



elissa curtis

ecdirection.com • linkedin.com/in/ehcurtis • ehcurtis@gmail.com

CASE STUDIES

Pharma Brand – HCP & DTC Launch

Simpson Healthcare

an IQVIA Business

for Verastem Oncology

PROJECT	SUBJECT MATTER
Launch campaign	Oncology launch
HCP brochure	KRAS-mutant LGSOC
Congress materials	RAF/MEK + FAK inhibition
Social & display ads	Accelerated approval
Patient support enrollment	Patient access support
SECTOR	AUDIENCE
Oncology	HCP / Oncologist
Rare disease	Gynecologic oncology
Women’s health	Patient & care partner
Specialty pharma	Office & access staff
STRATEGY	COMMUNICATION
Launch readiness	Journal ad
Omnichannel visual system	Congress exhibit
Fair balance & ISI integration	Rep-triggered email
Motion storyboarding	Paid social
	Programmatic display
	Enrollment form

Omnichannel launch campaign for a first-in-class ovarian cancer therapy

CHALLENGE
Verastem Oncology was weeks from FDA accelerated approval of AVMAPKI FAKZYNJA CO-PACK, the first and only treatment for recurrent KRAS-mutant low-grade serous ovarian cancer (LGSOC), a rare cancer where more than 80% of patients recur. Simpson Health needed the full launch ready on day one, for oncologists and for patients. Two brand names, a dual mechanism, and long-form safety information all had to live cleanly in every format, from a 300x50 mobile banner to a booth display over six feet tall, and move through medical, legal, and regulatory review on a pre-approval timeline.

ACTION
Art directed the launch visual system and carried it across every channel. Built the look around the interlocking embossed co-pack mark, a navy and teal palette, and a bold “NOW APPROVED” lockup that reads the same at any size. Designed the 14-page HCP brochure, turning RAMP 201 efficacy data and the RAF/MEK plus FAK mechanism into clear, fair-balanced pages, along with the journal ad, congress pop-up, and exhibit tablecloth.

Rep-triggered launch emails came next, for desktop and mobile, plus the Verastem Cares enrollment form that moves patients into access support. For HCP and DTC social, created Facebook and Instagram in-feed and story ads with frame-by-frame animation storyboards, a six-size display banner suite in animated and static versions with scrolling ISI, and profile layouts for LinkedIn, X, TikTok, Instagram, and Facebook. Partnered with copy, medical editorial, and account teams through MLR. Some assets went 20+ rounds.

RESULTS
A complete, MLR-approved launch campaign of 30+ assets across print, congress, email, social, display, and patient support, all on one visual system from mobile banner to exhibit booth. Everything was finished ahead of the May 2025 FDA approval, so Verastem could go live in every channel the moment the first treatment for recurrent KRAS-mutant LGSOC reached the market.

First and only approved treatment for recurrent KRAS-mutant LGSOC, launched to HCP and DTC audiences	30+ assets across six channels built on a single visual system	Six-size animated and static display suite with integrated scrolling ISI	Launch materials approved and ready ahead of the May 2025 FDA accelerated approval
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HCP brochure: 14-page “Now Approved” digital brochure introducing AVMAPKI FAKZYNJA to oncologists

INDICATION

AVMAPKI in combination with FAKZYNJA is indicated for the treatment of adult patients with recurrent low-grade serous ovarian cancer (LGSOC) who have received at least one prior systemic therapy and have a Kirsten rat sarcoma viral oncogene homolog (KRAS) mutation.

This indication is approved under accelerated approval based on tumor response rate and duration of response (see Clinical Studies); continued approval for this Indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

NOW APPROVED AVMAPKI FAKZYNJA

THE FIRST AND ONLY TREATMENT APPROVED FOR PATIENTS WITH RECURRENT LGSOC WHO HAVE A KRAS MUTATION^{1,2}

Please see additional Important Safety Information throughout and [click here for full Prescribing Information](#).

