AUGTYRO™ (repotrectinib) 40 mg capsules

Bristol Myers Squibb®

Access Support®

Your patient. Our commitment.

A REFERENCE GUIDE TO Billing and Coding AUGTYRO™ (repotrectinib)

INDICATIONS

AUGTYRO™ is indicated for the treatment of:

- adult patients with locally advanced or metastatic *ROS1*-positive non-small cell lung cancer (NSCLC)
- adult and pediatric patients 12 years of age and older with solid tumors that:
  - have a neurotrophic tyrosine receptor kinase (*NTRK*) gene fusion,
  - are locally advanced or metastatic or where surgical resection is likely to result in severe morbidity, and
  - have progressed following treatment or have no satisfactory alternative therapy

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 the confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

Warnings & Precautions

Central Nervous System Adverse Reactions

- Among the 426 patients who received AUGTYRO in Study TRIDENT-1, a broad spectrum of central nervous system (CNS) adverse reactions including dizziness, ataxia, and cognitive disorders occurred in 77% of patients with Grade 3 or 4 events occurring in 4.5%.

Please see additional Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

At Bristol Myers Squibb, We Provide Support With Purpose

This brochure is designed to help appropriate patients gain access to their prescribed BMS medications by providing reimbursement information for healthcare offices. Healthcare benefits vary significantly; therefore, it is important that healthcare provider offices verify each patient's insurance coverage prior to initiating therapy.

INDICATIONS[1]

***ROS1*-Positive Non-Small Cell Lung Cancer**

AUGTYRO is indicated for the treatment of adult patients with locally advanced or metastatic *ROS1*-positive non-small cell lung cancer (NSCLC).

***NTRK* Gene Fusion-Positive Solid Tumors**

AUGTYRO is indicated for the treatment of adult and pediatric patients 12 years of age and older with solid tumors that:
- have a neurotrophic tyrosine receptor kinase (*NTRK*) gene fusion,
- are locally advanced or metastatic or where surgical resection is likely to result in severe morbidity, and
- have progressed following treatment or have no satisfactory alternative therapy.

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).

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Healthcare providers should code healthcare claims based upon the service that is rendered, the patient's medical record, the coding requirements of each health insurer, and the best coding practices. The HCP and patient are responsible for the accurate completion of documents regarding reimbursement or coverage. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

SUMMARY OF WARNINGS AND PRECAUTIONS

AUGTYRO (repotrectinib) is associated with the following warnings and precautions: central nervous system (CNS) adverse reactions, interstitial lung disease (ILD)/pneumonitis, hepatotoxicity, myalgia with creatine phosphokinase (CPK) elevation, hyperuricemia, skeletal fractures, and embryo-fetal toxicity.

CPT®=Current Procedural Terminology; HCP=healthcare provider; ICD-10-CM=International Classification of Disease, Tenth Revision, Clinical Modification; NCCN=National Comprehensive Cancer Network; NDC=National Drug Code; NTRK=neurotrophic tyrosine receptor kinase; ROS1=proto-oncogene C-Ros1, receptor tyrosine kinase.

Please see additional Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

NDC Information for AUGTYRO

The NDCs for AUGTYRO are listed below.

NDCs for AUGTYRO[1]

40 mg capsules

One bottle containing 60 capsules
00003-4040-60

One bottle containing 120 capsules
00003-4040-12

The red zero (red text) converts the 10-digit NDC to the 11-digit NDC. Payer requirements regarding the use of NDCs may vary. Electronic data exchange generally requires the use of an 11-digit NDC.

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Dosage and Administration for AUGTYRO

Recommended Dosage for Adult and Pediatric Patients 12 Years of Age and Older With Locally Advanced or Metastatic *ROS1*+ NSCLC and Locally Advanced or Metastatic *NTRK* Gene Fusion-Positive Solid Tumors[1]

Days 1-14	Days 15+	Continue treatment
160 mg Once Daily (1x)	160 mg Twice Daily (2x)	until disease progression or unacceptable toxicity

Recommended Dosage Reductions for Adverse Reactions[1]

	Once Daily (1x)	Twice Daily (2x)
Initial Dose	160 mg Once Daily	160 mg Twice Daily
First Reduction	120 mg Once Daily	120 mg Twice Daily
Second Reduction	80 mg Once Daily	80 mg Twice Daily

Important Dosing Information[1]

AUGTYRO may be taken with or without food. Patients should swallow capsules whole at the same time every day as prescribed.

