CASE STUDY

METIZLIN® DETAIL AID

TOP MEDICAL WRITER™ COURSE

MEDICAL COPYWRITING FOR THE PHARMACEUTICAL INDUSTRY



- ✓ KEY MESSAGES
- ✓ CREATIVE BRIEF
- ✓ CONTENT OUTLINE
- ✓ COPY DEVELOPMENT
- ✓ LAYOUT
- ✓ ANNOTATED LAYOUT

A DETAIL AID FROM START TO FINISH

KEY MESSAGES FOR METIZLIN*

METIZLIN
Positioning

METIZLIN is positioned to be the leading anti-CD20 biologic, administered over just 1 hour resulting in only 1 relapse per 10 years.

Key message 1:

METIZLIN maintenance dosing is twice per year, in a single 1-hour infusion, offering convenience to the patient and family.

Facts that support this message to be used in promotional work:

The competitor Ocrevus is administered in semi-annual 2-to-4-hour infusions.

Key message 2:

We are sensitive to cost considerations for patients and families.

Facts that support this message to be used in promotional work:

METIZLIN has an initial annual list price of $59,000, for 2 infusions per year. This is less expensive than Ocrevus, another biologic approved for MS, which has a current list price of $75,102.

Key message 3:

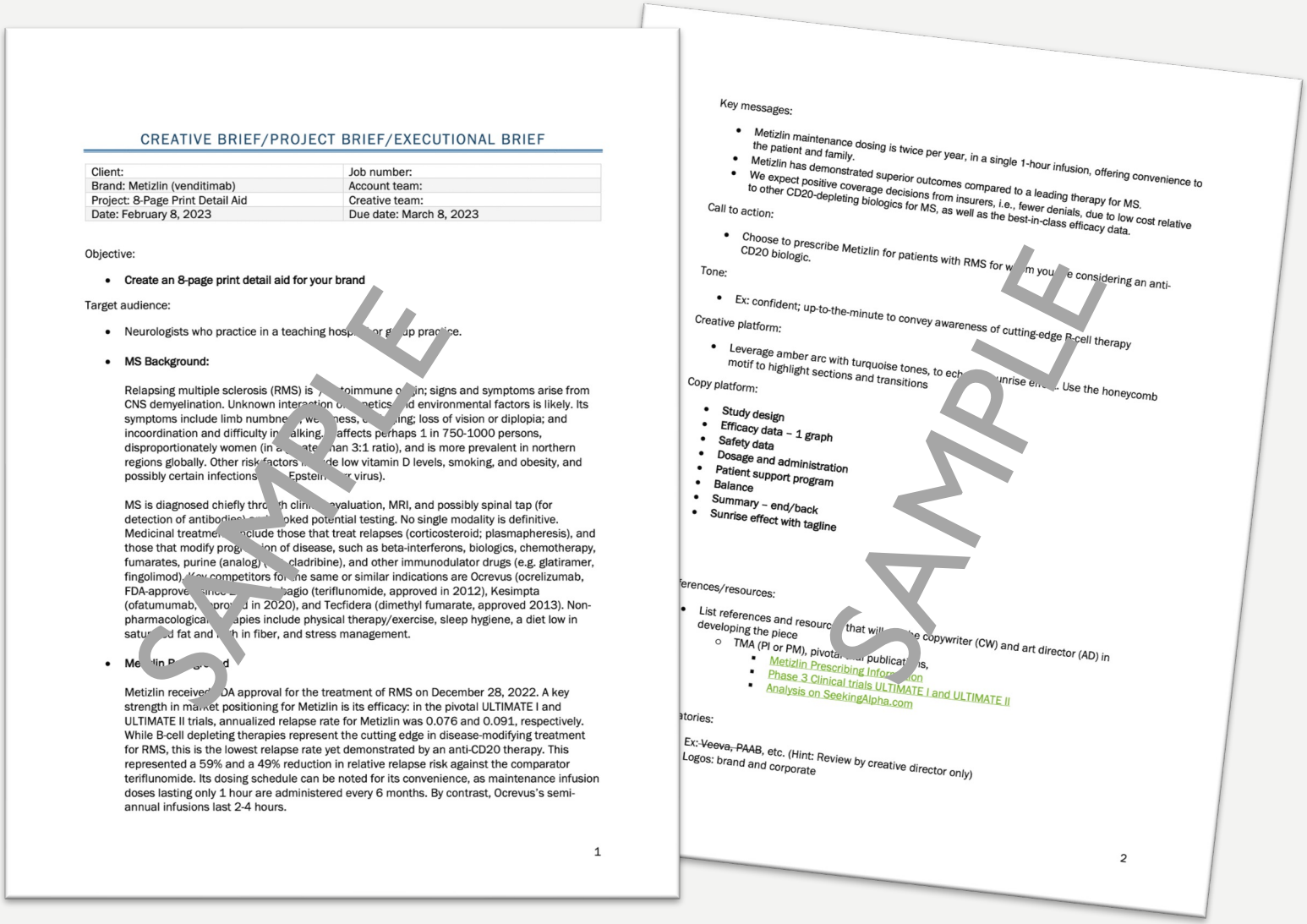
METIZLIN has demonstrated superior outcomes compared to a leading therapy for MS.

Facts that support this message to be used in promotional work:

Compared to the immunomodulatory daily oral drug Aubagio (teriflunomide), the P3 ULTIMATE I and II trials demonstrated lower annualized relapse rate, smaller number of T1 Gd-enhancing lesions, and smaller number of new or enlarging T2 lesions.

* Product name has been fictionalized.
MS: multiple sclerosis; Gd: gadolinium

CREATIVE BRIEF DEVELOPMENT



CREATIVE BRIEF/PROJECT BRIEF/EXECUTIONAL BRIEF

Client:	Job number:
Brand: Metizlin (venditimab)	Account team:
Project: 8-Page Print Detail Aid	Creative team:
Date: February 8, 2023	Due date: March 8, 2023

Objective:

- **Create an 8-page print detail aid for your brand**

Target audience:

- Neurologists who practice in a teaching hosp[illegible]or g[illegible]up practice.
- **MS Background:**

  Relapsing multiple sclerosis (RMS) is [illegible]oimmune d[illegible]in; signs and symptoms arise from CNS demyelination. Unknown interaction o[illegible]enetics [illegible]d environmental factors is likely. Its symptoms include limb numbne[illegible], we[illegible]ness, d[illegible]ing; loss of vision or diplopia; and incoordination and difficulty in [illegible]alking. It affects perhaps 1 in 750-1000 persons, disproportionately women (in a[illegible]te[illegible]han 3:1 ratio), and is more prevalent in northern regions globally. Other risk factors i[illegible]de low vitamin D levels, smoking, and obesity, and possibly certain infections[illegible]Epstei[illegible]r virus).