Low-grade serous ovarian cancer (LGSOC) is a rare ovarian cancer that is insidious and persistent.^{3,4}

KEY FACTS ABOUT LGSOC

- LGSOC is most commonly diagnosed between the ages of 20 to 30 and 50 to 60⁵
- Over 80% of patients with LGSOC will experience recurrence¹

UNTIL NOW, THERE HASN'T BEEN AN FDA-APPROVED TREATMENT FOR RECURRENT KRAS-MUTANT LGSOC²

IMPORTANT SAFETY INFORMATION
Warnings and Precautions

- Ocular Disorders:** Ocular disorders, including visual impairment and detachment of the retinal pigment epithelium, may occur. Monitor patients for signs or symptoms of ocular disorders. Consider dose interruption or dose reduction of AVMAPKI and FAKZYNJA when symptomatic ocular disorders occur.

Please see additional Important Safety Information throughout and [click here for full Prescribing Information](#).

WHAT ARE AVMAPKI AND FAKZYNJA?

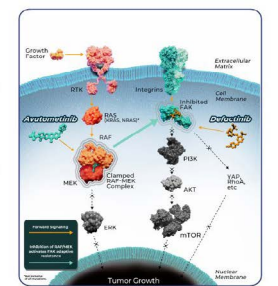
AVMAPKI and FAKZYNJA is the first and only treatment approved for recurrent KRAS-mutant LGSOC. AVMAPKI and FAKZYNJA are for women with recurrent LGSOC who have a KRAS mutation and who have received at least one prior systemic therapy.¹

HOW AVMAPKI AND FAKZYNJA WORK

AVMAPKI (pivutemelinib) is a RAF/MEK clamp that potently inhibits MEK while also blocking the compensatory reactivation of MEK by upstream RAF.¹

FAKZYNJA (defactinib) is a selective inhibitor of FAK, a key adaptive resistance mechanism to the RAS/MAPK pathway.¹

Combining the FAK inhibition of defactinib with the RAF/MEK blockade of pivutemelinib has been shown to provide more robust suppression of tumor cell lines in vitro.¹



IMPORTANT SAFETY INFORMATION (CONT'D)
Warnings and Precautions

- Skin Reactions:** In clinical trials, skin reactions occurred in 94% of patients treated with AVMAPKI and FAKZYNJA. Monitor for skin reactions and consider dose interruption or dose reduction of AVMAPKI and FAKZYNJA.

Please see additional Important Safety Information throughout and [click here for full Prescribing Information](#).

EFFICACY OF AVMAPKI AND FAKZYNJA IN PATIENTS WITH RECURRENT LGSOC WHO HAVE A KRAS MUTATION¹

- 44%** CONFIRMED OVERALL RESPONSE RATE (n=57, 95% CI: 31, 58)
- 31.1** MEDIAN DURATION OF RESPONSE (MONTHS) (n=57, 95% CI: 14.8, 31.1)
- 63%** DURATION OF RESPONSE ≥12 MONTHS (n=57)

IMPORTANT SAFETY INFORMATION (CONT'D)

- Drug Interactions:** Due to the interaction with FAKZYNJA, patients requiring anticoagulation should use an alternative to warfarin.
- Embryo-Fetal Toxicity:** AVMAPKI and FAKZYNJA may cause fetal harm. Advise of the potential risk to a fetus and to use effective contraception.

Please see additional Important Safety Information throughout and [click here for full Prescribing Information](#).

ACCESS SUPPORT FOR YOU AND YOUR PATIENTS

Verastem Cares™ is designed to support your efforts to address patient access challenges. We are available to assist with the following:

- Insurance navigation**
We help confirm patient-specific coverage and identify prior authorization requirements that will help facilitate your completion of any necessary prior authorization requests. We will support you as you navigate the prior authorization and appeals processes, as appropriate and if necessary.
- Financial and patient assistance programs**
We offer coverage support options to reduce patient out-of-pocket costs. If your patient faces insurance-related delays, we offer a Quick Start program for those not yet on therapy and a Bridge solution for those already treated with AVMAPKI and FAKZYNJA. If your patient has inadequate or no coverage, they may qualify for our Patient Assistance Program.
- Logistics support**
Our team coordinates with your office, insurance companies, and when appropriate, specialty pharmacies to ensure patients can access AVMAPKI and FAKZYNJA per your direction.
- Educational resources**
We direct patients to valuable resources to better understand AVMAPKI and FAKZYNJA.

