ojemda™
(tovorafenib)
100 mg tablets
25 mg/mL for oral suspension

Dosing and AE Management Guide

Supporting patients and caregivers as they start their OJEMDA treatment journeys

This guide provides management guidelines to healthcare providers about administration and management of OJEMDA for patients with BRAF-altered relapsed/refractory pediatric low-grade glioma (R/R pLGG) based on the guidelines from the FIREFLY-1 trial protocol and additional literature.

AE=adverse event; BRAF=v-Raf murine sarcoma viral oncogene homolog B1.

INDICATION

OJEMDA™ (tovorafenib) is indicated for the treatment of patients 6 months of age and older with relapsed or refractory pediatric low-grade glioma (LGG) harboring a BRAF fusion or rearrangement, or BRAF V600 mutation.

This indication is approved under accelerated approval based on 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

Hemorrhage

Hemorrhage, including major hemorrhage defined as symptomatic bleeding in a critical area or organ, can occur with OJEMDA. Advise patients and caregivers of the risk of hemorrhage during treatment with OJEMDA. Monitor for signs and symptoms of hemorrhage and evaluate as clinically indicated. Withhold and resume at reduced dose upon improvement, or permanently discontinue based on severity.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

OJEMDA offers convenient once-weekly oral dosing in tablet form and oral suspension[1]

The recommended dosage of OJEMDA is 380 mg/m^2 taken orally once weekly (not to exceed 600 mg) according to BSA

- Tablets are recommended for BSA ≥0.9 m^2 unless oral suspension is clinically indicated
- A recommended dosage for patients with BSA <0.3 m^2 has not been established

Convenient once-weekly oral dosing

Available in tablets or oral suspension

Taken with or without food

What if a dose is missed?

If a weekly dose of OJEMDA is missed by **3 days or fewer**

The missed dose should be taken as soon as possible, and the next dose should be taken on the regularly scheduled day.

If a weekly dose of OJEMDA is missed by **more than 3 days**

The missed dose should be skipped, and the next dose should be taken on the regularly scheduled day.

- If vomiting occurs immediately after taking a dose, repeat that dose

Continue treatment with OJEMDA until disease progression or intolerable toxicity

BSA=body surface area.

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Skin Toxicity Including Photosensitivity

OJEMDA can cause rash, including maculopapular rash and photosensitivity. Monitor for new or worsening skin reactions. Consider dermatologic consultation and initiate supportive care as clinically indicated. Withhold, reduce the dose, or permanently discontinue OJEMDA based on severity of adverse reaction.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Recommended dosage for tablet administration[1]

Tablet
Strength: 100 mg

Recommended dosage based on BSA (tablets)

BSA (m^2)	Recommended dosage
0.30-0.89	Administer OJEMDA for oral suspension once weekly
0.90-1.12	400 mg once weekly
1.13-1.39	500 mg once weekly
≥1.40	600 mg once weekly

Your patient will receive the appropriate box of OJEMDA for a 4-week supply, with blister cards containing 4 or 6 tablets on each card.

- OJEMDA boxes come in 16-, 20-, and 24-count configurations
- The 20-count box contains 5 cards of 4 tablets each for those patients prescribed 500 mg of OJEMDA

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Photosensitivity

Advise patients to use precautionary measures against ultraviolet exposure such as use of sunscreen, sunglasses, and/or protective clothing during treatment with OJEMDA. Withhold, reduce the dose, or permanently discontinue OJEMDA based on severity of adverse reaction.

Hepatotoxicity

OJEMDA can cause hepatotoxicity. Monitor liver function tests, including ALT, AST and bilirubin, before initiation of OJEMDA, one month after initiation and then every three months thereafter and as clinically indicated. Withhold and resume at the same or reduced dose upon improvement, or permanently discontinue OJEMDA based on the severity.

