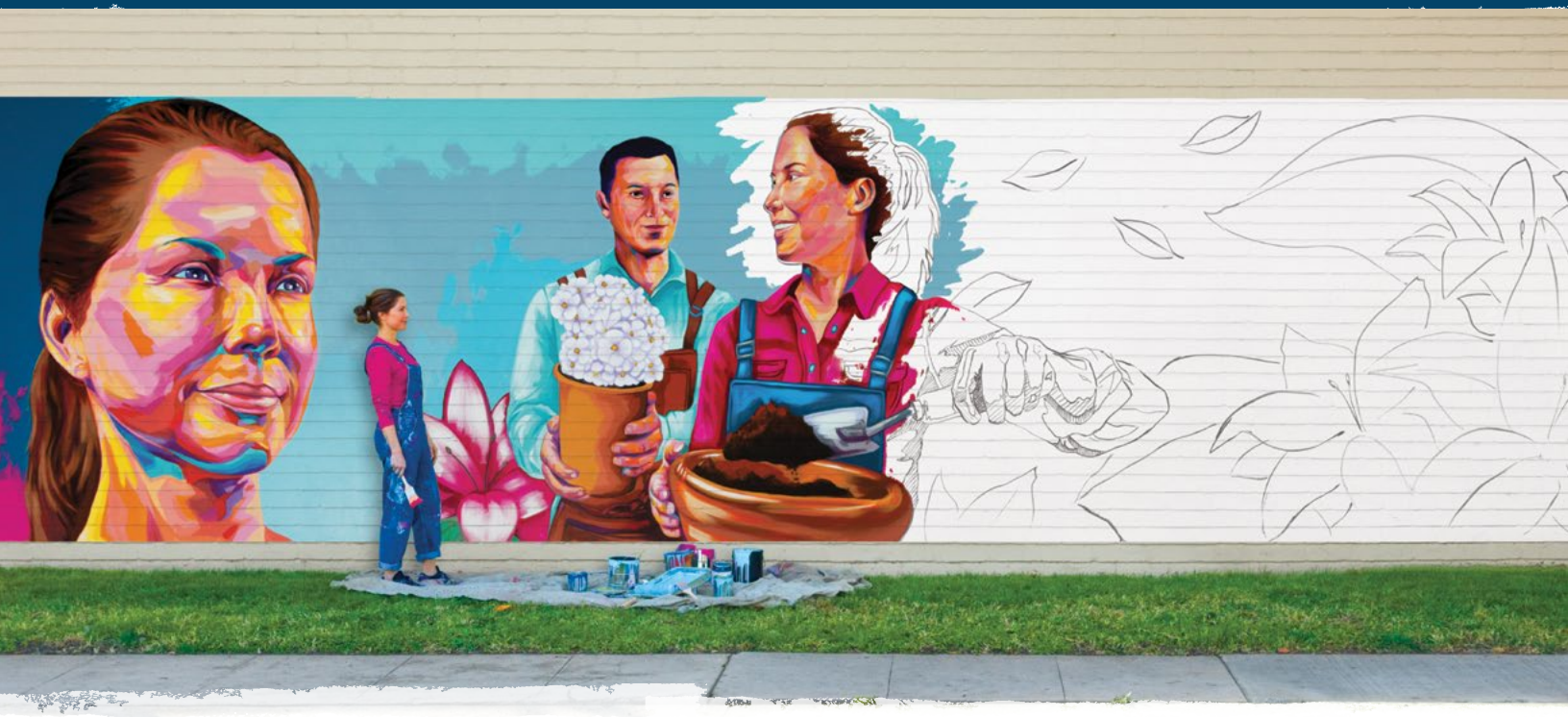

Picture this:
A step-by-step guide to infusing Elfabrio

The PEGylated enzyme replacement therapy (ERT) for Fabry[1,2]

PEG, polyethylene glycol.

Indication

Elfabrio® (pegunigalsidase alfa-iwxj) is indicated for the treatment of adults with confirmed Fabry disease.

Important Safety Information

WARNING: HYPERSENSITIVITY REACTIONS INCLUDING ANAPHYLAXIS

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

Please see complete Important Safety Information on page 6 and Full Prescribing Information including Boxed Warning.

ELFABRIO®
(pegunigalsidase alfa-iwxj)

Use this guide to learn how to dose and administer Elfabrio, as well as how to monitor your patients.