For patient access information call Verastem Cares™ at 866-351-8372.

Scan to learn more about AVMAPKI FAKZYNJA

For medical information about AVMAPKI FAKZYNJA call 833-561-INFO (833-561-4636).

REFERENCES: 1. AVMAPKI FAKZYNJA, Prescribing Information, Verastem, Inc., 2025. 2. Banerjee SN, et al. Presented at: 2024 Annual Meeting of the International Gynecologic Cancer Society, October 16 – 18, 2024, Dublin, Ireland. 3. Balawie A, et al. *Gynecol Oncol*. 2022;124:450. 4. Gershenson DM, et al. *J Clin Oncol*. 2015;33(34):2075-2082. 5. Manning-Goss BL, et al. *Clin Adv Hematol Oncol*. 2024;22(5):205-211.

Read the full Prescribing Information.

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VERASTEM ONCOLOGY

Cover: first-and-only launch positioning

Disease state: LGSOC key facts

Mechanism of action: RAF/MEK clamp plus FAK inhibition

Efficacy: RAMP 201 response rate and duration of response

Access: Verastem Cares patient support

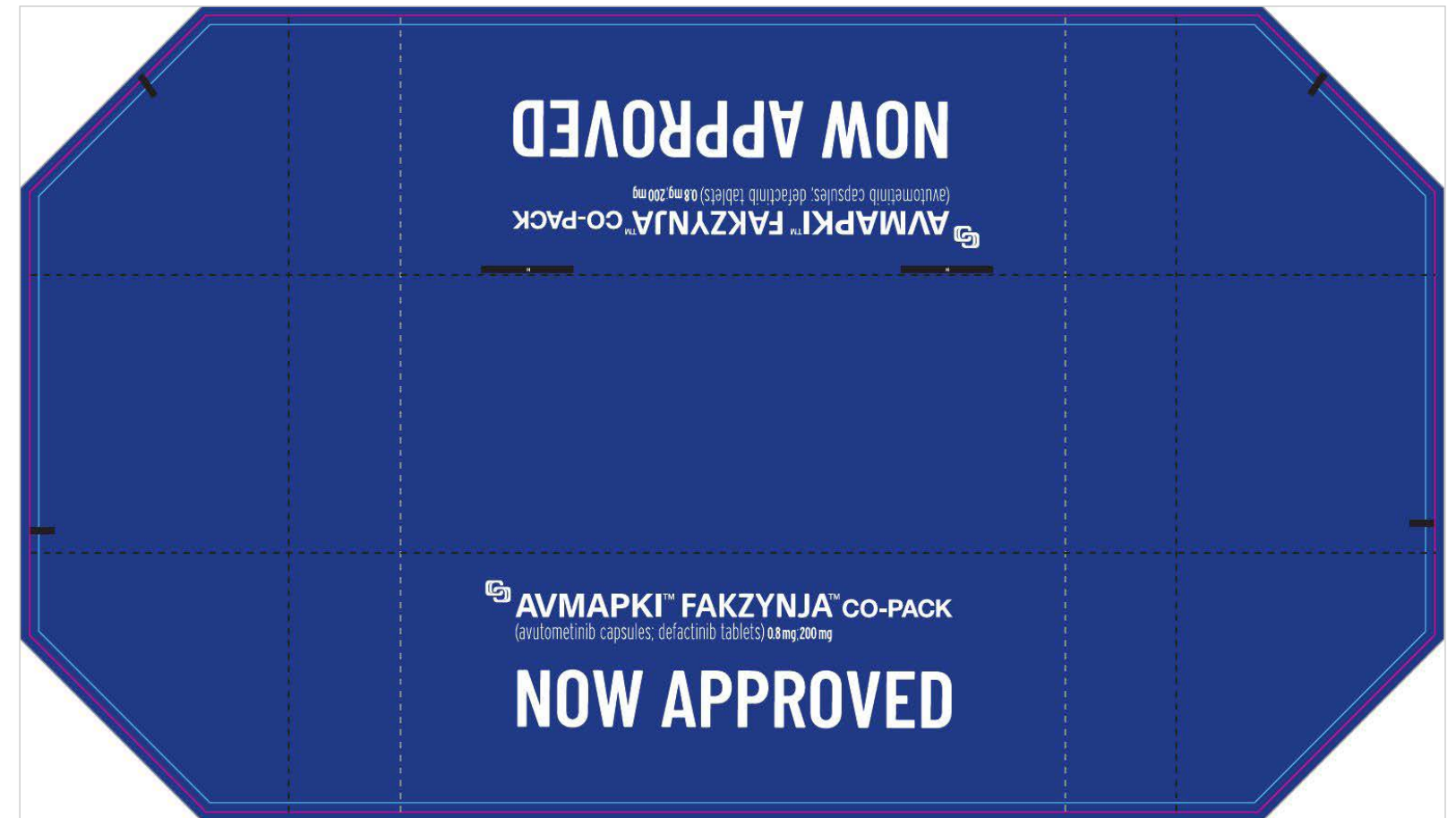
Congress and print: exhibit pop-up, branded tablecloth, and HCP journal ad