  MS is diagnosed chiefly thro[illegible]h clini[illegible]evaluation, MRI, and possibly spinal tap (for detection of antibodies[illegible]ked potential testing. No single modality is definitive. Medicinal treatme[illegible]nclude those that treat relapses (corticosteroid; plasmapheresis), and those that modify prog[illegible]ion of disease, such as beta-interferons, biologics, chemotherapy, fumarates, purine (analog)[illegible]cladribine), and other immunodulator drugs (e.g. glatiramer, fingolimod). Key competitors fo[illegible]he same or similar indications are Ocrevus (ocrelizumab, FDA-approve[illegible]since[illegible]bagio (teriflunomide, approved in 2012), Kesimpta (ofatumumab, [illegible]pro[illegible]d in 2020), and Tecfidera (dimethyl fumarate, approved 2013). Non-pharmacological[illegible]apies include physical therapy/exercise, sleep hygiene, a diet low in satu[illegible]d fat and [illegible]h in fiber, and stress management.

- **Me[illegible]zlin B[illegible]d**

  Metizlin received [illegible]DA approval for the treatment of RMS on December 28, 2022. A key strength in market positioning for Metizlin is its efficacy: in the pivotal ULTIMATE I and ULTIMATE II trials, annualized relapse rate for Metizlin was 0.076 and 0.091, respectively. While B-cell depleting therapies represent the cutting edge in disease-modifying treatment for RMS, this is the lowest relapse rate yet demonstrated by an anti-CD20 therapy. This represented a 59% and a 49% reduction in relative relapse risk against the comparator teriflunomide. Its dosing schedule can be noted for its convenience, as maintenance infusion doses lasting only 1 hour are administered every 6 months. By contrast, Ocrevus's semi-annual infusions last 2-4 hours.

1

Key messages:

- Metizlin maintenance dosing is twice per year, in a single 1-hour infusion, offering convenience to the patient and family.
- Metizlin has demonstrated superior outcomes compared to a leading therapy for MS.
- We expect positive coverage decisions from insurers, i.e., fewer denials, due to low cost relative to other CD20-depleting biologics for MS, as well as the best-in-class efficacy data.

Call to action:

- Choose to prescribe Metizlin for patients with RMS for w[illegible]m you[illegible]e considering an anti-CD20 biologic.

Tone:

- Ex: confident; up-to-the-minute to convey awareness of cutting-edge B-cell therapy

Creative platform:

- Leverage amber arc with turquoise tones, to ech[illegible]unrise e[illegible]. Use the honeycomb motif to highlight sections and transitions

Copy platform:

- **Study design**
- **Efficacy data – 1 graph**
- **Safety data**
- **Dosage and administration**
- **Patient support program**
- **Balance**
- **Summary – end/back**
- **Sunrise effect with tagline**

[illegible]ferences/resources:

- List references and resourc[illegible]that will[illegible]e copywriter (CW) and art director (AD) in developing the piece
  - TMA (PI or PM), pivota[illegible]l publicat[illegible]ns,
    - Metizlin Prescribing Infor[illegible]tion
    - Phase 3 Clinical trials ULTIMATE I and ULTIMATE II
    - Analysis on SeekingAlpha.com

[illegible]atories:

Ex: ~~Veeva, PAAB~~, etc. (Hint: Review by creative director only)
Logos: brand and corporate

