

INDICATION APPROVED

for appropriate patients as young as 1 year of age with Stage 2 T1D

In appropriate patients as young as 1 year of age with Stage 2 T1D

ACT WITHIN THE WINDOW OF

WHEN

Choose to intervene in patients as young as 1 year old with TZIELD,¹ and help delay WHEN they progress to Stage 3 T1D.¹

T1D=type 1 diabetes.

Not an actual patient

INDICATION

TZIELD (teplizumab-mzwv) is indicated to delay the onset of Stage 3 type 1 diabetes (T1D) in adult and pediatric patients 1 year of age and older with Stage 2 T1D.

Limitations of Use:

- There is limited evidence of safety and effectiveness in patients aged 45 years and older with Stage 2 T1D.
- TZIELD is not effective as a disease modifying therapy in non-autoimmune dysglycemic conditions.

IMPORTANT SAFETY INFORMATION

WARNING: Viral Reactivation

- **Serious, life-threatening cases of viral reactivation, including Epstein-Barr virus (EBV) and cytomegalovirus (CMV) reactivation have been reported with TZIELD. Patients who are immunocompromised are at increased risk. Serious cases have also been reported in adults with higher body surface area or comorbid conditions, such as adrenal insufficiency or cardiovascular disease. The majority of serious cases occurred in patients who continued TZIELD treatment despite persistent, severe lymphopenia. Severe lymphopenia may be prolonged in adults.**
- **Test patients for active EBV and CMV infection prior to starting treatment. TZIELD is contraindicated in patients who are immunocompromised or have active viral infection (such as EBV or CMV infection). Adhere to lymphocyte count monitoring requirements and discontinuation recommendations. Monitor patients for signs and symptoms of viral reactivation following TZIELD treatment and for at least 2 months following the last infusion. If viral reactivation is suspected, discontinue TZIELD.**

CONTRAINDICATIONS

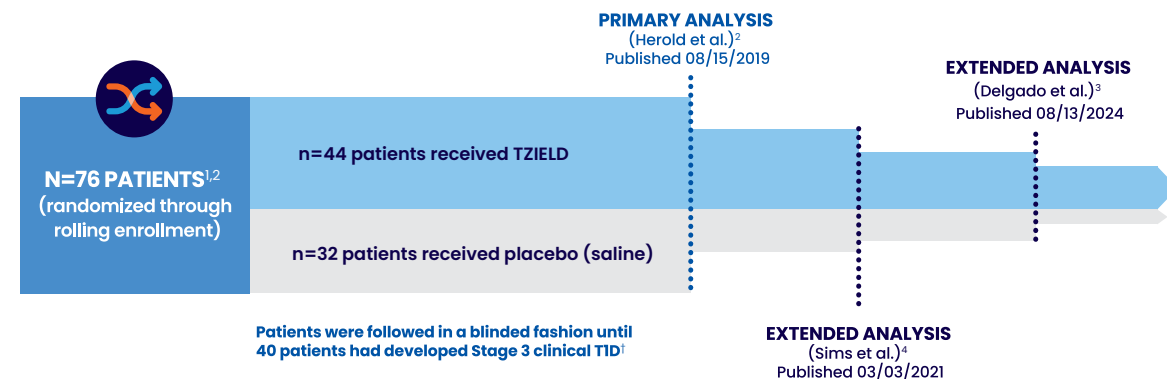
TZIELD is contraindicated in patients who are immunocompromised or have active viral infection (such as EBV or CMV infection).

Please see additional Important Safety Information throughout and full Prescribing Information, including Boxed WARNING and patient selection criteria.

