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Veeva PromoMats Webinar

Learn how to publish and withdraw content to non-personal digital channels from Vault

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Agenda

1. What is Vault Digital Publishing?
2. Use Case: Content Distribution
3. Use Case: File Management
4. Use Case: Content Automation
5. Summary

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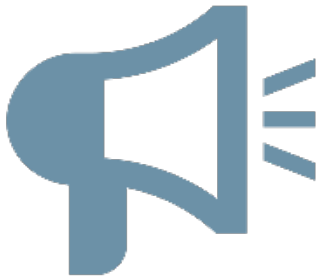
Webinar Housekeeping



Microphones will be **muted** throughout the webinar

Please use Q&A function to ask questions

Questions will be answered at the end of the demonstration

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Your Community for Digital Excellence

Digital Engagement Is Here to Stay

86%
More Content Produced
compared to the past six months

+891%
Engage Meetings Started
19 minutes average meetings duration

+600%
Approved Emails Sent
37% average open rate

Drive Digital Excellence in Your Company

9,400+
Life Sciences Professionals

200+
Life Sciences Companies

Educational Webinars
Learn tips and tricks, best practices, and industry trends

Customer Exchanges
Collaborate and connect with commercial and medical colleagues

Local Community Forums
Explore local market trends and topics

Commercial and Medical Hub
Access resources and be the first to hear upcoming innovation

Source: Veeva Pulse Data

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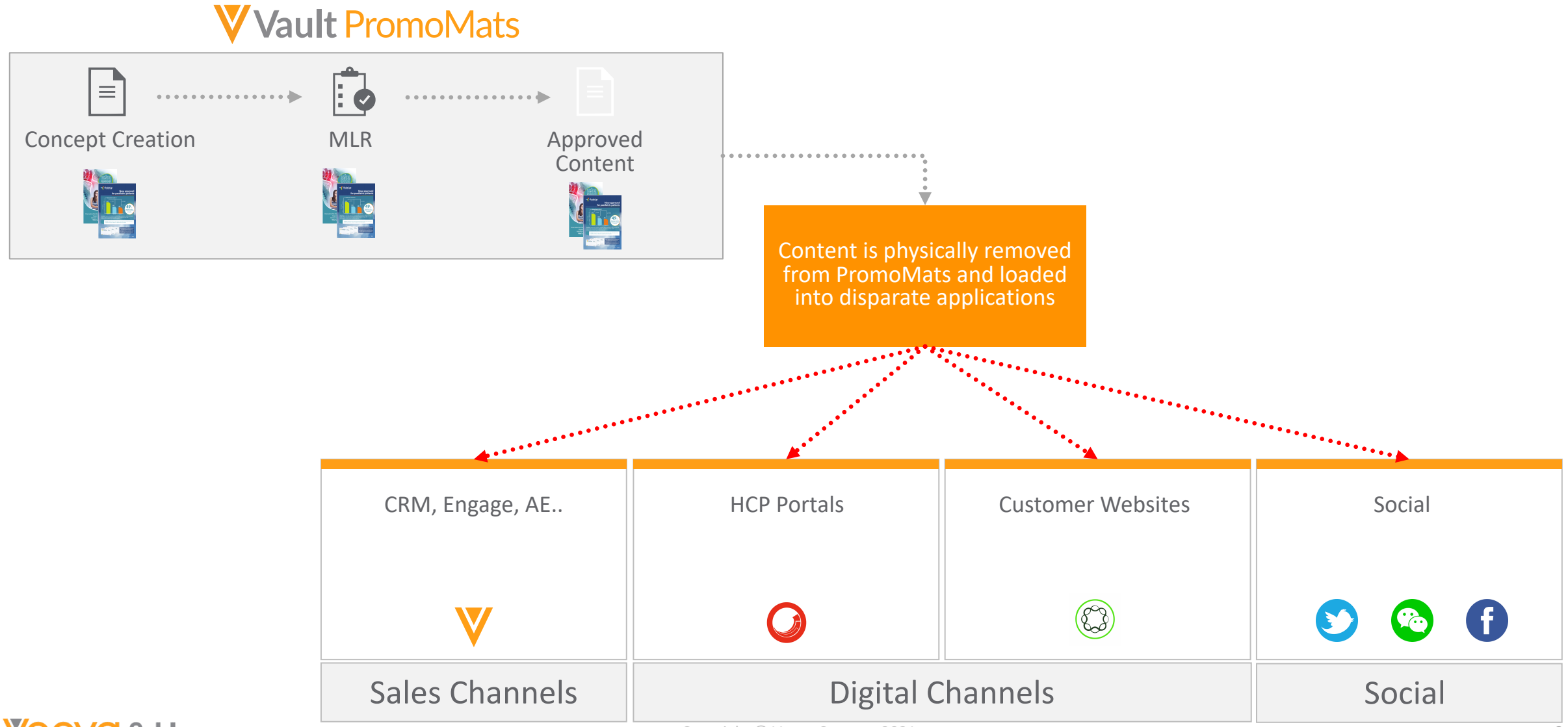
Vault Digital Publishing

