Life-threatening allergic reactions, known as anaphylaxis, can occur during VIMIZIM® (elosulfase alfa) infusions. Typical signs of anaphylaxis include cough, rash, throat tightness, hives, flushing, changes in skin color, low blood pressure, shortness of breath, chest pain, and gastrointestinal symptoms such as nausea, abdominal pain, retching, and vomiting. Contact your doctor or get medical help right away if these symptoms occur during or after VIMIZIM infusions. If you have a respiratory illness, you may be at risk for a sudden worsening of your condition, and you may require additional monitoring.

Additional Important Safety Information will be discussed during this presentation.
Morquio A key facts

Morquio A is a rare and progressive inherited disease that affects major organ systems in the body. It is a form of mucopolysaccharidosis (MPS), a type of lysosomal storage disorder.

Enzymes are proteins that perform specific jobs in your body.

People with Morquio A do not make enough of a specific enzyme, called N-acetylgalactosamine-6 sulfatase, or GALNS (gal·en·es), which breaks down and recycles cellular waste called glycosaminoglycans (GAGs).

When the body doesn't produce enough of the enzyme, GAGs build up in tissues, bones, and major organs, potentially causing serious physical problems.

GALNS breaks down and recycles GAGs.

Without enough GALNS, GAGs build up in cells throughout the body.

Please see Important Safety Information, including important warning, on slide 28.
How do people inherit Morquio A?

Morquio A is a recessively inherited condition. This means that both parents must have a genetic mutation, or variant, in the GALNS gene to pass Morquio A on to their children.

When 2 parents who are carriers have children, each pregnancy presents a 25% chance (1 in 4) of passing Morquio A on to that child.

Please see Important Safety Information, including important warning, on slide 28.
What are the signs and symptoms of Morquio A?

Morquio A affects many parts of the body and is heterogeneous (het·er·o·ge·ne·ous), which means that the symptoms and severity are different for each person.

Individuals with Morquio A may have:

<table>
<thead>
<tr>
<th>SKELETAL SYMPTOMS</th>
<th>NONSKELETAL SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skeletal deformities</td>
<td>Breathing problems</td>
</tr>
<tr>
<td>Short trunk</td>
<td>Heart valve problems</td>
</tr>
<tr>
<td>Weakness in the neck</td>
<td>Muscle weakness</td>
</tr>
<tr>
<td>Spinal cord compression</td>
<td>Eye problems</td>
</tr>
<tr>
<td>Knock knees</td>
<td>Hearing loss</td>
</tr>
<tr>
<td>Overly flexible joints</td>
<td>Dental problems</td>
</tr>
<tr>
<td>Abnormal walk</td>
<td>Enlarged liver</td>
</tr>
<tr>
<td>Spinal problems</td>
<td>Enlarged spleen</td>
</tr>
<tr>
<td>Chest deformities</td>
<td>Limited energy</td>
</tr>
</tbody>
</table>

It is important to know that Morquio A does not affect your ability to think and learn.

Please see Important Safety Information, including important warning, on slide 28.
The symptoms of Morquio A progress over time

Morquio A is **progressive**, which means that symptoms get worse over time, as GAGs build up in the body.

The buildup of GAGs in the cells of the body can affect multiple systems.

For many people with Morquio A, symptoms can appear by age 2 or 3, others may not show initial symptoms (including hip stiffness and pain) until the second decade of life.

Since the symptoms of Morquio A may worsen over time, it's important to look for early symptoms to ensure that you get timely treatment to help prevent irreversible damage.
The health complications of Morquio A can affect endurance

Endurance is how far a person can push himself or herself physically. It measures how well the whole body performs—from heart and lungs to bones and muscles. People with Morquio A who have reduced endurance may have difficulty with regular activities.

**HEART COMPLICATIONS**

Examples: Thickening and/or narrowing of valves, valve insufficiency

**BREATHING COMPLICATIONS**

Examples: Complications with sinuses, sleep apnea, respiratory infections, restricted lungs and airways

**MUSCLE AND SKELETAL COMPLICATIONS**

Examples: Overly flexible joints, joint pain, hip dysplasia, knock knees, reduced height

Reduced endurance
- Difficulty with regular daily activities
- Limited mobility
- Reduced quality of life

Please see Important Safety Information, including important warning, on slide 28.
How is endurance measured?

