Dosing and adverse reaction management guide

A resource to help you manage patients who are prescribed LYTGOBI

LYTGOBI®
(futibatinib) tablets 4 mg

INDICATION AND USAGE

LYTGOBI is indicated for the treatment of adult patients with previously treated, unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma harboring fibroblast growth factor receptor 2 (FGFR2) gene fusions or other rearrangements.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Ocular Toxicity:** LYTGOBI can cause Retinal Pigment Epithelial Detachment (RPED), which may cause symptoms such as blurred vision. RPED occurred in 9% of 318 patients who received LYTGOBI across clinical trials. The median time to first onset of RPED was 40 days. RPED led to dose interruption of LYTGOBI in 1.3% of patients, dose reduction in 1.6% of patients, and permanent discontinuation in 0.3% of patients. Perform a comprehensive ophthalmological examination, including optical coherence tomography (OCT) of the macula, prior to initiation of therapy, every 2 months for the first 6 months, and every 3 months thereafter. For onset of visual symptoms, refer patients for ophthalmologic evaluation urgently, with follow-up every 3 weeks until resolution or discontinuation of LYTGOBI. Withhold or reduce the dose of LYTGOBI as recommended. Dry Eye/Corneal Keratitis: Among 318 patients who received LYTGOBI across clinical trials, dry eye occurred in 15% of patients. Treat patients with ocular demulcents as needed.

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Straightforward, continuous, once-daily oral dosing[1]

Indicated dosage and administration	• 20 mg (five 4 mg tablets) taken orally once daily - Take continuously (every day) at the same time each day - Swallow tablets whole - Take with or without food
Drug and food interactions	• Avoid grapefruit products • Avoid concomitant use of drugs that are dual P-gp and strong CYP3A inhibitors or inducers - Advise patients to inform healthcare providers of all concomitant medications, including over-the-counter drugs, herbal products, and dietary supplements
Missed or vomited doses	• If patients miss a dose by 12 or more hours, or if they vomit after taking a dose, resume taking LYTGOBI with the next scheduled dose - Extra tablets should not be taken to make up for the missed dose
Monitoring for retinal pigment epithelial detachment (RPED)	• Ensure patients receive a comprehensive ophthalmological examination, including optical coherence tomography (OCT) of the macula: - Prior to initiating therapy - Every 2 months for the first 6 months and every 3 months thereafter - Urgently at any time for visual symptoms

This package is child-resistant and may be difficult for patients to open.

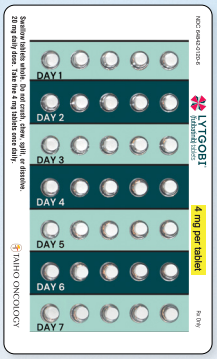
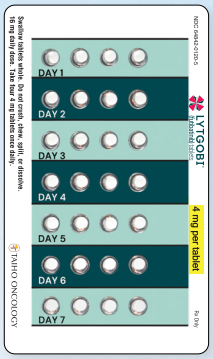
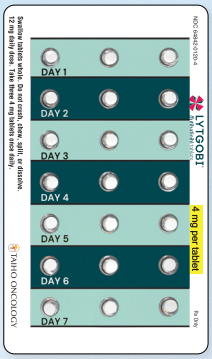
Use your thumb to push the button gently and hold the button. While holding the button down, pull out the card.

Store LYTGOBI at room temperature between 68°F and 77°F (20°C and 25°C). Keep LYTGOBI and all medicines out of the reach of children.

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Alternative DosePaks® for dose modifications[1]

In the event that dose modifications are required, alternative DosePaks are available to make dosing convenient for patients.

Dosing regimen	Starting dose (20 mg)	First dose reduction (16 mg)	Second dose reduction (12 mg)
Tablets per day	Five	Four	Three
DosePak			
Weekly supply of 4 mg tablets	35	28	21
11-digit NDC	64842-0120-6	64842-0120-5	64842-0120-4

Permanently discontinue LYTGOBI if unable to tolerate 12 mg orally once daily.

For ordering details, including specialty pharmacy and distributors information, see the LYTGOBI Patient Access Guide available at LYTGOBI.com/hcp/resources/professional-resources

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (continued)

- **Hyperphosphatemia and Soft Tissue Mineralization:** LYTGOBI can cause hyperphosphatemia leading to soft tissue mineralization, calcinosis, nonuremic calciphylaxis, and vascular calcification. Hyperphosphatemia was reported in 88% of 318 patients treated with LYTGOBI across clinical trials with a median time of onset of 5 days (range 3-117). Phosphate binders were received by 77% of patients who received LYTGOBI. Monitor for hyperphosphatemia throughout treatment. Initiate a low-phosphate diet and phosphate-lowering therapy when serum phosphate level is ≥5.5 mg/dL; initiate or intensify phosphate-lowering therapy when >7 mg/dL; reduce dose, withhold, or permanently discontinue LYTGOBI based on duration and severity of hyperphosphatemia.