Overview

Vault Digital Publishing

Traditional Content Publishing



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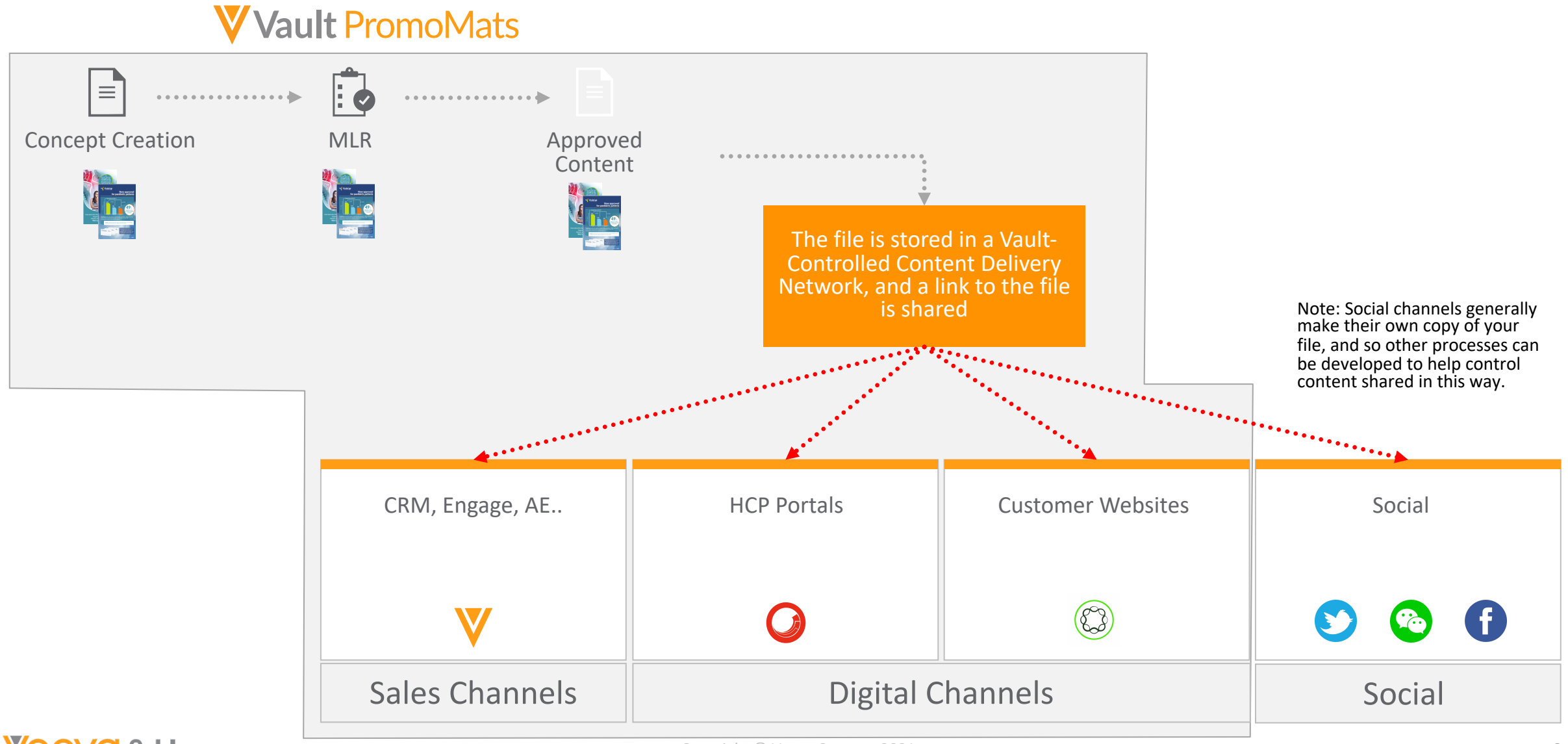
Vault Digital Publishing



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Core Capabilities

Automated publishing of source file and renditions

URLs dynamically link to the latest approved content

Automated pull of content upon expiration or withdrawal

Geographical performance and usage tracking

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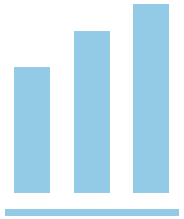
Why You Should Adopt Digital Publishing

Maintains the integrity of your DAM

Optimal content delivery experiences

Enhances compliance



Generates insights

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Technical Breakdown

Core AWS Components

Stores documents pushed by Vault as objects

Veeva Canonical ID must have read/write permission to customer buckets

Enables access to an S3 object via a public URL

Must have read access to objects written by Veeva through the Origin Access Identity ID

Provides read access to AWS CloudFront usage logs to Veeva

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How Does it Work?