- Endurance is how far you can push yourself physically.
- Endurance can be measured using a test called the 6-minute walk test (6MWT), which measures how far a person can walk in 6 minutes.
  - For people who have difficulty walking, the timed 25-foot walk test (T25FWT) is used to measure endurance.
- Medical researchers have used the 6MWT to show that people with Morquio A can have significantly less endurance than people who do not have Morquio A.
- The 6MWT has also been used to show that as people with Morquio A get older, their endurance declines.

Please see Important Safety Information, including important warning, on slide 28.
Without treatment, endurance and lung function can decrease over time

An international disease progression study showed that individuals with Morquio A not receiving VIMIZIM® (elosulfase alfa) treatment had disease progression over a 2-year period.

**Reduced endurance**
Individuals with Morquio A walked 21.9 meters less after 2 years than they did at the start of the study, as measured by the 6MWT.

**Impaired lung function**
Breathing function as measured by pulmonary function tests decreased for individuals with Morquio A after 2 years compared to baseline measurements. They saw a 2.6% decrease in forced vital capacity (FVC) and a 0.6% decrease in forced expiratory volume in 1 second (FEV1).

Please see Important Safety Information, including important warning, on slide 28.
VIMIZIM® (elosulfase alfa) works at a cellular level to help with deficient enzyme activity

VIMIZIM® (elosulfase alfa) is the only enzyme replacement therapy (ERT) approved by the US Food and Drug Administration for people with Morquio A.

VIMIZIM was made to replace the GALNS enzyme that is missing in people with Morquio A.

Please see Important Safety Information, including important warning, on slide 28.
How does VIMIZIM® (elosulfase alfa) work at a cellular level?

If you have Morquio A, you don’t have enough GALNS enzyme activity. VIMIZIM® (elosulfase alfa) can replace the deficient enzyme to restore cell function.

In people with Morquio A, GAGs build up in the lysosomes of cells throughout the tissues and organs of the body, potentially causing serious problems.

A weekly infusion of VIMIZIM replaces the deficient GALNS enzyme your body needs to help reduce the buildup of certain GAGs.

Taking VIMIZIM every week can help people with Morquio A reduce the buildup of certain GAGs.

Please see Important Safety Information, including important warning, on slide 28.
VIMIZIM® (elosulfase alfa) improves endurance

In a 6-month clinical trial, people who received VIMIZIM® (elosulfase alfa) infusions every week improved their endurance as measured by the 6MWT.

- This graph shows that by the end of a 24-week trial, people who took VIMIZIM once a week walked an average of 23.9% farther than at baseline.

- People who took VIMIZIM every other week did not show much improvement, and their results were similar to the people who took a placebo.

A baseline is a measurement of a person’s performance before they begin treatment in a clinical trial. To participate in the clinical trial for VIMIZIM, people had to be able to walk more than 30 meters but less than 325 meters in 6 minutes.

A placebo is a harmless substance that does not contain any medicine.
VIMIZIM® (elosulfase alfa) also showed positive results across many efficacy measures

Although statistical significance was only observed in the 6MWT results, favorable improvement was seen in the majority of exploratory efficacy endpoints. This shows the value of VIMIZIM® (elosulfase alfa) beyond the 6MWT.

ENDPOINT
N (Placebo:VIMIZIM) / Mean (CI)
6-minute walk test (6MWT)
(59.58) / 22.46 (4.01, 40.91)

3-minute stair-climbing test (3MSCT)
(59.58) / 1.14 (-2.14, 4.43)

Time required to exhale (FET)
(59.58) / 42.50 (-14.91, 99.91)

Amount of air exhaled in a forced breath (FVC)
(59.58) / 3.26 (-3.13, 9.64)

Amount of air inhaled (FVC)
(59.58) / -2.59 (-65.66, 60.48)

The scale values were standardized to a common scale of measurement by dividing the estimate and confidence interval (CI) bounds for each endpoint by the standard error of that estimate.

ADDITIONAL ENDPOINTS: FEV (favors VIMIZIM (59.58) / 1.82 (-5.52, 9.17), MVV favors VIMIZIM (59.58) / 10.31 (-1.79, 22.42), Growth rate favors VIMIZIM (40.44) / 0.39 (-0.08, 0.87), Z-score height favors VIMIZIM (40.44) / 0.14 (-0.03, 0.31), MPS HAQ caregiver favors VIMIZIM (58.57) / 0.85 (-1.14, 2.85), MPS HAQ mobility favors VIMIZIM (59.57) / 0.26 (0.28, 0.80), MPS HAQ self-care favors Placebo (59.57) / 0.07 (-0.47, 0.33).

