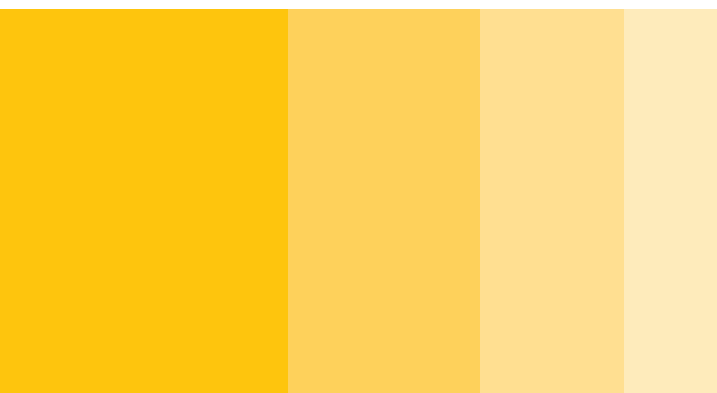




Transform dermatomyositis treatment

Introducing the first and only oral therapy proven to improve dermatomyositis in adults.

IMPORTANT SAFETY INFORMATION and INDICATION AND USAGE

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS INFECTIONS, MORTALITY, MALIGNANCY, MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE), and THROMBOSIS

INDICATIONS AND USAGE

LISRAYA (brepocitinib) is indicated for the treatment of adults with dermatomyositis (DM).

Limitations of Use

Not recommended for use in combination with other JAK inhibitors, other TYK2 inhibitors, or biologic DMARDs.

Please see additional Important Safety Information, including full BOXED WARNING, on pages 14-15.

LISRAYA™

(brepocitinib)

It's time to move forward.

Dermatomyositis (DM) patients deserve more.

Suboptimal disease control

Historically, DM patients have rarely achieved durable remission and instead experience lingering disease and persistent flares, while expressing high dissatisfaction and treatment discontinuation rates.^{1,2}

Irreversible damage

Fast and effective disease management is critical, as even low levels of uncontrolled DM disease activity can rapidly cause irreversible damage across multiple organ systems.³

A new approved therapy is here.

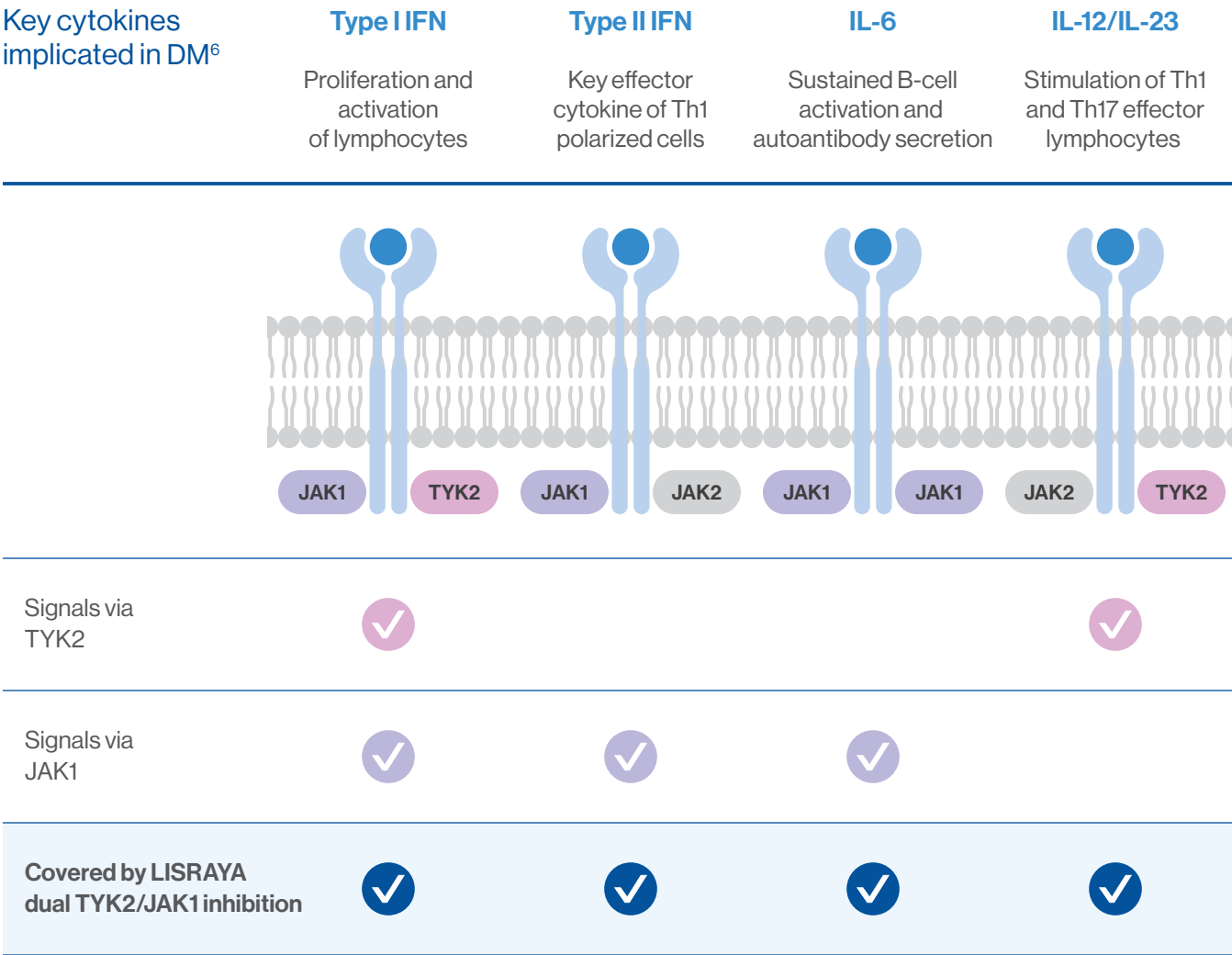
Proven efficacy	LISRAYA delivers improvement across skin, muscle, and physical function, with benefits as early as 4 weeks. ^{4,5}
Disease improvement + steroid reduction	Most LISRAYA patients achieved moderate or better disease improvement alongside minimal or no steroid use. ⁴
Targeted mechanism	LISRAYA targets key cytokines that drive DM pathogenesis through dual TYK2/JAK1 inhibition. ⁶
Once-daily pill	Convenient once-daily oral dosing. ⁴