You own subscription to Amazon CloudFront

- Integration is built
- You manage the setup and own the AWS resources

Three buckets

- Production Bucket
- Staging Bucket (optional)
- Log Bucket (optional)

Metadata-based

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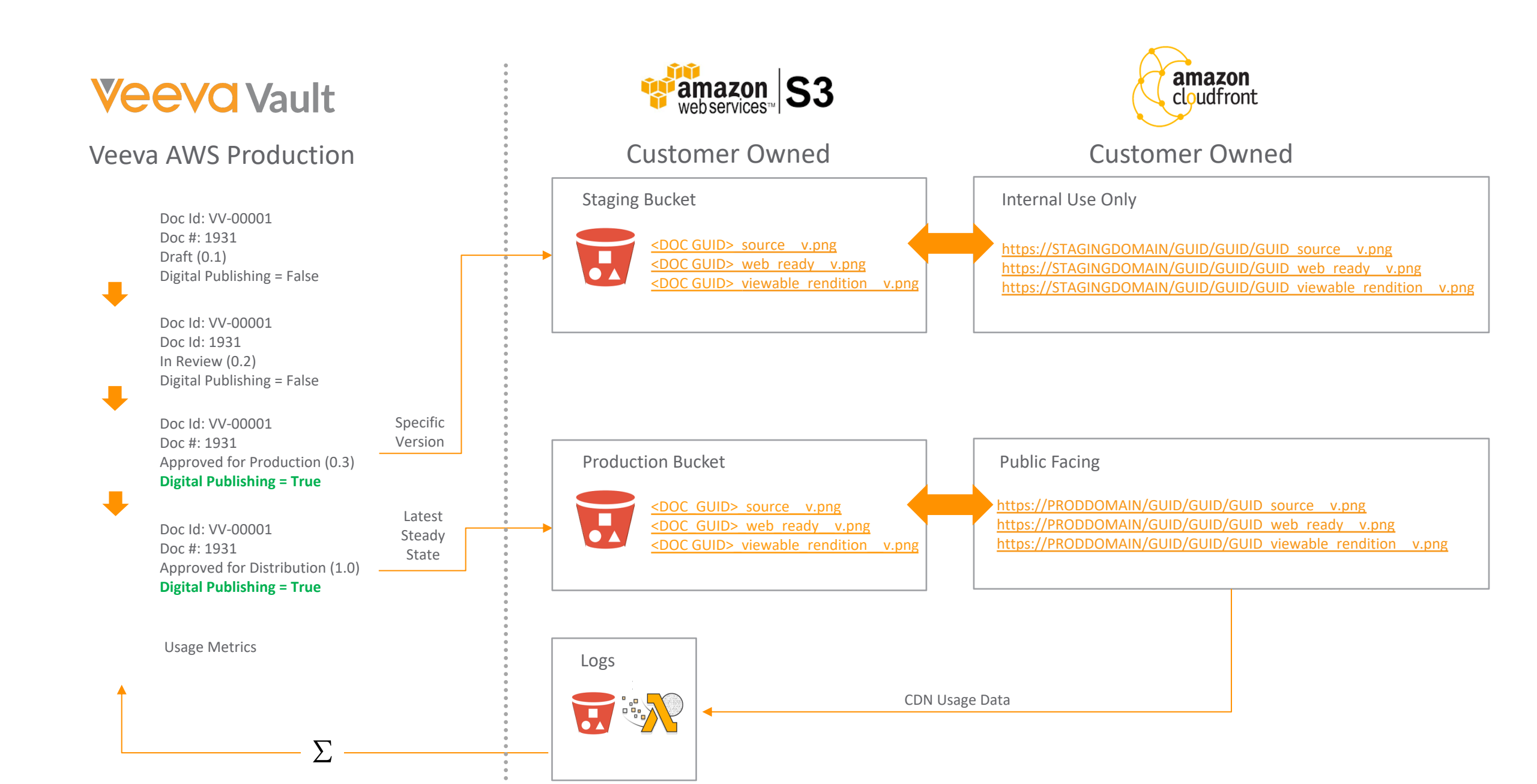

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Use Cases

User Case 1 – Adding PI to an Email

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use NATEVBA safely and effectively. See full prescribing information for NATEVBA.

NATEVBA (revanamab) 50 mg powder for concentrate for solution for infusion
Initial U.S. Approval: 2020

INDICATIONS AND USAGE
NATEVBA (revanamab) is an anti-antibody-drug conjugate indicated for the first-line treatment of adult patients with:
• X-antigen-positive (XA+) Non-Hodgkin's Lymphoma (NHL) (1.1).

DOSAGE AND ADMINISTRATION
• Administer only as an intravenous infusion (2.1).
• Do not administer as an intravenous push or bolus (2.1).
• NATEVBA should only be administered by a healthcare professional with appropriate medical support to manage severe infusion-related reactions that can be fatal if they occur (2.1).
• The dose for XA+ NHL is 1.8 mg/kg (2.2).

