

SIGNIFICANT OSTEOARTHRITIS KNEE PAIN RELIEF IS POSSIBLE. CHOOSE ZILRETTA.

THE FIRST AND ONLY FDA-approved therapy that utilizes microsphere technology to manage osteoarthritis knee pain.

OVER 150,000 PATIENTS TREATED^{1*}

ZILRETTA TRIAL EXPERIENCE



- 662 patients studied across 9 clinical trials¹

Contact your
dedicated representative
to learn more about
**THE BENEFITS OF
ZILRETTA.**

GREATER ACCESS



- Rebate offerings available
- ZILRETTA is available directly from our network of specialty distributors
- FlexForward[®] can provide comprehensive access support and tailored services to your needs

ROBUST COVERAGE



- Covered nationally for Medicare FFS patients with robust coverage for commercially insured patients
- Same Day Injection Program designed for patients with qualified commercially managed plans, including Medicare Advantage
 - No benefits investigation or prior authorization
 - Kit replacement for denied claims
 - List of qualified commercially managed plans available

INDICATION AND SELECT IMPORTANT SAFETY INFORMATION

Indication

ZILRETTA is indicated as an intra-articular injection for the management of osteoarthritis pain of the knee.

Limitation of Use: The efficacy and safety of repeat administration of ZILRETTA have not been demonstrated.

Contraindication

ZILRETTA is contraindicated in patients who are hypersensitive to triamcinolone acetonide, corticosteroids, or any components of the product.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

*As of December 2019. FFS=fee-for-service

PROVEN RELIEF FROM OA KNEE PAIN

Statistically significant reduction in ADP* intensity scores vs saline control at Month 3 ($P<0.0001$).²



RAPID

4 days median time to onset with ZILRETTA vs 11 days for saline control.^{3†}



SUBSTANTIAL

50% reduction in ADP intensity scores from baseline (6.3) to Month 3 (-3.12 LS mean change).²



PERSISTENT

~70% of patients

experienced no/mild knee pain from Month 1 to Month 3.^{1,4‡}

- Percentage of 161 ZILRETTA® (triamcinolone acetonide extended-release injectable suspension)-treated patients experiencing no or mild knee pain at Month 1 (21%/49%), Month 2 (22%/47%), Month 3 (20%/49%), and Month 4 (15%/44%), respectively.⁵



SAFETY

Overall incidence and nature of adverse reactions were similar to saline control.

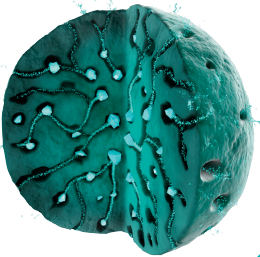
- The most common TEAEs (incidence for ZILRETTA arm $\geq 1\%$ and higher than saline control) in patients receiving a single injection in pooled clinical studies were sinusitis, cough, and contusions.



INNOVATIVE

Novel extended-release microsphere formulation

is composed of triamcinolone acetonide embedded in a biodegradable PLGA matrix. ZILRETTA is not interchangeable with other formulations of injectable triamcinolone acetonide.



Phase 3 study: ZILRETTA was studied in a multicenter, international, randomized, double-blind, parallel-arm, placebo (saline)- and active-controlled (TAcS) trial that evaluated patients with moderate to severe OA knee pain (N=484). The primary endpoint was defined as change from baseline at Month 3 in weekly mean ADP intensity scores vs saline control. The secondary endpoint AUE baseline to Week 12 in weekly mean ADP scores with ZILRETTA vs TAcS was not met.²

- **Joint Infection and Damage:** A marked increase in pain accompanied by local swelling, restriction of joint motion, fever, and malaise are suggestive of septic arthritis. Examine joint fluid to exclude a septic process. If diagnosis is confirmed, institute appropriate antimicrobial therapy. Avoid injecting corticosteroids into a previously infected or unstable joint. Intra-articular administration may result in damage to joint tissues.

SELECT IMPORTANT SAFETY INFORMATION (CONT.)

