

The New PharmaPendium: Elevating Data Accessibility to Unprecedented Heights with an Enhanced, Intelligent User Interface

Dear valued customers,

welcome to the New PharmaPendium with a translational view. We are thrilled to introduce the cutting-edge user interface (UI) that sets new standards for user experience and data accessibility.

PharmaPendium's new, intelligent UI is a game-changer for pharmaceutical professionals. It simplifies your research process, improves data digestion, and empowers you to make more informed decisions in a dynamic and data-intensive field.

In combination with our best-in-class visualizations and intelligent autocomplete, accessing critical regulatory-grade information has never been so easy.

How the new interface helps you find answers faster

- Streamlined, user-friendly navigation: Our tab-style display organizes data into logical categories, eliminating the need to navigate through multiple siloed result pages.
- Say goodbye to information overload: Each dataset that can be evaluated and processed via either a visual or table, making it easier to process and absorb information effectively.
- Enhanced visualization: Enjoy interactive charts, graphs, and visual aids that simplify complex data interpretation.
- Faster access to relevant information: Switch between different types of information or result sets with a single click, saving valuable time and improving efficiency.

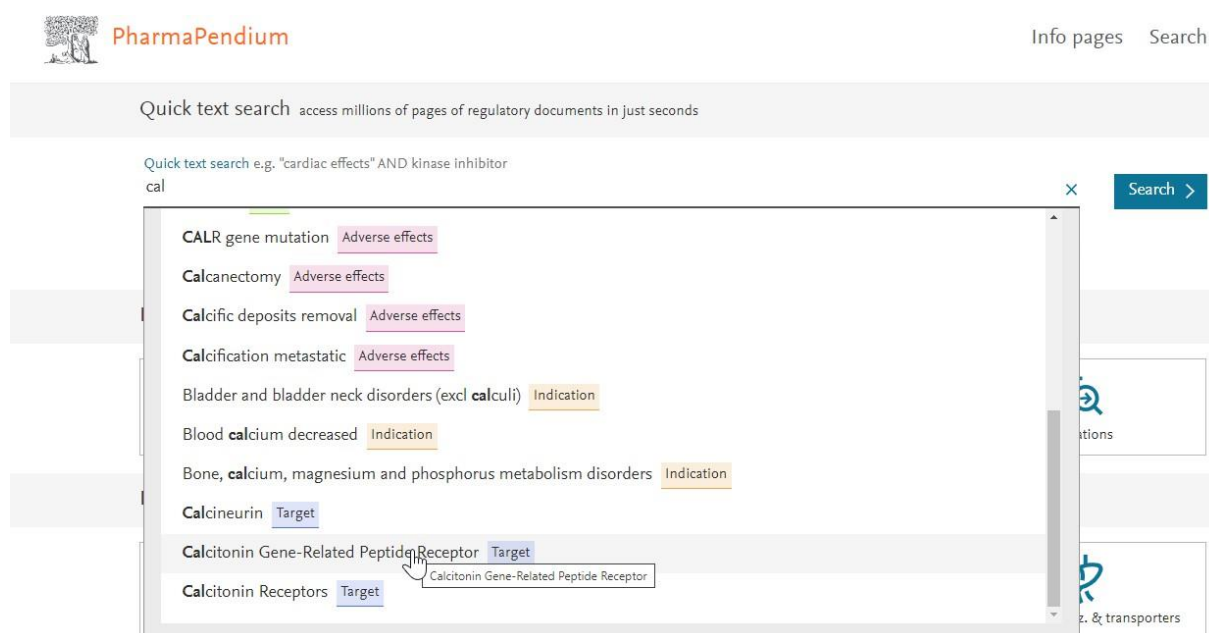


Let's have a look:

Example: My drug candidate targets the “**calcitonin gene-related peptide receptor**” I need to know:

- The toxicity profile of approved drugs which target the same receptor.