DOSAGE FORMS AND STRENGTHS
NATEVBA consists of 1 single-use vial with 50 mg lyophilized white powder for injection. (3) After reconstitution with sterile water for injection, the vial contains revanamab for injection, 5 mg/mL. Reconstituted solution requires further dilution prior to administration.

CONTRAINDICATIONS
None (4)

WARNINGS AND PRECAUTIONS
• Tumor lysis syndrome: Administer aggressive intravenous hydration, anti-hyperuricemic agents; monitor renal function (5.5).

Revised: 01/2021

FULL PRESCRIBING INFORMATION: CONTENTS*
1 INDICATIONS AND USAGE
1.1 X-antigen-positive Non-Hodgkin's Lymphoma (XA+ NHL)
2 DOSAGE AND ADMINISTRATION
2.1 Important Dosing Information
2.2 Recommended Dose for X-antigen positive Non-Hodgkin's Lymphoma (XA+ NHL)
2.3 Administration and Storage
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
5.1 Infusion Related Reactions
5.2 Severe Mucocutaneous Reactions
5.3 Hepatitis B Virus (HBV) Reactivation
5.4 Progressive Multifocal Leukoencephalopathy (PML)
5.5 Tumor Lysis Syndrome (TLS)
6 ADVERSE REACTIONS
6.1 Clinical Trials Experience in Lymphoid Malignancies
7 DRUG INTERACTIONS
8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.2 Lactation
8.3 Females and Males of Reproductive Potential
8.4 Pediatric Use
8.5 Geriatric Use
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
14 CLINICAL STUDIES
14.1 Relapsed or Refractory, X-antigen positive Non-Hodgkin's Lymphoma (XA+ NHL)
14.2 Previously Untreated, X-antigen positive Non-Hodgkin's Lymphoma (XA+ NHL)
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

FULL PRESCRIBING INFORMATION
1 INDICATIONS AND USAGE
1.1 Non-Hodgkin's Lymphoma (NHL)
NATEVBA (revanamab) is indicated for the first-line treatment of adult patients with:
• X-antigen-positive (XA+) Non-Hodgkin's Lymphoma (NHL).
2 DOSAGE AND ADMINISTRATION
2.1 Important Dosing Information
Administer only as an Intravenous Infusion [see Dosage and Administration (2.0)]
Do not administer as an intravenous push or bolus. NATEVBA should only be administered by a healthcare professional with appropriate medical support to manage severe infusion-related reactions that can be fatal if they occur *[see Warnings and Precautions (5.1)]*.
Premedicate before each infusion [see Dosage and Administration (2.7)].

Prior to First Infusion: Screen all patients for HBV infection by measuring HBsAg and anti-HBc before initiating treatment with NATEVBA [see Warnings and Precautions (5.3)]. Obtain complete blood counts (CBC) including platelets prior to the first dose.
During NATEVBA Therapy: In patients with lymphoid malignancies, during treatment with NATEVBA monotherapy, obtain complete blood counts (CBC) with differential and platelet counts prior to each NATEVBA course. During treatment with NATEVBA and chemotherapy, obtain CBC with differential and platelet counts at weekly to monthly intervals and more frequently in patients who develop cytopenia *[see Adverse Reactions (6.1)]*. In patients with RA, GPA or MPA, obtain CBC with differential and platelet counts at two-to-four-month intervals during NATEVBA therapy. Continue to monitor for cytopenia after final dose and until resolution.
• Infections: Withhold NATEVBA and institute appropriate anti-infective therapy (5.6).
• Cardiac adverse reactions: Discontinue infusions in case of serious or life-threatening events (5.7).
• Renal toxicity: Discontinue in patients with rising serum creatinine or oliguria (5.8).
• Bowel obstruction and perforation: Consider and evaluate for abdominal pain, vomiting, or related symptoms (5.9).
• Immunizations: Live virus vaccinations prior to or during NATEVBA treatment not recommended (5.10).
• Embryo-fetal toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and use of effective contraception (5.11).

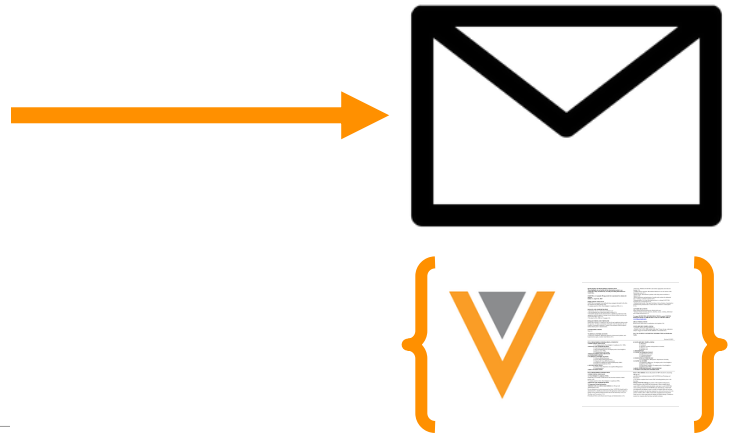
ADVERSE REACTIONS
Most common adverse reactions in clinical trials were:
• Infusion-related reactions, infection, diarrhea, nausea, vomiting, abdominal pain, fatigue and pyrexia (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact VERTEO Biohaemocrafcafe at 1-800-465-5555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

DRUG INTERACTIONS
Renal toxicity when used in combination with cisplatin (5.8).