Tziield[®]
(teplizumab-mzwv)
Injection | 2mg/2mL

TrialNet-10 (TN-10) study design and extension analyses

A phase 2, randomized, double-blind, event-driven, placebo-controlled study in 76 patients, 8–49 years of age, with Stage 2 T1D^{1,2*}



*Stage 2 is defined as having 2 or more pancreatic islet AABs (GADA, IAA, ICA, IA-2A, and ZnT8A) and dysglycemia on OGTT.¹

- Fasting plasma glucose ≥ 110 mg/dL, and < 126 mg/dL or
- 2 hour plasma glucose ≥ 140 mg/dL, and < 200 mg/dL or
- 30, 60, or 90 minute value on OGTT ≥ 200 mg/dL

In patients 18 years of age and older: two consecutive OGTTs, each demonstrating dysglycemia without overt hyperglycemia (as defined above) were required.

[†]The primary efficacy endpoint was the time from randomization to diagnosis of Stage 3 clinical T1D. Criteria for Stage 3 clinical T1D onset were based on glucose testing or the presence of unequivocal hyperglycemia with acute metabolic decompensation, such as diabetic ketoacidosis.⁵

AAb=autoantibody; GADA=glutamic acid decarboxylase 65 AAb; IAA=insulin AAb; IA-2A=insulinoma-associated antigen 2 AAb; ICA=islet cell AAb; OGTT=oral glucose tolerance test; ZnT8A=zinc transporter-8 AAb.

TZIELD is the first and only immunomodulator approved to **delay the onset of Stage 3 T1D in patients 1 year of age and older with Stage 2 T1D^{1,6}**

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Viral Reactivation: Serious, life-threatening cases of viral reactivation, including EBV and CMV infections have been reported with TZIELD. During and within 2 months of TZIELD treatment, if primary infection or reactivation of EBV or CMV occurs, it may present with increased severity, including EBV-associated lymphoproliferative disease and organ failure.

Patients who are immunocompromised, including patients with Down syndrome, may be at increased risk. The majority of serious viral reactivation cases occurred in patients who continued TZIELD despite persistent, severe lymphopenia. The duration of severe lymphopenia following TZIELD treatment may be prolonged in adults. Serious cases have also been reported in adults with higher body surface area or comorbid conditions, such as adrenal insufficiency or cardiovascular disease.

Prior to initiating treatment with TZIELD, evaluate patients for active EBV and CMV infection and confirm absence of active infection on assessment of viral load (e.g., PCR testing). During treatment with TZIELD, regularly monitor lymphocyte counts and monitor patients for signs and symptoms of viral reactivation during treatment and for at least 2 months following the last infusion. If viral reactivation is suspected, discontinue TZIELD and obtain viral load (e.g., PCR) promptly. If viral reactivation is confirmed, permanently discontinue TZIELD.

For the first time ever, the onset of Stage 3 T1D can be delayed

In patients 8 years and older in the TN-10 study^{1,2}:



more time in presymptomatic Stage 2 with TZIELD vs placebo

Median time to Stage 3 onset:

TZIELD: 50 months (n=44) **Placebo:** 25 months (n=32)

HR 0.41; 95% CI, 0.22–0.78; $P=0.0066$ by an adjusted Cox proportional-hazards model stratified by age and OGTT status at randomization. In patients with Stage 2 T1D, the median follow-up time was 51 months (range: 74 days to 2683 days).*

Patient results may vary.

*Median follow-up time from the TZIELD Prescribing Information was calculated using the reverse Kaplan–Meier method.¹²
CI=confidence interval; HR=hazard ratio.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Cytokine Release Syndrome (CRS): CRS occurred in TZIELD-treated patients during the treatment period and through 28 days after the last drug administration. Manifestation of CRS in TZIELD-treated patients included fever, nausea (with or without vomiting), fatigue, headache, myalgia, arthralgia, increased ALT, increased AST, and increased total bilirubin. These manifestations typically occurred during the first 5 days of TZIELD treatment. Prior to TZIELD treatment, premedicate with antipyretics, antihistamines and/or antiemetics, and treat similarly if symptoms occur during treatment. If severe CRS develops, consider pausing dosing for 1 day to 2 days and if symptoms have resolved or significantly improved, subsequently administering the remaining doses on consecutive days to complete the full 14-day treatment course; **or** discontinue treatment. Monitor liver enzymes during treatment. Discontinue TZIELD treatment in patients who develop elevated alanine aminotransferase or aspartate aminotransferase more than 5 times the upper limit of normal (ULN) or bilirubin more than 3 times ULN.

