Be Ready to Talk About CERDELGA® (eliglustat) With Adult Patients With Gaucher Disease Type 1 (GD1)

This guide can help facilitate a discussion about Cerdelga based on a patient's level of readiness to switch to or start an oral treatment.

Cerdelga may be right for patients and their lifestyle—talk to them about the ONLY first-line *oral* therapy indicated for the long-term treatment of most naïve and switch adult patients with GD1[1,2]

Indications and Usage

CERDELGA is indicated for the long-term treatment of adult patients with Gaucher disease type 1 (GD1) who are CYP2D6 extensive metabolizers (EMs), intermediate metabolizers (IMs), or poor metabolizers (PMs) as detected by an FDA-cleared test.

Limitations of Use:

- Patients who are CYP2D6 ultra-rapid metabolizers (URMs) may not achieve adequate concentrations of CERDELGA to achieve a therapeutic effect.
- A specific dosage cannot be recommended for those patients whose CYP2D6 genotype cannot be determined (indeterminate metabolizers).

Please see Important Safety Information throughout this guide and full Prescribing Information.

SRT SWITCH

Talking to Patients About SWITCHING TO CERDELGA

Cerdelga® (eliglustat) capsules

Q: What are some differences between SRT and ERT in patients with GD1?

A: SRT is a substrate reduction therapy that comes in a pill form and is taken either once or twice daily. SRT reduces the amount of glucosylceramide (GL-1) that is produced by your body. **Enzyme replacement therapy (ERT) is an intravenous (IV) infusion usually given every 2 weeks over 1 to 2 hours.** ERT adds a modified version of the enzyme to help your body break down GL-1.[1-3]

Q: Why would I switch therapy if I am stable on ERT?

A: Cerdelga is an oral treatment for GD1, which some patients prefer over an infusion. A clinical study successfully showed it is no less effective for patients switching from ERT when compared with patients who continued with ERT.[1,4]

Q: How did Cerdelga compare with ERT in clinical studies?

A: The Phase 3 study (ENCORE) was open-label, which meant the doctors and patients knew which treatment the patients were receiving. This study evaluated[1]:

159 adults previously stable on ERT

Randomized **2:1** to receive Cerdelga or ERT for a 12-month primary analysis period

THE ENCORE STUDY

12

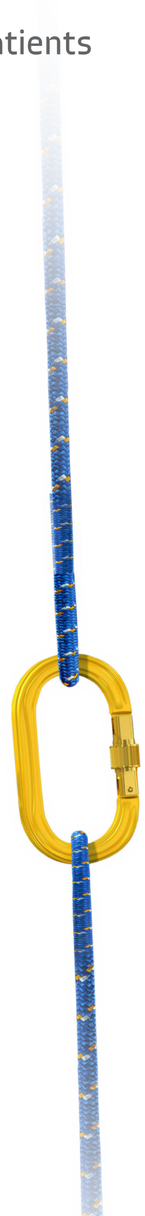
Spleen size, liver size, platelet levels, and hemoglobin levels were evaluated for stability

- 85% of patients on Cerdelga remained stable after switching from ERT vs 94% of patients who remained stable on ERT[5]
- There were no clinically meaningful differences between patients receiving Cerdelga and patients receiving ERT for any of the 4 measures[5]

Some patients were observed for up to 4 years. During the extension, all patients were treated with Cerdelga.[4]

See page 5 for the most common side effects.

After 1 year, 98% of patients who switched to Cerdelga after long-term ERT preferred an oral treatment over IV therapy.[4]



Important Safety Information

CONTRAINDICATIONS

CERDELGA is contraindicated in the following patients based on CYP2D6 metabolizer status due to the risk of cardiac arrhythmias from prolongation of the PR, QTc, and/or QRS cardiac intervals:

- Extensive Metabolizers (EMs) taking a strong or moderate CYP2D6 inhibitor concomitantly with a strong or moderate CYP3A inhibitor, EMs with moderate or severe hepatic impairment, or EMs with mild hepatic impairment and taking a strong or moderate CYP2D6 inhibitor.
- Intermediate Metabolizers (IMs) taking a strong or moderate CYP2D6 inhibitor concomitantly with a strong or moderate CYP3A inhibitor, IMs taking a strong CYP3A inhibitor, or IMs with any degree of hepatic impairment.
- Poor Metabolizers (PMs) taking a strong CYP3A inhibitor, or PMs with any degree of hepatic impairment.

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SRT SWITCH (continued)

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Q: How soon can I switch to Cerdelga from ERT?