USE IN SPECIFIC POPULATIONS
• Lactation: Advise not to breastfeed (8.2).
•Geriatric Use: In XA+ NHL patients older than 70 years of age, exploratory analyses suggest no benefit with the addition of revanamab (8.5).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.



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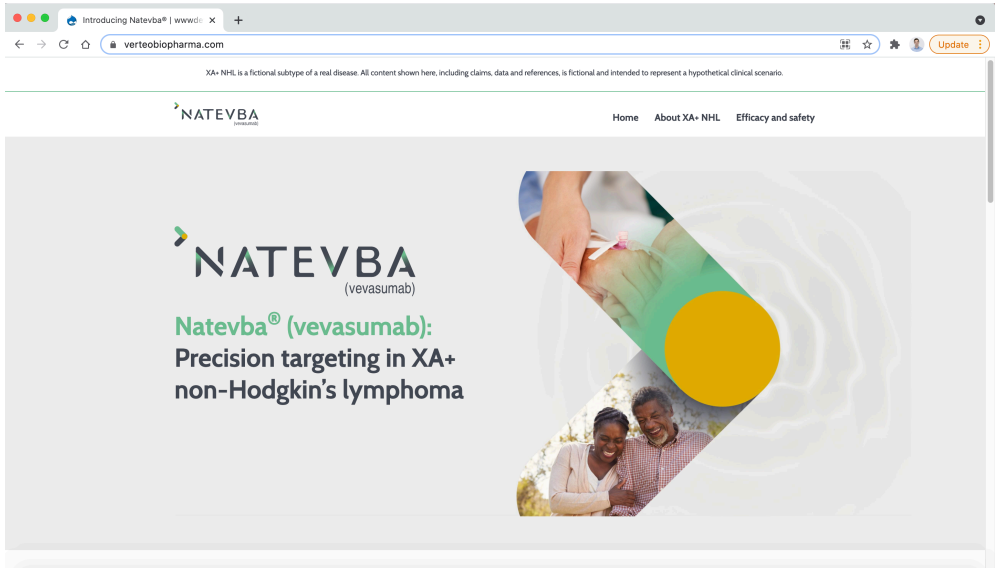
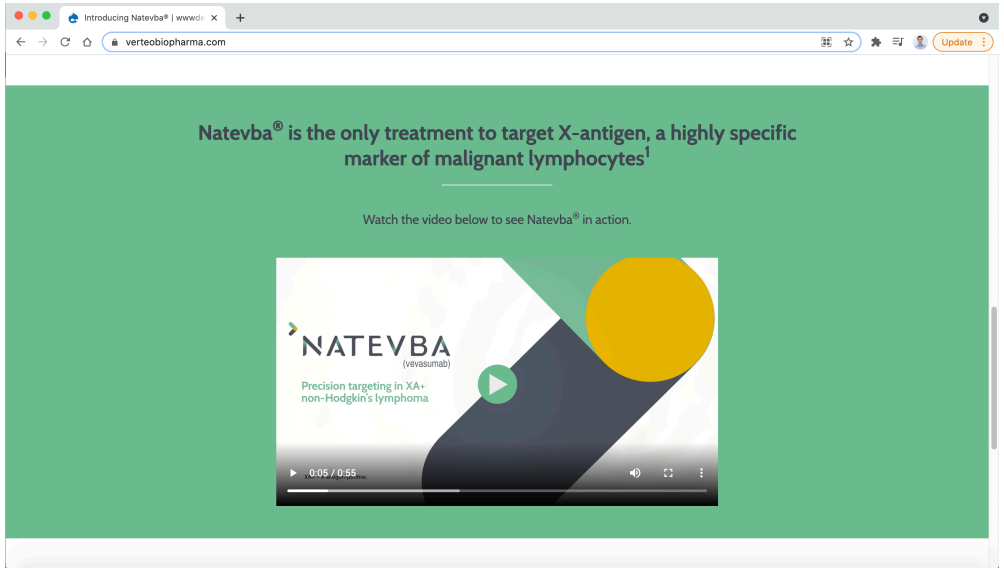
Use Case 2 – Managing your website content

- Update individual components on your website (logo, video)
- Content updated automatically when changes are made on PromoMats





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Use Case

Content Automation

Content Automation

- Digital Publishing can be used to set up Automatic Content Publishing, to achieve this you need to combine it with a connection to the Vault API

- The API connection will provide your site with information such as the status of the file, additional metadata fields such as Name and Description, and the Vault Digital Publishing URL