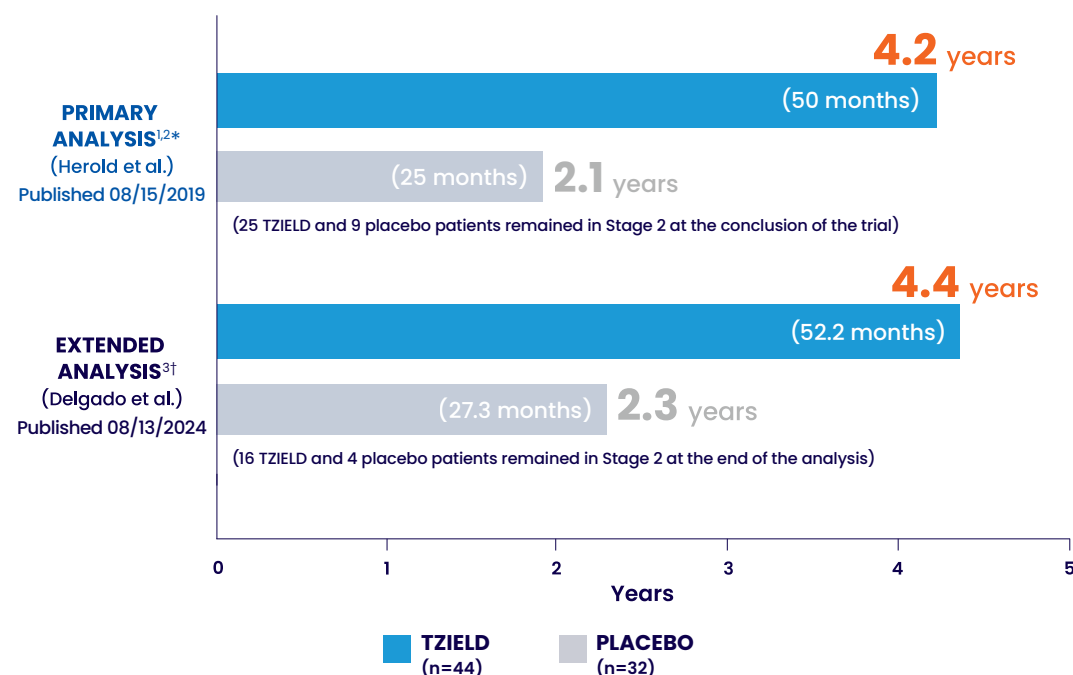
Please see additional Important Safety Information throughout and full Prescribing Information, including Boxed WARNING and patient selection criteria.

Tziield[®]
(teplizumab-mzwv)
Injection | 2 mg/2mL

In patients ≥8 years of age with Stage 2 T1D

Consistent results across the TN-10 primary and extended analyses¹⁻⁴

Median time to Stage 3 T1D onset across TN-10 analyses



Extended analysis limitations^{1,4}

This extended analysis is not contained in the Prescribing Information. The TN-10 study was relatively small at the start of the study, and patient numbers decreased throughout the follow-up analyses. Therefore, definitive conclusions cannot be derived from these data.

Patient results may vary.

