



ONUREG[®] DOSING GUIDE

INDICATION

ONUREG[®] is indicated for continued treatment of adult patients with acute myeloid leukemia who achieved first complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following intensive induction chemotherapy and are not able to complete intensive curative therapy.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ONUREG[®] is contraindicated in patients with known severe hypersensitivity to azacitidine or its components.

WARNINGS AND PRECAUTIONS

Risks of Substitution with Other Azacitidine Products

Due to substantial differences in the pharmacokinetic parameters, the recommended dose and schedule for ONUREG[®] are different from those for the intravenous or subcutaneous azacitidine products. Treatment of patients using intravenous or subcutaneous azacitidine at the recommended dosage of ONUREG[®] may result in a fatal adverse reaction. Treatment with ONUREG[®] at the doses recommended for intravenous or subcutaneous azacitidine may not be effective. Do not substitute ONUREG[®] for intravenous or subcutaneous azacitidine.



Please see Important Safety Information throughout and please [click here](#) for full Prescribing Information for ONUREG[®].

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Please see Important Safety Information throughout and please [click here](#) for full Prescribing Information for ONUREG®.



ONUREG® OFFERS CONVENIENT, ONCE-DAILY, ORAL DOSING THAT PATIENTS CAN TAKE AT HOME¹

The recommended dosage of ONUREG® is one 300-mg tablet orally, once daily with or without food on Days 1-14 of each 28-day treatment cycle

RECOMMENDED DOSAGE

2 WEEKS
ON

2 WEEKS
OFF



300 MG ON DAYS 1-14
OF EACH 28-DAY TREATMENT CYCLE

Continue ONUREG® until disease progression or unacceptable toxicity

Do not substitute ONUREG® for intravenous or subcutaneous azacitidine. The indications and dosing regimen for ONUREG® differ from that of intravenous or subcutaneous azacitidine

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Myelosuppression

New or worsening Grade 3 or 4 neutropenia and thrombocytopenia occurred in 49% and 22% of patients who received ONUREG®. Febrile neutropenia occurred in 12%. A dose reduction was required for 7% and 2% of patients due to neutropenia and thrombocytopenia. Less than 1% of patients discontinued ONUREG® due to either neutropenia or thrombocytopenia. Monitor complete blood counts and modify the dosage as recommended. Provide standard supportive care, including hematopoietic growth factors, if myelosuppression occurs.

Please see Important Safety Information throughout and please [click here](#) for full Prescribing Information for ONUREG®.

 **ONUREG**[™]
(azacitidine) tablets
300mg • 200mg

ONUREG® ADMINISTRATION AND DOSING CONSIDERATIONS¹

ADMINISTRATION

- Administer an antiemetic 30 minutes prior to each dose of ONUREG® for the first 2 cycles. Antiemetic prophylaxis may be omitted after 2 cycles if there has been no nausea and vomiting
- If the absolute neutrophil count (ANC) is <0.5 Gi/L on Day 1 of a cycle, do not administer ONUREG®. Delay the start of the cycle until the ANC is ≥ 0.5 Gi/L

Instruct patients on the following:



Take a dose about the same time each day



Do not split, crush, or chew tablets*

- If a dose of ONUREG® is missed, or not taken at the usual time, take the dose as soon as possible on the same day, and resume the normal schedule the following day. Do not take 2 doses on the same day
- If a dose is vomited, do not take another dose on the same day. Resume the normal schedule the following day

*ONUREG® is a hazardous drug. Follow applicable special handling and disposal procedures. If powder comes in contact with skin, immediately and thoroughly wash with soap and water. If powder comes in contact with mucous membranes, immediately flush the area with water.