Just type “cal” and scroll down and click on your target of interest:



PharmaPendium

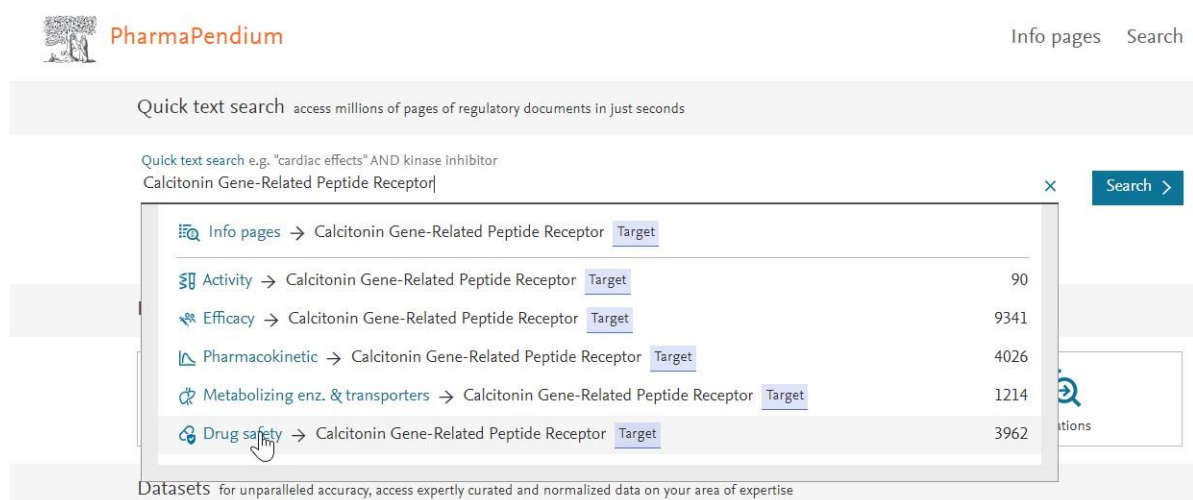
Quick text search access millions of pages of regulatory documents in just seconds

Quick text search e.g. "cardiac effects" AND kinase inhibitor
cal

Search

Search Result	Category
CALR gene mutation	Adverse effects
Calcanectomy	Adverse effects
Calcific deposits removal	Adverse effects
Calcification metastatic	Adverse effects
Bladder and bladder neck disorders (excl calculi)	Indication
Blood calcium decreased	Indication
Bone, calcium, magnesium and phosphorus metabolism disorders	Indication
Calcineurin	Target
Calcitonin Gene-Related Peptide Receptor	Target
Calcitonin Receptors	Target

Dive into the Drug Safety Dataset by selecting your target of interest “**calcitonin gene-related peptide receptor**”:



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Quick text search access millions of pages of regulatory documents in just seconds

Quick text search e.g. "cardiac effects" AND kinase inhibitor
Calcitonin Gene-Related Peptide Receptor

Search

Search Result	Category	Count
Info pages → Calcitonin Gene-Related Peptide Receptor	Target	
Activity → Calcitonin Gene-Related Peptide Receptor	Target	90
Efficacy → Calcitonin Gene-Related Peptide Receptor	Target	9341
Pharmacokinetic → Calcitonin Gene-Related Peptide Receptor	Target	4026
Metabolizing enz. & transporters → Calcitonin Gene-Related Peptide Receptor	Target	1214
Drug safety → Calcitonin Gene-Related Peptide Receptor	Target	3962

Datasets for unparalleled accuracy, access expertly curated and normalized data on your area of expertise

Check our new **Tab-style user interface** where you can easily see and access other information of interest* (FAERS, PK, MET, Efficacy, Chemistry etc...):

