TAKE ACTION WITH TROGARZO®

CONSIDER THE KEY BENEFITS OF TROGARZO® FOR YOUR **HTE PATIENTS** WITH HIV **WHOSE CURRENT ARV REGIMEN IS FAILING AND WHO NEED ADDITIONAL SUPPORT TO ACHIEVE LONG-TERM SUPPRESSION.**[1]

- **Powerful virologic response**[1†]
  - At 7 days post-loading dose, 83% of patients who received TROGARZO® (functional monotherapy) achieved a virologic response vs. 3% of patients pre-loading dose (p<0.0001; 95% CI: 67%, 93%).

- **Durable viral suppression**[1,3†‡]
  - Patients who achieved HIV RNA <50 copies/mL at Week 24 maintained viral suppression up to Week 48.

- **A proven safety profile**[1†]
  - Overall, most (90%) adverse reactions reported were mild or moderate in severity.
  - Only 2 patients experienced severe adverse reactions (1 case of severe rash, 1 case of IRIS).
  - TROGARZO® can be integrated into any regimen given its safety profile and lack of renal or hepatic metabolism, cross-resistance, or drug-drug interactions.

† Data collected from the original TROGARZO® studies.
‡ 48-week data is not included in the TROGARZO® Prescribing Information.

93% **of TROGARZO® patients surveyed recommend TROGARZO® (ibalizumab-uiyk) to other patients with HIV-1.**[4,5]

Warnings and Precautions

Hypersensitivity Including Infusion-Related and Anaphylactic Reactions

- Hypersensitivity reactions including infusion-related reactions and anaphylactic reactions have been reported following infusion of TROGARZO® during post-approval use. Symptoms may include dyspnea, angioedema, wheezing, chest pain, chest tightness, cough, hot flush, nausea, and vomiting. If signs and symptoms of an anaphylactic or other clinically significant hypersensitivity reaction occur, immediately discontinue administration of TROGARZO® and initiate appropriate treatment. The use of TROGARZO® is contraindicated in patients with known hypersensitivity with TROGARZO®.

DISCOVER TROGARZO® IV PUSH[1]

- **Simplified administration** for HCPs and patients.
- **No dilution** required.
- **Less preparation time** compared to IV infusion

Visit TROGARZO.com for more information

IMPORTANT SAFETY INFORMATION

Immune Reconstitution Inflammatory Syndrome

- Immune Reconstitution Inflammatory Syndrome (IRIS) has been reported in one patient treated with TROGARZO® in combination with other antiretrovirals. During the initial phase of combination antiretroviral therapies, patients whose immune systems respond may develop an inflammatory response to indolent or residual opportunistic infections, which may necessitate further evaluation and treatment.

Please see important safety information throughout and the full Prescribing Information for TROGARZO® online at www.trogarzo.com.

References: 1. TROGARZO® Prescribing Information. Theratechnologies Inc. December 2023. **2.** Data on File. Theratechnologies Inc. **3.** Towner W *et al.* Long-term efficacy, safety, and durability of ibalizumab-based regimens in subgroup of TMB-202 participants. Poster presentation at ID Week, Philadelphia, PA, October 21-25, 2020. **4.** Beesley B *et al.* Real-world HIV patient experience with long-acting ibalizumab. ACTHIV 2021 poster #P-23. **5.** TROGARZO® Patient Satisfaction Study. March 22, 2021.

THERA technologies

Trogarzo® (ibalizumab-uiyk) Injection 200 mg/1.33 mL (150 mg/mL)

Make undetectable possible

Take Action With TROGARZO®

TROGARZO® (ibalizumab-uiyk): For **heavily treatment-experienced patients** with HIV whose **current ARV regimen is failing** and who need additional support to achieve long-term suppression.[1]

Discover the simplified administration of TROGARZO® IV push

IMPORTANT SAFETY INFORMATION

Contraindications

- TROGARZO® is contraindicated in patients with a prior hypersensitivity reaction to TROGARZO® or any components of the product.

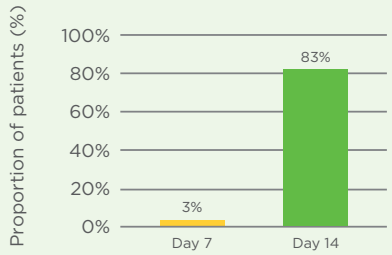
Please see Important Safety Information throughout and the full Prescribing Information for TROGARZO® online at www.trogarzo.com.

Trogarzo® (ibalizumab-uiyk) Injection 200 mg/1.33 mL (150 mg/mL)

POWERFUL VIROLOGIC RESPONSE[1]

Data from the original TROGARZO® studies

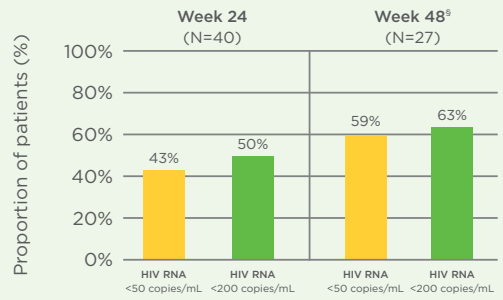
Virologic Response (>0.5 Log Reduction in Viral Load) Snapshot Algorithm, ITT-MET Analysis[1†]



At 7 days post-loading dose
(TROGARZO® functional monotherapy):[1]
83% of patients achieved a virologic response vs. 3% of patients pre-loading dose (p<0.0001; 95% CI: 67%, 93%).