WARNINGS and PRECAUTIONS:

Serious infections. Patients treated with LISRAYA are at increased risk of developing serious bacterial, fungal, viral, and opportunistic infections that may lead to hospitalization or death.

The first targeted treatment for DM

LISRAYA targets key cytokines that drive DM pathogenesis through dual TYK2/JAK1 inhibition.⁶



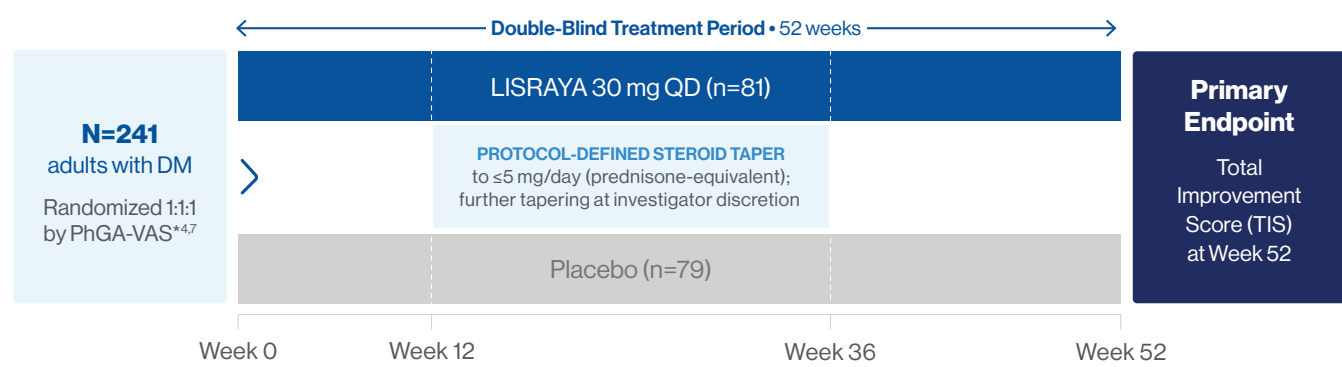
The relevance of inhibition of specific JAK combinations to therapeutic effectiveness is not known.

IFN: interferon; IL: interleukin; JAK: Janus kinase; Th: T helper; TYK: tyrosine kinase.

WARNINGS and PRECAUTIONS (continued):
Serious infections (continued). Reported infections with use of Janus kinase (JAK) inhibitors, including LISRAJA:

- Active tuberculosis (TB), which may present with pulmonary or extrapulmonary disease. Evaluate and test patients for latent and active TB infection prior to and during LISRAJA treatment. If positive, treat for TB. Monitor all patients for active TB during treatment including patients who tested negative for a latent TB infection prior to LISRAJA treatment.