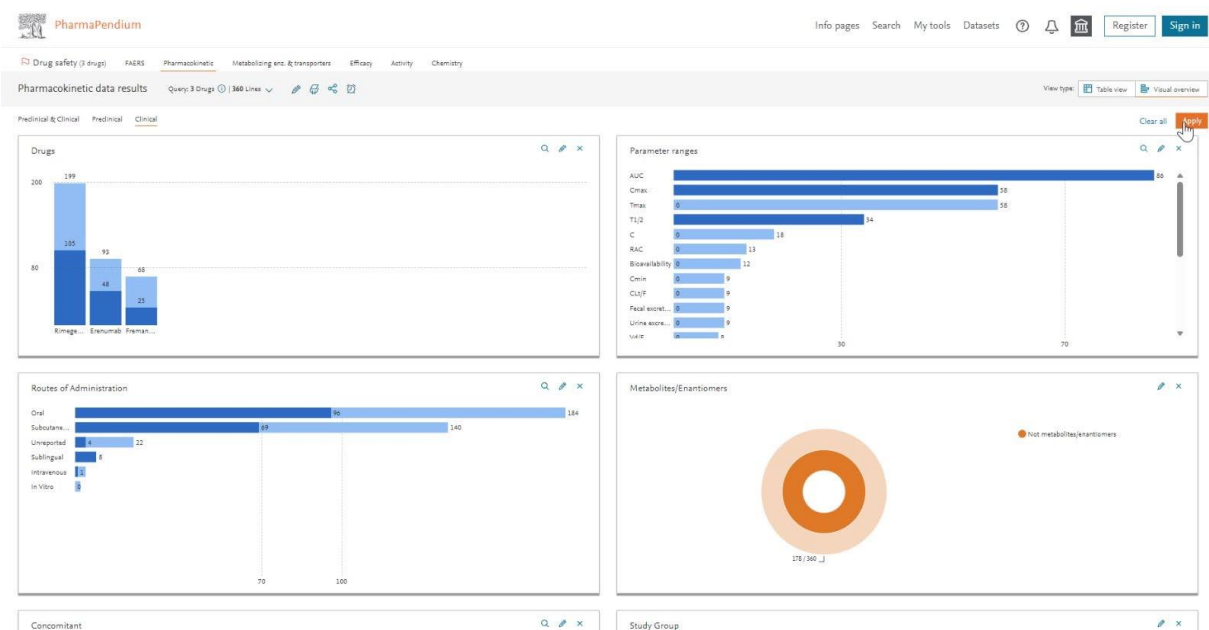
*subject to subscription level

The screenshot displays the PharmaPendium web application. At the top, there's a navigation bar with 'Info pages', 'Search', 'My tools', 'Datasets', and user options like 'Register' and 'Sign in'. Below this, a secondary navigation bar highlights 'Drug safety (9 drugs)' among other categories like FAERS, Pharmacokinetic, etc. The main content area is titled 'Drug safety results' and shows a query for '9 Drugs' with '3962 Lines'. A table of results is visible, listing drugs like Atogepant with their respective adverse effects. A sidebar on the left contains filters for Adverse, Toxicity, Dose Type, Drugs, Routes of Administration, Sources, Species, and Years.

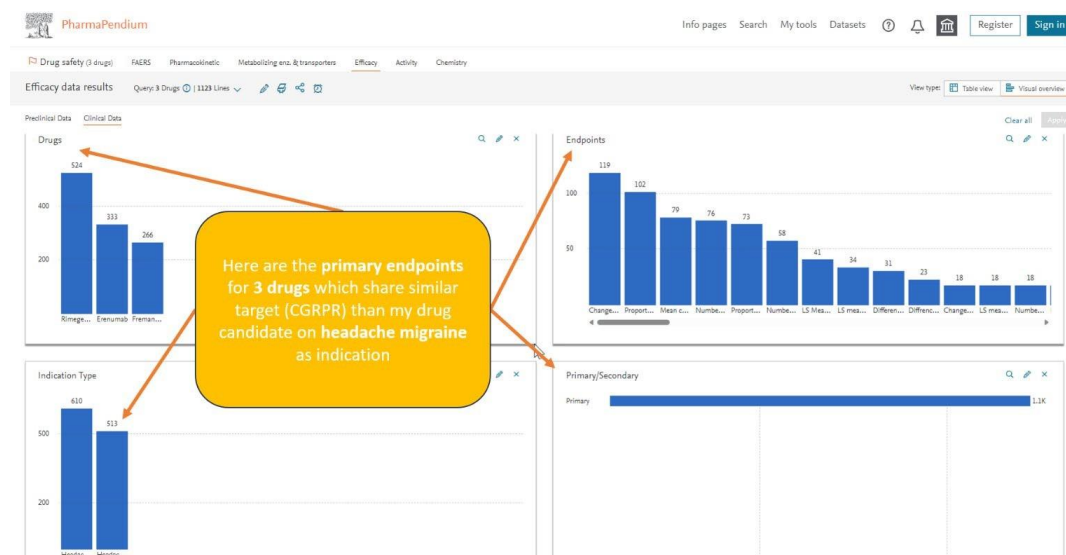
You can easily filter your information with our new intelligent visual overview:



Dive into other information of interest, like the pharmacokinetic dataset and select the graphs you are interested in (e.g. select AUC, Cmax and T1/2):



You can now easily move to another area of interest like the efficacy dataset to better understand for example the primary endpoint selection for your drug candidate who share the same target and indication:



You now can come back to the table view and dive directly in the source of document where we have extracted hundreds of data point:

PharmaPendium

Info pages Search My tools Datasets Register Sign in

Efficacy data results Query: 3 Drugs 1123 Lines

View type: **Table view** Visual overview

Show/Hide columns Export

Filters: Clear all Apply

Drugs Routes of Administration Mono/Combination Sample size (N) Indication Type Endpoints Phase Data provider Sources Study design Pathogens Dose Frequency Baseline

Primary/Secondary

Primary (1123)

Report EMA/CHMP/413393/2018; EMEA/H/C/004447/0000

CHMP/413393/2018; EMEA/H/C/004447/0000

Dive directly into the source and get more contextual regulatory-grade information

3.2. Favourable effects

In the chronic migraine study (Study 20120295), Airmovig at 70 and 140 mg reduced the number of monthly migraine days (primary endpoint) from a baseline mean of around 18 days by 6.64 (4.47, 5.81) and 6.63 (7.45, 5.80) days, respectively, compared to a reduction in the placebo group of 4.18 (3.50, 4.86) days, resulting in a difference in LSM of -2.46 and -2.45, respectively, and p-values of <0.001.

The secondary endpoint monthly migraine days (MMD) responder rates (≥50% reduction in MMD from baseline to last 4 weeks of the 12-week DB treatment) were 23.5%, 39.9%, 41.2% for placebo, Airmovig 70 mg and 140 mg, respectively, yielding adjusted odds ratios of 2.18 (1.46, 3.27) and 2.34 (1.56, 3.51) and p-values of <0.001.

Monthly acute migraine-specific medication treatment days were reduced by 1.58, 3.45, and 4.13, for placebo, Airmovig 70 mg and 140 mg, respectively, resulting in a difference in LSM of -1.86 (-2.60, -1.13) and -2.55 (-3.28, -1.82) vs placebo and p-values of <0.001.

In the episodic migraine study (Study 20120296), Airmovig at 70 and 140 mg reduced the number of monthly migraine days (primary endpoint) from a baseline mean of around 8 days by 3.23 (3.58, 2.88) and 3.67 (4.02, 3.33) days, respectively, compared to a reduction in the placebo group of 1.83 (2.18, 1.48) days, resulting in a difference in LSM of -1.40 and -1.85, respectively, and p-values of <0.001.

The secondary endpoint monthly migraine days (MMD) responder rates (≥50% reduction in MMD from baseline to last 3 months of the 24-week DB treatment) were 26.6%, 43.3%, 50.0% for placebo, Airmovig 70 mg and 140 mg, respectively, yielding adjusted odds ratios of 2.13 (1.52, 2.98) and 2.81 (2.01, 3.94) and p-values of <0.001.

For any feedback or questions, reach out to us:

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We are committed to improving your user experience and providing you with the tools you need to succeed in the world of pharmaceutical research.

Thank you for choosing PharmaPendium.

Best regards from the team

Thomas, Sakshi, Olivier, Ahmet, Jacco, Abhijeet, Muthu, Mikhail, Willem, Khushboo, Nihit, Sreekantha, Aliaksandr, Branka, Jose, Igor, Iaroslav, Arseny, Canberk, Soumyadip, Boudewijn