A training resource for the HCP audience only.

Meet Your UCB Team

Your Partners Across the Patient Journey

kygevvi®
(doxecitine and doxribtimine)
Powder for Oral Solution
2 g/2 g per packet

Supporting patients with early-onset thymidine kinase 2 deficiency (TK2d) requires coordination. Your UCB team is here to provide patients with the right support at the right time.

MRL Mito Regional Lead

Your Primary Point of Contact for Education, Support, and Connection

Disease Awareness
Provides education on symptoms, clinical presentation, and testing to help shorten the path to diagnosis for people living with early-onset TK2d

Treatment Education
Provides education on an FDA-approved treatment and resources for early-onset TK2d patients

Navigation and Team Connection
Your local resource for general questions, education, and connection to the right UCB ONWARD® team member

MSL Medical Science Liaison

Scientific Exchange*

Support non-promotional, scientific exchange by engaging in disease-state discussions and responding to requests related to clinical data

- Complex treatment or disease-state questions
- Information related to clinical data and evidence review
- Peer-to-peer scientific exchange

ONWARD Patient Support Services*

ONWARD

MCM Mitochondrial Case Manager†

Access and Reimbursement Support

- ONWARD point of contact for HCPs managing patient-specific questions
- Specialty pharmacy coordination
- Case management coordination with HCPs, specialty pharmacy, and patient's insurance providers

OCC ONWARD Care Coordinator‡

Dedicated Support for Patients and Caregivers

- Patient and caregiver education regarding available patient support resources
- Financial assistance: Help identifying and navigating appropriate support options
- Ongoing support and access to resources throughout their journey

*MSLs engage in non-promotional scientific exchange and do not provide medical care or treatment recommendations. Patient support services do not provide medical advice and are not intended to replace clinical judgment. Available services may vary and be subject to eligibility requirements.
†ONWARD Mito Case Managers are not permitted to complete or submit Prior Authorization/appeals on behalf of an HCP, advocate with a payer on behalf of an HCP, or provide clinical information or advice.
‡ONWARD Care Coordinators do not provide medical advice and will refer patients to their healthcare professional for any questions related to their treatment plan.

INDICATION

KYGEVVI is indicated for the treatment of thymidine kinase 2 deficiency (TK2d) in adults and pediatric patients with an age of symptom onset on or before 12 years.

Please see full Important Safety Information, including warning and precautions for Increase in Liver Transaminases and Gastrointestinal Adverse Reactions, on the following page and the full Prescribing Information.

Questions? Visit ucb-usa.com | Call 844-599-2273 | Connect with a UCB representative

IMPORTANT SAFETY INFORMATION

Increase in Liver Transaminases

Elevated liver transaminase [alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST)] levels were reported in patients treated with KYGEVVI. Obtain baseline liver transaminase (ALT, AST) and total bilirubin levels in patients prior to treatment initiation with KYGEVVI. If signs or symptoms consistent with liver injury are observed, interrupt treatment with KYGEVVI until liver transaminase (ALT, AST) and total bilirubin levels have either returned to baseline or stabilized at a new baseline value. Consider permanently discontinuing KYGEVVI if signs or symptoms consistent with liver injury persist or worsen. Monitor liver transaminases and total bilirubin levels yearly and as clinically indicated.

Gastrointestinal Adverse Reactions

Diarrhea and vomiting leading to hospitalization, dose reduction, and permanent discontinuation were reported in patients treated with KYGEVVI. Based on the severity of the diarrhea and/or vomiting, reduce the dosage of KYGEVVI or interrupt treatment until diarrhea and/or vomiting improves or returns to baseline. Consider restarting KYGEVVI at the last tolerated dose, and increase the dose as tolerated. For persistent or recurring diarrhea and/or vomiting, consider discontinuing KYGEVVI permanently and provide supportive care with electrolyte repletion as clinically indicated.

Adverse Reactions

The most common adverse reactions (incidence ≥5%) are diarrhea, abdominal pain (including abdominal pain upper), vomiting, alanine aminotransferase increased (ALT), and aspartate aminotransferase increased (AST).

Please refer to the full Prescribing Information and visit www.KYGEVVIhcp.com.

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