FEV = forced expiratory volume in 1 second; MVV = maximum voluntary ventilation; Z-score height = how far a measurement deviates from the average; MPS HAQ caregiver = caregiver-completed MPS Health Assessment Questionnaire; MPS HAQ mobility = patient-completed MPS Health Assessment Questionnaire on mobility; MPS HAQ self-care = patient-completed MPS Health Assessment Questionnaire on self-care.

Please see Important Safety Information, including important warning, on slide 28.
VIMIZIM® (elosulfase alfa) can provide long-lasting benefits

A 2-year extension study showed that the benefits of VIMIZIM® (elosulfase alfa) can be maintained over the long term and are consistent with the results of the primary study.

**Improved endurance**
Results from the long-term extension study showed a 32.9-meter increase in the 6MWT.

**Helped lungs work better**
Breathing function as measured by pulmonary function tests improved for all patients compared to baseline.

There was a 9.2% increase in FVC (volume of air that can forcibly be exhaled from the lungs after taking the deepest breath possible) and an 8.8% increase in FEV1 (maximum volume of air that can be forcibly blown out in 1 second), compared to baseline.

Please see Important Safety Information, including important warning, on slide 28.
What side effects were seen during the VIMIZIM® (elosulfase alfa) 6-month clinical trial?

The most common side effects seen with VIMIZIM® (elosulfase alfa) that occurred more often than with a placebo

<table>
<thead>
<tr>
<th>Side effect</th>
<th>VIMIZIM 2 mg/kg/wk N=58 n (%)</th>
<th>Placebo N=59 n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>19 (33%)</td>
<td>8 (14%)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>18 (31%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Headache</td>
<td>15 (26%)</td>
<td>9 (15%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>14 (24%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>12 (21%)</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>Chills</td>
<td>6 (10.3%)</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>6 (10.3%)</td>
<td>2 (3.4%)</td>
</tr>
</tbody>
</table>

Please see Important Safety Information, including important warning, on slide 28.
Serious adverse reactions with VIMIZIM® (elosulfase alfa)

- Serious and severe reactions were associated with VIMIZIM® (elosulfase alfa), including hypersensitivity reactions as well as life-threatening allergic reactions (anaphylaxis).
- In clinical trials, 18.7% of patients treated with VIMIZIM experienced hypersensitivity reactions and 7.7% experienced anaphylaxis.
- Anaphylaxis can occur during VIMIZIM infusions and up to 3 hours after any infusion.

Please see Important Safety Information, including important warning, on slide 28.
What are the possible long-term side effects of VIMIZIM® (elosulfase alfa)?

No new serious adverse events were reported in the long-term extension study.

- 173 of 176 patients enrolled in the 24-week phase 3 study continued into the 120-week extension study

- The most common adverse reactions were infusion-associated and were managed with symptomatic treatment and/or modification of infusion rate

- In the VIMIZIM® (elosulfase alfa) 2 mg/kg/week group (who received 120 weeks of drug), the rate of drug discontinuation due to adverse events was 1.8%

Please see Important Safety Information, including important warning, on slide 28.
Serious adverse reactions associated with VIMIZIM® (elosulfase alfa) are manageable with appropriate medical support

- As a precaution, you should receive medication such as antihistamines with or without antipyretics (fever reducers) before VIMIZIM® (elosulfase alfa) infusions to reduce the risk of reactions
- Your infusion nurse should check on you while you receive treatment to make sure everything is going well. If you notice any unusual symptoms, tell your nurse right away
- If a reaction occurs, the infusion should be slowed or stopped, and you may be given additional medication
- Your doctor and nurses will work with you to develop a plan to address any possible reactions that could occur during or after your infusion

Please see Important Safety Information, including important warning, on slide 28.
Once-a-week VIMIZIM® (elosulfase alfa) infusions

- You receive VIMIZIM® (elosulfase alfa) by intravenous (IV) infusion directly into a vein in your body
- Infusions take place once a week and may take at least 3.5 to 4.5 hours
- To start, you will receive your infusions in an infusion clinic
- Later, you may be able to arrange to have your infusions performed in your home

What people taking VIMIZIM have to say

“Before treatment, I felt I had run a marathon because by the end of the day, middle of the day, I was exhausted... Now, I’m able to keep doing other things. I’m back working on Saturdays and Sundays.”