2

SAMPLE

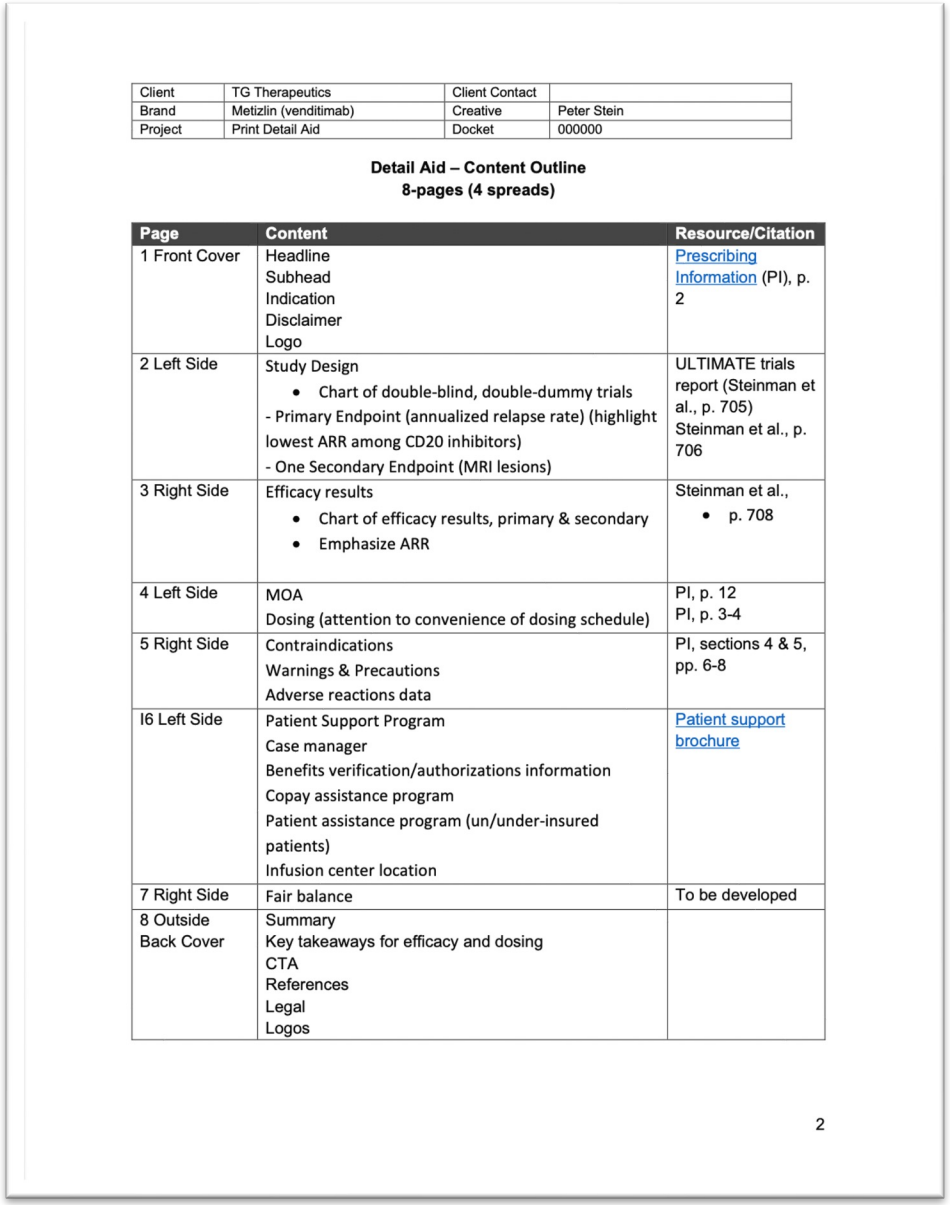
SAMPLE

Creative brief developed based on market and product insights resulting from a landscape analysis.

Ask me about the landscape analysis.

CONTENT OUTLINE

- I led with the drug's powerful reduction in annualized relapse rate, relative to the control arm
- I described the study design of one of the pivotal trials and followed it with a data presentation of the primary efficacy endpoint
- The dosing section highlights the convenient dosing schedule for this drug



Client	TG Therapeutics	Client Contact	
Brand	Metizlin (venditimab)	Creative	Peter Stein
Project	Print Detail Aid	Docket	000000

Detail Aid – Content Outline
8-pages (4 spreads)

Page	Content	Resource/Citation
1 Front Cover	Headline Subhead Indication Disclaimer Logo	Prescribing Information (PI), p. 2
2 Left Side	Study Design • Chart of double-blind, double-dummy trials - Primary Endpoint (annualized relapse rate) (highlight lowest ARR among CD20 inhibitors) - One Secondary Endpoint (MRI lesions)	ULTIMATE trials report (Steinman et al., p. 705) Steinman et al., p. 706
3 Right Side	Efficacy results • Chart of efficacy results, primary & secondary • Emphasize ARR	Steinman et al., • p. 708
4 Left Side	MOA Dosing (attention to convenience of dosing schedule)	PI, p. 12 PI, p. 3-4
5 Right Side	Contraindications Warnings & Precautions Adverse reactions data	PI, sections 4 & 5, pp. 6-8
I6 Left Side	Patient Support Program Case manager Benefits verification/authorizations information Copay assistance program Patient assistance program (un/under-insured patients) Infusion center location	Patient support brochure
7 Right Side	Fair balance	To be developed
8 Outside Back Cover	Summary Key takeaways for efficacy and dosing CTA References Legal Logos	

2

COPY DEVELOPMENT

Client	TG Therapeutics	Clie
Brand	METIZLIN	Crea
Project	8-page Detail Aid	Doc

[PAGE 1 – FRONT COVER]

<Logo: metizlin™>

[Headline]
Suppress their MS relapses

[Subhead]
With 2 infusions of METIZLIN per year — 1 hour

[Copy]
The annualized relapse rate† (ARR) for patients
10%

- ARR in the ULTIMATE I trial: 0.08
  teriflunomide (95% CI, 0.12 to 0.2
- ARR in the ULTIMATE II trial: 0.0
  teriflunomide (95% CI, 0.11 to 0.2

[Indication]
METIZLIN is indicated for the treatment of relaps
clinically isolated syndrome, relapsing-remitting
disease, in adults.[1] [PI, p2/Sect1/para1]

[Footnotes]
* After the 1st infusion lasting 4 hours
†ARR for a given treatment group was defined a
participant-year, ie, total number of relapses with
duration for all participants in that group[2] [Steinn
p.17/lines2-5]

[Abbreviations]
MS: multiple sclerosis
CI: confidence interval

[Disclaimer]
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Client	TG Therapeutics	Clie
Brand	METIZLIN	Crea
Project	8-page Detail Aid	Doc

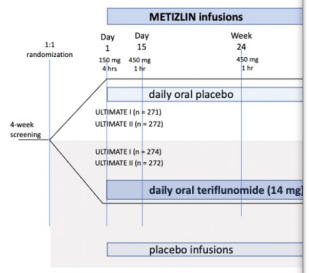
[PAGE 2]
[Eyebrow]
ULTIMATE I and ULTIMATE II Trials

[Headline]
METIZLIN (venditimab) was compared with terif
double-blind, double-dummy, randomized trials

[Subhead]

In adults between 18 and 55 years with relapsin
2022p2/col2/para2/lines1-2; p2/col2/para3/lines

[Visual]
<Study design diagram>



[Copy for visual]
4-week screening

Client	TG Therapeutics	Client
Brand	METIZLIN	Creati
Project	8-page Detail Aid	Docke

1:1 randomization
METIZLIN infusions
Day 1
Day 15
Week 24
Week 48
Week 72
Week 96
150 mg 4 hrs
450 mg 1 hr
Daily oral placebo
Daily oral teriflunomide (14 mg)
Placebo infusions
ULTIMATE I (n = 271)
ULTIMATE II (n = 272)
ULTIMATE I (n = 274)
ULTIMATE II (n = 272)

[copy near visual]
Adapted from Steinman L, et al., 2022, Suppleme
protocol, p. 268, diagram at top of page]

[Copy]
Study participants received either METIZLIN (150
and 450 mg every 24 weeks through week 96) plu
plus placebo infusion (on the same schedule as t
14/para1/lines4-8]

[copy]