LYTGOBI® (futibatinib) tablets 4 mg

FOENIX-CCA2 safety profile[1]

Adverse reactions (ARs) (≥15%) in patients receiving LYTGOBI in FOENIX-CCA2[1]

- Among the most common (≥15%) ARs experienced by patients taking LYTGOBI in FOENIX-CCA2, no Grade 4 or 5 reactions occurred
- Clinically relevant ARs occurring in ≤15% of patients included retinal pigment epithelial detachment (RPED) (7.8%)

LYTGOBI (N=103)		
AR	**All Grades[a] (%)**	**Grade 3 (%)**
Skin and subcutaneous tissue disorders		
Nail toxicity[b]	47	1.9
Alopecia	34	0
Dry skin	29	0
Palmar-plantar erythrodysesthesia syndrome	21	4.9
Gastrointestinal disorders		
Constipation	39	0
Diarrhea[c]	39	1
Dry mouth	35	0
Stomatitis[d]	30	6
Abdominal pain[e]	30	2.9
Nausea	24	1.9
Vomiting[f]	20	1

LYTGOBI (N=103)		
AR	**All Grades[a] (%)**	**Grade 3 (%)**
General disorders		
Fatigue[g]	37	8
Metabolism and nutrition disorders		
Decreased appetite	23	2.9
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain[h]	43	3.9
Arthralgia[i]	25	0
Eye disorders		
Dry eye[j]	25	1
Nervous system disorders		
Dysgeusia[k]	25	0
Infections		
Urinary tract infection[l]	23	2.9
Investigations		
Weight decreased	18	3.9

[a]Graded per NCI CTCAE 4.03.
[b]Includes nail toxicity, nail disorder, nail discoloration, nail dystrophy, nail hypertrophy, nail infection, nail pigmentation, onychalgia, onychoclasis, onycholysis, onychomadesis, onychomycosis, and paronychia.
[c]Includes diarrhea, colitis, and gastroenteritis.
[d]Includes stomatitis, glossitis, mouth ulceration, mucosal inflammation, pharyngeal inflammation, and tongue ulceration.
[e]Includes abdominal pain, abdominal discomfort, abdominal pain upper, gastrointestinal pain, and hepatic pain.
[f]Includes vomiting and hematemesis.
[g]Includes fatigue and asthenia.
[h]Includes back pain, bone pain, musculoskeletal chest pain, musculoskeletal discomfort, musculoskeletal pain, musculoskeletal stiffness, myalgia, neck pain, noncardiac chest pain, pain in extremity, and spinal pain.
[i]Includes arthralgia and arthritis.
[j]Includes dry eye, keratitis, lacrimation increased, photokeratitis, punctate keratitis, and ulcerative keratitis.
[k]Includes dysgeusia, ageusia, and taste disorder.
[l]Includes urinary tract infection, cystitis, and dysuria.

NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events.

Hyperphosphatemia[1]

In the FOENIX-CCA2 trial, 97% of patients taking LYTGOBI experienced some hyperphosphatemia, or increased phosphate levels, with 39% classified as Grade 3 or 4.

Additional laboratory abnormalities in patients receiving LYTGOBI[1]

The most common laboratory abnormalities (≥20%) were increased creatinine (58%), decreased hemoglobin (52%), increased glucose (52%), increased calcium (51%), decreased sodium (51%), decreased phosphate (50%), increased alanine aminotransferase (50%), increased alkaline phosphatase (47%), decreased lymphocyte (46%), increased aspartate aminotransferase (46%), decreased platelets (42%), increased activated partial thromboplastin time (36%), decreased leukocytes (33%), decreased albumin (31%), decreased neutrophils (31%), increased creatine kinase (31%), increased bilirubin (28%), decreased glucose (25%), increased prothrombin international normalized ratio (25%), and decreased potassium (22%).