HCP journal ad



33" x 78" congress pop-up display



6-8 ft exhibit tablecloth

Rep-triggered launch emails and the Verastem Cares enrollment form

To: [Name here]
From: Verastem Oncology <updates@em.verastem.com>
Subject Line: NOW APPROVED—AVMAPKI and FAKZYNTA
Preheader: Discover a new treatment option for your patients.

 **AVMAPKI™**
(avastatinib) for my cancers

 **FAKZYNTA™**
(defactinib) for my cancers

NOW APPROVED



AVMAPKI and FAKZYNTA are kinase inhibitors indicated, in combination, for the treatment of adult patients with recurrent low-grade serous ovarian cancer who have received at least one prior systemic therapy and have a Kirsten rat sarcoma viral oncogene homolog mutation.

This indication is approved under accelerated approval based on tumor response rate and duration of response; continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Hi Doctor [first name] [last name],

Thank you for your recent request to speak to one of our representatives. In the meantime, we're excited to share the news that AVMAPKI and FAKZYNTA are now the first and only FDA-approved treatment for recurrent KRAS-mutant LGSOC.

This new therapy option provides the RAF/MEK blockade of AVMAPKI combined with the FAK inhibition of FAKZYNTA.

Launch email, desktop

To: [Name here]
From: Verastem Oncology
updates@em.verastem.com
Subject Line: NOW APPROVED—
AVMAPKI and FAKZYNJA
Preheader: Discover a new treatment option
for your patients.

**AVMAPKI™**
(avulrometinib) oral capsules

**FAKZYNJA™**
(defactinib) oral tablets

NOW APPROVED

AVMAPKI and FAKZYNJA are kinase inhibitors indicated, in combination, for the treatment of adult patients with recurrent low-grade serous ovarian cancer who have received at

Launch email, mobile

To: [Name here]
From: [Name here] <XXXX@XXXXXXXXXX.com>
Subject Line: Your request for an AVMAPKI and FAKZYNJA representative
Preheader: A representative will reach out to you shortly.

**AVMAPKI™**
(avutometinib) 600 mg capsules

**FAKZYNJA™**
(defactinib) 200 mg tablets

NOW APPROVED



Thank you for your interest in AVMAPKI and FAKZYNJA. We have received your inquiry. A representative will reach out to you shortly with additional information.

If you would like to opt-out of further email updates, please [click here](#).

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AVMAPKI and FAKZYNJA are trademarks of Verastem, Inc.

For US healthcare professionals only



Rep-request confirmation email



Verastem Cares Enrollment Form

PLEASE COMPLETE THE ENROLLMENT FORM, SIGN, AND FAX IT TO 866-331-8322.

Verastem Cares will acknowledge receipt. For assistance, call Verastem Cares at 866-331-8372.

Verastem Cares is a trademark of Verastem, Inc.
PO Box 5495, Louisville, KY 40203

* Denotes a required field. Failure to fill in all required fields may lead to fulfillment delays.