Primary efficacy endpoint: Annualized relapse

Secondary efficacy endpoints: Total number of
MRI, at week 96; total number of T2-hyperintense
disability progression at 12 weeks (pooled across
evidence of disease activity between 24 and 96 w
status§; and percentage change in brain volume f
al., 2022, p706/row1/para3/lines1-9]

Client	TG Therapeutics	Client Contact	
Brand	METIZLIN	Creative	Peter Stein
Project	8-page Detail Aid	Docket	000000

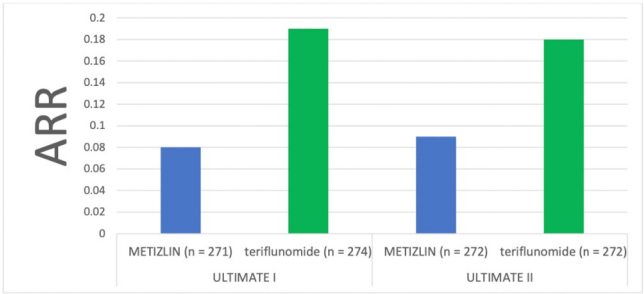
[PAGE 3 - Efficacy]

[Headline]
METIZLIN-treated patients had a significantly lower ARR vs teriflunomide-treated patients[1]

[Subhead]
The ARR for METIZLIN was <10% for both ULTIMATE I and ULTIMATE II trials [PI
p.15/Table3/row4]

[Graph title]
ARR for METIZLIN vs teriflunomide, ULTIMATE I and ULTIMATE II Trials

[Visual - FPO]



[copy near graph] Adapted from METIZLIN Prescribing Information[1]

[Callout near graph]
59% reduction in relapse risk with METIZLIN vs teriflunomide (95% CI, 0.27 to 0.62; p<0.001) in the ULTIMATE I trial
49% reduction in relapse risk with METIZLIN vs teriflunomide (95% CI, 0.33 to 0.78; p=0.002) in the ULTIMATE II trial

[copy for graph]

COPY DEVELOPMENT

Client	TG Therapeutics
Brand	METIZLIN
Project	8-page Detail Aid

[PAGE 4 – Safety]
[Eyebrow]
METIZLIN Safety Profile

[Headline]
METIZLIN has an established safe

[Copy]
The most common adverse events
6.1/para3/lines1-2]
Incidence of any adverse event: 8
The most common cause of disco
p.9/Sect.61/para3/lines3-4]

[Table title]
Most Common Adverse Reactions

[Table]

Adverse Reactions	
Infusion reactions	4
URI†	4
LRI‡	9
Herpes virus-associated infections§	6
Pain in extremity	6
Insomnia	6
fatigue	5

[copy near table] Adapted from Pr

[Callout]

Incidence of infusion reactions de

[Abbreviations]
URI: upper respiratory tract infecti
LRI: lower respiratory tract infectio

Client	TG Therapeutics
Brand	METIZLIN
Project	8-page Detail Ai

[PAGE 5 – Dosing, MOA]

[Eyebrow]
Dosing

[Headline]
METIZLIN maintenance do

[Subhead]
in 1-hour infusions[1]*

[Copy]
<icon>
Before the first METIZLIN i
- Perform hepatitis B
- Administer needed

<icon>
Before every METIZLIN inf
- Assess for active in
- Perform pregnancy
- Premedicate
  - IV methylpre
  - Oral or IV ar

[PI, p2-3/Sect.2.2]

[Callout]
Patients receive METIZLIN

[Eyebrow]
MOA

[Subhead]
<art note: please ensure be
[copy]
METIZLIN is a chimeric IgG
depletes B cells through po
mediated cytolysis.[1,2] [PI, p

Client	TG Therapeutic
Brand	METIZLIN
Project	8-page Detail Ai

[PAGE 6 – PSP]

[Eyebrow]
METIZLIN Patient Support

[Headline]
How we help your patients

[Subhead]
We focus on each patient's
pricing

[callout]
We want your patients' trea
METIZLIN is priced for affo

[Copy]
We help patients find:
Case management
Information on benefits and
Patient assistance program
The nearest infusion cente
[source: PSP brochure]

[Callout]
Find support for your patie
www.metizlinpatientsuppor

[Footnotes]
*Initial list price for METIZL
deck, p. 28]

Client	TG Therapeutics
Brand	METIZLIN
Project	8-page Detail Aid

[PAGE 7 – Balance]

[copy]
Important Safety Information

Indication
METIZLIN is indicated for the treat
clinically isolated syndrome, relaps
disease, in adults.

IMPORTANT SAFETY INFORMA
Contraindication: METIZLIN is con
- Active HBV infection
- A history of life-threatening

WARNINGS AND PRECAUTIONS
Infusion Reactions:
METIZLIN can cause infusion reac
like illness, tachycardia, nausea, t
clinical trials, the incidence of infus
infusion reaction-limiting premedic
incidence within 24 hours of the fir
infusion reactions that were seriou
Observe treated patients for infusi
the completion of the first two infus
been observed in association with
reactions can occur up to 24 hours
medication to reduce the frequenc
the infusion immediately, permane
supportive treatment. Less severe
infusion, reducing the infusion rate
Infections: Serious, life-threatening
METIZLIN-treated patients. In MS
treated patients was 56% compare
infections was 5% compared to 3%
METIZLIN-treated patients. The m
upper respiratory tract infection (4
administration in patients with an a
Consider the potential for increase
immunosuppressive therapy or init

Client	TG Therapeutics	Client Contact	
Brand	METIZLIN	Creative	Peter Stein
Project	8-page Detail Aid	Docket	000000

[PAGE 8 – BACK COVER]

[Headline]
Now they can have fewer relapses,* and more free time

[Copy]
METIZLIN gives your patients more time in the day, to live better all year
- ⇒ With ARR < 10% (METIZLIN ARR: 0.08 [95% CI, 0.04 to 0.14] vs teriflunomide ARR 0.19 [95% CI, 0.12 to 0.28] in the ULTIMATE I trial),†
- ⇒ 2 infusions per year
  - ♦ 1 hour each per infusion‡

[CTA]
When you're thinking of a biologic for your RMS patients, think of METIZLIN

[Abbreviations]
ARR: annualized relapse rate
MS: multiple sclerosis
RMS: relapsing multiple sclerosis