Dose modifications due to adverse reactions or laboratory abnormalities in patients receiving LYTGOBI[1]

- **Dose interruptions** occurred in 66% of patients
  - Dose interruptions in ≥5% of patients resulted from hyperphosphatemia, palmar-plantar erythrodysesthesia syndrome, increased alanine aminotransferase, increased aspartate aminotransferase, and fatigue
- **Dose reductions** occurred in 58% of patients
  - Dose reductions in ≥2% of patients resulted from hyperphosphatemia, palmar-plantar erythrodysesthesia syndrome, fatigue, increased alanine aminotransferase, increased aspartate aminotransferase, nail toxicity, and stomatitis
- **Discontinuation** occurred in 4.9% of patients
  - Discontinuation in 1 patient each resulted from esophagitis, oral dysesthesia, bile duct obstruction, dizziness, and anemia

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (continued)

- **Embryo-fetal Toxicity:** Based on findings in an animal study and its mechanism of action, LYTGOBI can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to the fetus. Advise female patients of reproductive potential, and males with female partners of reproductive potential, to use effective contraception during treatment with LYTGOBI and for 1 week after the last dose.

FGFR inhibitor class effect ARs of interest[1-5]

LYTGOBI is an inhibitor of *FGFR* 1, 2, 3, and 4. Toxicities often associated with *FGFR* inhibitors include hyperphosphatemia, ocular toxicities, alopecia, nail toxicity, stomatitis, and palmar-plantar erythrodysesthesia syndrome (PPES).[1]

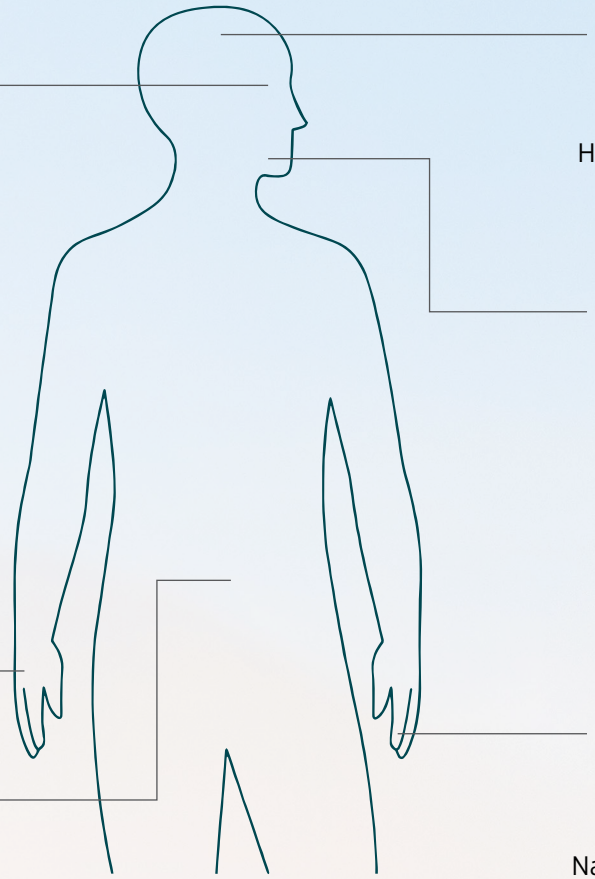
Ocular toxicity[1]*

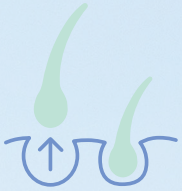
Retinal pigment epithelial detachment (RPED) and dry eye

PPES[2]

Swelling or pain on the hands and feet

Hyperphosphatemia and soft tissue mineralization[1]





Alopecia[3,4]