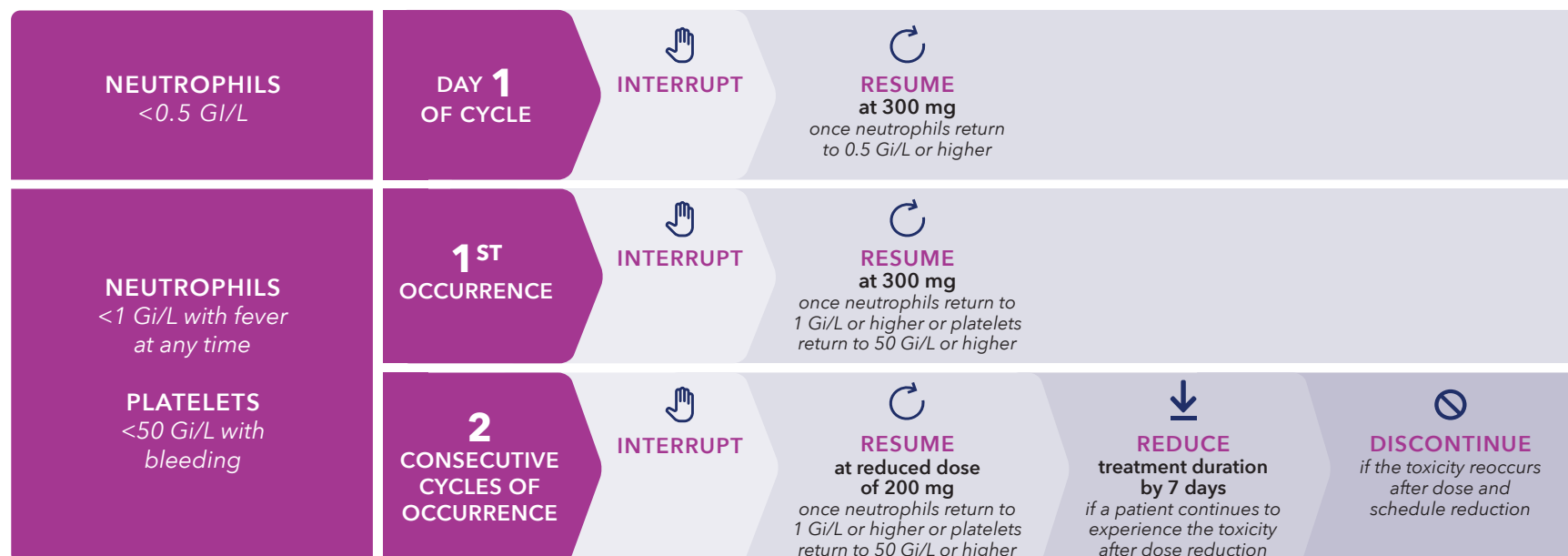
Please see Important Safety Information throughout and please [click here](#) for full Prescribing Information for ONUREG®.

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(azacitidine) tablets
300mg • 200mg

DOSAGE MODIFICATIONS FOR ADVERSE REACTIONS¹

Recommended dosage modifications for ARs: Myelosuppression

Monitor complete blood count every other week for the first 2 cycles and prior to the start of the next cycle thereafter. Increase monitoring to every other week for the 2 cycles after any dose reduction for myelosuppression.



IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Increased Early Mortality in Patients with Myelodysplastic Syndromes (MDS)

In AZA-MDS-003, 216 patients with red blood cell transfusion-dependent anemia and thrombocytopenia due to MDS were randomized to ONUREG[®] or placebo. 107 received a median of 5 cycles of ONUREG[®] 300 mg daily for 21 days of a 28-day cycle. Enrollment was discontinued early due to a higher incidence of early fatal and/or serious adverse reactions in the ONUREG[®] arm compared with placebo. The most frequent fatal adverse reaction was sepsis. Safety and effectiveness of ONUREG[®] for MDS have not been established. Treatment of MDS with ONUREG[®] is not recommended outside of controlled trials.

Please see Important Safety Information throughout and please [click here](#) for full Prescribing Information for ONUREG[®].



DOSAGE MODIFICATIONS FOR ADVERSE REACTIONS¹ (CONT'D)

Recommended dosage modifications for ARs: GI toxicity or other ARs



IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Embryo-Fetal Toxicity

ONUREG[®] can cause fetal harm when administered to a pregnant woman. Azacitidine caused fetal death and anomalies in pregnant rats via a single intraperitoneal dose less than the recommended human daily dose of oral azacitidine on a mg/m² basis. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ONUREG[®] and for at least 6 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with ONUREG[®] and for at least 3 months after the last dose.

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 **ONUREG**[™]
(azacitidine) tablets
300mg • 200mg

HOW ONUREG[®] IS SUPPLIED, STORED, AND HANDLED¹

ONUREG[®] tablets are supplied in 2 strengths for once-daily, oral dosing

RECOMMENDED DOSE: 300-MG TABLET



200-MG TABLET



(Modified dose if ARs occur)

ONUREG[®] tablets are supplied in bottles of 14 tablets with 2 desiccant canisters.