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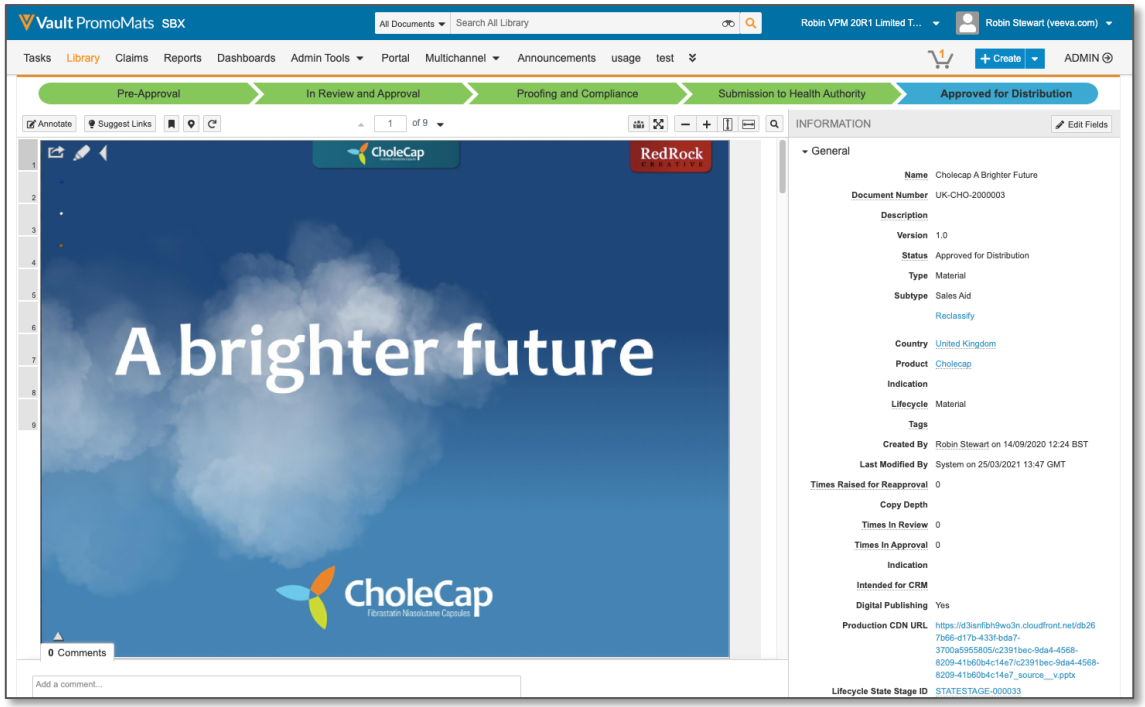
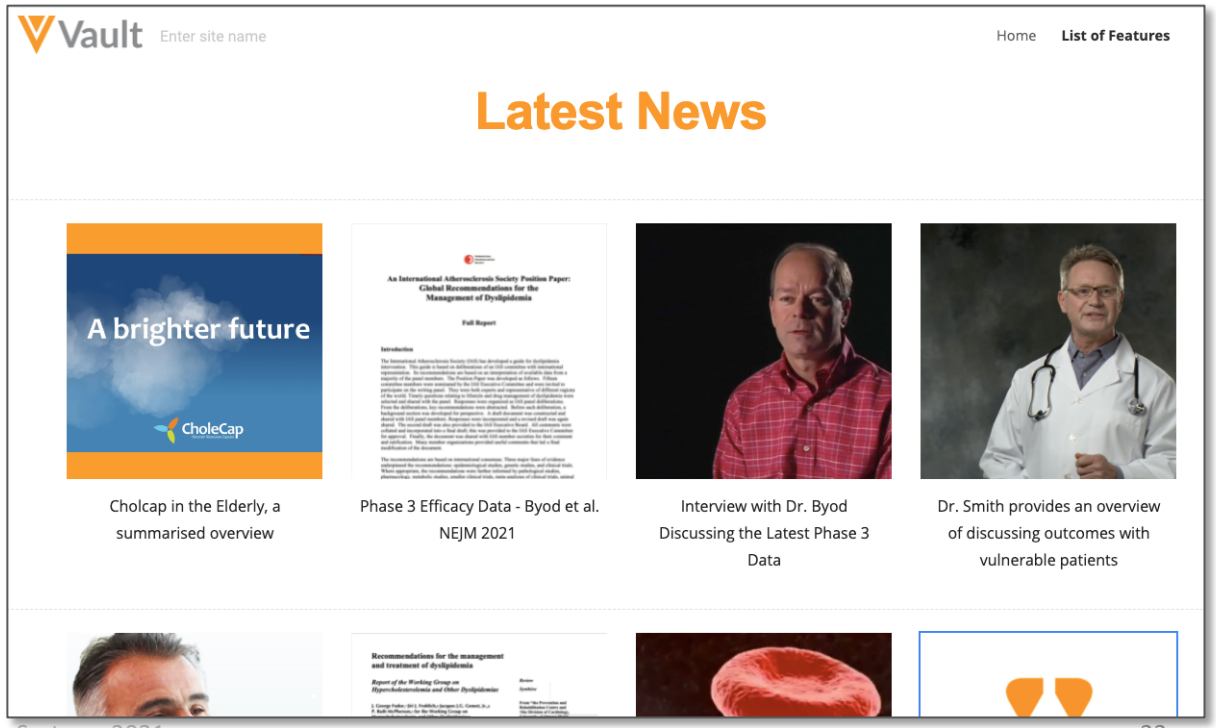
Publishing to a Production site