[Footnotes]
*Patients receiving METIZLIN had a 59% reduction in relapse risk vs teriflunomide (95% CI, 0.27 to 0.62, p<0.001) in the ULTIMATE I trial, and a 49% reduction (95% CI, 0.33 to 0.78, p = 0.002) in the ULTIMATE II trial
†METIZLIN similarly demonstrated an ARR of 0.09 (95% CI, 0.05 to 0.17) vs 0.18 for teriflunomide (95% CI, 0.11 to 0.29) in the ULTIMATE II trial[2]
‡After the 1st infusion lasting 4 hours

[References]

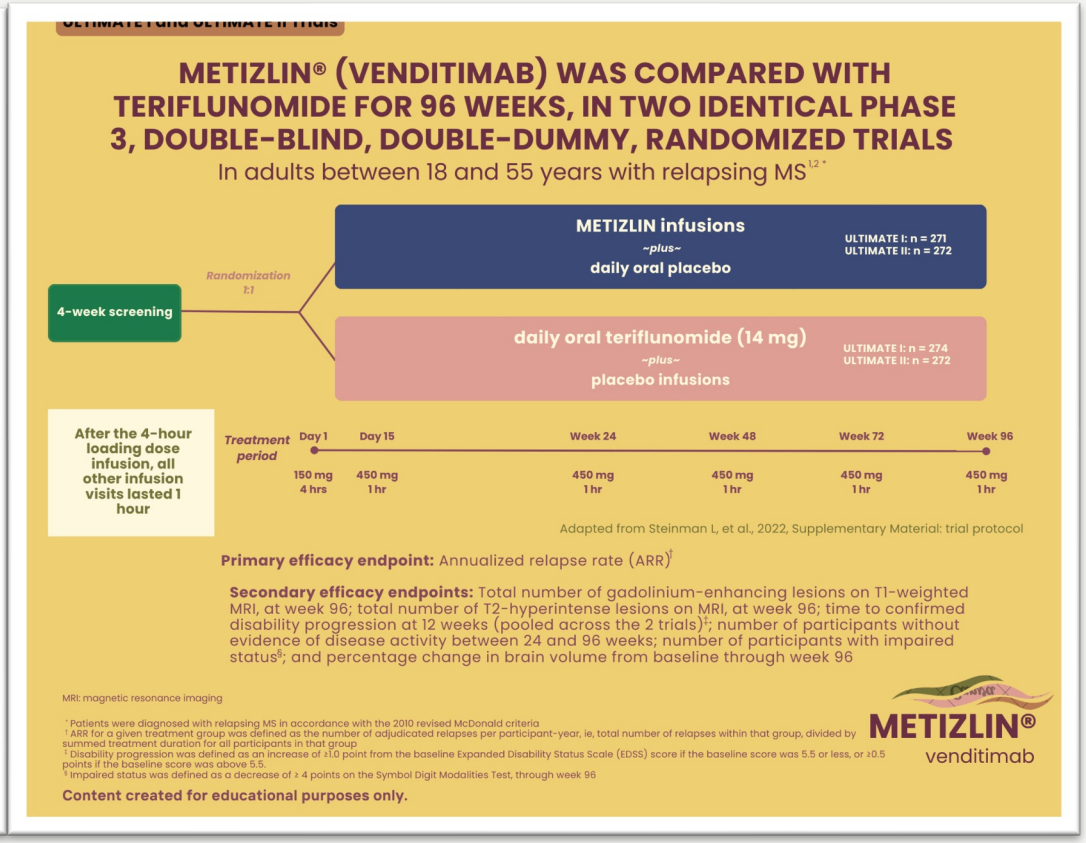
1. METIZLIN (venditimab) Prescribing Information. TG Therapeutics, Inc. Accessed March 2, 2023. https://www.tgtherapeutics.com/label-prescribing-info/uspi-metizlin.pdf
2. Steinman L, Fox E, Hartung HP, et al. Venditimab versus teriflunomide in relapsing multiple sclerosis. *N Engl J Med*. 2022;387(8):704-714. doi:10.1056/NEJMoa2201904

[Legal]

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THE FINISHED PRODUCT



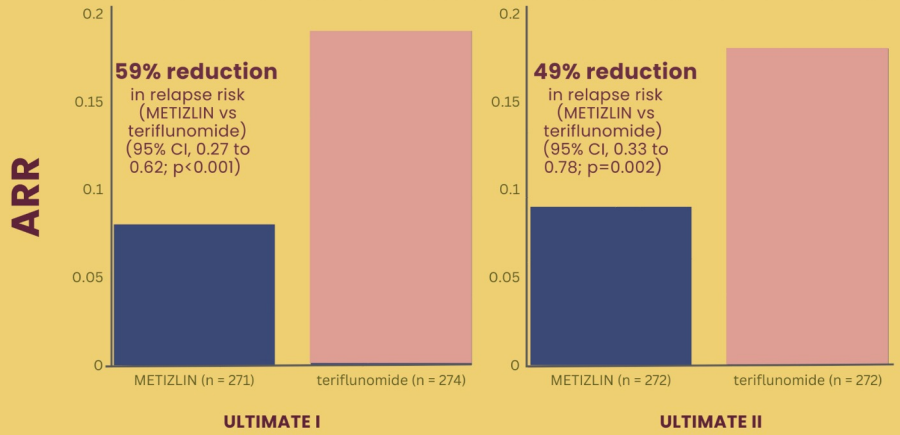


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METIZLIN®-TREATED PATIENTS HAD A SIGNIFICANTLY LOWER ARR VS TERIFLUNOMIDE-TREATED PATIENTS[1]

The ARR for METIZLIN was <10% for both ULTIMATE I and ULTIMATE II trials

ARR for METIZLIN vs teriflunomide, ULTIMATE I and ULTIMATE II Trials



Adapted from METIZLIN Prescribing Information[1]

Abbreviations:
ARR: annualized relapse rate
CI: confidence interval

METIZLIN®
venditimab

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Safety Profile

METIZLIN® HAS AN ESTABLISHED SAFETY PROFILE[1]

The most common adverse events were infusion reactions and URI
Incidence of any adverse event: 89.2% of patients (METIZLIN) vs 91.4% (teriflunomide)*
The most common cause of discontinuation of METIZLIN was infection (1.3%)