Proven in the largest DM clinical study ever conducted (VALOR)



- *LISRAYA 15 mg (n=81) study arm not shown (unapproved dosage).
PhGA-VAS: Physician's Global Assessment — Visual Analog Scale; QD: once daily.
- Largest interventional DM trial ever (N=241)⁴
 - Full year of blinded, placebo-controlled treatment⁴
 - Broad, representative patient population, including full spectrum of DM disease activity and background comorbidities^{4,7}
 - Patients allowed to remain on standard background therapies⁴

LISRAYA delivered benefits for skin, muscle, and physical function alongside steroid reduction.^{4,5}

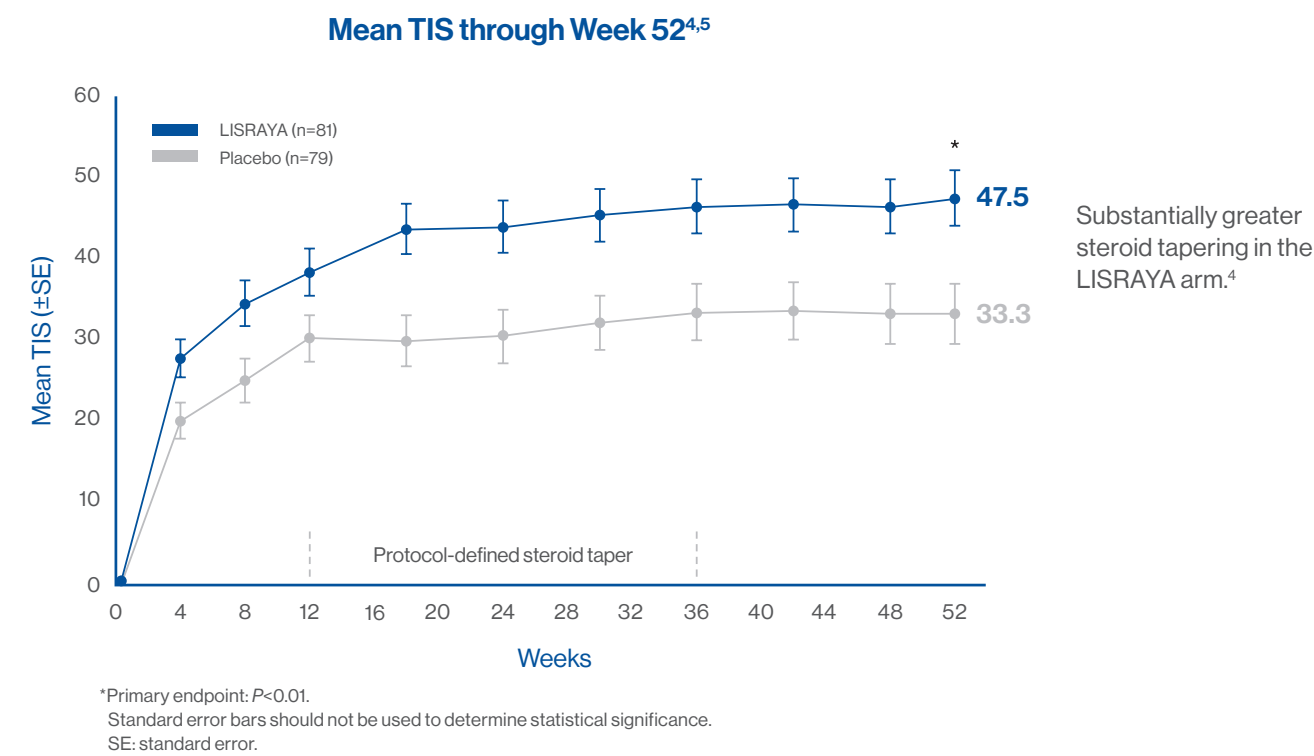
Overall improvement	Over 2/3 of patients achieved moderate or major disease improvement, with results as early as 4 weeks. ^{4,5}
Muscle & physical function	LISRAYA patients saw increased strength and meaningful gains in their ability to perform activities of daily living, with more than 40% achieving functional remission. ^{4,5}
Skin disease	LISRAYA demonstrated benefit for skin disease as well as muscle, even in moderate-to-severe patients. ^{4,5}
Steroid sparing	LISRAYA enabled most patients to significantly improve their disease while also achieving minimal or no steroid use. ⁴

WARNINGS and PRECAUTIONS (continued):
Serious infections (continued). Reported infections with use of Janus kinase (JAK) inhibitors, including LISRAJA:

- Invasive fungal infections. Patients with invasive fungal infections may present with disseminated, rather than localized, disease.

Rapid, sustained, and significant improvement in overall disease activity

LISRAYA achieved clinically meaningful separation from placebo on Total Improvement Score (TIS), despite greater steroid reduction in LISRAYA patients than in placebo.⁴



More than 2/3 of patients treated with LISRAYA achieved at least a moderate response and nearly half achieved a major response.⁴

69%

Achieved a moderate response (TIS ≥ 40)
vs 47% for placebo⁴

48%

Achieved a major response (TIS ≥ 60)
vs 26% for placebo⁴

WARNINGS and PRECAUTIONS (continued):
Serious infections (continued). Reported infections with use of Janus kinase (JAK) inhibitors, including LISRAYA:

- Bacterial, viral (including herpes zoster), and other infections due to opportunistic pathogens.

