Give your ALK+ patients like Jason protection when it matters





Jason is based on insights from real ALK+ NSCLC patients.

ALK: anaplastic lymphoma kinase; Cl confidence interval; HR: hazard ratio; mPFS: median progression-free survival; OS: overall survival; NCCN: National Comprehensive Cancer Network; NSCLC: non-small cell lung cancer; NE: not estimable. Alecensa is indicated for treatment of adult patients with ALK-positive, locally advanced or metastatic NSCLC.



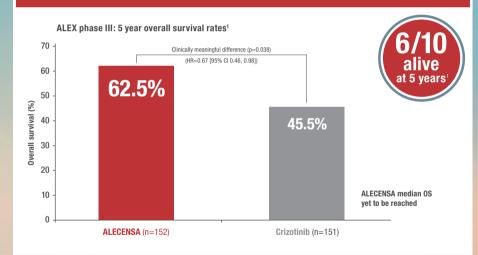


Give them genuine hope for the future



Superior survival

Only ALECENSA 1L keeps >60% of patients living life at 5 years¹



Reassuring experience

& tolerability profile vs crizotinib^{1,2}



>25,000 patients treated³



^{1.} Peters S et al. Poster 9518. Presented at ASCO Annual Meeting. 29–31 May 2020. 2. Mok TS et al. (in press). Ann Oncol. 2020.

Help your patients create years more unforgettable moments

Alecensa® (alectinib) 150 mg oral capsule is a **Prescription Medicine** indicated for treatment of adult patients with ALK-positive, locally advanced or metastatic NSCLC.

Dosage and Administration: Please see the Alecensa Data Sheet for information. Use a validated ALK assay for patient selection prior to initiating therapy.

Contraindications: Known hypersensitivity to alectinib or excipients.

Precautions: Interstitial lung disease (ILD)/pneumonitis: Promptly investigate worsening of respiratory symptoms. Immediately withhold Alecensa in patients diagnosed with ILD/pneumonitis. Discontinue permanently if no other potential causes of ILD/pneumonitis are identified. Hepatotoxicity: Test for liver function at baseline, every 2 weeks during the first 3 months and then periodically as clinically indicated. Temporarily withhold and resume at reduced dose or permanently discontinue depending on severity of reaction. Bradycardia: Monitor heart rate and blood pressure regularly. No dose modification is required for asymptomatic bradycardia. If symptomatic bradycardia occurs, temporarily withhold and resume at reduced dose or permanently discontinue depending on severity. Severe myalgia/CPK elevation: Advise patients to report any unexplained muscle pain, tenderness, or weakness. Assess CPK every fortnight for the first month of treatment and as clinically indicated in patients reporting symptoms. Withhold Alecensa, then resume or reduce dose depending on severity of CPK elevation. Photosensitivity: Advise patients to avoid prolonged sun exposure and use a broad-spectrum SPF≥50 UVA/UVB sunscreen and lip balm while taking Alecensa and for at least 7 days after discontinuation. Pregnancy and Lactation: Category D. Females of reproductive potential must avoid pregnancy by using highly effective contraception during Alecensa treatment and for 1 week after stopping. Avoid breastfeeding during Alecensa treatment and for 1 week after the final dose. Genotoxicity: Advise males to use highly effective contraception during Alecensa treatment and for 3 months following the final dose. Interactions: Monitor when co-administered with P-gp or BCRP substrates with narrow therapeutic index (e.g. digoxin, dabigatran, methotrexate).

Adverse Effects: See Data Sheet for full list. *Common* (≥ 1%): Constipation, oedema, myalgia, nausea, rash, diarrhoea, anaemia, vomiting, vision disorders, photosensitivity reaction, bradycardia, increased weight, stomatitis, dysgeusia, acute kidney injury, ILD/pneumonitis, elevations in bilirubin, AST, ALT, CPK, ALP and creatinine. *Uncommon* (< 1%): Drug-induced liver injury.

Alecensa is funded by PHARMAC under Special Authority for patients who meet predefined criteria.

Before prescribing, please review the Alecensa Data Sheet available at www.medsafe.govt.nz. Roche Products (New Zealand) Limited, Auckland. Ph 0800 276 243. www.roche.co.nz All trademarks mentioned herein are protected by law.

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