Most Common Adverse Reactions in ULTIMATE I and ULTIMATE II Trials[1†]

Adverse Reactions	METIZLIN (n=545) (%)	Teriflunomide (n=548) (%)
Infusion reactions	48	12
URI[‡]	45	41
LRI[§]	9	7
Herpes virus-associated infections[¶]	6	5
Pain in extremity	6	4
Insomnia	6	3
Fatigue	5	4

Incidence of infusion reactions decreased after the first infusion

Adapted from METIZLIN Prescribing Information[1]

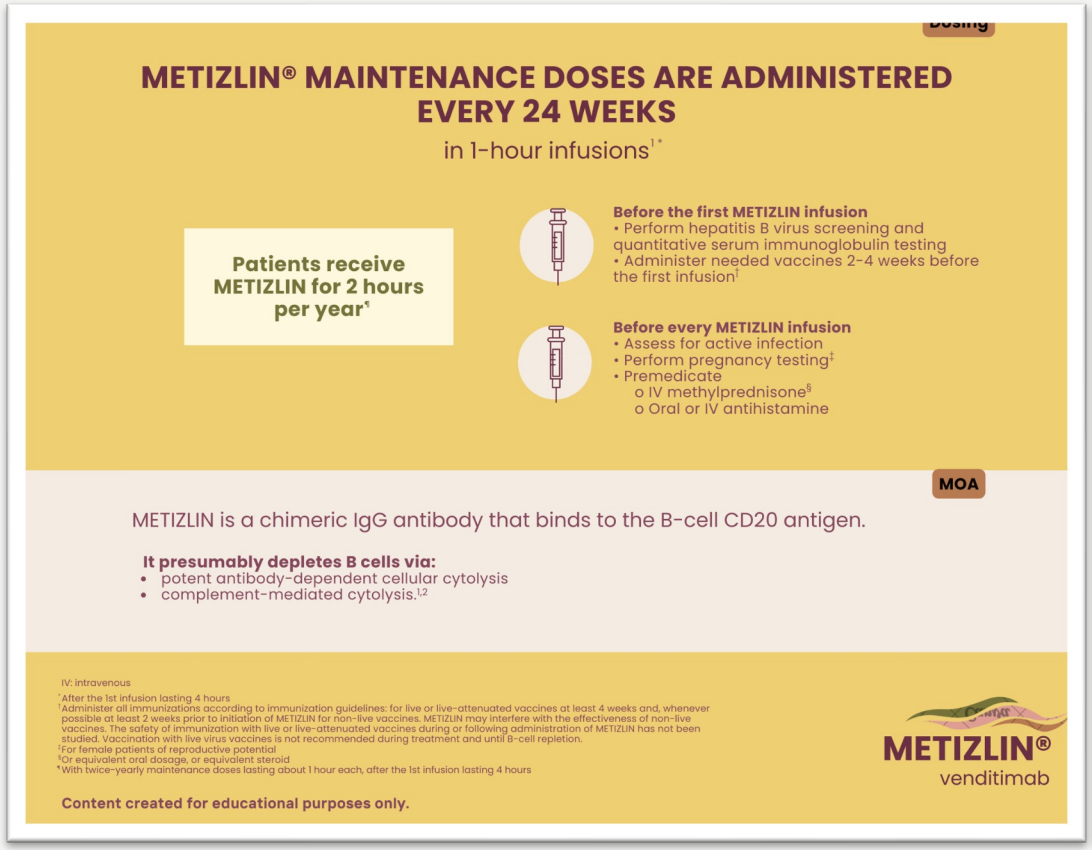
URI: upper respiratory tract infection; LRI: lower respiratory tract infection

* Pooled analysis from ULTIMATE I and ULTIMATE II trial data
† "Most common adverse events" is defined as those having an incidence rate ≥5% and occurring more frequently with METIZLIN than with teriflunomide
‡ Includes the following: nasopharyngitis, upper respiratory tract infection, respiratory tract infection, respiratory tract infection viral, pharyngitis, rhinitis, sinusitis, acute sinusitis, tonsillitis, laryngitis, chronic sinusitis, viral pharyngitis, viral rhinitis, viral upper respiratory tract infection, chronic tonsillitis, pharyngitis streptococcal, sinusitis bacterial, and tonsillitis bacterial.
§ Includes the following: bronchitis, pneumonia, tracheitis, tracheobronchitis, COVID-19 pneumonia, bronchitis bacterial, and pneumonia viral.
¶ Includes several related terms.

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Safety Information

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Infusion Reactions:
METIZLIN can cause infusion reactions, which can include pyrexia, chills, headache, influenza-like illness, tachycardia, nausea, throat irritation, erythema, and an anaphylactic reaction. In MS clinical trials, the incidence of infusion reactions in METIZLIN-treated patients who received infusion reaction–limiting premedication prior to each infusion was 48%, with the highest incidence within 24 hours of the first infusion. 0.6% of METIZLIN-treated patients experienced infusion reactions that were serious, some requiring hospitalization.
Observe treated patients for infusion reactions during the infusion and for at least one hour after the completion of the first two infusions unless infusion reaction and/or hypersensitivity has been observed in association with the current or any prior infusion. Inform patients that infusion reactions can occur up to 24 hours after the infusion. Administer the recommended pre-medication to reduce the frequency and severity of infusion reactions. If life-threatening, stop the infusion immediately, permanently discontinue METIZLIN, and administer appropriate supportive treatment. Less severe infusion reactions may involve temporarily stopping the infusion, reducing the infusion rate, and/or administering symptomatic treatment.
Infections: Serious, life-threatening or fatal, bacterial and viral infections have been reported in METIZLIN-treated patients. In MS clinical trials, the overall rate of infections in METIZLIN-treated patients was 56% compared to 54% in teriflunomide-treated patients. The rate of serious infections was 5% compared to 3% respectively. There were 3 infection-related deaths in METIZLIN-treated patients. The most common infections in METIZLIN-treated patients included upper respiratory tract infection (45%) and urinary tract infection (10%). Delay METIZLIN administration in patients with an active infection until the infection is resolved.
Consider the potential for increased immunosuppressive effects when initiating METIZLIN after immunosuppressive therapy or initiating an immunosuppressive therapy after METIZLIN.
Hepatitis B Virus (HBV) Reactivation: HBV reactivation occurred in an MS patient treated with METIZLIN in clinical trials. Fulminant hepatitis, hepatic failure, and death caused by HBV reactivation have occurred in patients treated with anti-CD20 antibodies. Perform HBV screening in all patients before initiation of treatment with METIZLIN. Do not start treatment with METIZLIN in patients with active HBV confirmed by positive results for HBsAg and anti-HB tests. For patients who are negative for surface antigen [HBsAg] and positive for HB core antibody [HBcAb+] or are carriers of HBV [HBsAg+], consult a liver disease expert before starting and during treatment.
Progressive Multifocal Leukoencephalopathy (PML): Although no cases of PML have occurred in METIZLIN-treated MS patients, JCV infection resulting in PML has been observed in patients treated with other anti-CD20 antibodies and other MS therapies.
If PML is suspected, withhold METIZLIN and perform an appropriate diagnostic evaluation. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.
MRI findings may be apparent before clinical signs or symptoms; monitoring for signs consistent with PML may be useful. Further investigate suspicious findings to allow for an early diagnosis of PML, if present. Following discontinuation of another MS medication associated with PML, lower PML-related mortality and morbidity have been reported in patients who were initially asymptomatic at diagnosis compared to patients who had characteristic clinical signs and symptoms at diagnosis.