*HR 0.41; 95% CI, 0.22–0.78; $P=0.0066$ by an adjusted Cox proportional-hazards model stratified by age and OGTT status at randomization. The median follow-up time was 51 months (range: 74 days to 2683 days), calculated using the reverse Kaplan-Meier method.^{1,2}

†The median follow-up time was 80.46 months, calculated using time to T1D diagnosis, end of study participation, or administration cutoff (end of study).³

IMPORTANT SAFETY INFORMATION (CONT'D)

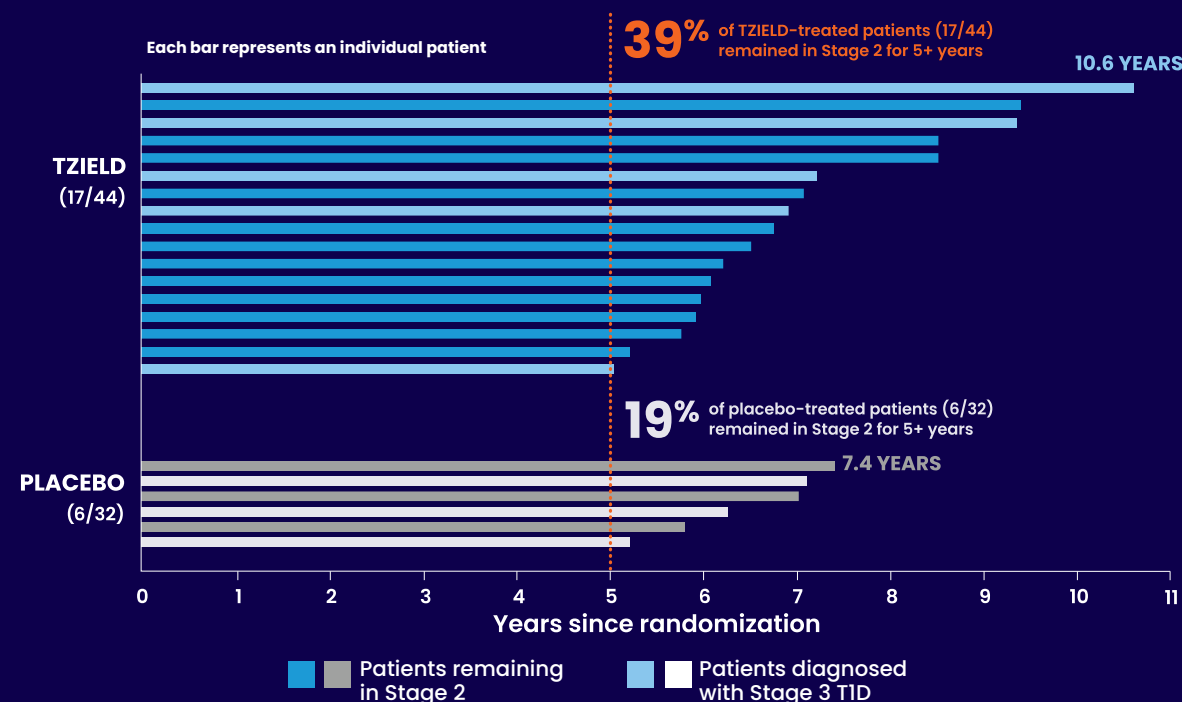
WARNINGS AND PRECAUTIONS (CONT'D)

Serious Infections: Bacterial and viral infections have occurred in TZIELD-treated patients. Adults may have a longer duration of severe lymphopenia following TZIELD treatment, which may increase the risk of serious infections. Use of TZIELD is not recommended in patients with active serious infection or chronic infection other than localized skin infections. Monitor patients for signs and symptoms of infection during and after TZIELD administration. If serious infection develops, treat appropriately, and discontinue TZIELD.

In patients ≥8 years of age with Stage 2 T1D

~4 out of 10 TZIELD-treated patients remained in Stage 2 beyond 5 years^{3,7*}

TN-10 extended analysis (Delgado et al., as of data cutoff July 2023)



Extended analysis limitations

These data are not contained in the Prescribing Information. The TN-10 study was relatively small at the start of the study, and patient numbers decreased throughout follow-up. Therefore, definitive conclusions cannot be derived from these data.

Patient results may vary.

*The median follow-up time was 80.46 months, calculated using time to T1D diagnosis, end of study participation, or administration cutoff (end of study).