1. PATIENT INFORMATION

First Name _____ Last Name _____ Date of Birth (MM/DD/YYYY) _____
 Gender ☐ Male ☐ Female ☐ Other _____ Mobile Phone _____ ZIP _____
 Street Address _____ City _____ State _____
 Email (required for some educational services): _____ Preferred Contact Method ☐ Call ☐ Email ☐ Text
 Primary Language ☐ English ☐ Spanish ☐ Other _____ Best Time to Contact ☐ Morning ☐ Afternoon ☐ Evening
 Care Partner Name _____ Care Partner Phone _____

2. INSURANCE INFORMATION

NOTE: Please attach a copy of both sides of the patient's insurance card(s).

PRIMARY INSURANCE

Insurer Name _____ Policy Holder Name _____ Coverage: ☐ Medicare ☐ Medicaid ☐ Commercial / Private ☐ Other _____
 Insurer Phone _____ Policy ID: _____ Group Number: _____ Relationship to Patient _____
 Does this patient have a separate pharmacy benefit card? ☐ Yes ☐ No _____
 Group Number _____ BIN Number _____ PCN Number _____ Policy ID _____ Phone: _____

SECONDARY INSURANCE

Insurer Name _____ Policy Holder Name _____ Coverage: ☐ Medicare ☐ Medicaid ☐ Commercial / Private ☐ Other _____
 Insurer Phone _____ Policy ID: _____ Group Number: _____ Relationship to Patient _____
 Does this patient have a separate pharmacy benefit card? ☐ Yes ☐ No _____
 Group Number _____ BIN Number _____ PCN Number _____ Policy ID _____ Phone: _____

3. PATIENT INSURANCE STATUS

1. Verastem Cares case manager will verify your patient's insurance coverage for **AVIMAPIK FAKZYNYA CO-PACK** (avastrometiv capsules, defactab tablets). Please attach any cover page information you've already obtained.

Has a prior authorization (PA) been initiated? ☐ Yes ☐ No _____ If "yes", PA Status: ☐ Approved ☐ Denied ☐ Pending
 Has an appeal been initiated? ☐ Yes ☐ No _____ If "yes", Appeal Status: ☐ Approved ☐ Denied ☐ Pending
 If "Approved", copy amount: _____

Please attach any relevant insurance approval or denial letters.

4. CLINICAL INFORMATION

*Primary Diagnosis ICD-10: _____ Secondary Diagnosis ICD-10: _____ ☐ Low-Grade Serous Ovarian Cancer (LGSOC)

Please name prior lines of therapy received: _____
☐ 1st line: _____ ☐ 2nd line: _____ ☐ 3rd line: _____
☐ 4th line and beyond _____

Patient is ☐ New to AVIMAPIK FAKZYNYA CO-PACK ☐ Currently taking AVIMAPIK FAKZYNYA CO-PACK

AVIMAPIK FAKZYNYA CO-PACK start date: _____

 866-331-8372

 Monday-Friday 8AM-5PM ET

 866-331-0121

 avimapikfakzyrco-pack.hqz.com

Enrollment form: patient and insurance information

	VERASTEM Verastem Carers' Enrollment Form	Patient Name: _____	Patient Date of Birth: _____
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5. PRESCRIBER INFORMATION			
*Prescriber Name (first, last)	Prescriber Title _____		
*NPI Number _____	Prescriber Specialty _____		
Site / Facility Name _____			
*Street Address _____	*City _____	*State _____	*ZIP _____
Office Contact _____	*Phone _____	Fax _____	
Email _____	Preferred Contact Method ☐ Phone ☐ Email ☐ Fax ☐		
Supervisory Prescriber Name (first, last)	Supervisory Prescriber NPI Number _____		

