# <sup>™</sup> Nypozi® filgrastim injection



Biosimilar of reference biologic drug Neupogen\*

# Introducing the new option in short-acting G-CSF<sup>†</sup> treatment

- Not made with natural rubber latex
- Single use pre-filled graduated syringe with an UltraSafe Passive® Needle-Guard
- Offered in two different strengths: 300 mcg / 0.5 mL and 480 mcg / 0.8 mL
- Out-of-fridge stability at room temperature up to 15 days for one single period
- Patient Support Program designed to help patients based on their unique needs

1x Prefiled Syringe with a Needle Guard Nypozi fligrastim injection 300 mcg / 0.5 mL 1 Syringe/Box 372374101011  1x Prefiled Syringe with a Needle Guard Nypozi fligrastim injection 300 mcg / 0.5 mL Sterile Solution - Preservative Fire For Subordaneous use only Protect I		DIN	STRENGTH <sup>‡</sup>	FORMAT	UPC	
For Subcutaneous or many portion	ypozic cg / 0.5 mL	02520990	300 mcg/0.5 mL	1 Syringe/Box	372374101011	© Nypozi™  filgrastim injection  300 mcg / 0.5 mL  Seriogerate at 2°C to 8°C  Do NOT freeze Do NOT shake Do
Sold Micg/ U.S IIIL 10 Syllinges/ DOX 37/23/4101103		02520990	300 mcg/0.5 mL	10 Syringes/Box	372374101103	Sterile solution - Preservative Free For Subcuttament or Intravenous use only Single use. Discard unused portion Tanvex BioPharma Canada. Inc., DN L4X 3P3

Nypozi® 480 mcg / 0.8 mL	02521008	480 mcg/0.8 mL	1 Syringe/Box	372374102018
	02521008	480 mcg/0.8 mL	10 Syringes/Box	372374102100





# Now offering a portfolio of both long- and short-acting G-CSFs<sup>†</sup> under the same Patient Support Program.

- the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-neoplastic drugs.

- in adult and pediatric patients with cancer receiving myelosuppressive chemotherapy.

  for the reduction in the duration of neutropenia, fever, antibiotic use and hospitalization, following induction and consolidation treatment for acute myeloid leukemia.

  to reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients undergoing myeloablative therapy followed by bone marrow transplantation.

  for the mobilization of autologous peripheral blood progenitor cells in order to accelerate haematopoietic recovery by infusion of such cells, supported by NYPOZI®, after myelosuppressive or myeloablative chemotherapy.

• for chronic administration to increase neutrophil counts and to reduce the incidence and duration of infection in patients with a diagnosis of congenital, cyclic or idiopathic neutropenia.
• in patients with HIV infection for the prevention and treatment of neutropenia, to maintain a normal ANC (e.g., between 2 x 10°/Ll and 10 x 10°/Ll.

Consult the Product Monograph at https://pdf.hres.ca/dpd\_mp/000043182.PDF for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is available by calling 1-833-TANVEX-8 or by consulting the Health Canada's Drug Product Database.

†G-CSF=granulocyte colony-stimulating factors.

References: 1. NYPOZI (filgrastim) Product Monograph. Tarvex8ioPharma USA, Inc. October 8, 2021. 2. https://www.bd.com/en-us/products-and-solutions/solutions/ drug-delivery-systems. 3. Aapro M, Boccia R, Leonard R, et al. Refining the role of pegfilgrastim (a long-acting G-CSF) for prevention

# Bio Care™ Patient Support Program Continuous help and support through your treatment journey



The Bio Care™ Patient Support Program offers services designed to help Canadian patients who have been prescribed NYPOZI® and support them throughout their treatment.

## Sandoz offers two options based on patients' needs

# No patient enrollment required



# Patient enrollment in the program required



Pre-approved Financial Assistance Pre-approved certificates downloadable

online for immediate access to financial assistance CLICK HERE: www.patientenrolment.ca/sandoz



#### Reimbursement Navigation

Regional expertise to help complete coverage requests.



#### **Educational Material**

Treatment and safety information for patients; patient leaflet, self-injection video and guide for patients.



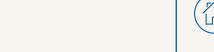
#### Financial Assistance

Financial support tailored to each patient to facilitate access to the drug.



#### Access to a dedicated **Patient Care Specialist**

Drug-specific support for reimbursement, financial assistance, injection training, educational materials, education and other questions related to treatment.





### Personalized Injection Training

Step-by-step patient self-injection training provided virtually, in a pharmacy or as needed at home.



To visit SANDOZ Pre-Approved financial assistance portal, please click or scan this QR code



Please click or scan this QR code to access the ZIEXTENZO® or NYPOZI® SANDOZ Enrollment Form and enroll your patient.

If you have any questions or for additional support please contact the Bio Care™ Patient Support Program





1 833 726-3690 🛅 1 833 726-3698 Monday-Friday 8 AM-8 PM EST



To access the NYPOZI® Patient Leaflet, please click or scan this QR code



To access the NYPOZI® Self-injection Video, please click or scan this QR code



To access the NYPOZI® Patient Self-injection Guide, please click or scan this QR code

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