Improvement on all 6 core set measures that make up the TIS

Mean change from baseline in core set measures at Week 52 ^{4,7}				
TIS Measure (score range)	Definition	LISRAYA (n=81)	Placebo (n=79)	Difference
Overall disease activity				
Physician Global Assessment (PhGA; 0-10)	Score measuring overall disease activity as assessed by investigator on Visual Analog Scale (VAS)	-2.6	-0.9	Δ -1.6
Patient Global Assessment (PtGA; 0-10)	Score measuring overall disease activity as reported by a patient on VAS	-2.5	-0.6	Δ -1.9
Extramuscular Global Assessment (EMGA; 0-10)	Score measuring non-muscle organ involvement (eg, skin, joint, lung, GI, cardiac manifestations) assessed by investigator on VAS	-1.8	-0.2	Δ -1.6
Muscle disease activity				
Manual Muscle Testing (MMT-8; 0-150)	Score evaluating strength across 8 muscle groups assessed by an investigator (higher score indicates greater strength)	12.3	5.9	Δ 6.4
Muscle Enzymes*	Lab measurement of the most abnormal enzyme (aldolase, CK, ALT, AST, LDH) indicating active muscle injury	16.9%	36.8%	Δ -19.9%
Activities of daily living				
Health Assessment Questionnaire-Disability Index (HAQ-DI; 0-3)	Score measuring functional ability across 8 domains of daily living as reported by a patient (eg, dressing, arising, eating, walking, hygiene, reach, grip, and common activities)	-0.3	0.3	Δ -0.6

*Percent change from baseline for the most abnormal muscle enzyme.
ALT: alanine aminotransferase; AST: aspartate aminotransferase; CK: creatine kinase; GI: gastrointestinal; LDH: lactate dehydrogenase.

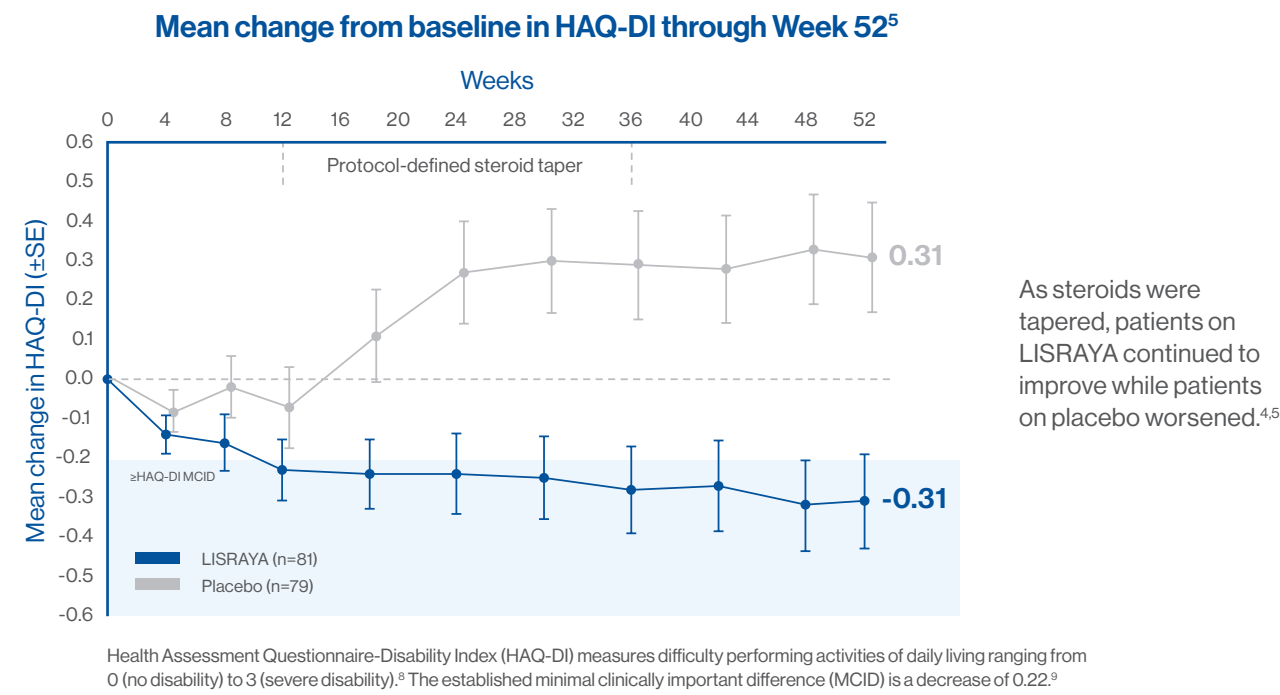
For all the individual measures except MMT-8, lower values represent improvement. For MMT-8, higher values represent improvement.⁴

WARNINGS and PRECAUTIONS (continued):
Serious infections (continued). Avoid use of LISRAYA in patients with an active, serious infection, including localized infections. Consider the risks and benefits of LISRAYA in patients with chronic or recurrent infection prior to initiating treatment. Closely monitor patients for signs and symptoms of infection during and after treatment with LISRAYA. If a serious infection occurs, interrupt LISRAYA treatment until the infection resolves or is adequately treated.