Storage

STORE BOTTLES

68°F to 77°F (20°C to 25°C)

- Excursions permitted between 59°F to 86°F (15°C to 30°C) (see USP Controlled Room Temperature)
- Keep bottle tightly closed
- Store and dispense in the original bottle (with 2 desiccant canisters)

Handling and disposal

ONUREG[®] is a hazardous drug. Follow applicable special handling and disposal procedures. If powder comes in contact with skin, immediately and thoroughly wash with soap and water. If powder comes in contact with mucous membranes, immediately flush the area with water.

IMPORTANT SAFETY INFORMATION (CONT'D)

ADVERSE REACTIONS









Serious adverse reactions occurred in 15% of patients who received ONUREG[®]. Serious adverse reactions in $\geq 2\%$ included pneumonia (8%) and febrile neutropenia (7%). One fatal adverse reaction (sepsis) occurred in a patient who received ONUREG[®]. Most common ($\geq 10\%$) adverse reactions with ONUREG[®] vs placebo were nausea (65%, 24%), vomiting (60%, 10%), diarrhea (50%, 21%), fatigue/asthenia (44%, 25%), constipation (39%, 24%), pneumonia (27%, 17%), abdominal pain (22%, 13%), arthralgia (14%, 10%), decreased appetite (13%, 6%), febrile neutropenia (12%, 8%), dizziness (11%, 9%), pain in extremity (11%, 5%).

Please see Important Safety Information throughout and please [click here](#) for full Prescribing Information for ONUREG[®].



HOW YOU CAN SUPPORT PATIENTS TAKING ONUREG®

Instruct patients on the following:

<p>ANTI-NAUSEA</p>  <p>Your healthcare provider will prescribe an anti-nausea medication to help prevent nausea and vomiting during treatment with ONUREG®. Take the anti-nausea medicine 30 minutes before each dose of ONUREG®^{1*}</p>	<p>FOOD</p>  <p>ONUREG® can be taken with or without food¹</p>	<p>WHOLE TABLET</p>  <p>Do not split, crush, or chew ONUREG® tablets^{1†}</p>	<p>ROUTINE/REMINDERS</p>  <p>Take a dose about the same time each day to help patients make their treatment part of their daily routine. You can also recommend that patients add a daily reminder on their smartphone/add to their phone's calendar app²</p>
<p>MISSED DOSE</p>  <p>If a dose of ONUREG® is missed, or not taken at the usual time, take the dose as soon as possible on the same day, and resume the normal schedule the following day¹</p>	<p>NO DOUBLING</p>  <p>Do not take 2 doses on the same day to make up for a missed dose¹</p>	<p>VOMITING</p>  <p>If a dose is vomited, do not take another dose on the same day. Resume the normal schedule the following day¹</p>	<p>SUPPORT</p>  <p>See if patients can involve loved ones and/or caregivers to help them take their medication²</p>

*Your healthcare provider may decide to stop the anti-nausea medicine after your second cycle of ONUREG®, if you do not have any nausea or vomiting.¹

†If the powder from ONUREG® tablets comes in contact with your skin, wash the area well right away with soap and water. If the powder from ONUREG® tablets comes in contact with your eyes or mouth (mucous membranes), flush the area right away with water.¹

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 **ONUREG™**
(azacitidine) tablets
300mg • 200mg

Learn more about ONUREG®

Visit [ONUREGpro.com/DosingGuide](https://onuregpro.com/DosingGuide)

to access these and future resources:



How to order and
access ONUREG®



ONUREG® patient financial
assistance brochure

IMPORTANT SAFETY INFORMATION (CONT'D)

LACTATION

There are no data regarding the presence of azacitidine in human milk or the effects on the breastfed child or milk production. Because of the potential for serious adverse reactions in the breastfed child, advise women not to breastfeed during treatment with ONUREG® and for 1 week after the last dose.

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References: 1. ONUREG® [Prescribing Information]. Summit, NJ: Celgene Corporation; 2020. 2. Bryant AL, LeBlanc TW, Albrecht T, et al. Oral adherence in adults with acute myeloid leukemia: results of a mixed methods study. *Blood*. 2019;134(suppl 1):2215.



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