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Recommended dosage of oral suspension[1]

Oral suspension
Strength: 25 mg/mL

Recommended dosage based on BSA (oral suspension)

BSA (m^2)	Dose volume (mL)*	Dosage	Bottle
0.30-0.35	5	125 mg once weekly	1 bottle
0.36-0.42	6	150 mg once weekly	
0.43-0.48	7	175 mg once weekly	
0.49-0.54	8	200 mg once weekly	
0.55-0.63	9	225 mg once weekly	
0.64-0.77	11	275 mg once weekly	
0.78-0.83	12	300 mg once weekly	
0.84-0.89	14	350 mg once weekly	
0.90-1.05	15	375 mg once weekly	
1.06-1.25	18	450 mg once weekly	2 bottles
1.26-1.39	21	525 mg once weekly	
≥1.40	24	600 mg once weekly	

Preparation and administration: oral suspension

- Reconstitute the powder in each supplied bottle with exactly 14 mL of room temperature water to form the OJEMDA for oral suspension. After reconstitution each mL contains 25 mg of tovorafenib. Product foaming after reconstitution reduces the deliverable volume
- Each bottle delivers 300 mg of tovorafenib in 12 mL. For doses greater than 300 mg, reconstitute two bottles to achieve the dose. Split the dose as equally as possible between the two bottles (eg, 6 mL and 7 mL for a 325 mg dose)
- Administer OJEMDA for oral suspension using the supplied oral dosing syringe or feeding tube (minimum 12 French) immediately after preparation
- If the OJEMDA for oral suspension is not administered within 15 minutes after preparation, instruct the patient to discard it

*The oral suspension has a concentration of 25 mg/mL. The maximum dose per bottle is 300 mg (12 mL).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Administration for OJEMDA

Tablets[1]

- Tablets should be swallowed whole with water. They should not be chewed, cut, or crushed
- If vomiting occurs immediately after taking a dose, repeat that dose

If your patient struggles to swallow pills:

- Caregivers can practice with their child using small candies or minipills as pill substitutes[2]
- The pill and its taste may be hidden using yogurt, applesauce, or a thick drink[2]

Oral suspension[1]

- The dose for oral solution can be administered from an oral syringe or feeding tube (minimum 12 French) immediately after preparation
- If vomiting occurs immediately after taking a dose, the dose should be repeated

Refer patients and/or caregivers to full **Instructions for Use** prior to using OJEMDA. They may ask if they can have the first dose given to them at the doctor's office.

Patient Navigators from EveryDay Support From Day One™ can help patients and their families with guidance on how to administer and prepare OJEMDA

Call 1-855-DAY1-BIO/855-329-1246 for more information, or visit EveryDaySupport.com

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Effect on Growth

OJEMDA can cause reductions in growth velocity. Growth velocity recovered after interruption of treatment with OJEMDA. Routinely monitor patient growth during treatment with OJEMDA.

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Warnings and precautions for OJEMDA[1]

The safety population described in warnings and precautions reflects exposure to OJEMDA taken orally once weekly at a dosage based on body surface area in 140 patients with R/R pLGG or advanced solid tumors harboring a RAF alteration and a flat dosage of 600 mg in 32 adult patients with advanced solid tumors until disease progression or intolerable toxicity.

Hemorrhage

- Hemorrhage, including major hemorrhage defined as symptomatic bleeding in a critical area or organ, can occur with OJEMDA. In the pooled safety population, hemorrhagic events occurred in 37% of patients, including epistaxis in 26% and intratumoral hemorrhage in 9%
- Serious bleeding events occurred in 5% of patients, including grade 5 tumor hemorrhage in 1 patient (0.6%)
- OJEMDA was permanently discontinued for hemorrhage in 2% of patients
- Advise patients and caregivers of the risk of hemorrhage during treatment with OJEMDA
- Monitor for signs and symptoms of hemorrhage and evaluate as clinically indicated
- Withhold and resume at reduced dose upon improvement, or permanently discontinue based on severity

Skin toxicity including photosensitivity

- OJEMDA can cause rash, including maculopapular rash and photosensitivity. In the pooled safety population, rash occurred in 67% of patients treated with OJEMDA, including grade 3 rash in 12%
- Rash resulted in dose interruption in 15% of patients and dose reduction in 7% of patients
- OJEMDA was permanently discontinued due to rash in 1% of patients (n=2)
- In the pooled safety population, dermatitis acneiform occurred in 26% of patients treated with OJEMDA, including grade 3 dermatitis acneiform in 0.6% of patients (n=1)
- Dose reduction was required in 2% of patients (n=3) due to dermatitis acneiform
- Monitor for new or worsening skin reactions. Consider dermatologic consultation and initiate supportive care as clinically indicated