If PML is confirmed, treatment with METIZLIN should be discontinued.

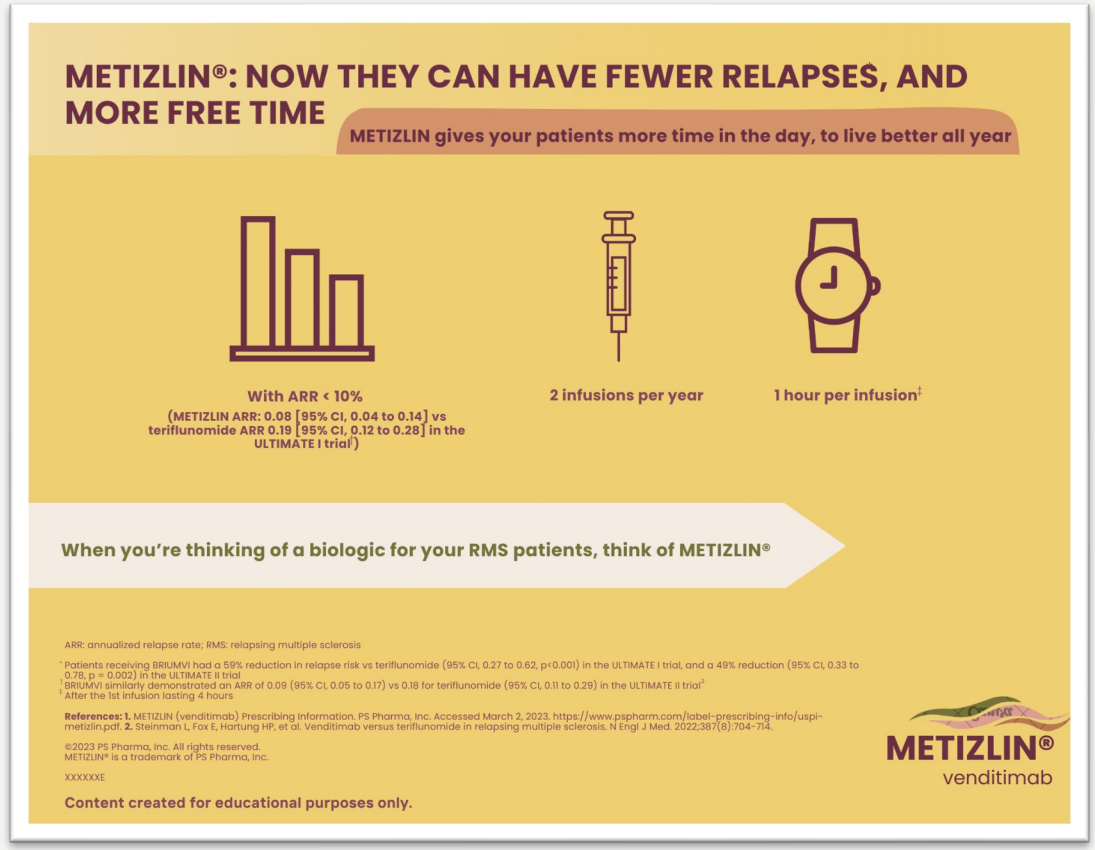
Vaccinations: Administer all immunizations according to immunization guidelines: for live or live-attenuated vaccines at least 4 weeks and, whenever possible at least 2 weeks prior to initiation of METIZLIN for non-live vaccines. METIZLIN may interfere with the effectiveness of non-live vaccines. The safety of immunization with live or live-attenuated vaccines during or following administration of METIZLIN has not been studied. Vaccination with live virus vaccines is not recommended during treatment and until B-cell repletion.

Vaccination of Infants Born to Mothers Treated with METIZLIN During Pregnancy: In infants of mothers exposed to METIZLIN during pregnancy, assess B-cell counts prior to administration of live or live-attenuated vaccines as measured by CD19+ B-cells. Depletion of B-cells in these infants may increase the risks from live or live-attenuated vaccines. Inactivated or non-live vaccines may be administered prior to B-cell recovery. Assessment of vaccine immune responses, including consultation with a qualified specialist, should be considered to determine whether a protective immune response was mounted.
Fetal Risk: Based on data from animal studies, METIZLIN may cause fetal harm when administered to a pregnant woman. Transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other anti-CD20 B-cell depleting antibodies during pregnancy. A pregnancy test is recommended in females of reproductive potential prior to each infusion. Advise females of reproductive potential to use effective contraception during METIZLIN treatment and for 6 months after the last dose.
Reduction in Immunoglobulins: As expected with any B-cell depleting therapy, decreased immunoglobulin levels were observed. Decrease in immunoglobulin M (IgM) was reported in 0.6% of METIZLIN-treated patients compared to none of the patients treated with teriflunomide in RMS clinical trials. Monitor the levels of quantitative serum immunoglobulins during treatment, especially in patients with opportunistic or recurrent infections, and after discontinuation of therapy until B-cell repletion. Consider discontinuing METIZLIN therapy if a patient with low immunoglobulins develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.
Most Common Adverse Reactions: The most common adverse reactions in RMS trials (incidence of at least 10%) were infusion reactions and upper respiratory tract infections.

