BIOMARIN PHARMACEUTICAL INC
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For Immediate Release:

BioMarin and Genzyme Announce Positive Findings from Phase 3 Trial and Extension Study of Aldurazyme for MPS I

Novato, CA and Cambridge, MA, June 24, 2002 - BioMarin Pharmaceutical Inc. (Nasdaq and Swiss SWX New Market: BMRN) and Genzyme General (Nasdaq: GENZ) today announced detailed results from the six-month double-blind Phase 3 clinical trial of Aldurazyme(TM) (laronidase) and preliminary six-month findings from the trial's ongoing open-label extension study. Aldurazyme is an investigational enzyme replacement therapy for patients with mucopolysaccharidosis I (MPS I). Data from the extension study indicate that patients who received Aldurazyme for twelve months continued to improve upon the results seen in the first six months of treatment.

Ed Wraith, M.D., of the Willink Biochemical Genetics Unit at the Royal Manchester Children's Hospital, Manchester, UK, and one of the trial's clinical investigators, presented findings from both the double-blind and extension study portions of the Phase 3 trial on Saturday, June 22 at the International Symposium on Mucopolysaccharide and Related Diseases in Paris, France. BioMarin and Genzyme will submit the six-month interim extension study data to the U.S. Food and Drug Administration (FDA) in the third quarter to complete their "rolling" Biologics License Application (BLA).

"The data presented on Saturday indicate that this is a promising treatment for the complex array of symptoms experienced by MPS I patients, who currently have no specific treatment available to them," said Dr. Wraith. "I am particularly encouraged by the results seen in patients who have now been on treatment for a full year."

Extension Study Results

All 45 MPS I patients from the six-month, randomized, double-blind, placebo-controlled Phase 3 trial were enrolled in the open-label extension study in order to further evaluate the safety and efficacy of Aldurazyme. Patients who were previously on placebo were switched to Aldurazyme for the extension study, while those patients who received Aldurazyme during the first six months of the trial continued to receive Aldurazyme via weekly infusions in the extension study.

The extension study includes analysis of the same two primary endpoints that

were evaluated in the double-blind portion of the Phase 3 trial: pulmonary function, as measured by forced vital capacity (FVC), and endurance, as measured by the distance covered in a six-minute walk test. Patients who received Aldurazyme in the double-blind portion of the trial and who continue to receive treatment in the extension study maintained improvement in FVC, moving from a 5.3 percentage point mean increase in percent of predicted normal FVC during the first six months of treatment to a 5.9 percentage point mean increase after an additional six months of treatment as part of the extension study. These same patients improved from a 19.7 meter mean increase in the six-minute walk test over the first six months of treatment to a 42.9 meter mean increase after six additional months of treatment as part of the extension study.

During the extension study, patients who were switched from placebo to Aldurazyme experienced a slight decline in FVC compared to baseline (-0.6%) but began to improve during the second half of the six-month extension period. In the six-minute walk test, patients who were switched from placebo to Aldurazyme showed a mean improvement of 23.8 meters, which is consistent with the increase seen among patients who received six months of treatment with Aldurazyme during the double-blind portion of the trial.

Additional findings from the extension study have been generally consistent with results seen in both the Phase 1 trial and the double-blind portion of the Phase 3 trial: statistically significant reductions in liver size and in the excretion of urinary glycosaminoglycans (GAGs), the carbohydrate substances that accumulate in patients with MPS I. Patients who received Aldurazyme in both the double-blind and extension study periods maintained the reductions in liver size and urinary GAG excretion that were seen in the first six months of treatment.

The safety profile in the extension study has been comparable to the double-blind period. The most commonly reported reactions were fever, headache, rhinitis, and rash. One patient in the extension study died of causes considered by the principal investigator to be unrelated to treatment.

Double-Blind Phase 3 Results

In addition to the extension study data, Dr. Wraith presented a comprehensive review of data from the double-blind portion of the Phase 3 trial, from which preliminary results were announced last November. In the first six months of the trial, patients treated with Aldurazyme achieved a 5.3 percentage point mean increase in pulmonary capacity as measured by FVC compared to patients treated with placebo (p=0.016). In November, BioMarin and Genzyme reported a p-value of 0.028 for the FVC test, but subsequent analysis led to the revision to 0.016. In addition, patients demonstrated a positive trend in endurance as measured by a six-minute walk test, where they improved by a mean of 38.1 meters compared to patients treated with placebo (p=0.066). When analyzed by a prospectively defined parametric statistical analysis that accounts for pre-existing differences in individual patients, the six-minute walk test reached statistical significance (p=0.039).

Patients in the Aldurazyme group achieved statistically significant mean reductions in liver size (p=0.001) and urinary GAG excretion (p