Photosensitivity

- In the pooled safety population, photosensitivity occurred in 12% of patients treated with OJEMDA, including grade 3 events in 0.6% of patients (n=1)
- Advise patients to use precautionary measures against ultraviolet exposure such as use of sunscreen, sunglasses, and/or protective clothing during treatment with OJEMDA
- Withhold, reduce the dose, or permanently discontinue OJEMDA based on severity of adverse reaction

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Hepatotoxicity

- OJEMDA can cause hepatotoxicity. In the pooled safety population, increased ALT occurred in 42% (4% grade 3) and increased AST occurred in 74% (2% grade 3)
- The median time to onset of increased ALT or AST was 14 days (range: 3 to 280 days)
- Increased ALT or AST leading to dose interruption occurred in 5% of patients and dose reductions were required in 1.2% of patients
- Increased bilirubin occurred in 23% of patients, including grade 3 increased bilirubin in 0.6% of patients (n=1) treated with OJEMDA
- Hyperbilirubinemia leading to dose discontinuation occurred in a single adult patient with an advanced non-CNS solid tumor
- Monitor liver function tests, including ALT, AST and bilirubin, before initiation of OJEMDA, one month after initiation and then every three months thereafter and as clinically indicated
- Withhold and resume at the same or reduced dose upon improvement, or permanently discontinue OJEMDA based on the severity

Effect on growth

- OJEMDA can cause reductions in growth velocity
- In FIREFLY-1, treatment-emergent adverse effects on growth occurred in 15% of patients 18 years of age or younger, including grade 3 events in 5% of patients
- OJEMDA was permanently discontinued for reduction in growth velocity in 2% of patients (n=2)
- Growth velocity recovered after interruption of treatment with OJEMDA
- Routinely monitor patient growth during treatment with OJEMDA

Embryo-fetal toxicity

- Based on findings from animal studies and its mechanism of action, OJEMDA may cause fetal harm when administered to a pregnant woman
- Advise pregnant women and females of reproductive potential of the potential risk to a fetus
- Advise females of reproductive potential to use effective nonhormonal contraception during treatment with OJEMDA and for 28 days after the last dose, since OJEMDA can render some hormonal contraceptives ineffective
- Advise male patients with female partners of reproductive potential to use effective nonhormonal contraception during treatment with OJEMDA and for 2 weeks after the last dose

NF1 associated tumors

- Based on nonclinical data, tovorafenib may promote tumor growth in patients with NF1 tumors
- Confirm evidence of a BRAF alteration prior to initiation of treatment with OJEMDA

ALT=alanine aminotransferase; AST=aspartate aminotransferase; CNS=central nervous system; NF1=neurofibromatosis type 1; RAF=rapidly accelerated fibrosarcoma.

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Adverse reactions occurring in ≥20% of pediatric patients[1]

- Serious adverse reactions occurred in 45% of patients who received OJEMDA. Serious adverse reactions in >2% of patients included viral infection (9%), pneumonia (4%), and sepsis (4%). A fatal adverse reaction of tumor hemorrhage occurred in 1 patient (1%)
- The most common adverse reactions (≥30%) were rash, hair color changes, fatigue, viral infection, vomiting, headache, hemorrhage, pyrexia, dry skin, constipation, nausea, dermatitis acneiform, and upper respiratory tract infection

	OJEMDA (N=137)	
	All grades (%)	**Grades 3 or 4 (%)**
Skin and subcutaneous tissue disorders		
Rash	77	12
Hair color changes	76	0
Dry skin	36	0
Dermatitis acneiform	31	1
Pruritus	26	1
General disorders		
Fatigue	55	4
Pyrexia	39	4
Edema	26	0
Infections and infestations		
Viral infection	55	7
Upper respiratory tract infection	31	1.5
Paronychia	26	1.5
Gastrointestinal disorders		
Vomiting	50	4
Constipation	33	0
Nausea	33	0
Abdominal pain	28	0
Diarrhea	22	1.5
Stomatitis	20	0
Nervous system disorders		
Headache	45	1
Vascular disorders		
Hemorrhage	42	5*

*Includes one grade 5 event.

