NOW APPROVED WITH CHEMOTHERAPY

In the first-line treatment of locally advanced or metastatic EGFRm NSCLC

TAGRISSO + chemotherapy gives you a new option

+ ~9 MONTHS mPFS

TAGRISSO + CT (pem/plat)*		TAGRISSO monotherapy
25.5	vs	16.7
(95% CI: 24.7, NE)		(95% CI: 14.1, 21.3)

months median PFS†
based on investigator assessment

HR=0.62 (95% CI: 0.49, 0.79); *P*<0.0001; N=557[1]

Learn more at
TagrissoHCP.com

*TAGRISSO + CT (pem/plat) dosing: In cycles 1-4, TAGRISSO 80 mg po qd + pemetrexed (500 mg/m^2) q3w + cisplatin (75 mg/m^2) or carboplatin (AUC 5) q3w; in cycles 5+, TAGRISSO 80 mg po qd + pemetrexed maintenance (500 mg/m^2) q3w until disease progression or unacceptable toxicity. TAGRISSO monotherapy dosing: 80 mg po qd until disease progression or unacceptable toxicity.[1] †Primary endpoint in FLAURA2 was investigator-assessed PFS.[1]

CT (pem/plat), pemetrexed plus platinum-based chemotherapy.

INDICATION

- TAGRISSO is indicated in combination with pemetrexed and platinum-based chemotherapy, for the first-line treatment of adult patients with locally advanced or metastatic NSCLC whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test

SELECT SAFETY INFORMATION

- There are no contraindications for TAGRISSO
- Interstitial lung disease (ILD)/pneumonitis occurred in patients treated with TAGRISSO monotherapy and in combination with pemetrexed and platinum-based chemotherapy, some instances of which were fatal. Withhold TAGRISSO and promptly investigate for ILD in patients who present with worsening respiratory symptoms. Permanently discontinue if ILD/pneumonitis is confirmed

Please see Select Safety Information throughout and complete Prescribing Information, including Patient Information for TAGRISSO.

TAGRISSO® osimertinib

For your patients with locally advanced or metastatic EGFRm NSCLC, consider TAGRISSO + chemotherapy

SELECT SAFETY INFORMATION

- Monitor patients who have a history or predisposition for QTc prolongation or those who are taking medications that are known to prolong the QTc interval. Permanently discontinue TAGRISSO in patients who develop QTc interval prolongation with signs/symptoms of life-threatening arrhythmia
- Cardiomyopathy occurred in patients treated with TAGRISSO monotherapy, and in combination with pemetrexed and platinum-based chemotherapy, some instances of which were fatal. For patients receiving TAGRISSO monotherapy, conduct cardiac monitoring in patients with cardiac risk factors, including assessment of LVEF at baseline and during treatment. For patients receiving TAGRISSO in combination with pemetrexed and platinum-based chemotherapy, conduct cardiac monitoring in all patients, including assessment of LVEF at baseline and during treatment. Assess LVEF in patients who develop relevant cardiac signs or symptoms during treatment. For symptomatic congestive heart failure, permanently discontinue TAGRISSO
- Promptly refer patients with signs and symptoms of keratitis to an ophthalmologist
- Withhold TAGRISSO if erythema multiforme major, Stevens-Johnson syndrome or toxic epidermal necrolysis is suspected and permanently discontinue if confirmed
- Withhold TAGRISSO if cutaneous vasculitis is suspected, evaluate for systemic involvement, and consider dermatology consultation. If no other etiology can be identified, consider permanent discontinuation of TAGRISSO based on severity
- Aplastic anemia, including fatal cases, has been reported in patients treated with TAGRISSO. Inform patients of the signs and symptoms of aplastic anemia. If aplastic anemia is suspected, withhold TAGRISSO and obtain a hematology consultation. If aplastic anemia is confirmed, permanently discontinue TAGRISSO. Perform complete blood count with differential before starting TAGRISSO, periodically throughout treatment, and more frequently if indicated
- Verify pregnancy status of women prior to use. Advise women to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose. Advise men to use effective contraception during treatment with TAGRISSO and for 4 months after the final dose
- Advise women not to breastfeed during treatment with TAGRISSO and for 2 weeks after the final dose
- Most common (≥20%) adverse reactions, including laboratory abnormalities, were:
  - TAGRISSO monotherapy: leukopenia, lymphopenia, thrombocytopenia, anemia, diarrhea, rash, musculoskeletal pain, neutropenia, nail toxicity, dry skin, stomatitis, and fatigue
  - TAGRISSO in combination with pemetrexed and platinum-based chemotherapy: leukopenia, thrombocytopenia, neutropenia, lymphopenia, rash, diarrhea, stomatitis, nail toxicity, dry skin, and increased blood creatinine

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Learn more about TAGRISSO

AUC, area under the curve; CI, confidence interval; CT (pem/plat), pemetrexed plus platinum-based chemotherapy; EGFRm, epidermal growth factor receptor mutation; HR, hazard ratio; mNSCLC, metastatic non-small cell lung cancer; mPFS, median progression-free survival; NE, not estimable; NSCLC, non-small cell lung cancer; PFS, progression-free survival; po, by mouth; q3w, once every 3 weeks; qd, once daily.

Reference: 1. TAGRISSO [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2024.

Please see complete Prescribing Information, including Patient Information for TAGRISSO.

You may report side effects related to AstraZeneca products.

AstraZeneca

TAGRISSO® osimertinib