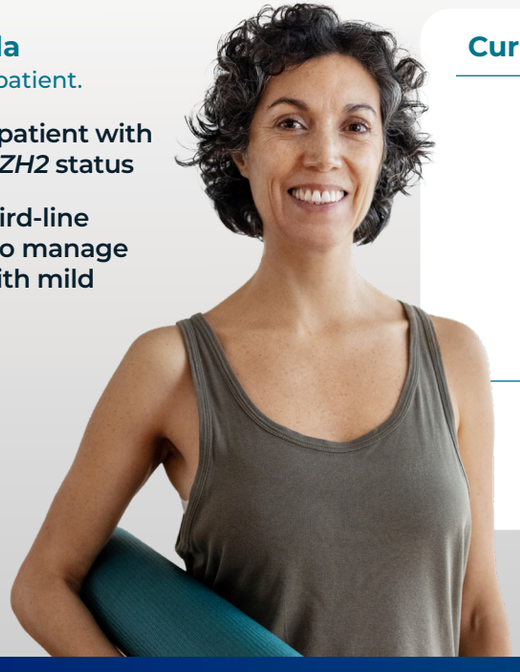
For your adult patients with R/R follicular lymphoma

Have you considered TAZVERIK® (tazemetostat)?

Meet Camila

Hypothetical patient.

- 61-year-old patient with unknown *EZH2* status
- Requires third-line treatment to manage a relapse with mild symptoms



Current presentation	• Mild symptoms and PET scans show slow disease progression
Clinical history	• Diagnosed with FL at age 55 • First-line treatment: 6 cycles of BR followed by R maintenance —After 4 years of follow-up, disease progression was observed and confirmed by imaging • Second-line treatment: R^2 —Discontinued due to cytopenias associated with lenalidomide • Had a durable response; however, night sweats and fatigue indicate the need for third-line treatment
Treatment considerations	• ECOG 0; low comorbidities • Expressed interest in maintaining active lifestyle and travel schedule • Lives in a town far away from infusion centers

Information presented does not encompass all considerations for TAZVERIK eligibility. This hypothetical profile is one example of the range of patient characteristics that may be considered to inform treatment decision. Patient experience may vary.

Given her clinical history and active lifestyle, could Camila benefit from using TAZVERIK?

INDICATIONS

TAZVERIK® (tazemetostat) 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).

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

- **Secondary Malignancies**

The risk of developing secondary malignancies is increased following treatment with TAZVERIK. Across clinical trials of 758 adults who received TAZVERIK 800 mg twice daily as monotherapy, myelodysplastic syndrome (MDS), acute myeloid leukemia (AML), or B-cell acute lymphoblastic leukemia (B-ALL) occurred in 1.7% of patients. One pediatric patient developed T-cell lymphoblastic lymphoma (T-LBL). Monitor patients long-term for the development of secondary malignancies.

Please see additional Important Safety Information on next page and full Prescribing Information.

BR=bendamustine + rituximab; ECOG=Eastern Cooperative Oncology Group; EZH2=enhancer of zeste homolog 2; FL=follicular lymphoma; PET=positron emission tomography; R=rituximab; R^2=lenalidomide + rituximab; R/R=relapsed or refractory.

TAZVERIK®
(tazemetostat) tablets
200 mg

It's time to change the tune and consider oral, twice-daily TAZVERIK® for patients like Camila[1]

Primary endpoint: 34% ORR*
in WT FL (18/53)
(95% CI: 22%-48%)[1,2]

Median time to overall response for patients with *EZH2* WT FL was 3.9 months (range: 1.6 to 16.3).[1]

Primary endpoint: 69% ORR*
in MT FL (29/42)
(95% CI: 53%-82%)[1,2]

Median time to overall response for patients with *EZH2* MT FL was 3.7 months (range: 1.6 to 10.9).[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]

≤5% of patients experienced Grade 3 or 4 adverse reactions[1]

TAZVERIK efficacy and safety were evaluated in 2 open-label, independent, single-arm cohorts (*EZH2* WT [n=54] and MT [n=45]) of a multicenter study in patients with histologically confirmed follicular lymphoma after at least 2 prior systemic therapies. The primary efficacy endpoint was the overall response rate (ORR) and a secondary efficacy endpoint was duration of response (DOR).[1,3]

IMPORTANT SAFETY INFORMATON *(continued)*

Warnings and Precautions *(continued)*

• 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.

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.

To report SUSPECTED ADVERSE REACTIONS, contact Ipsen Biopharmaceuticals, Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

*According to the International Working Group Non-Hodgkin Lymphoma (IWG-NHL) criteria as assessed by Independent Radiology Committee.

EZH2=enhancer of zeste homolog 2; FL=follicular lymphoma; MT=mutant type; WT=wild type.

References: 1. TAZVERIK (tazemetostat) Prescribing Information. Cambridge, MA: Epizyme, Inc., December 2023. **2.** Data on file. **3.** Morschhauser F, Tilly H, Chaidos A, et al. Tazemetostat for patients with relapsed or refractory follicular lymphoma: an open-label, single-arm, multicentre, phase 2 trial. *Lancet Oncol*. 2020;21(11):1433-1442. doi:10.1016/S1470-2045(20)30441-1

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