- Other clinically important adverse reactions observed in less than 20% of patients treated with OJEMDA were reductions in growth velocity and photosensitivity

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Laboratory assessments with OJEMDA in the clinical trial[1]

Incidence of laboratory abnormalities (≥20%) that worsened from baseline in patients with pLGG who received OJEMDA

	OJEMDA*	
Laboratory abnormality	**All grades (%)**	**Grades 3 or 4 (%)**
Hematology		
Decreased hemoglobin	90	15
Decreased lymphocytes	50	2
Decreased leukocytes	31	2
Increased lymphocytes	23	0
Chemistry		
Decreased phosphate	87	25
Increased AST	83	2
Increased creatine phosphokinase	83	11
Increased LDH	73	0
Decreased potassium	51	2
Increased ALT	50	5
Increased bilirubin	22	1
Decreased albumin	24	5
Decreased sodium	20	2

*The denominator for each laboratory parameter is based on the number of patients with a baseline and post-treatment laboratory value available, which ranged from 67 to 137 patients.

Increased creatine phosphokinase was a clinically important laboratory abnormality that worsened from baseline in patients treated with OJEMDA.

In the clinical trial, most laboratory abnormalities had no clinical manifestations and did not require intervention[3]

LDH=lactate dehydrogenase.

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Rates of dosage reductions and discontinuations due to adverse events

One out of 4 patients taking OJEMDA had a dosage reduction[1]

Dosage reduction 24%

(n=33/137)

Adverse reactions that required dosage reduction in ≥2% of patients included:

- Rash
- Fatigue

Dosage interruption 57%

(n=78/137)

Adverse reactions that required dosage interruption in ≥5% of patients included:

- Rash
- Pyrexia
- Vomiting
- Hemorrhage

The median duration of dosage interruptions was 2 weeks[3]

If your patients experience an adverse reaction, refer to pages 11 and 16 of this guide for recommended dosage modifications.

OJEMDA was associated with low rates of treatment discontinuation due to adverse reactions[1]

Discontinuation rate 7% (n=9/137)

Adverse reactions requiring permanent discontinuation of OJEMDA in more than 1 patient:

- Tumor hemorrhage
- Reduction in growth velocity

Prepare your patients and their caregivers on what to expect with OJEMDA

Dosage reductions to help manage adverse reactions for patients on OJEMDA[1]

Recommended dosage reductions

OJEMDA tablets:

BSA (m^2)	Starting dosage	First dosage reduction	Second dosage reduction
0.30-0.89	Administer OJEMDA oral suspension once weekly		
0.90-1.12	400 mg once weekly	Administer OJEMDA oral suspension once weekly	
1.13-1.39	500 mg once weekly	400 mg once weekly	Administer OJEMDA oral suspension once weekly
≥1.40	600 mg once weekly	500 mg once weekly	400 mg once weekly

OJEMDA for oral suspension:

BSA (m^2)	Starting dosage (once weekly)		First dosage reduction (once weekly)		Second dosage reduction (once weekly)	
	Volume (mL)	Dose (mg)	Volume (mL)	Dose (mg)	Volume (mL)	Dose (mg)
0.30-0.35	5	125	4	100	3	75
0.36-0.42	6	150	5	125	4	100
0.43-0.48	7	175	6	150	5	125
0.49-0.54	8	200	7	175	6	150
0.55-0.63	9	225	8	200	6	150
0.64-0.77	11	275	9	225	8	200
0.78-0.83	12	300	10	250	8	200
0.84-0.89	14	350	12	300	10	250
0.90-1.05	15	375	13	325	11	275
1.06-1.25	18	450	15	375	13	325
1.26-1.39	21	525	18	450	15	375
≥1.40	24	600	20	500	16	400

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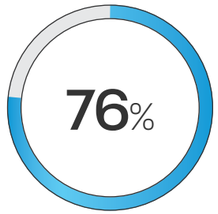
What to expect with hair color changes as seen in the clinical trial

Hair color adverse events[1]



of patients experienced hair color changes in the clinical trial

- All hair color changes were grade 1 or 2

What to expect based on clinical trials with similar class agents[4,5]

- Hair color changes, in addition to eyelash and eyebrow changes, result in lightening (ie, gray or white hair)
- It can last through the duration of treatment and hair color may return with discontinuation of treatment

Hair will catch dye and caregivers can follow age-appropriate hair coloring methods if needed

Approach to dermatologic care of patients on OJEMDA therapy[6,7]