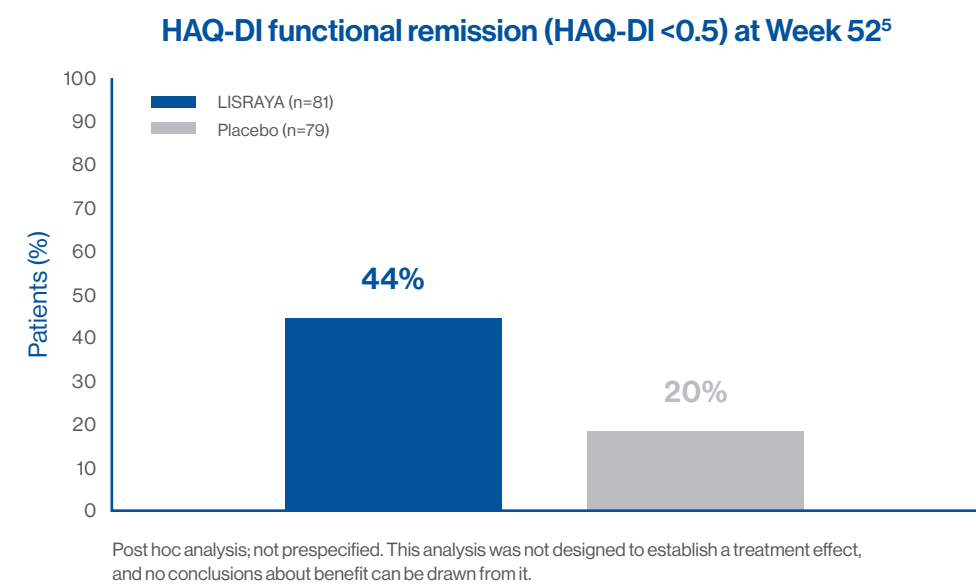


Gains in strength and physical function

LISRAYA patients significantly increased their muscle strength (MMT-8 improvement of 12.3 vs 5.9 for placebo) and reported clinically meaningful improvement in their ability to perform daily activities like getting dressed, bathing, and climbing stairs.^{4,5}



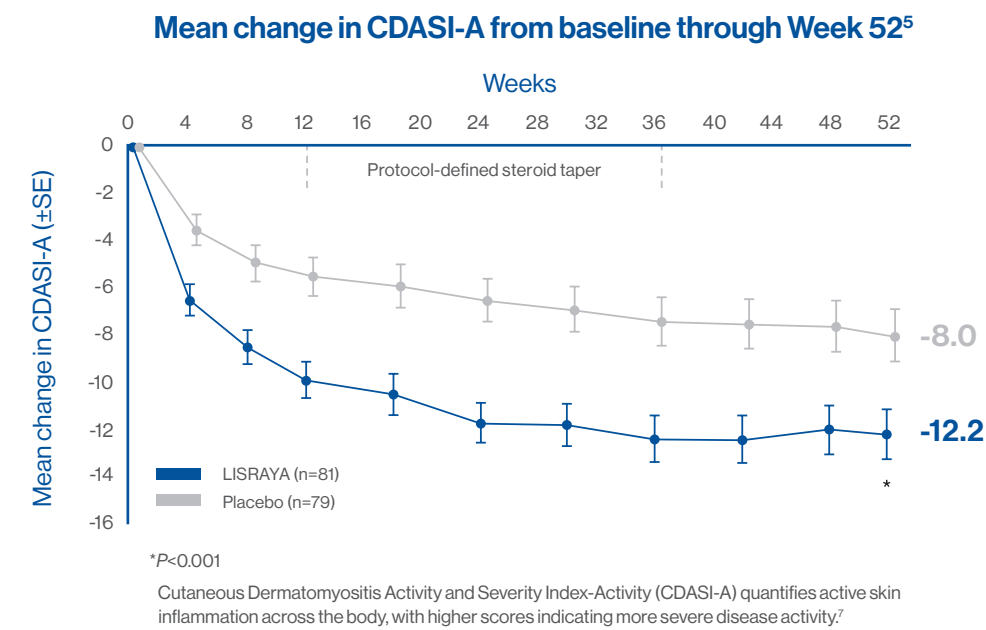
More than 40% of LISRAYA patients even achieved functional remission, meaning they could perform daily activities with essentially no impairment.⁵



WARNINGS and PRECAUTIONS (continued):
Mortality. A higher rate of all-cause mortality, including sudden cardiovascular death, was observed with another Janus kinase (JAK) inhibitor when compared to tumor necrosis factor (TNF) blockers in patients with rheumatoid arthritis (RA) 50 years of age and older with at least one cardiovascular risk factor. LISRAYA is not approved for use in patients with RA.

