



Wilson disease is a lifelong journey
Choose a **trusted**, **clinically proven**maintenance therapy that supports
your patients **every step of the way**

Please see Important Safety Information below.

INDICATION

Galzin® (zinc acetate) is indicated for maintenance treatment of patients with Wilson's disease who have been initially treated with a chelating agent.

Galzin® provides long-term control, tolerability*, and reliability^{1,2}

- In a study of 60 people, **91% of copper balance tests** (N=70) showed adequate control with the recommended dose of 50 mg of Galzin 3 times daily**
- 25 mg 3 times daily was also thought to be an adequate dose regimen and not shown to be inferior to 50 mg 3 times daily based on the limited data available
- **Well-established safety** and tolerability^{1,2}

Gastric irritation (gastritis) is the most commonly reported side effect of Galzin, and it generally occurs with the morning dose. For most patients, this discomfort goes away within the first few days of therapy.

Galzin is the only FDA-approved zinc therapy for Wilson disease and offers what OTC supplements may not^{3,4}



Rigorous drug cGMP manufacturing standards⁴

Consistent, accurate dosing¹



Clinically demonstrated efficacy^{1,2}



Helps you and your patients maintain control of their disease^{1,2}

Recommended FIRST-LINE MAINTENANCE THERAPY BY AASLD⁵

The prescription dosing regimen helps you and your patients maintain control of their disease¹



The recommended dosage of Galzin is 50 mg as zinc taken 3 times daily. 25 mg 3 times daily was also thought to be an adequate dose regimen and shown not inferior to 50 mg 3 times daily based on the limited data available.



For patients who are compliant with therapy, 25 mg taken 3 times a day may be advisable. If monitoring indicates a lessening of control, the dose can be raised to 50 mg 3 times daily.

Galzin may be prescribed as 25 mg 3 times daily for children 10 years of age or older and women who are pregnant.



Patients should take zinc acetate on an empty stomach, at least 1 hour before or 2 to 3 hours after meals.

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IMPORTANT SAFETY INFORMATION

Contraindication

Hypersensitivity to zinc acetate or any of the ingredients in Galzin.

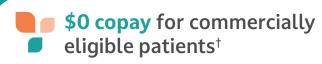
Warnings and Precautions

Copper Deficiency: Several post-marketing cases reported that zinc acetate taken over extended periods of time may result in decreased enteral copper absorption and copper deficiency. If a patient develops signs and/or symptoms of copper deficiency, interrupt zinc treatment and measure zinc, 24-hr urinary copper, and non-ceruloplasmin bound copper (NCC) levels.

Please see Important Safety Information throughout and accompanying <u>Full Prescribing Information</u>.

^{*}The most common side effect is gastric irritation. **Wilson disease patients were administered Galzin for up to 9 years.

Once you prescribe Galzin, your patients are automatically enrolled in Eton Cares®







Enhanced Patient Assistance Program for uninsured or underinsured patients, including Medicare

Dedicated insurance and pharmacy support

Quick start access in as little as 24 hours

[†]Restrictions, limitations, and/or eligibility requirements may apply.

Galzin is available only through Anovo® Specialty Pharmacy. All prescriptions need to be sent directly to Anovo. Questions? Call 833-442-5946.

E-PRESCRIBE



FAX

- Download the Patient Referral Form at www.galzin.com/hcp/referral
- Fax completed form to 855-813-2039

Scan the QR code to learn more at www.galzin.com/hcp



Anovo will follow up with a call to your office if additional patient information is required for the benefits investigation process.

IMPORTANT SAFETY INFORMATION (cont'd)

e-script in the EMR system

Warnings and Precautions (cont'd)

Gastric Ulcer: Gastric ulcers including complications of anemia and gastric ulcer perforation with peritonitis have been reported with long-term use of zinc acetate.

General: Galzin is not recommended for the initial therapy of symptomatic patients because of the delay required for zinc-induced increase in enterocytic metallothionein and blockade of copper uptake. Symptomatic patients should be treated initially, using chelating agents. During initial therapy, neurological deterioration may occur as stores of copper are mobilized.

Information for Patients: GALZIN should be administered on an empty stomach, at least one hour before or two to three hours after meals. Capsules should be swallowed whole, not opened or chewed. Patients must be clinically monitored to determine the adequacy of zinc acetate therapy.

Monitoring Patients: Existing signs and symptoms of Wilson's disease and 24-hour urine copper should be monitored. Neuropsychiatric evaluations including speech as well as liver function tests including bilirubin and aminotransferases, should be done as appropriate. In all treated patients, 24--hour urinary zinc levels may be a useful measure of compliance with the zinc acetate regimen.

Adverse Reactions

The most common adverse reactions are gastric irritation, elevations of serum alkaline phosphatase, amylase, and lipase suggesting pancreatitis.

To report a suspected adverse event related to GALZIN, contact Eton Pharmaceuticals, Inc. at 1-855-224-0233 or the U.S. Food and Drug Administration (FDA) at www.fda.gov/safety/Medwatch or call 1-800-FDA-1088.

Please see accompanying Full Prescribing Information.

References: 1. Galzin (zinc acetate) capsules. Prescribing information. Eton Pharmaceuticals; 2025. **2.** Brewer GJ. Zinc acetate for the treatment of Wilson's disease. *Expert Opin Pharmacother.* 2001;2(9):1473-1477. **3.** Camarata MA, Ala A, Schilsky ML. Zinc maintenance therapy for Wilson disease: a comparison between zinc acetate and alternative zinc preparations. *Hepatol Commun.* 2019;3(8):1151-1158. **4.** LeDoux MS. Zinc gluconate for Wilson disease. *Clin Park Relat Disord.* 2024;11:100272. 5. Schilsky ML, Roberts EA, Bronstein JM, et al. A multidisciplinary approach to the diagnosis and management of Wilson disease: 2022 Practice Guidance on Wilson disease from the American Association for the Study of Liver Diseases. *Hepatology*. Published online December 7, 2022. doi:10.1002/hep.32801.