Dermatological adverse events

- The use of medication for the supportive care of rash was permitted during FIREFLY-1
- Recommend dermatology visits at baseline and every 3 months
- Refer to dermatology when symptoms are impairing function (eg, cannot sleep or sit still) or are psychosocially bothersome and/or fail treatment recommendations below

Recommendations for all patients

Gentle skin care

Short, lukewarm showers/baths

Sun protection measures

- SPF30+ sunscreen whenever going outside
- Reapply SPF30+ sunscreen every 2 hours or as needed
- Sun-protective clothing

Unscented, gentle cleaners

Unscented, thick moisturizers (creams over lotions) immediately following shower

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, OJEMDA may cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Embryo-Fetal Toxicity (cont'd)

Advise females of reproductive potential to use effective nonhormonal contraception during treatment with OJEMDA and for 28 days after the last dose, since OJEMDA can render some hormonal contraceptives ineffective. Advise male patients with female partners of reproductive potential to use effective nonhormonal contraception during treatment with OJEMDA and for 2 weeks after the last dose.

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Additional rash management options

Protocol recommendations for grade 1 or 2 skin reactions

Management tips based on trial protocol[6]

Rash	Tips that may help
Follicular rash *Skin-colored or erythematous papules based around hair follicles*	• Diluted bleach bath or showers • Ketoconazole 2% shampoo for face and trunk • Low- to mid-potency topical steroid cream • Topical clindamycin twice a day • Oral antibiotics
Eczematous reaction *Dry and scaling skin patches, including cracking at corners of lips and/or diffuse dryness of the body*	• Emphasize the need for dry skin care • Diluted bleach baths or showers • Ketoconazole 2% shampoo and steroid oil/solution for the scalp • Low-potency steroid ointment for the face and flexural folds • For the rest of the body, mid-potency steroid ointment may be used
Paronychia *Redness and/or swelling around the fingernails or toenails*	• Examine the patient to rule out felon (an infection with the closed-space compartments of the fingertip soft tissue) or abscess • Emphasize gentle nail care • Warm soaks with diluted bleach or vinegar 3 times a day • High-potency steroid ointment • Oral antibiotics
Hand-foot syndrome *Yellowish thickening with or without erythema of the palms and soles at pressure points*	• Reduce friction with supportive socks or shoes • Thick emollients for bedtime with occlusion • Topical keratolytics (such as 20% cream) • Mid-potency topical steroids

Additional management tips based on available literature

Maculopapular rash[4] *Mixed macules (flat, discolored areas of skin) and papules (small, raised bumps)*	• Diluted bleach baths or showers • Topical steroids and antimicrobial wash (benzoyl peroxide) • Oral antibiotics
Acneiform rash[8] *Small bumps resembling acne*	• Topical clindamycin 2% lotion and low-potency topical steroid, such as hydrocortisone 1% lotion twice a day • Oral antibiotics

Advise patients to contact their dermatologist for worsening or intolerable rash[1]

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Step-by-step instructions for diluted bleach baths based on clinical trial protocol[6]

If you are recommending diluted bleach baths for your patients, these instructions may be helpful to share with patients and/or caregivers:

1. **Fill their bathtub ½ full with warm water**
2. **Place ¼ cup of bleach into bath water**
3. **Soak for 10 minutes**
4. **Gently pat skin dry following bath**
5. **Apply a gentle moisturizer**

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

NF1 Associated Tumors

Based on nonclinical data in NF1 models without BRAF alterations, tovorafenib may promote tumor growth in patients with NF1 tumors. Confirm evidence of a BRAF alteration prior to initiation of treatment with OJEMDA.

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Additional dosage modifications and drug interactions[1]