Table of contents

Before starting the infusion: Premedications[1]

Every medication comes with side effects, and with Elfabrio, hypersensitivity reactions including anaphylaxis may occur. This is why you may consider using premedications to reduce the risk of an adverse reaction.

Premedications may include antihistamines, antipyretics, and/or corticosteroids.

For ERT-experienced patients:

- Consider premedications before each initial Elfabrio infusion, especially if they've had them previously
- After 4 to 6 infusions, you can consider a stepwise decrease in the pretreatment medication dose and/or discontinuation if Elfabrio is tolerated

In ERT-naïve patients:

- Prior to administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids
- If a severe hypersensitivity reaction occurs, discontinue immediately and initiate appropriate medical treatment

Appropriate medical support measures including cardiopulmonary resuscitation equipment should be readily available during administration.

Important Safety Information (continued)

Prior to Elfabrio administration, consider pretreating with antihistamines, antipyretics, and/or corticosteroids. Inform patients and caregivers of the signs and symptoms of hypersensitivity reactions and infusion-associated reactions (IARs), and instruct them to seek medical care immediately if such symptoms occur.

- If a severe hypersensitivity reaction (including anaphylaxis) or severe IAR occurs, immediately discontinue Elfabrio administration and initiate appropriate medical treatment.
- If a mild to moderate hypersensitivity reaction or IAR occurs, consider slowing the infusion rate or temporarily withholding the dose.

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Dosing and infusion rates[1]

The recommended dosage of Elfabrio, based on actual body weight, is 1 mg/kg IV every 2 weeks.

Infusion rates for initial 4 to 6 infusions

ERT-experienced patients

Actual Body Weight	Total Infusion Volume	Infusion Rate*
<70 kg	150 mL	0.83 mL/min (50 mL/h)
70-100 kg	250 mL	1.39 mL/min (83 mL/h)
>100 kg	500 mL	2.78 mL/min (167 mL/h)

ERT-naïve patients

Actual Body Weight	Total Infusion Volume	Infusion Rate*
<70 kg	150 mL	0.63 mL/min (37.5 mL/h)
70-100 kg	250 mL	1 mL/min (60 mL/h)
>100 kg	500 mL	1.38 mL/min (83 mL/h)

*Infusion rate may be increased if the patient tolerates the initial 4 to 6 infusions. Infusion rate may be slowed in case of a hypersensitivity reaction or an infusion-associated reaction.

IV, intravenous.

Infusion rate adjustments[1]

If reactions occur...

In the event of a mild to moderate hypersensitivity reaction or infusion-associated reaction, consider temporarily holding the infusion for 15 to 30 minutes or slowing the infusion rate by 25% to 50%.

In ERT-experienced patients

In patients previously treated with an ERT with an infusion duration over 3 hours:

- Use the same rate for the Elfabrio infusion

If well tolerated...

- After the initial 4 to 6 infusions, at every third subsequent infusion the duration may be decreased by 30 minutes

The recommended minimum duration of maintenance infusion is 1.5 hours.

Important Safety Information (continued)

In clinical trials, 20 (14%) Elfabrio-treated patients experienced hypersensitivity reactions. Four Elfabrio-treated patients (3%) experienced anaphylaxis reactions that occurred within 5 to 40 minutes of the start of the initial infusion. The signs and symptoms of hypersensitivity reactions and anaphylaxis included headache, nausea, vomiting, throat tightness, facial and oral edema, truncal rash, tachycardia, hypotension, rigors, urticaria, intense pruritus, moderate upper airway obstructions, macroglossia, and mild lip edema.

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Preparing Elfabrio for use[1]

Determine how many vials you will need

Use the tables on page 2 to determine your patient's dose, and round the number of vials up to the next whole number.

Temperature regulation

- Remove vials from the refrigerator and allow to sit for 15 to 30 minutes at room temperature of 20°C to 25°C (68°F to 77°F). *Do not use an external heat source to heat the product because heat may damage the product*

Inspection

- Look for particulate matter and discoloration. It should be clear and colorless
- *Discard if the solution is discolored or if visible particulate matter is present*

Dilution

- Dilute the Elfabrio solution in 0.9% Sodium Chloride Injection to a total volume based on patient body weight
- Prior to adding the volume of Elfabrio required for the dose, remove the equal volume of 0.9% Sodium Chloride Injection from the infusion bag
- Withdraw the volume of Elfabrio required for the dose from the vials
- *Discard any unused solution remaining in the vial*
- Inject the solution directly into the 0.9% Sodium Chloride Injection solution through the port of the infusion bag. *Do not inject in the airspace within the infusion bag*
- Gently invert the infusion bag to mix the solution. Avoid vigorous shaking or agitation

Important Safety Information (continued)

In clinical trials, 41 (29%) Elfabrio-treated patients experienced one or more infusion-associated reactions, including hypersensitivity, nausea, chills, pruritus, rash, chest pain, dizziness, vomiting, asthenia, pain, sneezing, dyspnea, nasal congestion, throat irritation, abdominal pain, erythema, diarrhea, burning sensation, neuralgia, headache, paresthesia, tremor, agitation, increased body temperature, flushing, bradycardia, myalgia, hypertension, and hypotension.