Advise patients to avoid grapefruit juice.

Capsules should not be opened, broken, crushed, or dissolved. If a dose is missed or if a patient vomits at any time after taking a dose, patients should resume subsequent doses as prescribed.

Withhold AUGTYRO if Interstitial Lung Disease (ILD)/pneumonitis is suspected and permanently discontinue treatment if confirmed.

Please see Section 2, DOSAGE AND ADMINISTRATION, of the US full Prescribing Information for additional information on dose modifications for Central Nervous System Effects, ILD/pneumonitis, and other clinically relevant adverse reactions.

Please see Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

NCCN Guidelines for Testing

Recommendations for *ROS1*+ NSCLC Testing[2]

The NCCN Guidelines Panel for NSCLC recommends *ROS1* fusion testing in patients with[1]:

- Adenocarcinoma, advanced or metastatic
- Large cell, advanced or metastatic
- NSCLC NOS, advanced or metastatic
- Squamous cell carcinoma, advanced or metastatic*

Recommendations for *NTRK* Gene Fusion Testing[3]

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) recommend testing for *NTRK* gene fusions in patients with:

- Adenocarcinoma or carcinoma, NOS
- Ampullary adenocarcinoma
- Breast cancer, recurrent or metastatic
- Cervical cancer, recurrent, progressive, or metastatic
- Colorectal cancer, metastatic
- Cutaneous melanoma, metastatic or recurrent
- Endometrial cancer, recurrent or metastatic
- Esophageal and esophagogastric junction cancer, unresectable, locally advanced, recurrent, or metastatic
- Fallopian tube cancer, recurrent
- Gallbladder cancer, intrahepatic cholangiocarcinoma, and extrahepatic cholangiocarcinoma, unresectable or metastatic
- Gastric cancer, unresectable, locally advanced, recurrent, or metastatic
- Gastrointestinal stromal tumors, metastatic
- Hepatocellular carcinoma, progressive
- NSCLC, advanced or metastatic
- Ovarian cancer, recurrent
- Pancreatic adenocarcinoma, locally advanced, or metastatic
- Pediatric diffuse high-grade gliomas
- Pleural and peritoneal mesothelioma
- Primary peritoneal cancer, recurrent
- Salivary gland tumors, recurrent, unresectable, or metastatic
- Small bowel adenocarcinoma
- Soft tissue sarcoma
- Squamous cell vulvar cancer, recurrent, progressive, or metastatic
- Thyroid carcinoma, advanced
- Uterine sarcoma, metastatic or recurrent

*Molecular testing can be considered in patients with squamous cell carcinoma.

NOS=not otherwise specified.

Please see Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

NCCN Guidelines for Testing (cont'd)

Molecular testing types

Types of molecular testing recommended by the NCCN Guidelines for *ROS1* and *NTRK*[2]

- NGS
- IHC
- FISH
- RT-PCR

NCCN Guidelines for AUGTYRO

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) recommend repotrectinib (AUGTYRO) as an NCCN Category 2A, preferred first-line therapy option for patients with NSCLC and *ROS1* rearrangement.[2]

The NCCN Guidelines Panel for NSCLC strongly advises broader molecular profiling with the goal of identifying rare driver mutations for which effective drugs may already be available, or to appropriately counsel patients regarding the availability of clinical trials. Broad molecular profiling is defined as molecular testing that identifies all biomarkers identified in testing results (NSCL-20) in either a single assay or a combination of a limited number of assays, and optimally also identifies emerging biomarkers.[2]

FISH=fluorescence in situ hybridization; IHC=immunohistochemistry; NGS=next-generation sequencing; RT-PCR=reverse transcription polymerase chain reaction.

Please see Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

CPT® Codes That Can Be Used for *ROS1* and *NTRK* Testing[4]

CPT® code		Description
NGS Tests	81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
	81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels if performed; DNA analysis or combined DNA and RNA analysis
	81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
IHC Tests	88341	Immunohistochemistry or immunocytochemistry, each additional single antibody stain procedure (List separately in addition to code for primary procedure)
	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
FISH Tests	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure
	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure
	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure
RT-PCR Test	81479	Unlisted molecular pathology procedure

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ICD-10-CM Code Overview[5]

ICD-10-CM codes are used to identify a patient's diagnosis.