6. PRESCRIPTION FOR FAKZYNYA CO-PACK (autotominib capsules; defactinib tablets)			
AMVAPI FAKZYNYA CO-PACK AMVAPI (autotominib) dispense quantity: 0-8 mg capsules, 24-count bottle FAKZYNYA (defactinib) dispense quantity: 200-mg tablets, 42-count bottle Refills: _____ ☐ STANDARD DOSE AMVAPI (autotominib) 0-8 mg capsules Take 3 to 4 mg capsules by mouth twice weekly (on Day 1 and Day 4) for the first 3 weeks of each 4-week cycle until disease progression or unacceptable toxicity #24 capsules FAKZYNYA (defactinib) 200-mg tablets Take 200 mg (1 tablet) by mouth twice daily for the first 3 weeks of each 4-week cycle until disease progression or unacceptable toxicity #42 tablets ALTERNATE DOSE ☐ AMVAPI (autotominib) 0-8 mg capsules Directions: _____ Quantity (available in 24-count bottles): _____ ☐ FAKZYNYA (defactinib) 200-mg tablets Directions: _____ Quantity (available in 42-count bottles): _____ Dispense as written, no substitution. ☐ I authorize Verastem and its agents or contractors to forward the prescription above to a pharmacy within the Verastem Cancer Patient Support network. Prescriber Signature: _____ (do not print) Date: _____ ☐ I authorize Verastem and its agents or contractors to forward the prescription above to a pharmacy within the Verastem Cancer Patient Support network. Prescriber Signature: _____ (do not print) Date: _____ ☐ I authorize Verastem and its agents or contractors to forward the prescription above to a pharmacy within the Verastem Cancer Patient Support network. Prescriber Signature: _____ (do not print) Date: _____ The physician is to comply with his/her state-specific prescription requirements, such as prescribing, state-specific prescription forms, fax language, etc. Noncompliance may result in prescriber outreach.	AMVAPI FAKZYNYA CO-PACK For prescription fulfillment by pharmacy for temporary supply (short start or bridge) AMVAPI (autotominib) dispense quantity: 0-8 mg capsules, 24-count bottle FAKZYNYA (defactinib) dispense quantity: 200-mg tablets, 42-count bottle Refills: _____ ☐ STANDARD DOSE AMVAPI (autotominib) 0-8 mg capsules Take 3 to 4 mg (4 capsules) by mouth twice weekly (on Day 1 and Day 4) for the first 21 days of each 28-day cycle until disease progression or unacceptable toxicity #24 capsules FAKZYNYA (defactinib) 200-mg tablets Take 200 mg (1 tablet) by mouth twice daily for the first 3 weeks of each 4-week cycle until disease progression or unacceptable toxicity #42 tablets ALTERNATE DOSE ☐ AMVAPI (autotominib) 0-8 mg capsules Directions: _____ Quantity (available in 24-count bottles): _____ ☐ FAKZYNYA (defactinib) 200-mg tablets Directions: _____ Quantity (available in 42-count bottles): _____ Dispense as written, no substitution. ☐ I authorize Verastem and its agents or contractors to forward the prescription above to a pharmacy within the Verastem Cancer Patient Support network. Prescriber Signature: _____ (do not print) Date: _____ ☐ I authorize Verastem and its agents or contractors to forward the prescription above to a pharmacy within the Verastem Cancer Patient Support network. Prescriber Signature: _____ (do not print) Date: _____ ☐ I authorize Verastem and its agents or contractors to forward the prescription above to a pharmacy within the Verastem Cancer Patient Support network. Prescriber Signature: _____ (do not print) Date: _____ The physician is to comply with his/her state-specific prescription requirements, such as prescribing, state-specific prescription forms, fax language, etc. Noncompliance may result in prescriber outreach.		

Page 3 of 5

Enrollment form: prescriber and prescription

Paid social: animated HCP and DTC ads for Facebook and Instagram, in-feed and stories