Recommended dosage modifications of OJEMDA for adverse reactions

Severity of ADR	Dosage modification
Hemorrhage	
Intolerable grade 2 Any grade 3	Withhold OJEMDA. • If improved to grade 0-1, resume at lower dosage • If not improved, consider permanent discontinuation
First occurrence of any grade 4	Withhold OJEMDA. • If improved to grade 0-1, resume at lower dosage, OR • Permanently discontinue OJEMDA
Recurrent grade 4	Permanently discontinue OJEMDA.
Skin toxicity including photosensitivity	
Intolerable grade 2 Grade 3 or 4	Withhold OJEMDA. • If improved to grade 0-1, resume at lower dosage • If not improved, consider permanent discontinuation
Hepatotoxicity	
Grade 3 AST or ALT Grade 3 bilirubin	Withhold OJEMDA. If improved to grade ≤2 or baseline, resume as follows: • If laboratory abnormality resolves within 8 days, resume OJEMDA at the same dose • If laboratory abnormality does not resolve within 8 days, resume OJEMDA at lower dosage
First occurrence of any grade 4	Withhold OJEMDA. • If improved to grade 0-1, resume at lower dosage, OR • Permanently discontinue OJEMDA
Recurrent grade 4	Permanently discontinue OJEMDA
Other adverse reactions	
Intolerable grade 2 Any grade 3	Withhold OJEMDA. • If improved to grade 0-1, resume at lower dosage • If not improved, consider permanent discontinuation
First occurrence of any grade 4	Withhold OJEMDA. • If improved to grade 0-1, resume at lower dosage, OR • Permanently discontinue OJEMDA
Recurrent grade 4	Permanently discontinue OJEMDA.

ADR=adverse drug reaction.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Drug interactions with OJEMDA[1]

Coadministration with other drugs that affect the use of OJEMDA

Strong or moderate CYP2C8 inhibitors	
Prevention or management	• Avoid coadministration with a strong or moderate CYP2C8 inhibitor
Mechanism and clinical effect(s)	• Tovorafenib is a CYP2C8 substrate, which may increase the risk of adverse reactions with OJEMDA
Strong or moderate CYP2C8 inducers	
Prevention or management	• Avoid coadministration with a strong or moderate CYP2C8 inducer
Mechanism and clinical effect(s)	• Tovorafenib is a CYP2C8 substrate, which may reduce the effectiveness of OJEMDA

Coadministration with OJEMDA that affects the use of other drugs

CYP3A substrates	
Prevention or management	• *Hormonal contraceptives*: Avoid coadministration of hormonal contraceptives with OJEMDA. If coadministration is unavoidable, use an additional effective nonhormonal contraceptive method during coadministration and for 28 days after discontinuation of OJEMDA • *Other CYP3A substrates*: Avoid coadministration of OJEMDA with certain CYP3A substrates. If coadministration is unavoidable, monitor patients for loss of efficacy unless otherwise recommended in the Prescribing Information for CYP3A substrates
Mechanism and clinical effect(s)	• Tovorafenib is a CYP3A inducer that is predicted to decrease exposure of certain CYP3A substrates and may reduce the effectiveness of these substrates • Coadministration with hormonal contraceptives (CYP3A substrate) may decrease progestin-x and ethinyl estradiol exposure, which may lead to contraceptive failure and/or an increase in breakthrough bleeding

IMPORTANT SAFETY INFORMATION (cont'd)

Adverse Reactions

The most common adverse reactions (≥30%) were rash, hair color changes, fatigue, viral infection, vomiting, headache, hemorrhage, pyrexia, dry skin, constipation, nausea, dermatitis acneiform, and upper respiratory tract infection.

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Help patients establish their OJEMDA routine

Suggestions for caregivers and/or patients based on age group

Infants/toddlers *(6 months-2 years)*[9]

- Repetition can be helpful when creating a routine with infants/toddlers
- Caregivers can pair their child's dose with another weekly activity, such as playing their favorite song or TV show

Toddlers/preschoolers *(3-5 years)*[10]

- Children can be motivated by rewards, such as receiving stickers or collecting points
- Caregivers can create a sticker chart to encourage their child to earn a weekly sticker

School age *(6-11 years)*[11]

- Caregivers can help their child feel involved and work with them to find a time and day their child prefers

Adolescents *(12-17 years)*

- Caregivers and patients can encourage independence where it makes sense, such as setting a dose reminder alert on their phone

Personalized tips for caregivers to keep their child on track

On the move: busy bee	Routine-based: habit rabbit	Goal-oriented: festive frog
Has a hectic or changing schedule	Likes organized and consistent schedules	Gets motivated by special moments
Caregivers can set an alert on their phone so they know exactly when to dose, no matter where they are	Caregivers can pair the dose day with a weekly activity, like a special movie night or Taco Tuesday	Caregivers can involve their child's favorite things on their dose day or surprise them each week

Reminder apps (eg, Medisafe or MyTherapy) can alert patients and caregivers when it is time to take their OJEMDA dose

INDICATION

OJEMDA™ (tovorafenib) is indicated for the treatment of patients 6 months of age and older with relapsed or refractory pediatric low-grade glioma (LGG) harboring a BRAF fusion or rearrangement, or BRAF V600 mutation.