MS: multiple sclerosis; HBV: hepatitis B virus; HBsAg: hepatitis B surface antigen; HB: hepatitis B; PML: progressive multifocal leukoencephalopathy; JCV: JC (John Cunningham) virus; IgM: immunoglobulin M; RMS: relapsing multiple sclerosis

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METIZLIN®: NOW THEY CAN HAVE FEWER RELAPSES, AND MORE FREE TIME

METIZLIN gives your patients more time in the day, to live better all year

With ARR < 10%
(METIZLIN ARR: 0.08 [95% CI, 0.04 to 0.14] vs teriflunomide ARR 0.19 [95% CI, 0.12 to 0.28] in the ULTIMATE I trial[1])

2 infusions per year

1 hour per infusion[†]

When you're thinking of a biologic for your RMS patients, think of METIZLIN®

ARR: annualized relapse rate; RMS: relapsing multiple sclerosis

[*] Patients receiving BRIUMVI had a 59% reduction in relapse risk vs teriflunomide (95% CI, 0.27 to 0.62, p<0.001) in the ULTIMATE I trial, and a 49% reduction (95% CI, 0.33 to 0.78, p = 0.002) in the ULTIMATE II trial
BRIUMVI similarly demonstrated an ARR of 0.09 (95% CI, 0.05 to 0.17) vs 0.18 for teriflunomide (95% CI, 0.11 to 0.29) in the ULTIMATE II trial[2]
[†] After the 1st infusion lasting 4 hours

References: 1. METIZLIN (venditimab) Prescribing Information. PS Pharma, Inc. Accessed March 2, 2023. https://www.pspharm.com/label-prescribing-info/uspi-metizlin.pdf. **2.** Steinman L, Fox E, Hartung HP, et al. Venditimab versus teriflunomide in relapsing multiple sclerosis. N Engl J Med. 2022;387(8):704-714.

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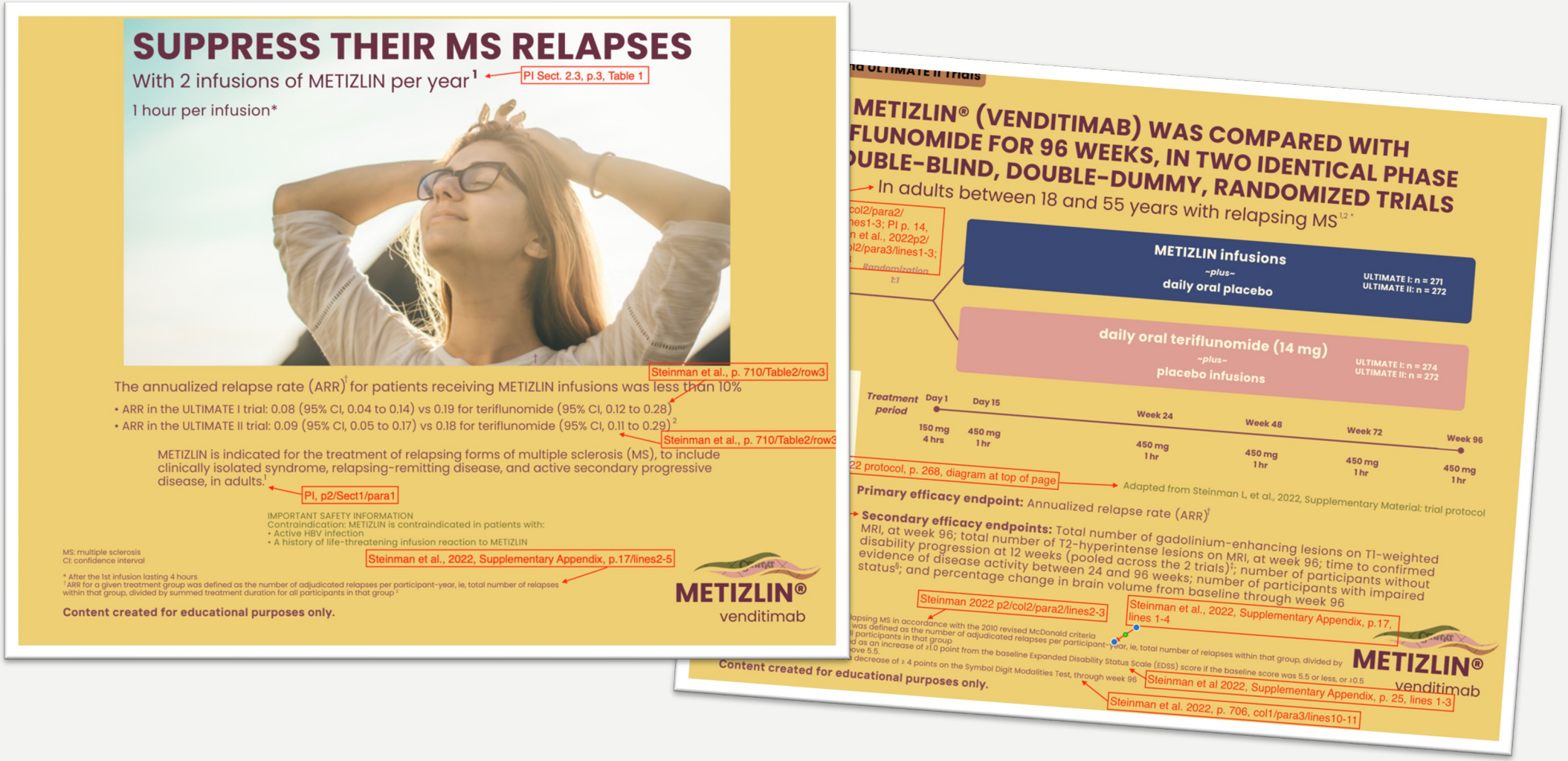
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ANNOTATED LAYOUT

For Editorial Review and Fact-Checking



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