A: You can switch to Cerdelga in **as little as 24 hours after your last ERT infusion.**[1]

Q: How soon will I know if Cerdelga is right for me?

A: After a blood test is performed, lab results will be sent to me. **More than 90% of adult patients** tested for CYP2D6 status are eligible for Cerdelga.[6]

How to prescribe Cerdelga[1]

84 mg BID in CYP2D6 EMs and IMs

Also in:

- CYP2D6 EMs with mild, moderate, or severe renal impairment
- CYP2D6 EMs with mild hepatic impairment

84 mg QD in CYP2D6 PMs

Also in:

- CYP2D6 EMs and IMs taking strong or moderate CYP2D6 inhibitors
- CYP2D6 EMs taking strong or moderate CYP3A inhibitors
- CYP2D6 EMs with mild hepatic impairment taking a weak CYP2D6 inhibitor or a strong, moderate, or weak CYP3A inhibitor

To determine patient eligibility for Cerdelga, first conduct a blood test to identify the patient's CYP2D6 metabolizer status.[1,7]

Dosing should be adjusted based on CYP2D6 metabolizer status, renal/hepatic impairment, and potential drug interactions.

BID=twice daily; QD=once daily.

Important Safety Information (continued)

WARNINGS AND PRECAUTIONS

CERDELGA is predicted to cause increases in ECG intervals (PR, QTc, and QRS) at substantially elevated plasma concentrations and may increase risk of cardiac arrhythmias. Use of CERDELGA is contraindicated, to be avoided, or requires dosage adjustment in patients taking CYP2D6 or CYP3A inhibitors, depending on CYP2D6 metabolizer status, type of inhibitor, or degree of hepatic impairment. Avoid use of CERDELGA in patients with pre-existing cardiac disease, long QT syndrome, or in combination with Class IA or Class III antiarrhythmic medications.

Please see Important Safety Information throughout and full Prescribing Information.

SRT START

Talking to Patients About STARTING CERDELGA

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Q: **How was Cerdelga studied in previously untreated patients?**

A: The Phase 3 study (ENGAGE) was randomized and double-blind, which meant no one working on the study—doctors or patients—knew which treatment patients were receiving (Cerdelga or placebo). This study evaluated[1]:

THE ENGAGE STUDY

40 previously untreated patients with GD1*

Randomized **1:1** to receive Cerdelga or placebo for a 9-month primary analysis period

Cerdelga showed statistically significant improvement vs placebo in organ and blood parameters at 9 months[1]:

28% REDUCTION in spleen size vs 2% increase with placebo

5.2% REDUCTION in liver size vs 1.4% increase with placebo

0.7 g/dL INCREASE in hemoglobin levels vs 0.5 g/dL decrease with placebo

32% INCREASE in platelet levels vs 9% decrease with placebo

All patients who completed the primary analysis had the opportunity to continue in the open-label ENGAGE trial extension, in which all patients received Cerdelga. Some patients were observed for up to 4.5 years.[8]

See page 5 for the most common side effects.

*Aged 16 to 63.

Patients may contact Sanofi CareConnectPSS® Case Managers to help them better understand their insurance coverage and benefits. To learn more, visit CareConnectPSS.com or call 1-800-745-4447, option 3.

Important Safety Information (continued)

ADVERSE REACTIONS

The most common adverse reactions (≥10%) to CERDELGA include: fatigue, headache, nausea, diarrhea, back pain, pain in extremities, and upper abdominal pain.

DRUG INTERACTIONS

Coadministration of CERDELGA with CYP2D6 or CYP3A inhibitors may increase eliglustat concentrations, which may increase the risk of cardiac arrhythmias from prolongations of the PR, QTc, and/or QRS cardiac interval. Use of CERDELGA is contraindicated, to be avoided, or may require dosage adjustment depending on the concomitant drug and CYP2D6 metabolizer status. See section 7 of the full Prescribing Information for more details and other potentially significant drug interactions.

Please see Important Safety Information throughout and full Prescribing Information.

TREATMENT

What Patients With GD1 Can Expect From CERDELGA TREATMENT

Cerdelga® (eliglustat) capsules

Q: What are the possible side effects of Cerdelga?

A: Cerdelga, used with certain other medicines, may cause changes in the electrical activity of your heart (ECG changes) and irregular heartbeat (arrhythmias). Tell me if you have new symptoms such as palpitations, fainting, or dizziness.