Hair loss and thinning

Stomatitis[5]*

Oral inflammation

Nail toxicity[2]*

Nail changes/symptoms

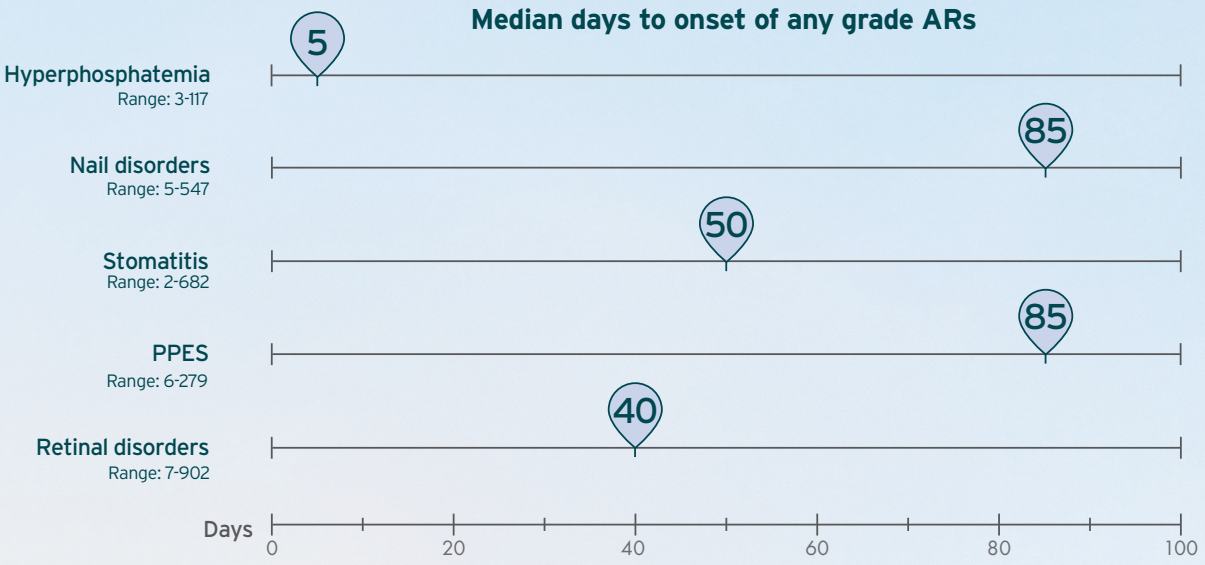
*Categorization of multiple terms. Refer to table on page 4 for full list of terms.

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Onset of ARs and dose modifications[1,6]

The below includes pooled data from the FOENIX-CCA2 study and two phase I studies in patients with various tumor types. All patients included in the analysis received the approved starting dose of 20 mg once daily. Patients may have received any number of prior lines of therapy but no previous treatment with an *FGFR* inhibitor.[6]

Median days to onset of ARs with LYTGOBI 20 mg once daily (N=318)[6]



Dosing modifications[1]

Please see dose modification management guidance for RPED and hyperphosphatemia on pages 8 and 9. For all other ARs and laboratory abnormalities, follow this guidance:

- **Grade 3:** Withhold LYTGOBI until AR resolves to Grade 1 or baseline. Then, resume LYTGOBI at the next lower dose
  - For hematological toxicities resolving within 1 week, resume at the dose prior to suspending
- **Grade 4:** Permanently discontinue LYTGOBI

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS

- **Serious adverse reactions** occurred in 39% of patients receiving LYTGOBI, and in ≥2% of patients included pyrexia (3.9%), gastrointestinal hemorrhage (3.9%), ascites (2.9%), musculoskeletal pain (2.9%), and bile duct obstruction (2.9%).

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Ocular toxicities[1,2]

Monitor your patients for ocular toxicities like dry eye and, in rare cases, retinal pigment epithelial detachment (RPED). While uncommon, LYTGOBI can cause serious ocular toxicities, including RPED, which may result in symptoms such as blurred vision. Among 318 patients receiving LYTGOBI across clinical trials[1,2]:

- RPED occurred in 9% of patients, leading to[1]:
  - Dose interruption in 1.3%
  - Dose reduction in 1.6%
  - Permanent discontinuation in 0.3%
- Dry eye/corneal keratitis was reported in 15% of patients[1]

Prior to initiating therapy, refer patients to a specialist who can perform a comprehensive ophthalmological examination, including optical coherence tomography (OCT) of the macula. These exams will continue every 2 months for the first 6 months and every 3 months thereafter.[1]

Management of RPED[1]

For onset of visual symptoms, refer patients for ophthalmologic evaluation urgently, with follow-up every 3 weeks until resolution or discontinuation of LYTGOBI. The median time to first onset of RPED was 40 days.

Withhold or reduce the dose of LYTGOBI as recommended based on the following guidance for dose modifications:

RPED onset	RPED resolves within 14 days?	Dosing guidance
Continue LYTGOBI at the current dose and continue periodic ophthalmic evaluation	Yes	Continue at current dose
	No	Withhold LYTGOBI until toxicity resolves, then resume LYTGOBI at previous or a lower dose

Management of dry eye/corneal keratitis[1]

Treat patients with ocular demulcents as needed if dry eye/corneal keratitis occurs. Please see dose modification management guidance for general ARs (including dry eye/corneal keratitis) on page 7.

