination of at least 5 business days**
- **Other eligibility criteria apply**

To get your eligible patients started

- **GO TO** CareConnectPSS.hcp.iassist.com/quickstart to begin the online application for your patient.
- **COMPLETE** the required fields and eSign.
- **QUICKSTART** will send the application to your patient to finish and eSign.

The CareConnectPSS team will follow up once the completed application is received.

Learn more about the QuickStart Program

Contact a CareConnectPSS Case Manager

Call 1-800-745-4447, option 3, Monday through Friday, 8:00 AM–8:00 PM ET

References: 1. Data on file. Genzyme Corporation. **2.** NEXVIAZYME (avalglucosidase alfa-ngpt) [prescribing information]. Genzyme Corporation, Cambridge, MA. **3.** Zhu Y. *Biochem J.* 2005;389(Pt 3):619-628. **4.** Zhu Y, Jiang JL, Gumlaw NK, et al. *Mol Ther.* 2009;17(6):954-963. **5.** Pena LDM, Barohn RJ, Byrne BJ, et al. *Neuromuscul Disord.* 2019;29(3):167-186. **6.** Reuser AJ, Kroos MA, Ponne NJ, et al. *Exp Cell Res.* 1984;155(1):178-189. **7.** Duncan JR, Kornfeld S. *J Cell Biol.* 1988;106(3):617-628. **8.** Baldwin AC, Naatz A, Bohnsack RN, et al. *Mol Cell Biol.* 2018;38(8):e00680-17. **9.** Kohler L, Puertollano R, Raben N. *Neurotherapeutics.* 2018;15(4):928-942. **10.** Diaz-Manera J, Kishnani P, Kusha H, et al. *Lancet Neurol.* 2021;20(12):1012-1026. **11.** Straub S, Kishnani P, Diaz-Manera J, et al. Poster presented at: Muscular Dystrophy Association (MDA) Clinical & Scientific Conference; March 19–22, 2023; Dallas, TX.

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