API Request: Latest Digital Published Content

API Response: Title/Thumbnail/Link to AWS



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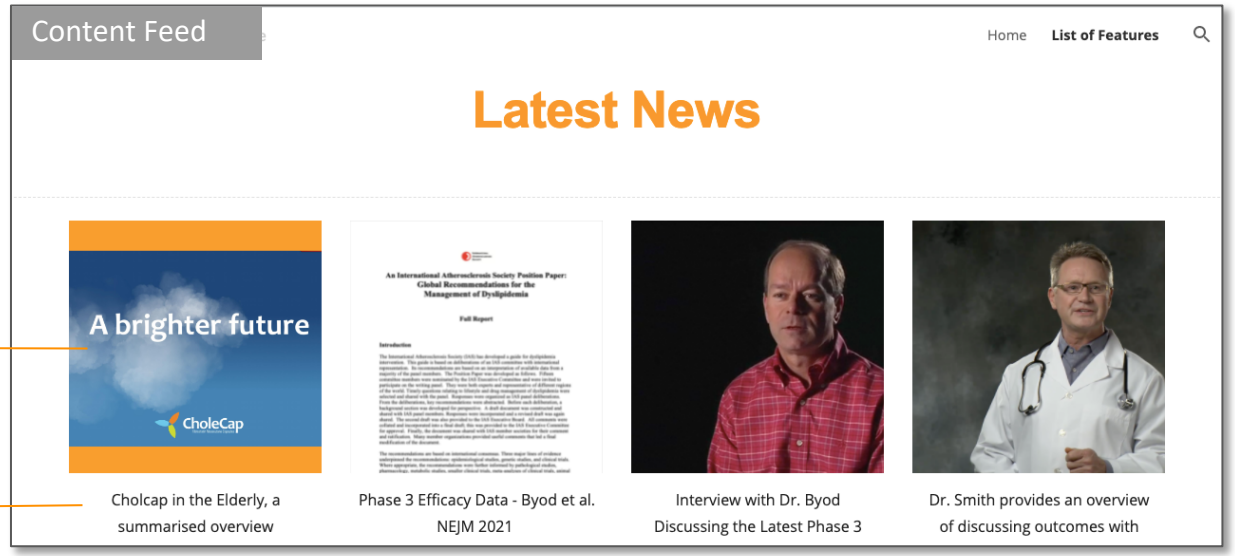
Content Feed