Providing durable viral suppression[1,2]

TROGARZO® + Optimized Background Regimen – Snapshot Algorithm[1,2†‡]



Patients who achieved HIV RNA <50 copies/mL at Week 24 maintained viral suppression up to Week 48§

ITT-MEF = Intent to Treat-Missing Equals Failure.
† A single-arm, multicenter study of 40 heavily treatment-experienced patients with multidrug resistant HIV-1. Patients were required to have viral load >1,000 copies/mL, documented resistance to at least 1 antiretroviral from at least 3 classes of antiretrovirals, been treated for at least 6 months and be failing or had recently failed therapy. Days 0–6 (control period): Patients were monitored on their current failing regimens (or no therapy). Days 7–13 (functional monotherapy period): Patients continued on background failing regimens and received 2,000 mg of TROGARZO® (loading dose). Day 14: Background regimen was optimized to include at least one active agent. Day 21 – Week 25 (maintenance period): Patients received 800 mg of TROGARZO® every 2 weeks (maintenance dose). The primary efficacy endpoint was the proportion of patients achieving a -0.5 $\log_{10}$ decrease in viral load during the functional monotherapy period compared with the proportion of patients achieving a -0.5 $\log_{10}$ decrease during the control period.[1]
‡ TROGARZO® + Optimized Background Regimen – Snapshot Algorithm. Undetectable viral load is defined as fewer than 50 copies per mL of blood.[1]
§ 48-week data is not included in the TROGARZO® Prescribing Information.[2]

Adverse Reactions

- The most common adverse reactions (all Grades) seen in clinical trial experience, reported in at least 5% of subjects receiving TROGARZO® were diarrhea (8%), dizziness (8%), nausea (5%) and rash (5%).
- Most (90%) of the adverse reactions reported were mild or moderate in severity. Two subjects experienced severe adverse reactions: one subject had a severe rash and one subject developed IRIS manifested as an exacerbation of progressive multifocal leukoencephalopathy.

To report suspected adverse reactions, contact THERA patient support® at 1-833-23THERA (1-833-238-4372) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

A PROVEN SAFETY PROFILE[1]

Data from the original TROGARZO® studies

TROGARZO® IS GENERALLY WELL TOLERATED

Adverse reactions seen in ≥5% of patients receiving TROGARZO® (+ optimized background regimen)[1]

ADVERSE REACTION	INCIDENCE (n=40)
Diarrhea	8%
Dizziness	8%
Nausea	5%
Rash†	5%

† Includes pooled terms "rash", "rash erythematous", "rash generalized", "rash macular", "rash maculopapular" and "rash papular".

- Overall, most (90%) adverse reactions reported were mild or moderate in severity[1]
- Only 2 patients experienced severe adverse reactions[1] (1 case of severe rash, 1 case of IRIS)

TROGARZO® can be integrated into any regimen given its safety profile, lack of renal or hepatic metabolism, cross-resistance, or drug-drug interactions.[1]

Indication

TROGARZO® (ibalizumab-uiyk), in combination with other antiretroviral(s), is indicated for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen.

Use in Specific Populations

- **Pregnancy**: No adequate human data are available to establish whether or not TROGARZO® poses a risk to pregnancy outcomes. Monoclonal antibodies, such as ibalizumab-uiyk, are transported across the placenta as pregnancy progresses; therefore, ibalizumab-uiyk has the potential to be transmitted from the mother to the developing fetus.
- **Lactation**: No data are available regarding the presence of TROGARZO® in human milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for HIV-1 transmission, instruct mothers not to breastfeed if they are receiving TROGARZO®.

The only antiretroviral that keeps patients engaged with an HCP-patient interaction every 2 weeks[1]

TROGARZO® IV PUSH DOSING & ADMINISTRATION[1†‡]

TROGARZO® is administered as a single loading dose of 2,000 mg followed by a maintenance dose of 800 mg every 2 weeks as an undiluted IV push:

LOADING DOSE
2,000 mg

can be administered over **90 seconds** via IV push

MAINTENANCE DOSE
800 mg

can be administered over **30 seconds** via IV push

† All patients must be observed for 1 hour after completion of TROGARZO® loading dose. If no administration-associated adverse reactions are observed, the post-administration observation time for subsequent maintenance doses can be reduced to 15 minutes.[1]
‡ TROGARZO® can also be administered as a diluted IV infusion. Administration time for IV infusion differs from that of IV push. Consult the TROGARZO® Prescribing Information for complete posology.[1]

Each vial contains 200 mg ibalizumab-uiyk. TROGARZO® is used in combination with other antiretroviral(s).[1]

Warnings and Precautions

Immune Reconstitution Inflammatory Syndrome

- Immune Reconstitution Inflammatory Syndrome (IRIS) has been reported in one patient treated with TROGARZO® in combination with other antiretrovirals. During the initial phase of combination antiretroviral therapies, patients whose immune systems respond may develop an inflammatory response to indolent or residual opportunistic infections, which may necessitate further evaluation and treatment.

Embryo-Fetal Toxicity

- Based on animal data, TROGARZO® may cause reversible immunosuppression (CD4+ T cell and B cell lymphocytopenia) in infants born to mothers exposed to TROGARZO® during pregnancy. Immune phenotyping of the peripheral blood and expert consultation are recommended to provide guidance regarding monitoring and management of exposed infants based on the degree of immunosuppression observed. The safety of administering live or live-attenuated vaccines in exposed infants is unknown.