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Hyperphosphatemia[1,2,6]

88% of patients taking LYTGOBI across clinical trials (n=318) experienced hyperphosphatemia, or increased/high phosphate levels. If left untreated, hyperphosphatemia may cause soft tissue mineralization, calcinosis, nonuremic calciphylaxis, and vascular calcification. Monitor serum phosphate levels weekly.[1]

Management of hyperphosphatemia[1,2,6]

A low phosphate diet can help manage phosphate levels.[1,2]

Phosphate binders may also help maintain phosphate levels. 77% of patients who received LYTGOBI across clinical trials received phosphate binders. Supportive medications (used either alone or in combination) in these clinical trials included sevelamer, acetazolamide, and lanthanum carbonate.[1,6]

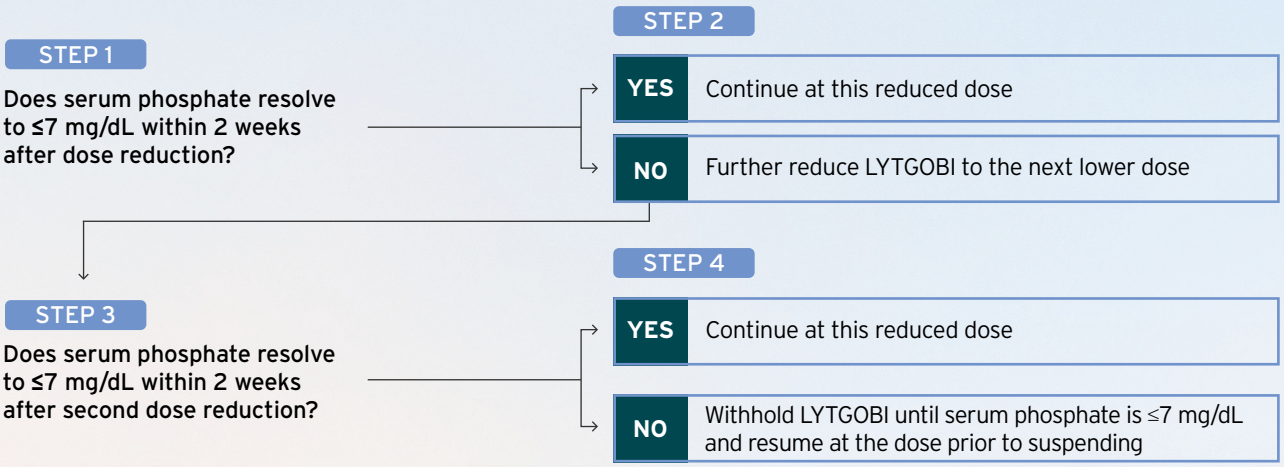
Dose modifications for hyperphosphatemia[1,6]

Serum phosphate ≥5.5 mg/dL to ≤7 mg/dL

Continue LYTGOBI at current dose and initiate a low phosphate diet and phosphate-lowering therapy. Monitor serum phosphate weekly.

Serum phosphate >7 mg/dL to ≤10 mg/dL

Initiate or adjust phosphate-lowering therapy and reinforce low-phosphate diet. Monitor serum phosphate weekly and dose reduce LYTGOBI to the next lower dose.



Serum phosphate >10 mg/dL

Initiate or adjust phosphate-lowering therapy and reinforce low-phosphate diet. Monitor serum phosphate weekly, and withhold LYTGOBI until phosphate is ≤7 mg/dL, and resume LYTGOBI at the next lower dose.

Permanently discontinue LYTGOBI if serum phosphate is not ≤7 mg/dL within 2 weeks following 2 dose interruptions and 2 dose reductions.[1]

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS (continued)

- **The most common adverse reactions** (≥20%) were nail toxicity (47%), musculoskeletal pain (43%), constipation (39%), diarrhea (39%), fatigue (37%), dry mouth (35%), alopecia (34%), stomatitis (30%), abdominal pain (30%), dry skin (29%), arthralgia (25%), dysgeusia (25%), dry eye (25%), nausea (24%), decreased appetite (23%), urinary tract infection (23%), palmar-plantar erythrodysesthesia syndrome (21%), and vomiting (20%).

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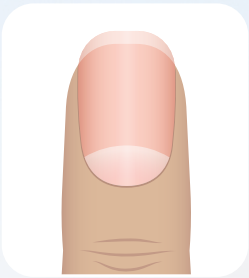
Nail toxicities[1,2,7-10]

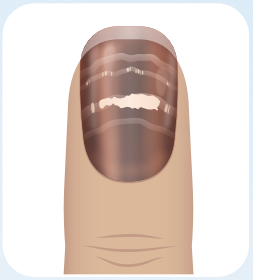
Just under half of patients (47%) in the FOENIX-CCA2 study (n=103) experienced some type of nail toxicity. Monitor your patients for any changes to their nails.[1]

Potential changes to fingernails and/or toenails for patients on *FGFR* inhibitors may include:



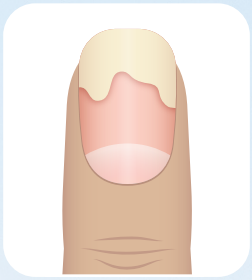
Healthy nail

Smooth, uniform in color, and free of spots or grooves



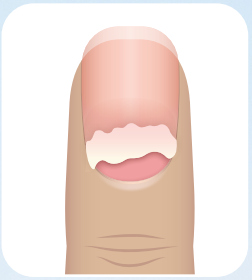
Nail discoloration/ pigmentation[2]

Irregular nail coloration



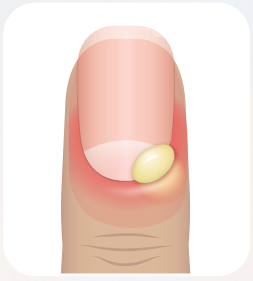
Onycholysis[7]

Painless detachment of the nail from the nail bed



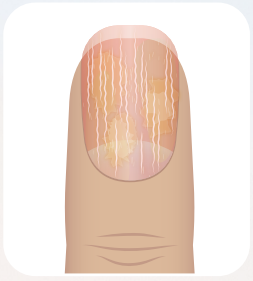
Onychomadesis[8]

Proximal separation of the nail plate from the nail matrix



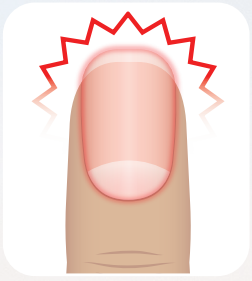
Paronychia[8]

Infection of the proximal and lateral fingernail and toenail tissue folds



Nail dystrophy[9]

Deformation, thickening, or discoloration of nail



Onychalgia[10]

Pain originating from the nail or nail bed

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Management of nail toxicity[2,4]

Advise patients to take special care of nails to reduce the chance of infection and nail loss. Preventive strategies for patients include:

- Avoid prolonged contact with water, repeated trauma, friction, and pressure on nails and nail beds[2]
- Trim or file nails gently and avoid trimming too close to the nail bed[2,4]
- Use moisturizing lotions and creams to keep nails and cuticles healthy[2,4]
- Wear protective gloves and limit use of nail polish removers and nail hardeners[2,4]

Patients should not obtain professional manicures or pedicures unless approved by their healthcare team and should not use nail-strengthening or artificial nail products because they may irritate their skin or nails.[4]

Encourage patients to report any redness, pain, or other changes that occur around their cuticles. If nails appear infected, then cultures should be sent for bacterial sensitivity, and patients should initiate antibiotics and obtain a dermatology referral.[4]

Please see dose modification management guidance for general ARs (including nail toxicity) on page 7.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS (continued)

- **The most common laboratory abnormalities** (≥20%) were increased phosphate (97%), increased creatinine (58%), decreased hemoglobin (52%), increased glucose (52%), increased calcium (51%), decreased sodium (51%), decreased phosphate (50%), increased alanine aminotransferase (50%), increased alkaline phosphatase (47%), decreased lymphocytes (46%), increased aspartate aminotransferase (46%), decreased platelets (42%), increased activated partial thromboplastin time (36%), decreased leukocytes (33%), decreased albumin (31%), decreased neutrophils (31%), increased creatine kinase (31%), increased bilirubin (28%), decreased glucose (25%), increased prothrombin international normalized ratio (25%), and decreased potassium (22%).

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Biliary Tract Cancers[1,11]

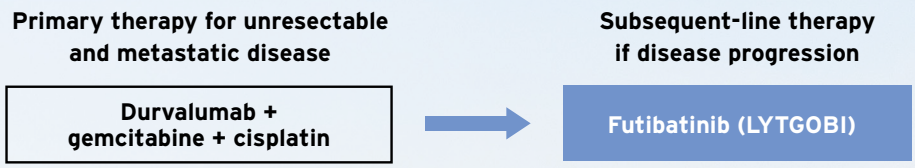
For patients with previously treated unresectable or metastatic intrahepatic cholangiocarcinoma (CCA) harboring fibroblast growth factor receptor 2 (*FGFR2*) gene fusions or rearrangements if disease progression[1,11]

NCCN Guidelines® Recommended Option[11]

NCCN CATEGORY
2A*

Futibatinib (LYTGOBI®) is recommended as a National Comprehensive Cancer Network® (NCCN®) subsequent-line systemic therapy option for unresectable or metastatic intrahepatic or extrahepatic cholangiocarcinoma with *FGFR2* fusions or rearrangements if disease progression†

Sample‡ treatment algorithm for subsequent-line use for CCA with *FGFR2* fusions or rearrangements[1,11]:



*NCCN Category 2A recommendation: based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.[11]
†Treatment selection depends on clinical factors, including previous treatment regimen/agent, somatic molecular testing results, and extent of liver dysfunction.[11]
‡These treatment algorithms are examples only; other treatment options are recommended in the NCCN Guidelines®.