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Lymphopenia: Lymphopenia occurred in most TZIELD-treated patients. For most patients, lymphocyte levels began to recover after the fifth day of treatment and returned to pretreatment values within two weeks after treatment completion and without dose interruption. Severe lymphopenia (<500 cells per mL) lasting 1 week or longer has been reported in TZIELD-treated patients.

Severe lymphopenia following TZIELD treatment may be more prolonged in adults. Obtain a CBC prior to starting TZIELD and monitor lymphocyte counts during TZIELD treatment. If prolonged severe lymphopenia develops (<500 cells per mL lasting 1 week or longer), permanently discontinue TZIELD.

Please see additional Important Safety Information throughout and full Prescribing Information, including Boxed WARNING and patient selection criteria.

Tziield[®]
(teplizumab-mzwv)
Injection | 2 mg/2mL

TZIELD is an immunomodulator with a well-established safety profile^{1*}

Serious adverse reactions reported throughout the TN-10 study with greater frequency in TZIELD-treated patients vs placebo-treated patients¹

Adverse reaction	TZIELD (n=44)	Placebo (n=32)
Cytokine release syndrome	2%	0%
Serious infections [†]	9%	0%
Lymphopenia [‡]	73%	6%
Hypersensitivity reactions and serum sickness	2%	0%

Common adverse reactions (≥5%) in the TN-10 study, in patients 8 years and older^{1§||}

Adverse reaction	TZIELD (n=44)	Placebo (n=32)
Lymphopenia	73%	6%
Rash [‡]	36%	0%
Leukopenia	21%	0%
Headache	11%	6%
Neutropenia	5%	3%
Increased alanine aminotransferase	5%	3%
Nausea	5%	3%
Diarrhea	5%	0%
Nasopharyngitis	5%	0%

*Adverse reactions in TZIELD-treated patients were also evaluated in a larger pool of adult and pediatric patients who participated in 5 controlled clinical studies (including the TN-10 study).¹

[†]Serious infections included cellulitis, gastroenteritis, pneumonia, and wound infection any time during or after the first dose of study treatment.¹

[‡]Grouped term includes other related terms.¹

[§]Adverse reactions that occurred in 2 or more TZIELD-treated patients.¹

^{||}Adverse reactions that occurred during treatment and through 28 days after the last study drug administration.¹



Not an actual patient

The approval of TZIELD was supported by a pooled safety analysis spanning 5 clinical studies including 773 patients¹

44 patients with Stage 2 T1D and 729 patients with Stage 3 T1D*

*In these studies, 436 patients received a 14-day dosing regimen of TZIELD with a total drug exposure that was comparable to the total drug exposure achieved with the recommended dosage, 168 patients received a 14-day course of TZIELD with a lower total TZIELD drug exposure, and 169 patients received a 6-day course of TZIELD with a lower total TZIELD drug exposure.¹

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hypersensitivity Reactions: Acute hypersensitivity reactions including serum sickness, angioedema, urticaria, rash, vomiting and bronchospasm occurred in TZIELD-treated patients. If severe hypersensitivity reactions occur, discontinue TZIELD and treat promptly.

Please see additional Important Safety Information throughout and full Prescribing Information, including Boxed WARNING and patient selection criteria.



Serious, life-threatening cases of viral reactivation, including EBV and CMV infection, have been reported with TZIELD¹

During and within 2 months of TZIELD treatment, if primary infection or reactivation of EBV or CMV occurs, it may present with increased severity, including EBV-associated lymphoproliferative disease and organ failure.¹

Patients who are immunocompromised, including patients with Down syndrome, are at an increased risk. TZIELD is contraindicated in patients who are immunocompromised or have active viral infection (such as EBV or CMV infection). The majority of serious viral reactivation cases occurred in patients who continued TZIELD despite persistent, severe lymphopenia. The duration of severe lymphopenia following TZIELD treatment may be prolonged in adults.¹

Serious cases have also been reported in adults with higher body surface area or comorbid conditions, such as adrenal insufficiency or cardiovascular disease.¹