IN-FEED (1080 x 1350) · 5-FRAME ANIMATION



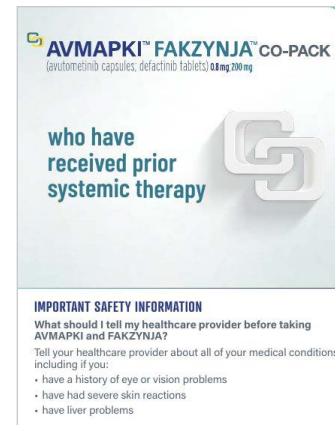
Frame 1



Frame 2



Frame 3



Frame 4

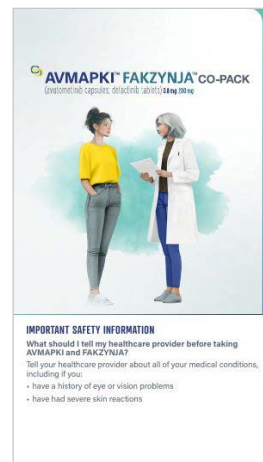


Frame 5

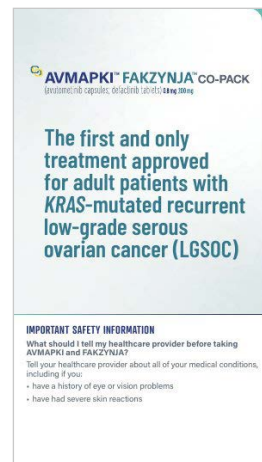
STORY (1080 x 1920) · 5-FRAME ANIMATION



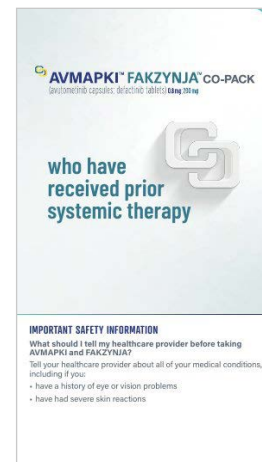
Frame 1



Frame 2



Frame 3

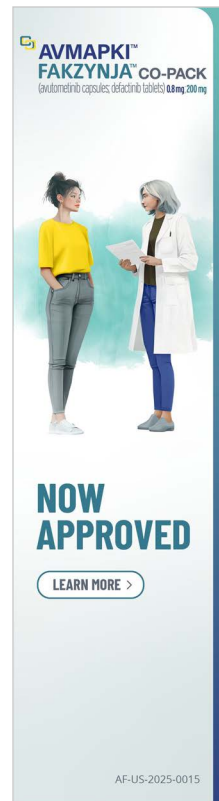


Frame 4

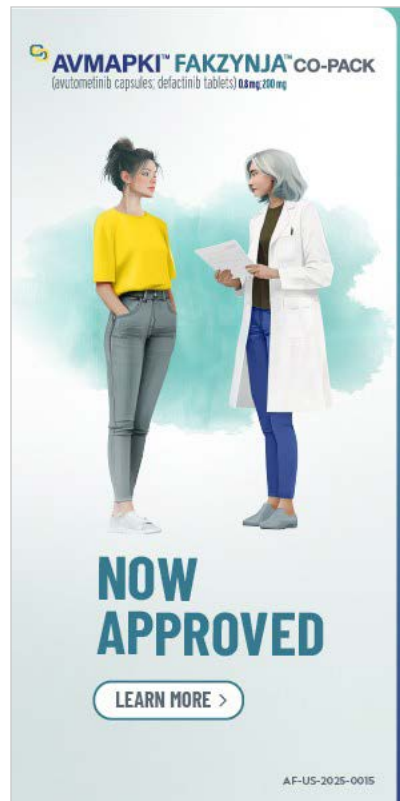


Frame 5

Programmatic display: animated and static banner suite with scrolling ISI, shown at relative scale