The most common side effects (≥10%) of Cerdelga include: tiredness, headache, nausea, diarrhea, back pain, pain in extremities, and upper abdominal pain. These are not all the possible side effects of Cerdelga. Call me for medical advice about any side effects.

Q: What else should I consider before taking Cerdelga?

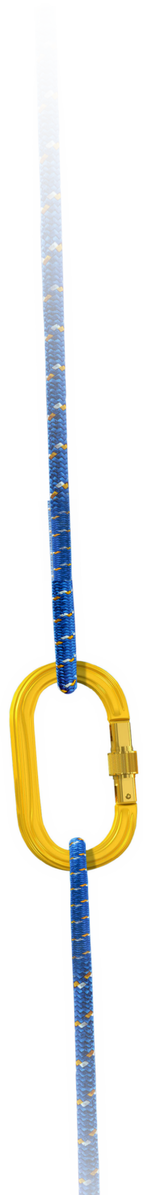
A: Before taking Cerdelga, let's discuss all of your medical conditions, including if you:

- have heart problems, including a condition called long QT syndrome
- have a history of a heart attack
- have kidney or liver problems
- are pregnant or planning to become pregnant. It is not known if Cerdelga will harm your unborn baby.
- are breastfeeding or planning to breastfeed. It is not known if Cerdelga passes into your breast milk. Let's discuss if you should take Cerdelga or breastfeed. You should not do both.

Tell me about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

ECG=electrocardiogram.

Work with patients to determine frequency of blood tests and other assessments based on their treatment goals and routine follow-ups.



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Cerdelga® (eliglustat) capsules

Print and/or save a copy of this Cerdelga Discussion Guide to review these questions and answers with patients. They may have follow-up questions after you have the discussion.

Visit hcp.cerdelga.com for more information on CYP2D6 eligibility testing, clinical studies, and support and resources.

Important Safety Information (continued)

USE IN SPECIFIC POPULATIONS

Available data on the use of CERDELGA in pregnant women is not sufficient to assess drug-associated risks of major birth defects, miscarriage, or adverse maternal or fetal outcomes. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for CERDELGA and any potential adverse effects on the breastfed child from CERDELGA or from the underlying maternal condition.

Use of CERDELGA in patients with renal impairment is based on the patient's CYP2D6 metabolizer status. Avoid use of CERDELGA in EMs with end-stage renal disease (ESRD), and IMs and PMs with any degree of renal impairment.

Use of CERDELGA is contraindicated or may require dosage adjustment in patients with hepatic impairment based on CYP2D6 metabolizer status, concomitant use of CYP2D6 or CYP3A inhibitors, and degree of hepatic impairment.

Please see Important Safety Information throughout and full Prescribing Information.

1. Cerdelga [prescribing information]. Cambridge, MA: Sanofi. 2022. **2.** Pleat R, Cox TM, Burrow TA, et al. Stability is maintained in adults with Gaucher disease type 1 switched from velaglucerase alfa to eliglustat or imiglucerase: a sub-analysis of the eliglustat ENCORE trial. *Mol Genet Metab Rep.* 2016;9:25-28. **3.** Enzyme Replacement Therapy for Gaucher Disease. National Gaucher Foundation. Accessed March 29, 2023. https://www.gaucherdisease.org/gaucher-diagnosis-treatment/treatment/enzyme-replacement-therapy/ **4.** Cox TM, Drelichman G, Cravo R, et al. Eliglustat maintains long-term clinical stability in patients with Gaucher disease type 1 stabilized on enzyme therapy. *Blood.* 2017;129(17):2375-2383. **5.** Cox TM, Drelichman G, Cravo R, et al. Eliglustat compared with imiglucerase in patients with Gaucher's disease type 1 stabilised on enzyme replacement therapy: a phase 3, randomised, open-label, non-inferiority trial. *Lancet.* 2015;385(9985):2355-2362. **6.** Peterschmitt MJ, Cox GF, Ibrahim J, et al. A pooled analysis of adverse events in 393 adults with Gaucher disease type 1 from four clinical trials of oral eliglustat: evaluation of frequency, timing, and duration. *Blood Cells Mol Dis.* 2018;68:185-191. **7.** Ogu CC, Maxa JL. Drug interactions due to cytochrome P450. *Proc (Bayl Univ Med Cent).* 2000;13(4):421-423. **8.** Mistry PK, Lukina E, Ben Turkia H, et al. Clinical outcomes after 4.5 years of eliglustat therapy for Gaucher disease type 1: phase 3 ENGAGE trial final results. *Am J Hematol.* 2021;96(9):1156-1165.

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