Prior to initiating treatment with TZIELD, evaluate patients for active EBV and CMV infection and confirm absence of active infection on assessment of viral load (eg, PCR).¹

Monitoring for viral reactivation¹:

- TZIELD is contraindicated in patients who are immunocompromised or have active viral infection, such as EBV or CMV infection¹
- During treatment with TZIELD, regularly monitor lymphocyte counts and monitor patients for signs and symptoms of viral reactivation during treatment and for at least 2 months following the last infusion. If viral reactivation is suspected, discontinue TZIELD and obtain viral load (eg, PCR) promptly¹
- Consider appropriate expert consultation for diagnostic testing recommendations, as some diagnostic tests may give inaccurate results following treatment with TZIELD, including rapid heterophile antibody testing. If viral reactivation is confirmed, permanently discontinue TZIELD. Consider appropriate expert consultation for the management of severe viral reactivation¹

CMV=cytomegalovirus; EBV=Epstein-Barr virus; PCR=polymerase chain reaction.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Vaccinations: The safety of immunization with live-attenuated (live) vaccines with TZIELD-treated patients has not been studied. TZIELD may interfere with immune response to vaccination and decrease vaccine efficacy. Administer all age-appropriate vaccinations prior to starting TZIELD.

- Inactivated or mRNA vaccinations are not recommended within the 2 weeks prior to the TZIELD treatment course, during treatment, or up to 6 weeks after completion of the treatment course.
- Live-attenuated vaccinations are not recommended within the 8 weeks prior to starting TZIELD treatment, during treatment, or up to 52 weeks after completion of the treatment course.

In the TN-10 study, CRS was reported in TZIELD-treated patients¹

Manifestation of CRS in TZIELD-treated patients included fever, nausea (with or without vomiting), fatigue, headache, myalgia, arthralgia, increased ALT, increased AST, and increased total bilirubin. These manifestations typically occurred during the first 5 days of TZIELD treatment.¹

Guidance for CRS¹:

- Premedicate with antipyretics, antihistamines, and consider antiemetics prior to TZIELD treatment¹
- Monitor liver enzymes and bilirubin during treatment. Discontinue TZIELD treatment in patients who develop elevated ALT or AST more than 5 times ULN or bilirubin more than 3 times ULN¹
- Treat symptoms of CRS in TZIELD-treated patients with antipyretics, antihistamines and/or antiemetics¹
- If severe CRS develops, consider¹:
 - Temporarily pausing TZIELD dosing for 1–2 days, and if symptoms have resolved or significantly improved, subsequently administering the remaining doses on consecutive days to complete the full 14-day treatment course in patients with Stage 2 T1D, **or**
 - Discontinuing TZIELD

Lymphopenia is an expected and common adverse reaction to TZIELD that is often resolved by Week 6¹

For most TZIELD-treated patients who experienced lymphopenia, lymphocyte levels began to recover after the fifth day of treatment and returned to pretreatment values within 2 weeks after treatment completion and without dose interruption.¹

Severe lymphopenia (<500 cells per mL) lasting 1 week or longer occurred in 0.9% of TZIELD-treated patients, and 0.5% of TZIELD-treated patients permanently discontinued TZIELD because of lymphopenia.¹

Lymphopenia occurred in the absence of T-cell depletion.¹

Monitoring for lymphopenia¹:

- Severe lymphopenia following TZIELD treatment may be more prolonged in adults. Obtain a CBC prior to starting TZIELD and monitor white blood cell counts during TZIELD treatment. If prolonged severe lymphopenia (<500 cells per mL lasting 1 week or longer) develops, permanently discontinue TZIELD¹
- Monitor lymphocyte count regularly (every 2–3 days) during TZIELD infusion and monitor for lymphocyte recovery following completion of TZIELD¹

ALT=alanine aminotransferase; AST=aspartate aminotransferase; CBC=complete blood count; CRS=cytokine release syndrome; ULN=upper limit of normal.