– Fanny, 40-year-old with Morquio A
What to expect before your infusion

Because an infusion can take at least 3.5 hours, be sure to prepare

- Get a good night’s sleep and wear comfortable clothing
- Bring a book, a handheld video game, or other activities to pass the time while you get your infusion
- Make a plan with your boss or teachers to cover missed time at work or school
- Drink plenty of water to stay hydrated
- Make sure to follow any pre-infusion medication recommendations from your doctor to help prevent a reaction

What people taking VIMIZIM® (elosulfase alfa) have to say

“The clinical trials worked great for me. I have more endurance. Before I started this infusion, I would never have thought about college. But now I’m going to Penn State World Campus, WE ARE!”

– Sarah, 16-year-old with Morquio A
Committing to VIMIZIM® (elosulfase alfa) is a commitment to your health

• Morquio A affects every person in a different way—the results you’ll see from VIMIZIM® (elosulfase alfa) will be specific to you

• You might not notice a difference right away, but remember that VIMIZIM works by replacing the deficient GALNS enzyme to restore cell function

• Every VIMIZIM infusion is important to help get rid of GAGs in the body—any infusions that are missed should be rescheduled right away

Please see Important Safety Information, including important warning, on slide 28.
Working with your healthcare team before starting VIMIZIM® (elosulfase alfa)

• Because Morquio A affects each person differently, it’s important to establish an overall management plan with your doctors and develop realistic treatment expectations.

• Before you start treatment, your doctor may work with you to determine an individual plan. Your doctor can conduct assessments before you start treatment, such as:

**Endurance**
- 6MWT measures how far you can walk in 6 minutes
- T25FWT is used for people who have difficulty walking

**Respiratory**
- FVC measures volume of air that can forcibly be exhaled from the lungs after taking the deepest breath possible
- FEV1 measures maximum volume of air that can be forcibly blown out in 1 second
- Maximum voluntary ventilation (MVV)

Please see Important Safety Information, including important warning, on slide 28.
With your geneticist and healthcare team, you can take charge of your Morquio A

Because different parts of your body are affected by Morquio A, you’ll need different doctors and specialists to help manage your condition. Your geneticist will help you find and coordinate with the doctors you’ll need to see.

- Your geneticist will take the lead in coordinating many aspects of your treatment plan, such as tests and visits, as well as arranging for VIMIZIM® (elosulfase alfa) treatment
- Individuals with Morquio A are at increased risk for surgical complications. It is important to talk to your healthcare team to plan for surgical procedures

Please see Important Safety Information, including important warning, on slide 28.
Know your important health assessments

- This chart has been adapted from the “International Guidelines for the Management and Treatment of Morquio A Syndrome” to provide an overview of the assessment types and frequencies recommended by The Guidelines for each of your body’s systems.

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>AT DIAGNOSIS</th>
<th>FOLLOW-UP FREQUENCY</th>
<th>AS NEEDED</th>
<th>PRE-ERT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical history</td>
<td>X</td>
<td>Every visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examination</td>
<td>X</td>
<td>Every visit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Upper limb function</td>
<td>X</td>
<td>Annually</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hips and lower extremities</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Spine/spinal cord compression</td>
<td>X</td>
<td>Every 1-3 years</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cardiac function</td>
<td>X</td>
<td>Every 1-3 years</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Respiratory function</td>
<td>X</td>
<td>Annually</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Neurological function</td>
<td>X</td>
<td>Every visit (minimally every 6 months)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please see Important Safety Information, including important warning, on slide 28.
Know your important health assessments (cont’d)

- Your healthcare team can help you determine which assessments are most important for you and how often you should have them done.

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>AT DIAGNOSIS</th>
<th>FOLLOW-UP FREQUENCY</th>
<th>AS NEEDED</th>
<th>PRE-ERT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmological function</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Vision assessment</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Evaluate eye shape irregularities</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>X</td>
<td>Annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hearing assessment</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental evaluation</td>
<td>X</td>
<td>Annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Evaluation of oral health by dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endurance</td>
<td>X</td>
<td>Annually</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- 6MWT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Timed 25-foot walk</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td>X</td>
<td>Every visit</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>- Height and length</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Weight</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Head circumference (infants ≤3 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pubertal stage (age 9 until mature)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease burden</td>
<td>X</td>
<td>Every 6 months</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Pain assessment</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- QoL questionnaire</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Functional test</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Activities of daily living questionnaire</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation by physiotherapist</td>
<td>X</td>
<td>Annually</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: 6MWT, 6-minute walk test; CT, computed tomography; ECG, electrocardiogram; MRI, magnetic resonance imaging; QoL, quality of life.

Please see Important Safety Information, including important warning, on slide 28.
BioMarin RareConnections™ is here to help

BioMarin RareConnections™ will work with you, your doctors, and insurance providers to help you receive the treatment you need and ongoing support.