160 x 600



300 x 600



300 x 250 · Frame 1



300 x 250 · Frame 2



300 x 250 · Frame 3



300 x 250 · Frame 4

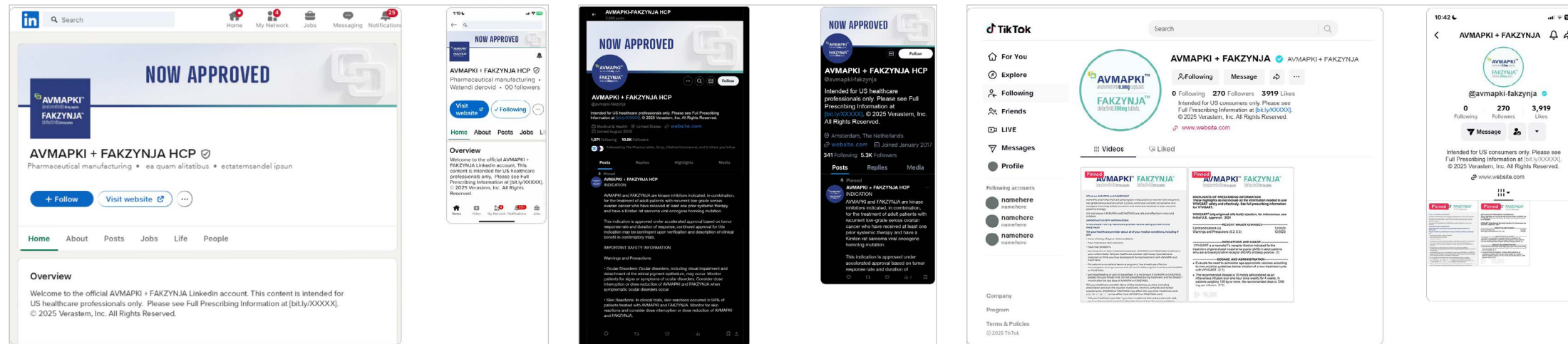


728 x 90 leaderboard



320 x 50 mobile

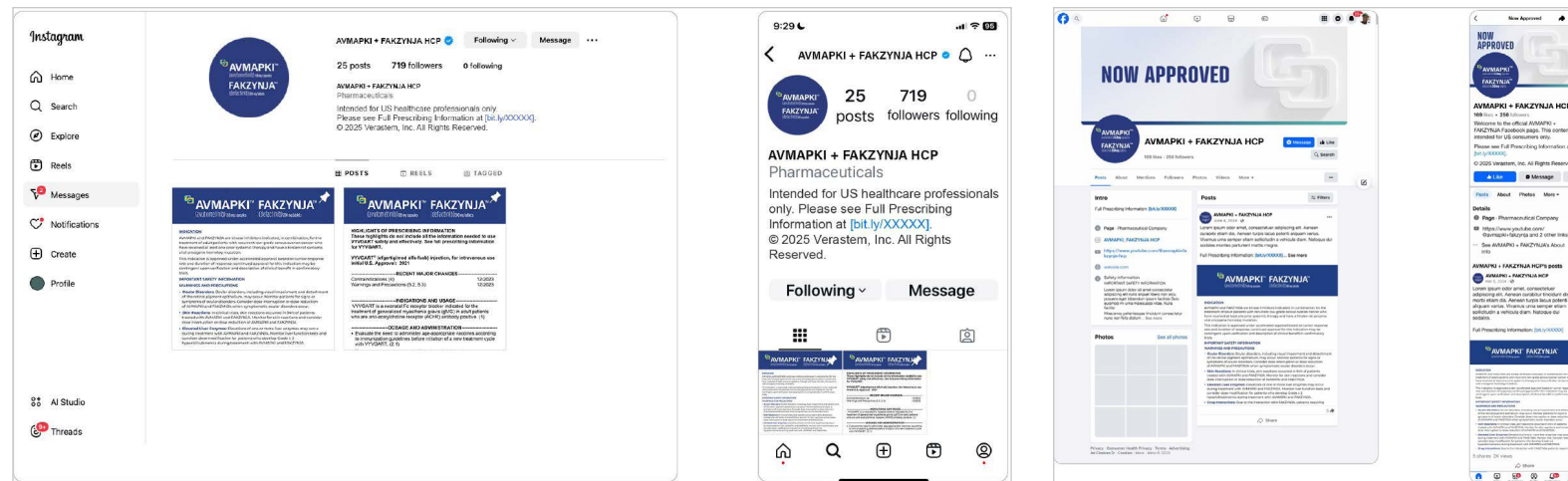
Social channel presence: branded profile layouts for LinkedIn, X, TikTok, Instagram, and Facebook



LinkedIn · HCP

X · HCP

TikTok · DTC



Instagram · HCP

Facebook · HCP