BioMarin RareConnections™ Patient Enrollment Form for CLN2 Disease

Fax completed form to **1-888-863-3361** or email to **support@biomarin-rareconnections.com**
Phone: 1-866-906-6100 Hours: M–F 6 AM–5 PM (PST)

PATIENT

First name _____ Last name _____ Birth date _____ Gender ☐ Male ☐ Female

Parent/Caregiver name _____

Home address _____ Suite/Apt _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____ Cell phone _____

Email _____ Preferred method of contact ☐ Home ☐ Work ☐ Cell ☐ Email

PRESCRIBER

First name _____ Last name _____ Specialty _____

DEA # _____ NPI # _____ License # _____

Medicaid # _____ Tax ID _____ Site Tax ID _____

Primary practice/office location _____

Street address _____ Suite _____

City _____ State _____ ZIP _____

Office contact _____ Phone _____ Fax _____

INSURANCE

Provide copies of all medical and prescription cards—front and back, primary and supplemental coverage.

Primary insurance name _____

Insurance phone number _____

Policyholder name _____

Relationship to patient _____

Group ID _____

Employer _____

Member ID (policy) number _____

Secondary insurance name _____

Insurance phone number _____

Policyholder name _____

Relationship to patient _____

Group ID _____

Employer _____

Member ID (policy) number _____

☐ Patient does not have insurance

Diagnosis code ICD-10: ☐ Neuronal Ceroid Lipofuscinosis, E75.4 ☐ Other _____

SITE OF SERVICE/ ADMINISTRATION

Name of institution _____

Administering physician or infusion provider name _____ Provider's specialty _____

Street address _____ Suite _____

City _____ State _____ ZIP _____

Site contact _____ Email _____

Office phone (and extension) _____ Office fax _____ Site Tax ID _____

Prescriber Declaration

I verify that the patient and prescriber information contained in this enrollment form is complete and accurate to the best of my knowledge and that I have prescribed Brineura® (cerliponase alfa) based on my professional judgment of medical necessity. I authorize BioMarin or its affiliated companies or subcontractors to perform any steps necessary to provide product support for Brineura, including but not limited to insurance verification and case management. I understand that BioMarin may need additional information, and I agree to provide it as needed for purposes of reimbursement.

Prescriber signature _____ Date _____

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

Brineura® (cerliponase alfa) injection for intraventricular use is indicated to slow the loss of ambulation in symptomatic pediatric patients 3 years of age and older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), also known as tripeptidyl peptidase 1 (TPP1) deficiency.

Contraindications

Brineura is contraindicated in patients with:

- any sign or symptom of acute, unresolved localized infection on or around the device insertion site (e.g., cellulitis or abscess); or suspected or confirmed CNS infection (e.g., cloudy CSF or positive CSF gram stain, or meningitis)
- any acute intraventricular access device-related complications (e.g., leakage, extravasation of fluid, or device failure)
- ventriculoperitoneal shunts

Important Preparation and Administration Information

Brineura must only be administered via the intraventricular route using aseptic technique to reduce the risk of infection. Administer Brineura and the Intraventricular Electrolytes using the provided Administration Kit for use with Brineura components. Prior to each infusion, inspect the scalp for signs of intraventricular access device leakage or failure and for potential infection. Prior to each infusion of Brineura and when clinically indicated, send cerebrospinal fluid (CSF) samples for testing of cell count and culture.

Special Populations

Brineura has not been studied in pregnancy or lactation.

Safety and effectiveness in pediatric patients below 3 years of age have not been established.

WARNINGS AND PRECAUTIONS

Meningitis and Other Intraventricular Access Device-Related Infections

Bacterial meningitis requiring antibiotic treatment and removal of the device was reported during postmarketing use of Brineura. The signs and symptoms of infections may not be readily apparent in patients with CLN2 disease. To reduce the risk of infectious complications, Brineura should be administered by, or under the direction of, a physician experienced in intraventricular administration.

Intraventricular Access Device-Related Complications

During the clinical trial and in postmarketing reports, intraventricular access device-related complications were reported (e.g., device leakage, device failure, extravasation of CSF fluid, or bulging of the scalp around or above the intraventricular access device). In case of intraventricular access device-related complications, discontinue the Brineura infusion and refer to the device manufacturer's labeling for further instructions.

Material degradation of the intraventricular access device reservoir was reported after approximately 4 years of administration, which may impact the effective and safe use of the device. The intraventricular access device should be replaced prior to 4 years of single-puncture administrations, which equates to approximately 105 administrations of Brineura.

Cardiovascular Adverse Reactions

Monitor vital signs before infusion starts, periodically during infusion, and post-infusion in a healthcare setting. Perform electrocardiogram (ECG) monitoring during infusion in patients with a history of bradycardia, conduction disorder, or with structural heart disease. In patients without cardiac abnormalities, regular 12-lead ECG evaluations should be performed every 6 months.

Hypersensitivity Reactions, Including Anaphylaxis

Hypersensitivity reactions, including anaphylaxis, have been reported in Brineura-treated patients during clinical studies and postmarketing use. In clinical trials, a total of 11 out of 24 patients (46%) experienced hypersensitivity reactions during the infusion or within 24 hours of completion of the infusion.

Due to the potential for anaphylaxis, appropriate medical support should be readily available when Brineura is administered. If a severe hypersensitivity reaction or anaphylaxis occurs, immediately discontinue the infusion and initiate appropriate medical treatment. Observe patients closely during and after the infusion. Inform patients/caregivers of the signs and symptoms of hypersensitivity reactions and anaphylaxis and instruct them to seek immediate medical care should signs and symptoms occur. Consider the risks and benefits of readministration of Brineura following an anaphylactic reaction.

ADVERSE REACTIONS

In clinical trials, the most frequently reported adverse reactions (≥8%) were pyrexia, ECG abnormalities, decreased CSF protein, vomiting, seizures, device-related complications, hypersensitivity, increased CSF protein, hematoma, headache, irritability, pleocytosis, device-related infection, bradycardia, feeling jittery, and hypotension.

Seizures were reported in 12 of 24 patients and included atonic, generalized tonic-clonic, focal, and absence. Seizures were managed with standard anticonvulsive therapies and did not result in discontinuation of Brineura treatment.

Adverse reactions related to the device were observed in 12 of 24 patients. Device-related adverse reactions include infection, delivery system-related complications, and pleocytosis. Hematoma adverse reactions were reported in 5 patients and presented as hematoma, post-procedural hematoma, traumatic hematoma, and subdural hematoma. Hematomas did not require treatment and did not interfere with Brineura infusion.

Anti-drug antibodies (ADAs) were detected in serum (79%) and CSF (33%) in patients treated with Brineura. No association was found between serum or CSF ADA titers and incidence or severity of hypersensitivity.

To report SUSPECTED ADVERSE REACTIONS, contact BioMarin Pharmaceutical Inc. at 1-866-906-6100, or FDA at 1-800-FDA-1088, or go to www.fda.gov/medwatch.

Please see full Prescribing Information, or visit www.Brineura.com.

Brineura® (cerliponase alfa)