Demonstrated benefit for skin disease

LISRAYA generated significant improvement in skin disease activity, with onset of benefit as early as Week 4.^{4,5}



High response rates even in moderate-to-severe patients.⁵



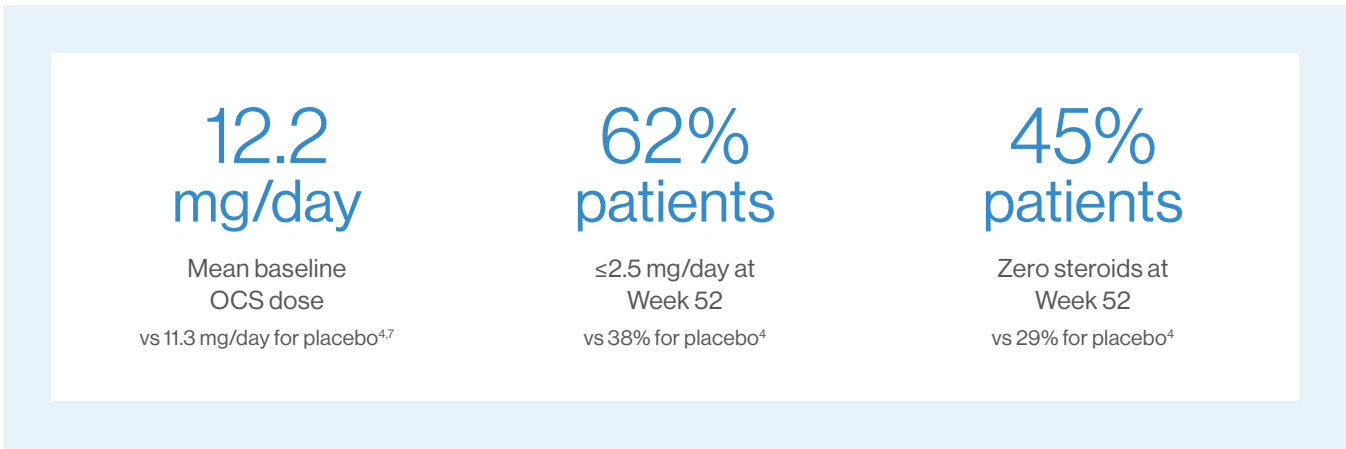
*CDASI-A ≥40% improvement + ≥4-point reduction^{10,11}
†CDASI-A ≤5/2
Exploratory analysis, prespecified. These analyses were not designed to establish a treatment effect, and no conclusions about benefit can be drawn from it.

WARNINGS and PRECAUTIONS (continued):
Malignancy. Malignancies have occurred in patients treated with LISRAYA. A higher rate of malignancies (excluding non-melanoma skin cancer), lymphomas, and lung cancers was observed with another JAK inhibitor when compared to TNF blockers in patients with RA. LISRAYA is not approved for use in patients with RA. Patients who are current or past smokers are at additional increased risk.



Steroid sparing alongside disease improvement

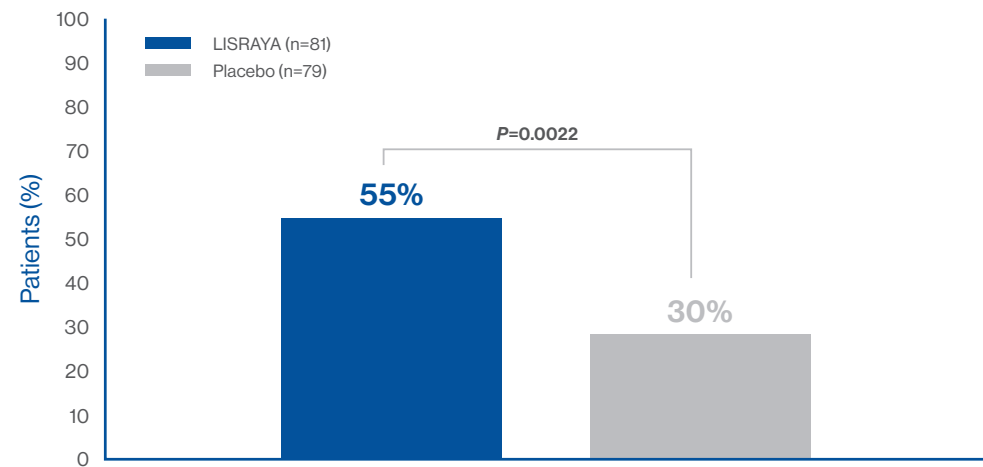
Most LISRAYA patients who started the trial on OCS doses of 7.5 mg/day or greater were able to taper to a minimal dose, and nearly half were able to stop steroids entirely.⁴