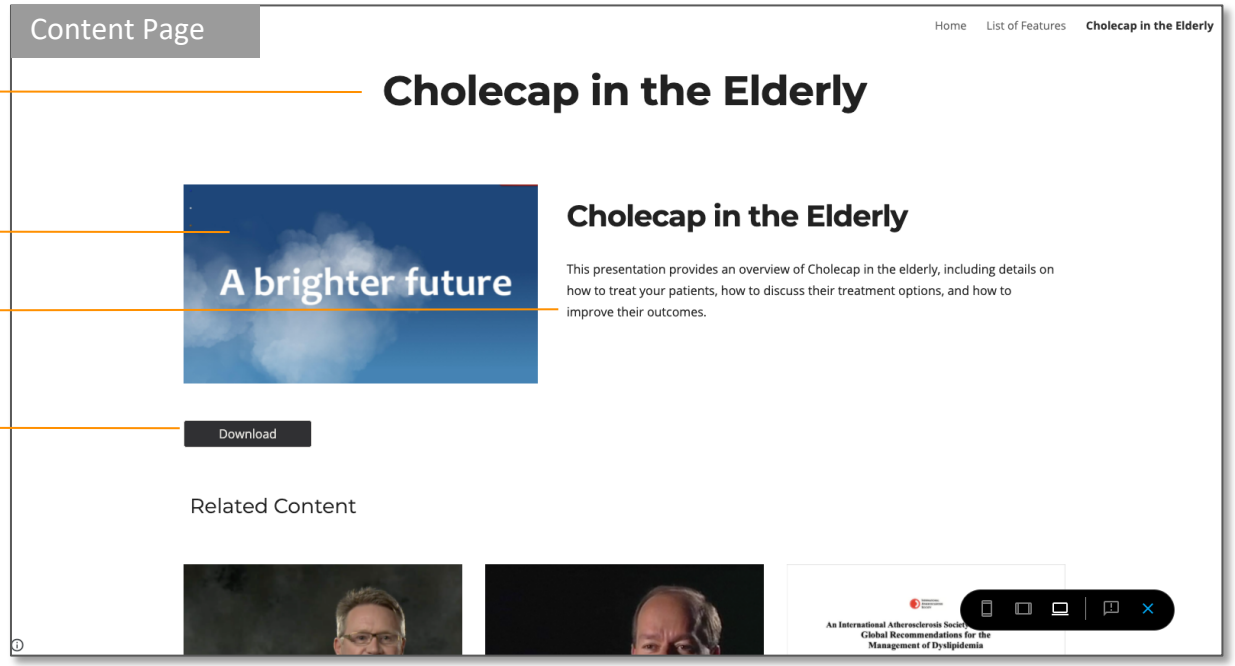


Thumbnail Rendition

Document Title

New Content is Published to the Feed in chronological order, or based on other criteria.

Content Page



Document Title

Thumbnail Rendition

Description

AWS link

Content pages are generated automatically when new content is Approved in Vault, the various fields populated with the document metadata, and related content linked based on e.g. related tags.

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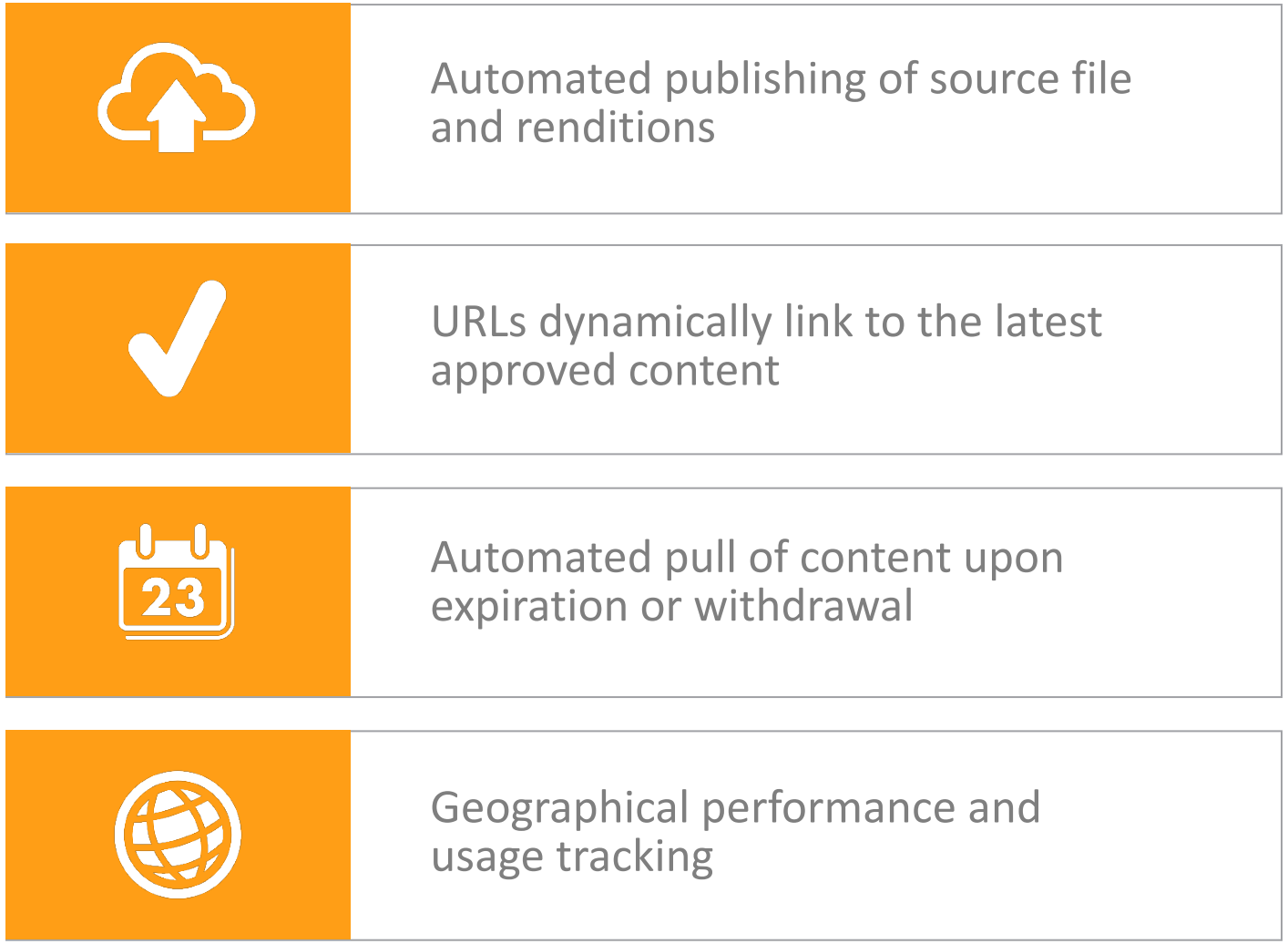
Summary



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Thank you