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Storing Elfabrio as a prepared solution[1]

In the fridge…

- Unused Elfabrio should be refrigerated at 2°C to 8°C (36°F to 46°F) for up to 24 hours
- The solution must be infused within 8 hours after removal from the refrigerator, inclusive of the infusion time, or discarded

At room temperature…

Store the diluted solution at room temperature at 20°C to 25°C (68°F to 77°F) for up to 8 hours. The solution must be used within 8 hours, inclusive of the infusion time, or discarded.

Caution: Do not freeze or shake.

Administering Elfabrio[1]

- Use a low protein-binding, 0.2 micron, in-line filter
- Infuse Elfabrio using the infusion rates described in the dosing tables on page 3 for the initial 4 to 6 infusions
  - If a patient tolerates the initial 4 to 6 Elfabrio infusions, the duration of every third infusion may be decreased in decrements of 30 minutes as tolerated. The minimum recommended infusion duration is 1.5 hours
- At the end of the infusion, flush the line with 0.9% Sodium Chloride Injection using the same infusion rate as the one used for the last part of the infusion

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

Important Safety Information (continued)

A case of membranoproliferative glomerulonephritis with immune depositions in the kidney was reported during clinical trials. Monitor serum creatinine and urinary protein-to-creatinine ratio. If glomerulonephritis is suspected, discontinue treatment until a diagnostic evaluation can be conducted.

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Monitoring safety and tolerability[1]

It's important to monitor your patients for adverse reactions, including hypersensitivity reactions like anaphylaxis.

The risk of treatment-related hypersensitivity reactions may increase in patients with pre-existing anti-drug antibodies (ADAs) from a prior ERT.

Monitor plasma globotriaosylsphingosine (lyso-Gb3) levels in previously treated patients with existing ADAs.

In clinical trials, patients experiencing anaphylaxis began showing signs within 5 to 40 minutes of the start of the initial infusion.

Recognizing anaphylaxis[1]

Signs and symptoms included headache, nausea, vomiting, throat tightness, facial and oral edema, truncal rash, tachycardia, hypotension, rigors, urticaria, intense pruritus, moderate upper airway obstructions, macroglossia, and mild lip edema.

Monitoring for heart and renal involvement[1]

Closely monitor patients with compromised cardiac function

Patients with advanced Fabry disease may have compromised cardiac function, which may predispose them to a higher risk of severe complications from infusion-associated reactions.

Monitor serum creatinine and urinary protein-to-creatinine ratio

If glomerulonephritis is suspected, discontinue treatment until a diagnostic evaluation can be conducted.

Important Safety Information (continued)

When switching to Elfabrio from a prior enzyme replacement therapy, the risk of hypersensitivity reactions and infusion-associated reactions may be increased in certain patients with pre-existing anti-drug antibodies (ADAs). Consider monitoring IgG and IgE ADAs and clinical or pharmacodynamic response (eg, plasma lyso-Gb3 levels).

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The most common adverse reactions (≥15%) were infusion-associated reactions, nasopharyngitis, headache, diarrhea, fatigue, nausea, back pain, pain in extremity, and sinusitis.

Please see Full Prescribing Information for Elfabrio including Boxed Warning.

ELFABRIO® (pegunigalsidase alfa-iwxj)

Reach out to your Chiesi representative for more information

References: 1. Elfabrio. Prescribing Information. Chiesi Farmaceutici S.p.A.; 2023. **2.** Schiffmann R, Goker-Alpan O, Holida M, et al. Pegunigalsidase alfa, a novel PEGylated enzyme replacement therapy for Fabry disease, provides sustained plasma concentrations and favorable pharmacodynamics: a 1-year phase 1/2 clinical trial. *J Inherit Metab Dis*. 2019;42(3):534-544. doi:10.1002/jimd.12080.

Important Safety Information (continued)

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