



TASIGNA
TIPS

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POSITIONING TASIGNA FOR 2L USE

Welcome to the first issue of **TASIGNA TIPS**. The **TASIGNA TIPS** series is designed to keep your brand goals top of mind — and provide you with the tools you need to meet them. Remember, the information in these newsletters is for your educational purposes only and should not be used with your customers. In this issue, we'll be taking a closer look at how to position **TASIGNA**® (nilotinib) for second-line use in patients with tyrosine kinase inhibitor (TKI) resistance or intolerance.

READY TO ENGAGE

Key questions to ask before starting your 2L conversation



PROBE on whether or not your HCPs see patients with any of the following signs of TKI resistance or intolerance. Identifying these patients can help HCPs determine whether **TASIGNA** could be an appropriate treatment option.

TKI Resistance*

- Do you have patients who have failed to achieve a sufficient response on imatinib?
- Have you had to increase the dose of imatinib for any of your patients?
- Have any of your patients taking imatinib experienced a relapse or loss of response?

*The definition of imatinib resistance included failure to achieve a complete hematologic response (CHR) by 3 months, cytogenetic response (CyR) by 6 months, or major cytogenetic response (MCyR) by 12 months) or progression of disease after a previous cytogenetic or hematologic response.

TKI Intolerance†

- Do you see patients taking imatinib who are experiencing chronic side effects (eg, peripheral edema, gastrointestinal toxicity, and muscle cramps)?
- Have you had to reduce the dose of imatinib for any of your patients?
- Have you had to prescribe any concomitant medications to manage adverse events associated with imatinib intolerance?

†Imatinib intolerance was defined as discontinuation of treatment due to toxicity and lack of MCyR at time of study entry.

TRANSITION TO TASIGNA

Did you know that **TASIGNA** was studied in 321 patients with imatinib-resistant or -intolerant Ph+ CML-CP and 137 patients with imatinib-resistant or -intolerant Ph+ CML-AP?

REINFORCE 2L EFFICACY

TASIGNA 2L Efficacy Messages



EMPHASIZE the efficacy of **TASIGNA** in patients who were TKI resistant or intolerant with the following messages:

MCyR in Ph+ CML-CP: 51% of imatinib-resistant or -intolerant Ph+ CML-CP patients achieved MCyR (unconfirmed) (n=321; 95% CI, 46%-57%)

HR in Ph+ CML-AP: 39% of imatinib-resistant or -intolerant Ph+ CML-AP patients achieved HR (confirmed) (n=137; 95% CI, 31%-48%)

REFER to the sales aid in order to provide context for efficacy messages. Remember that any discussions with HCPs must be balanced with the relevant safety information, including product risks and contraindications as well as any other context that is necessary.

AP, accelerated phase; CP, chronic phase; HR, hematologic response; Ph+ CML, Philadelphia chromosome-positive chronic myeloid leukemia.

Emphasizing how **TASIGNA** can support the needs of imatinib-resistant or -intolerant patients may help HCPs identify and take action for appropriate patients.

Reference: **TASIGNA** [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2017.

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