Please see additional Important Safety Information throughout and full Prescribing Information, including Boxed WARNING and patient selection criteria.

Tziield[®]
(teplizumab-mzwv)
Injection | 2 mg/2mL

STAGE 2 PEDIATRIC INDICATION



TZIELD is approved in patients with Stage 2 T1D as young as 1 year of age¹

The PETITE-T1D study

evaluated the safety of TZIELD in pediatric patients 1 year of age to <8 years of age¹

PETITE-T1D study design¹

The pharmacokinetics and safety of TZIELD were evaluated in a non-randomized, single-arm, open-label, multicenter study in 23 pediatric patients age 1 year to less than 8 years with Stage 2 T1D. The median age was 4.9 years (1 patient was less than 2 years old; 52% were age 2 years to less than 5 years old).

The safety of TZIELD has been evaluated in pediatric patients 1 year of age and older with Stage 2 T1D.

PETITE-T1D safety profile¹

Overall, the safety profile of TZIELD observed in pediatric patients aged 1 to 8 years of age (n=23) with Stage 2 T1D was consistent with the safety profile observed in patients 8 years of age and older with Stage 2 T1D.

In PETITE-T1D, the most common adverse reactions that occurred in patients 1 to <8 years of age were vomiting (52%) and diarrhea (30%).

Procedure-related venous thrombosis¹

Venous thrombus and thrombophlebitis have been reported in patients receiving TZIELD intravenously administered via peripherally inserted central catheter (PICC). In the pool of 5 clinical trials of patients, deep vein thrombus was reported in 0.4% of TZIELD-treated patients compared to 0 placebo-treated patients. One TZIELD-treated patient (4.3%) in the PETITE-T1D study experienced a deep vein thrombosis.



The safety and effectiveness of TZIELD have not been established in pediatric patients younger than 1 year of age¹

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS

Most common adverse reactions were lymphopenia, vomiting, rash, leukopenia, diarrhea, neutropenia, increased liver transaminase and headache.



Not an actual patient

Use of TZIELD

Use of TZIELD for this indication is supported by evidence from an adequate and well-controlled study (Study TN-10) in adult and pediatric patients 8 years of age and older (including 29 pediatric patients) with Stage 2 T1D and from additional pharmacokinetic and safety data in 23 pediatric patients aged 1 to <8 years of age with Stage 2 T1D (PETITE-T1D).¹

Adverse reactions observed in pediatric patients 1 year of age and older who received TZIELD were consistent with that observed in patients 8 years of age and older with Stage 2 T1D¹

Please see additional Important Safety Information throughout and full **Prescribing Information**, including **Boxed WARNING** and patient selection criteria.

Tziield[®]
(teplizumab-mzwv)
Injection | 2 mg/2mL

The ADA recommends patients with 2+ AABs to be referred to a specialist for staging and monitoring⁸

TZIELD (teplizumab-mzwv) is indicated to delay the onset of Stage 3 type 1 diabetes (T1D) in adult and pediatric patients 1 year of age and older with Stage 2 T1D.

Limitations of Use:

- There is limited evidence of safety and effectiveness in patients aged 45 years and older with Stage 2 T1D.
- TZIELD is not effective as a disease modifying therapy in non-autoimmune dysglycemic conditions.

In patients 8 years of age and older, 2x more time in Stage 2 with TZIELD vs placebo (TN-10 study)^{1,2}

Median time to Stage 3 onset: TZIELD (50 months) vs placebo (25 months)

Median follow-up time was 51 months (range: 74 days to 2683 days).

Patient results may vary.

The most common adverse reactions in the TN-10 study ($\geq 5\%$) were lymphopenia, rash, leukopenia, headache, neutropenia, increased alanine aminotransferase, nausea, diarrhea, and nasopharyngitis.