Warnings and Precautions

- **Intra-articular Use Only:** ZILRETTA has not been evaluated and should not be administered by epidural, intrathecal, intravenous, intraocular, intramuscular, intradermal, or subcutaneous routes. Serious events have been reported with epidural and intrathecal administration of corticosteroids and none are approved for this use. ZILRETTA should not be considered safe for epidural or intrathecal administration.
- **Hypersensitivity Reactions:** Rare instances of anaphylaxis, including serious cases, have occurred in patients with hypersensitivity to corticosteroids.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

*ADP intensity measured on a 0 to 10 NRS.

[†]Defined as time from intra-articular injection to the first daily pain assessment of $\geq 30\%$ improvement from baseline.²

[‡]Distribution of pain scores was based on a post hoc analysis of 161 ZILRETTA-treated patients.¹

[§]No pain is defined as NRS 0. Mild pain is defined as NRS 1-4.⁴

ADP=average daily pain; AUE=area under the effect curve; LS=Least squares; NRS=numeric rating scale; OA=osteoarthritis; PLGA=poly(lactic-co-glycolic acid); TEAE=treatment-emergent adverse event.

SELECT IMPORTANT SAFETY INFORMATION (CONT.)

- **Increased Risk of Infections:** Infection with any pathogen in any location of the body may be associated with corticosteroid use. Corticosteroids may increase the susceptibility to new infection and decrease resistance and the ability to localize infection.
- **Alterations in Endocrine Function:** Corticosteroids can produce reversible hypothalamic-pituitary-adrenal axis suppression, with potential for adrenal insufficiency after withdrawal of treatment, which may persist for months. In situations of stress during that period, institute corticosteroid replacement therapy.
- **Cardiovascular and Renal Effects:** Corticosteroids can cause blood pressure elevation, salt and water retention, and increased potassium excretion. Monitor patients with congestive heart failure, hypertension, and renal insufficiency for edema, weight gain, and electrolyte imbalance. Dietary salt restriction and potassium supplementation may be needed.
- **Increased Intraocular Pressure:** Corticosteroid use may be associated with increased intraocular pressure. Monitor patients with elevated intraocular pressure for potential treatment adjustment.
- **Gastrointestinal Perforation:** Corticosteroid administration may increase risk of gastrointestinal perforation in patients with certain GI disorders and fresh intestinal anastomoses. Avoid corticosteroids in these patients.
- **Alterations in Bone Density:** Corticosteroids decrease bone formation and increase bone resorption. Special consideration should be given to patients with or at increased risk of osteoporosis prior to treatment.
- **Behavior and Mood Disturbances:** Corticosteroids may cause adverse psychiatric reactions. Prior to treatment, special consideration should be given to patients with previous or current emotional instability or psychiatric illness. Advise patients to immediately report any behavior or mood disturbances.

Adverse Reactions

The most commonly reported adverse reactions (incidence $\geq 1\%$) in clinical studies included sinusitis, cough, and contusions.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

References: 1. Data on file. Flexion Therapeutics, Inc. 2. Conaghan PG, Hunter DJ, Cohen SB, et al. Effects of a single intra-articular injection of a microsphere formulation of triamcinolone acetonide on knee osteoarthritis pain: a double-blinded, randomized, placebo-controlled, multinational study. *J Bone Joint Surg Am.* 2018;100(8):666-677. 3. ClinicalTrials.gov. Study of FX006 for the treatment of pain in patients with osteoarthritis of the knee. <https://clinicaltrials.gov/ct2/show/NCT02357459?cond=FX006&rank=4>. Accessed January 27, 2020. 4. Kapstad H, Hanestad BR, Langeland N, Rustøen T, Stavem K. Cutpoints for mild, moderate and severe pain in patients with osteoarthritis of the hip or knee ready for joint replacement surgery. *BMC Musculoskelet Disord.* 2008;9:55.

 **Zilretta**[®]
triamcinolone acetonide extended release
injectable suspension 32 mg



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