All oral corticosteroid (OCS) dosing is reported as prednisone-equivalent. Data reflect patients on ≥7.5 mg/day background OCS at baseline for the LISRAYA group (n=60) and the placebo group (n=64).^{4,7}

More than half of LISRAYA patients were able to achieve moderate improvement or better while on minimal or no steroids.

Moderate or better response (TIS ≥40) with minimal or no steroids (OCS ≤2.5 mg/day)^{4,5}



All OCS dosing is reported as prednisone-equivalent. OCS dose assessed at Weeks 48 and 52.⁴

WARNINGS and PRECAUTIONS (continued):
Major Adverse Cardiovascular Events (MACE). Major adverse cardiovascular events (MACE) (defined as cardiovascular death, myocardial infarction, and stroke) have occurred in patients treated with LISRAYA. A higher rate of MACE was observed with another JAK inhibitor when compared to TNF blockers in patients with RA 50 years of age and older with at least one cardiovascular risk factor. LISRAYA is not approved for use in patients with RA. Patients who are current or past smokers are at additional increased risk. Discontinue LISRAYA in patients who have experienced a myocardial infarction or stroke.

Well-characterized safety profile

Most common adverse events from VALOR study in DM.⁴

	LISRAYA (n=81)	Placebo (n=79)
Upper respiratory tract infection	15%	11%
Headache	15%	3%
Fatigue	12%	3%
Urinary tract infection	11%	5%
Nausea	11%	4%
Bronchitis	10%	4%
Arthralgia	10%	8%
Diarrhea	9%	5%
Back pain	9%	6%
Fall	7%	3%
Influenza	6%	4%
Acne	6%	0%

Most common adverse events were defined as ≥5% of participants and ≥2% greater than placebo.

Adverse events leading to treatment discontinuation were rare (6%) and occurred more frequently in the placebo group (11%).⁷

WARNINGS and PRECAUTIONS (continued):
Thrombosis. Thromboses, including deep venous thrombosis, pulmonary embolism, and arterial thrombosis, have occurred in patients treated for inflammatory conditions with JAK inhibitors, including LISRAYA. Many of these adverse reactions were serious and some resulted in death. A higher rate of thromboses was observed with another JAK inhibitor when compared to TNF blockers in patients with RA 50 years of age and older with at least one cardiovascular risk factor. LISRAYA is not approved for use in patients with RA. Avoid LISRAYA in patients who may be at risk of thrombosis. If symptoms of thrombosis occur, discontinue LISRAYA, promptly evaluate, and appropriately treat.

Comprehensive assistance from start to finish with My Compass Support

My Compass Support is a dedicated program that serves patients who are prescribed LISRAYA as well as their healthcare providers.

We will work with you and your team to help your patients throughout their treatment journey.



Patient Access Liaison (PAL)

A dedicated single point of contact for your patients and your team on all topics related to LISRAYA access.

Bridge Program

Helping your patients avoid delays in treatment if an authorization request is denied.

Specialty pharmacy coordination

Ensuring your patients receive their monthly shipments of LISRAYA seamlessly.

Benefits and authorization

Benefits investigation, detailed authorization requirements, and submission support.

Cost assistance

Patients may be able to pay as little as \$0* a month for LISRAYA.

*See My Compass Support Copay Savings Program terms and conditions on next page.

Committed to providing access and cost assistance for your patients

Copay assistance

Eligible patients may pay **as little as \$0⁺** through the My Compass Support Copay Savings Program.



The PAL can also help your Medicare/Medicaid patients identify organizations that may be able to provide cost assistance.

My Compass Support Bridge Program

We are committed to ensuring that any delays in coverage won't impact your patient's care. If a LISRAYA authorization for your patient is initially denied and an appeal is submitted, your patient may qualify to receive medication at no cost while their appeal is pending so that they can still begin treatment quickly.

*Terms & Conditions

The My Compass Support Copay Savings Program is available to eligible private or employer-insured patients only and is subject to the terms and conditions, including but not limited to the following:

- Not valid for patients whose prescriptions are reimbursed in whole or in part by any government funded program (including Medicare, Medicaid, VA, TRICARE, or similar programs)
- Patient must be prescribed LISRAYA™ (brepocitinib) for an FDA-approved indication
- Patient must be a resident of the United States
- Patient must have private insurance coverage and an out-of-pocket cost for LISRAYA

Additional restrictions apply. My Compass Support reserves the right to modify or discontinue the program at any time without notice.