NCCN=National Comprehensive Cancer Network® (NCCN®).

FOENIX-CCA2 study design and efficacy[1,12]

FOENIX-CCA2 (TAS-120-101) was a multicenter, open-label, single-arm, phase 2 study that investigated the efficacy and safety of LYTGOBI in patients with unresectable locally advanced or metastatic intrahepatic CCA harboring an *FGFR2* fusion or rearrangement.[1,12]

Primary endpoint:
Overall response rate (ORR) (N=103)[1]

ORR
42%
(95% CI: 32, 52)

Secondary endpoint:
Median duration of response (mDoR) (N=103)[1]

mDoR
9.7 months
(95% CI: 7.6, 17.1)

IMPORTANT SAFETY INFORMATION

DRUG INTERACTIONS

- **Dual P-gp and Strong CYP3A Inhibitors:** Avoid concomitant use of drugs that are dual P-gp and strong CYP3A inhibitors.
- **Dual P-gp and Strong CYP3A Inducers:** Avoid concomitant use of drugs that are dual P-gp and strong CYP3A inducers.

USE IN SPECIFIC POPULATIONS

- **Lactation:** Because of the potential for serious adverse reactions from LYTGOBI in breastfed children, advise women not to breastfeed during treatment and for 1 week after the last dose.

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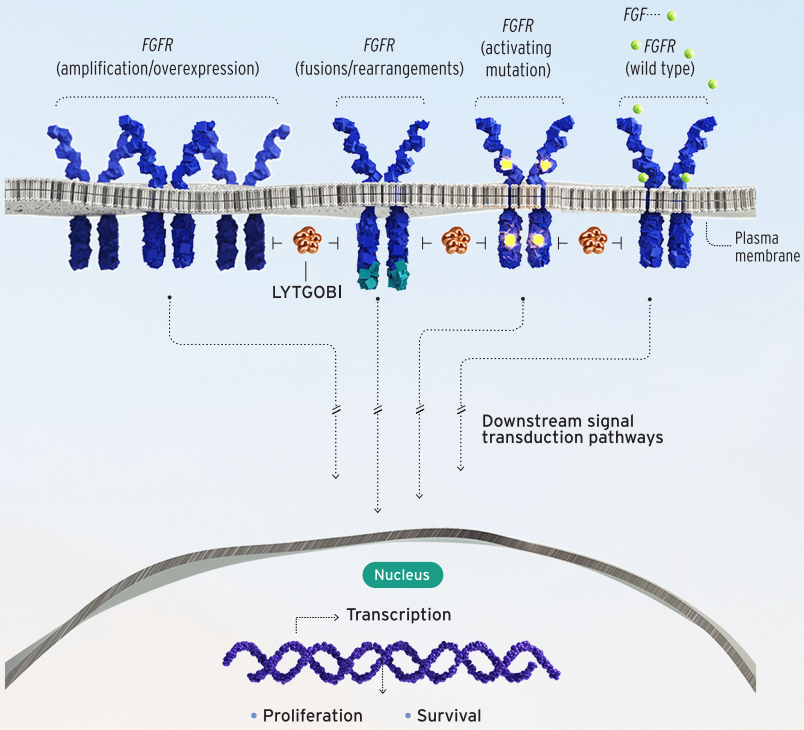
How LYTGOBI works[1,13-16]

An approved irreversibly binding *FGFR* inhibitor[1,13,14]

Designed to covalently bind to *FGFR*.

LYTGOBI, a tyrosine kinase inhibitor, shows targeted antitumor activity against *FGFR*-deregulated tumors. LYTGOBI is a unique treatment in that it covalently binds in the *FGFR* kinase domain at sites not targeted by reversible ATP-competitive *FGFR* inhibitors.

- *FGF* signaling via *FGFRs* plays an important role in tumor proliferation and survival[1]
- *FGFR2* alterations account for 10% to 16% of patients with iCCA, most of which are *FGFR2* fusions[15]



ATP=adenosine triphosphate; FGF=fibroblast growth factor; FGFR=fibroblast growth factor receptor; iCCA=intrahepatic cholangiocarcinoma.

LYTGOBI binds to the *FGFR* in an irreversible manner and exhibits antiproliferative activity against cancer cell lines.[1]

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Patient resources

Patient and caregiver brochure

Contains important information for patients about how LYTGOBI can help, how to take LYTGOBI, side effect management, and obtaining financial support.