BioMarin RareConnections™ will help guide you and your caregiver(s) around barriers to treatment, financial hurdles, and life changes that may come between you and the care you need. This includes:

- Assisting you with access to VIMIZIM® (elosulfase alfa)
- Minimizing out-of-pocket expenses
- Finding alternative financial assistance for treatment

Contact BioMarin RareConnections™ at 1-866-906-6100 or email us at support@biomarin-rareconnections.com

Please see Important Safety Information, including important warning, on slide 28.
Additional resources

You can visit these websites to learn more!

VIMIZIM.com

Morquiosity.com

Please see Important Safety Information, including important warning, on slide 28.
In Summary

• People with Morquio A do not make enough of the GALNS enzyme, which breaks down and recycles cellular waste called GAGs.

• Without enough GALNS enzyme, GAGs build up throughout the body, leading to reduced endurance, reduced pulmonary function, and other symptoms.

• It’s important to remember that Morquio A symptoms are both progressive (get worse with GAG buildup) and heterogeneous (are different for everyone).

• VIMIZIM® (elosulfase alfa) is the only ERT approved by the US Food and Drug Administration for people with Morquio A. VIMIZIM was made to replace the GALNS enzyme that is missing in people with Morquio A.

• VIMIZIM improves endurance as measured by the 6MWT, and pulmonary function as measured by FVC, FEV1, and MVV.

• You can take the first steps toward starting VIMIZIM by talking to your doctor and by contacting BioMarin RareConnections™.

• You can learn more by visiting www.vimizim.com.

Please see Important Safety Information, including important warning, on slide 28.
INDICATION
VIMIZIM® (elosulfase alfa) is indicated for patients with Mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome).

IMPORTANT SAFETY INFORMATION

Life-threatening allergic reactions, known as anaphylaxis, can occur during VIMIZIM® (elosulfase alfa) infusions. Typical signs of anaphylaxis include cough, rash, throat tightness, hives, flushing, changes in skin color, low blood pressure, shortness of breath, chest pain, and gastrointestinal symptoms such as nausea, abdominal pain, retching, and vomiting. Contact your doctor or get medical help right away if these symptoms occur during or after VIMIZIM infusions. If you have a respiratory illness, you may be at risk for a sudden worsening of your condition, and you may require additional monitoring.

VIMIZIM is a prescription medicine. Before treatment with VIMIZIM, it is important to discuss your medical history with your doctor. Tell your doctor if you are sick or taking any medication and if you are allergic to any medicines. Also tell your doctor if you are pregnant, planning to become pregnant, or are a nursing mother. Your doctor will decide if VIMIZIM is right for you. If you have questions or would like more information about VIMIZIM, contact your doctor.

Please see additional Important Safety Information on slides 29 and 30.
IMPORTANT SAFETY INFORMATION (cont’d)

Anaphylaxis can occur during any VIMIZIM infusion and up to three hours after any infusion, and hypersensitivity reactions have been observed as early as 30 minutes from the start of infusion but as late as six days after infusion.

Serious and severe reactions can happen with VIMIZIM treatment, including life-threatening allergic reactions (anaphylaxis), hives, swelling, cough, shortness of breath, and flushing. You should receive medication such as antihistamines before VIMIZIM infusions to reduce the risk of reactions. If a reaction occurs, the infusion should be slowed or stopped and you may be given additional medication. If a severe reaction occurs, the infusion should be stopped immediately and you will receive appropriate medical treatment.

If you have acute febrile or respiratory illness at the time of VIMIZIM infusion you may be at higher risk of life-threatening complications from hypersensitivity reactions. If you use supplemental oxygen or continuous positive airway pressure (CPAP) you should have it available during your infusion in the event of a sudden reaction, or extreme drowsiness/sleep from antihistamines.

Please see additional Important Safety Information, including important warning, on slides 28 and 30.
IMPORTANT SAFETY INFORMATION (cont’d)

Spinal cord damage may occur due to the natural MPS IVA disease process. Signs of spinal cord injury include back pain, numbness and paralysis, and loss of bladder and bowel control. Contact your doctor immediately if you develop any of these symptoms.

The most common side effects reported during VIMIZIM infusions included fever, vomiting, headache, nausea, abdominal pain, chills, and fatigue. These are not all of the possible side effects with VIMIZIM. Talk to your doctor if you have any symptoms that bother you or that do not go away.

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, including Important Safety Information, provided by MPS Specialist or visit www.VIMIZIM.com.

Please see additional Important Safety Information, including important warning, on slides 28 and 29.