This indication is approved under accelerated approval based on 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

Hemorrhage

Hemorrhage, including major hemorrhage defined as symptomatic bleeding in a critical area or organ, can occur with OJEMDA. Advise patients and caregivers of the risk of hemorrhage during treatment with OJEMDA. Monitor for signs and symptoms of hemorrhage and evaluate as clinically indicated. Withhold and resume at reduced dose upon improvement, or permanently discontinue based on severity.

Skin Toxicity Including Photosensitivity

OJEMDA can cause rash, including maculopapular rash and photosensitivity. Monitor for new or worsening skin reactions. Consider dermatologic consultation and initiate supportive care as clinically indicated. Withhold, reduce the dose, or permanently discontinue OJEMDA based on severity of adverse reaction.

Photosensitivity

Advise patients to use precautionary measures against ultraviolet exposure such as use of sunscreen, sunglasses, and/or protective clothing during treatment with OJEMDA. Withhold, reduce the dose, or permanently discontinue OJEMDA based on severity of adverse reaction.

Hepatotoxicity

OJEMDA can cause hepatotoxicity. Monitor liver function tests, including ALT, AST and bilirubin, before initiation of OJEMDA, one month after initiation and then every three months thereafter and as clinically indicated. Withhold and resume at the same or reduced dose upon improvement, or permanently discontinue OJEMDA based on the severity.

Effect on Growth

OJEMDA can cause reductions in growth velocity. Growth velocity recovered after interruption of treatment with OJEMDA. Routinely monitor patient growth during treatment with OJEMDA.

Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, OJEMDA may cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus.

Advise females of reproductive potential to use effective nonhormonal contraception during treatment with OJEMDA and for 28 days after the last dose, since OJEMDA can render some hormonal contraceptives ineffective. Advise male patients with female partners of reproductive potential to use effective nonhormonal contraception during treatment with OJEMDA and for 2 weeks after the last dose.

NF1 Associated Tumors

Based on nonclinical data in NF1 models without BRAF alterations, tovorafenib may promote tumor growth in patients with NF1 tumors. Confirm evidence of a BRAF alteration prior to initiation of treatment with OJEMDA.

Adverse Reactions

The most common adverse reactions (≥30%) were rash, hair color changes, fatigue, viral infection, vomiting, headache, hemorrhage, pyrexia, dry skin, constipation, nausea, dermatitis acneiform, and upper respiratory tract infection.

Please see accompanying full Prescribing Information.

ojemda™
(tovorafenib)
100 mg tablets
25 mg/mL for oral suspension

EveryDay Support From Day One™ provides comprehensive support to help your patients access their prescribed OJEMDA

We help you and your patients manage the process, from initiating and maintaining coverage, to helping with affordability throughout the patient's treatment journey

Our support includes:

Dedicated Patient Navigators work alongside you and your staff to simplify the process of getting OJEMDA. They offer personalized support to address patients' specific needs.

Coverage support to help your patients, their families, and your practice navigate health insurance requirements, understand their benefits, and obtain coverage.

Financial assistance to help eligible families pay for OJEMDA, including:

- The OJEMDA Copay Program, which can help lower out-of-pocket costs for OJEMDA*
- The Patient Assistance Program, which may provide free medicine if the patient doesn't have health insurance or has limited health insurance coverage for OJEMDA†
- Referrals to independent charitable foundations that may be able to help with other treatment-related costs‡
- QuickStart and other coverage interruption programs may be of assistance if your patient's treatment is delayed or interrupted due to insurance-related issues

Shipment and medication support from our specialty pharmacy partners who ship OJEMDA directly to the patient's home and provide ongoing prescription and refill support.

To receive assistance from EveryDay Support From Day One, please complete the enrollment form at www.EveryDaySupport.com

*Restrictions and eligibility requirements apply. Not available for those with government insurance. Maximum benefit applies. Please see www.EveryDaySupport.com for full terms and conditions.
†Additional terms and conditions apply.
‡Independent organization terms, conditions, and eligibility rules apply.

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Please see additional Important Safety Information on the previous pages and accompanying full Prescribing Information.

Day One BIOPHARMACEUTICALS

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