This program is not insurance and is not intended to substitute for insurance.

WARNINGS and PRECAUTIONS (continued):

Hypersensitivity. LISRAYA is contraindicated in patients with known hypersensitivity to brepocitinib or any of its excipients. Hypersensitivity reactions were reported in patients receiving LISRAYA. Some events were serious.

WARNINGS and PRECAUTIONS (continued):

Gastrointestinal Perforations. Gastrointestinal perforation has been reported in patients treated with JAK inhibitors, including LISRAYA. Monitor LISRAYA-treated patients who may be at risk for gastrointestinal perforation.

Important safety information

IMPORTANT SAFETY INFORMATION and INDICATION AND USAGE

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- Invasive fungal infections. Patients with invasive fungal infections may present with disseminated, rather than localized, disease.
- Bacterial, viral (including herpes zoster), and other infections due to opportunistic pathogens.

Avoid use of LISRAYA in patients with an active, serious infection, including localized infections. Consider the risks and benefits of LISRAYA in patients with chronic or recurrent infection prior to initiating treatment. Closely monitor patients for signs and symptoms of infection during and after treatment with LISRAYA. If a serious infection occurs, interrupt LISRAYA treatment until the infection resolves or is adequately treated.

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Important safety information (continued)

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Gastrointestinal Perforations. Gastrointestinal perforation has been reported in patients treated with JAK inhibitors, including LISRAYA. Monitor LISRAYA-treated patients who may be at risk for gastrointestinal perforation.

Hypoglycemia in Patients with Diabetes. LISRAYA may cause hypoglycemia in patients with diabetes. Hypoglycemia, including severe hypoglycemia, has been reported following initiation of JAK inhibitors in patients with diabetes. During treatment with LISRAYA, consider increased monitoring of blood glucose as clinically indicated in patients with diabetes.

Laboratory Abnormalities. LISRAYA has been associated with lab abnormalities including neutropenia, lymphopenia, anemia, increases in lipid parameters, and liver enzyme elevations.

Immunizations. Avoid use of live vaccines during or immediately prior to LISRAYA therapy initiation. Prior to initiating LISRAYA treatment, update immunizations, including prophylactic varicella zoster or herpes zoster vaccinations, according to current immunization guidelines.

Embryofetal Toxicity. Based on findings in animal studies, LISRAYA may cause fetal harm when administered to a pregnant woman. Verify the pregnancy status of females of reproductive potential prior to starting treatment. Advise pregnant women and females of reproductive potential of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with LISRAYA and for 3 days following the last dose.

ADVERSE REACTIONS

The most common adverse reactions occurring in $\geq 5\%$ of DM subjects and $\geq 2\%$ greater than placebo were upper respiratory tract infection, headache, fatigue, urinary tract infection, nausea, bronchitis, arthralgia, diarrhea, back pain, fall, influenza, and acne.

SPECIAL POPULATIONS

Pregnancy. Based on findings in animal studies, LISRAYA may cause fetal harm when administered to a pregnant woman. Available data from LISRAYA use in pregnant women are insufficient to establish a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes.

Lactation. There are no data on the presence of brepocitinib in human milk, the effects on the breastfed infant, or the effects on milk production.

Hepatic Impairment. LISRAYA is not recommended in patients with severe hepatic impairment.

Renal Impairment. LISRAYA is not recommended in patients with severe renal impairment.

Please see the Full Prescribing Information, including BOXED WARNING and Medication Guide.

References: 1. Christopher-Stine L, et al. *J Manag Care Spec Pharm*. 2020;26(11):1424-1433. 2. Wolstencroft PW, et al. *JAMA Dermatol*. 2018;154(1):44-51. 3. Rider LG, et al. *Arthritis Rheum*. 2009;60(11):3425-3435. 4. LISRAYA. Prescribing information. Priovent Therapeutics, Inc; 2026. 5. Data on file. Priovent Therapeutics, Inc; 2026. 6. Paik JJ, et al. *Clin Exp Rheumatol*. 2025;43(2):354-363. 7. Vleugels RA, et al. *N Engl J Med*. 2026;394(19):1883-1893. 8. Teuwen MMH, et al. *J Clin Med*. 2024;13(2):379. 9. Singh K, et al. *Arthritis Rheumatol*. 2022;74(suppl 9). 10. Anyanwu CO, et al. *Br J Dermatol*. 2015;173(4):969-974. 11. Ahmed S, et al. *Br J Dermatol*. 2020;182(4):949-954. 12. Ahmed S, et al. *Semin Arthritis Rheum*. 2020;50(3):458-462.