Blister pack opener

Compact tool for safely opening blister packaging. A blister pack opener is available upon request. Contact your local Oncology Account Manager for more information.

Contact your local Oncology Account Manager for more information by visiting register.taihooncology.com/request-a-rep

Cholangiocarcinoma Foundation®

A global patient support organization dedicated to cholangiocarcinoma that provides resources, education, and support to patients and their families. To learn more, visit cholangiocarcinoma.org or call 1-385-218-3013.

Cholangiocarcinoma Foundation®

IMPORTANT SAFETY INFORMATION

USE IN SPECIFIC POPULATIONS (continued)

- **Hepatic Impairment:** Patients with hepatic impairment may have the potential for increased adverse reactions compared to patients with normal hepatic function.

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Taiho Oncology Co-Pay Assistance Program

Making Access Easier for Patients

TAIHO ONCOLOGY PATIENT SUPPORT™
Supporting your treatment journey

TO DETERMINE PATIENT ELIGIBILITY

GO TO: TaihoOncologyCopay.com
OR CALL: **844-824-4648**

Eligible patients may pay $0 per treatment cycle

PATIENTS MAY BE ELIGIBLE IF THEY:

- Have commercial prescription insurance coverage
- Use a specialty pharmacy
- Use a hospital outpatient pharmacy
- Receive medicine from a doctor's office

PATIENTS MAY NOT BE ELIGIBLE IF THEY:

- Are reimbursed under Medicaid, a Medicare drug benefit program, TRICARE, or other state or federal programs
- Reside outside of the United States, Puerto Rico, or United States territories

LYTGOBI QUICKSTART

Your patients may be eligible for the LYTGOBI QuickStart Program. If your patient's insurance coverage determination is delayed by 5 or more days, Taiho Oncology may provide a free 28-day supply of LYTGOBI. To learn more, call 1-844-TAIHO-4U (1-844-824-4648).

*Restrictions and eligibility: Offer valid in the US, Puerto Rico, and US territories only. Only valid for patients with private insurance. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, this offer is not valid and the patient cannot use this offer. By presenting or accepting this benefit, patient and pharmacist agree not to submit claim for reimbursement under the above programs. Patient further agrees to comply with any and all terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to, or to offer to, sell, to sell, purchase, or trade this benefit. Maximum reimbursement limits apply; patient out-of-pocket expense may vary. Taiho Oncology, Inc., reserves the right to rescind, revoke, or amend this offer at any time without notice.

Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

Taiho Oncology Patient Support™

Taiho Oncology Patient Support offers personalized services to help give patients, caregivers, and healthcare professionals access to Taiho Oncology products. This includes insurance coverage determination and help with medication affordability.

HOW TO ENROLL

We offer 3 convenient ways to enroll in Taiho Oncology Patient Support services:

Via the HCP Portal

- **Enroll online**, directly through our HCP portal at TaihoPatientSupport.com

NOTE: Login required. Please register prior to enrolling.

OR

Download, Print, and Fax

- Download and fill in the **Enrollment Form**, and print it out to complete
- Fax the completed form to **1-844-287-2559**

OR

By Phone

- Call **1-844-TAIHO-4U** (1-844-824-4648) for help with enrollment

TAIHO ONCOLOGY PATIENT SUPPORT CAN ASSIST WITH:

Insurance Coverage Support

- Benefits investigation
- Prior authorization assistance
- Appeals assistance
- Coordination of prescriptions with pharmacies

Patient Affordability Assistance*

- $0 co-pay program enrollment for eligible commercially insured patients
- Patient assistance program designed to provide free medication to eligible patients who are uninsured or underinsured
- Referrals to third-party foundations for co-pay or other assistance based on eligibility and additional criteria
- Referrals to Medicare Part D Low-Income Subsidy (LIS)/Extra Help Program

Personalized Nurse Support†

- One-on-one nurse educational support for patients, available via opt-in

HCP=healthcare professional.

*Visit TaihoPatientSupport.com to see full eligibility criteria.

†If this option is selected on the Patient Enrollment Form, a Nurse Navigator will be assigned to provide telephone support and will address general inquiries about LYTGOBI treatment.

LYTGOBI® (futibatinib) tablets 4 mg

LYTGOBI®
(futibatinib) tablets 4 mg

Dosing and adverse reaction management for LYTGOBI

Visit LYTGOBI.com/hcp to discover the difference that LYTGOBI can make

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Please see Important Safety Information throughout and full Prescribing Information at LYTGOBI.com/PI.

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