TAZVERIK®
(tazemetostat) tablets
200 mg

CHANGE THE TUNE

Consider TAZVERIK® (tazemetostat) for your appropriate adult patients with R/R follicular lymphoma[1]

Actor portrayal

To learn more about the clinical data, scan here >

Tazemetostat (TAZVERIK®) is included in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-cell Lymphomas with a category 2A recommendation as an option for appropriate patients with R/R FL.[2]

INDICATIONS

TAZVERIK is indicated for the treatment of:

- Adult patients with relapsed or refractory follicular lymphoma whose tumors are positive for an *EZH2* mutation as detected by an FDA-approved test and who have received at least 2 prior systemic therapies.
- Adult patients with relapsed or refractory follicular lymphoma who have no satisfactory alternative treatment options.

These indications are approved under accelerated approval based on overall response rate and duration of response. Continued approval for these indications may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).[1]

IMPORTANT SAFETY INFORMATION

TAZVERIK increases the risk of developing secondary malignancies, including T-cell lymphoblastic lymphoma, myelodysplastic syndrome, and acute myeloid leukemia. Monitor patients long-term for the development of secondary malignancies.

TAZVERIK can cause fetal harm. Advise patients of potential risk to a fetus and to use effective non-hormonal contraception.

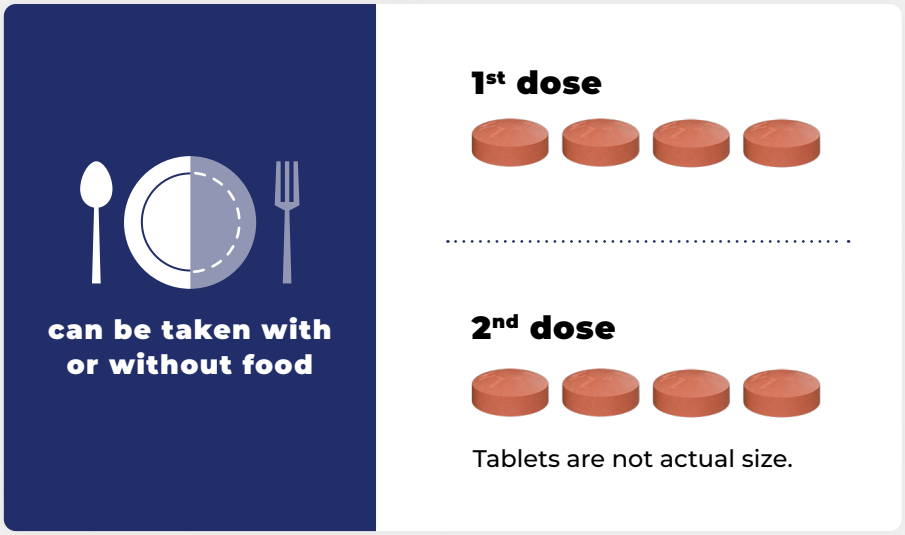
The most common (≥20%) adverse reactions are fatigue, upper respiratory tract infection, musculoskeletal pain, nausea, and abdominal pain.

R/R=relapsed or refractory; NCCN=National Comprehensive Cancer Network; FL=follicular lymphoma; EZH2=enhancer of zeste homolog 2.

Please see additional Important Safety Information on the following pages and the full Prescribing Information.

TAZVERIK® (tazemetostat) OFFERS ORAL, TWICE-DAILY DOSING

Recommended dose of 800 mg (4 x 200 mg tablets) taken orally, twice daily, until disease progression or unacceptable toxicity.[1]



Swallow tablets whole. Do not cut, crush, or chew tablets. Do not take an additional dose if a dose is missed or vomiting occurs after taking TAZVERIK®, but continue with the next scheduled dose.[1]

R/R=relapsed or refractory; FL=follicular lymphoma.

IMPORTANT SAFETY INFORMATION *(continued)*

Warnings and Precautions

- **Secondary Malignancies**

The risk of developing secondary malignancies is increased following treatment with TAZVERIK. Across clinical trials of 729 adults who received TAZVERIK 800 mg twice daily, myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML) occurred in 0.7% of patients. One pediatric patient developed T-cell lymphoblastic lymphoma (T-LBL). Monitor patients long-term for the development of secondary malignancies.

- **Embryo-Fetal Toxicity**

Based on findings from animal studies and its mechanism of action, TAZVERIK can cause fetal harm when administered to pregnant women. There are no available data on TAZVERIK use in pregnant women to inform the drug-associated risk. Administration of tazemetostat to pregnant rats and rabbits during organogenesis resulted in dose-dependent increases in skeletal developmental abnormalities in both species beginning at maternal exposures approximately 1.5 times the adult human exposure (area under the plasma concentration time curve [$AUC_{0\text{-}45h}$]) at the 800 mg twice daily dose.

Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TAZVERIK and for 6 months after the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with TAZVERIK and for 3 months after the final dose.

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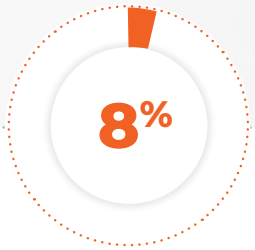
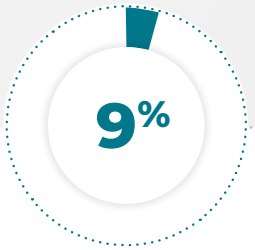
MAJORITY OF PATIENTS WERE ABLE TO STAY ON TAZVERIK® (tazemetostat) DURING THE TRIAL[1]



DISCONTINUATIONS

8% of patients **permanently discontinued** treatment due to an adverse reaction. The adverse reaction resulting in permanent discontinuation in ≥2% of patients was second primary malignancy.[1]



REDUCTIONS

9% of patients receiving TAZVERIK® required **dose reductions** due to an adverse reaction.[1]

INTERRUPTIONS

28% of patients receiving TAZVERIK required **dose interruptions** due to an adverse reaction. Adverse reactions requiring dosage interruptions in ≥3% of patients were thrombocytopenia and fatigue.[1]

- **Serious adverse reactions occurred in 30% of patients** who received TAZVERIK. Serious adverse reactions in ≥2% of patients who received TAZVERIK were general physical health deterioration, abdominal pain, pneumonia, sepsis, and anemia.[1]
- **The most common (≥20%) adverse reactions were** fatigue (36%), upper respiratory tract infection (30%), musculoskeletal pain (22%), nausea (24%), and abdominal pain (20%).[1]

IMPORTANT SAFETY INFORMATION *(continued)*

Adverse Reactions

In 99 clinical study patients with relapsed or refractory follicular lymphoma receiving TAZVERIK 800 mg twice daily: Serious adverse reactions occurred in 30% of patients who received TAZVERIK. Serious adverse reactions occurring in ≥2% were general physical health deterioration, abdominal pain, pneumonia, sepsis, and anemia. The most common (≥20%) adverse reactions were fatigue (36%), upper respiratory tract infection (30%), musculoskeletal pain (22%), nausea (24%), and abdominal pain (20%).

Drug Interactions

Avoid coadministration of strong or moderate CYP3A inhibitors with TAZVERIK. If coadministration of moderate CYP3A inhibitors cannot be avoided, reduce TAZVERIK dose.

Avoid coadministration of moderate and strong CYP3A inducers with TAZVERIK, which may decrease the efficacy of TAZVERIK.

Coadministration of TAZVERIK with CYP3A substrates, including hormonal contraceptives, can result in decreased concentrations and reduced efficacy of CYP3A substrates.

Lactation

Because of the potential risk for serious adverse reactions from TAZVERIK in the breastfed child, advise women not to breastfeed during treatment with TAZVERIK and for one week after the final dose.

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IT'S TIME TO CHANGE THE TUNE

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These indications are approved under accelerated approval based on overall response rate and duration of response. Continued approval for these indications may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).[1]

Recommended dose of TAZVERIK is 800 mg (4 x 200 mg tablets) taken orally, twice daily.[1]

Majority of patients were able to stay on TAZVERIK during the trial.[1]

>90% of payer policies support the use of TAZVERIK in patients with R/R FL, regardless of *EZH2* status.[3]

View the clinical data for TAZVERIK

IMPORTANT SAFETY INFORMATION *(continued)*

Warnings and Precautions

- **Secondary malignancies:** TAZVERIK increases the risk of developing secondary malignancies, including T-cell lymphoblastic lymphoma, myelodysplastic syndrome, and acute myeloid leukemia. Monitor patients long-term for the development of secondary malignancies.
- **Embryo-fetal toxicity:** TAZVERIK can cause fetal harm. Advise patients of potential risk to a fetus and to use effective non-hormonal contraception.

Please see Important Safety Information throughout this brochure and the full Prescribing Information.

R/R=relapsed or refractory; FL=follicular lymphoma; EZH2=enhancer of zeste homolog 2.

References: 1.TAZVERIK (tazemetostat) Prescribing Information. Cambridge, MA: Epizyme, Inc., July 2020. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-cell Lymphomas V.4.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed June 9, 2023. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** Managed Markets Insight & Technology, LLC. Tazverik National Coverage. March 2023

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