Throughout the study, greater incidences of these serious adverse reactions were reported in

TZIELD-treated patients vs placebo-treated patients:

- Cytokine release syndrome (2% vs 0%)
- Serious infections (9% vs 0%)*
- Lymphopenia (73% vs 6%)
- Hypersensitivity reactions and serum sickness (2% vs 0%)

Established safety profile in patients 1 to <8 years of age (PETITE-T1D study)¹

Overall, the safety profile of TZIELD observed in pediatric patients aged 1 to 8 years of age (n=23) with Stage 2 T1D was consistent with the safety profile observed in patients 8 years of age and older with Stage 2 T1D.

- The most common adverse reactions that occurred in patients <8 years of age were vomiting (52%) and diarrhea (30%)
- One TZIELD-treated patient (4.3%) in the PETITE-T1D study experienced a deep vein thrombosis

TzielD **COMPASS** Patient Support and Resources

TZIELD COMPASS helps patients navigate treatment and cost:

- **91% of commercially- and Medicaid-insured** individuals are covered for TZIELD[†]
- Your eligible, commercially-insured patients may be able to **pay as little as \$0** for TZIELD[†]

*Serious infections included cellulitis, gastroenteritis, pneumonia, and wound infection any time during or after the first dose of study treatment.¹

[†]Formulary data are provided by Managed Markets Insight & Technology, LLC and are current as of 12/2024.

[‡]Eligibility requirements and terms and conditions apply. Not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, VA, DoD, Tricare, or similar federal or state programs including any state pharmaceutical programs. Not valid where prohibited by law. Sanofi reserves the right to modify or terminate the Copay Program at any time without notice. Any savings provided by the Copay Program may vary depending on patients' out-of-pocket costs. Upon registration, patients receive all program details. See <https://tzielhcp.com/pdf/compass-program-terms-and-conditions.pdf> for more information. This program is intended to help with the cost of TZIELD and its infusion administration only. It does not help with the cost of other medicines patients take at the same time as TZIELD or with other facility fees.

ADA=American Diabetes Association.

IMPORTANT SAFETY INFORMATION (CONT'D)

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** May cause fetal harm. To minimize exposure to a fetus, avoid use of TZIELD during pregnancy and at least 30 days prior to planned pregnancy. Report pregnancies to us at our Adverse Event reporting line at 1-800-633-1610 or visit <https://ae.reporting.sanofi>
- **Lactation:** A lactating woman may consider pumping and discarding breast milk during and for 20 days after TZIELD administration.

Please see additional Important Safety Information throughout and full Prescribing Information, including Boxed WARNING and patient selection criteria.

References: 1. TZIELD Prescribing Information. 2. Herold KC, Bundy BN, Long SA, et al; Type 1 Diabetes TrialNet Study Group. An anti-CD3 antibody, teplizumab, in relatives at risk for type 1 diabetes. *N Engl J Med*. 2019;381(7):603-613. 3. Lledó-Delgado A, Preston-Hurlburt P, Currie S, et al. Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at risk for type 1 diabetes. *J Clin Invest*. 2024;134(18):e177492. 4. Sims EK, Bundy BN, Stier K, et al; Type 1 Diabetes TrialNet Study Group. Teplizumab improves and stabilizes beta cell function in antibody-positive high-risk individuals. *Sci Transl Med*. 2021;13(583):eabc8980. 5. Data on file. Sanofi. 6. diaTribe Learn. FDA approves TzielD (teplizumab) to delay type 1 diabetes. Updated November 21, 2022. Accessed August 4, 2026. <https://diatribe.org/fda-approves-tzielD-teplizumab-delay-type-1-diabetes> 7. Lledó-Delgado A, Preston-Hurlburt P, Currie S, et al. Teplizumab induces persistent changes in the antigen-specific repertoire in individuals at risk for type 1 diabetes. *J Clin Invest*. 2024;134(18)(suppl):e177492. 8. American Diabetes Association Professional Practice Committee for Diabetes. Standards of care in diabetes—2026. *Diabetes Care*. 2026;49(suppl 1):S1-S371.

sanofi

TzielD[®]
(teplizumab-mzwv)
Injection | 2 mg/2mL