- The ICD-10-CM diagnosis codes contain **categories**, **subcategories**, and **codes**. Characters for categories, subcategories, and codes may be letters or numerals
- **All categories** are 3 characters
- **Subcategories** are either 4 or 5 characters
- **Codes** may be 3, 4, 5, 6, or 7 characters

The ICD-10-CM codes for the labeled indication for AUGTYRO are provided by Bristol Myers Squibb and should be verified with the payer.

Some health plan and Medicare insurers may specify which codes are covered under their policies. Please code to the level of specificity documented in the medical record. For additional coding questions, call BMS Access Support® at **1-800-861-0048** or visit **www.BMSAccessSupport.com**.

This guide does not contain a comprehensive list of all possible ICD-10-CM codes. Please visit **icd10cmtool.cdc.gov** to search for applicable codes.

ROS1+ NSCLC ICD-10-CM Codes[5]

ICD-10-CM Codes for *ROS1*+ NSCLC[4]	
C33	**Malignant neoplasm of trachea**
C34.0	**Malignant neoplasm of main bronchus**
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.1	**Malignant neoplasm of upper lobe, bronchus or lung**
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	**Malignant neoplasm of middle lobe, bronchus or lung**
C34.3	**Malignant neoplasm of lower lobe, bronchus or lung**
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.8	**Malignant neoplasm of overlapping sites of bronchus and lung**
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	**Malignant neoplasm of unspecified part of bronchus or lung**
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung

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Please see Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

NTRK ICD-10-CM Codes[5]

Diagnosis	Code	Description
Breast Cancer	**C50**	**Malignant neoplasm of breast**
	C50.0	**Malignant neoplasm of nipple and areola**
	C50.01–C50.019	Malignant neoplasm of nipple and areola, female
	C50.02–C50.029	Malignant neoplasm of nipple and areola, male
	C50.1	**Malignant neoplasm of central portion of breast**
	C50.11–C50.119	Malignant neoplasm of central portion of breast, female
	C50.12–C50.129	Malignant neoplasm of central portion of breast, male
	C50.2	**Malignant neoplasm of upper-inner quadrant of breast**
	C50.21–C50.219	Malignant neoplasm of upper-inner quadrant of breast, female
	C50.22–C50.229	Malignant neoplasm of upper-inner quadrant of breast, male
	C50.3	**Malignant neoplasm of lower-inner quadrant of breast**
	C50.31–C50.319	Malignant neoplasm of lower-inner quadrant of breast, female
	C50.32–C50.329	Malignant neoplasm of lower-inner quadrant of breast, male
	C50.4	**Malignant neoplasm of upper-outer quadrant of breast**
	C50.41–C50.419	Malignant neoplasm of upper-outer quadrant of breast, female
	C50.42–C50.429	Malignant neoplasm of upper-outer quadrant of breast, male
	C50.5	**Malignant neoplasm of lower-outer quadrant of breast**
	C50.51–C50.519	Malignant neoplasm of lower-outer quadrant of breast, female
	C50.52–C50.529	Malignant neoplasm of lower-outer quadrant of breast, male
	C50.6	**Malignant neoplasm of axillary tail of breast**
	C50.61–C50.619	Malignant neoplasm of axillary tail of breast, female
	C50.62–C50.629	Malignant neoplasm of axillary tail of breast, male
	C50.8	**Malignant neoplasm of overlapping sites of breast**
	C50.81–C50.819	Malignant neoplasm of overlapping sites of breast, female
	C50.82–C50.829	Malignant neoplasm of overlapping sites of breast, male
	C50.9	**Malignant neoplasm of breast of unspecified site**
	C50.91–C50.919	Malignant neoplasm of breast of unspecified site, female
	C50.92–C50.929	Malignant neoplasm of breast of unspecified site, male
Cholangiocarcinoma	**C22.1**	**Intrahepatic bile duct carcinoma**
Colorectal Cancer	**C18**	**Malignant neoplasm of colon**
	C18.0	Malignant neoplasm of cecum
	C18.1	Malignant neoplasm of appendix
	C18.2	Malignant neoplasm of ascending colon
	C18.3	Malignant neoplasm of hepatic flexure
	C18.4	Malignant neoplasm of transverse colon
	C18.5	Malignant neoplasm of splenic flexure
	C18.6	Malignant neoplasm of descending colon
	C18.7	Malignant neoplasm of sigmoid colon
	C18.8	Malignant neoplasm of overlapping sites of colon
	C18.9	Malignant neoplasm of colon, unspecified
	C19	**Malignant neoplasm of rectosigmoid junction**

Please see Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

NTRK ICD-10-CM Codes[5] (cont'd)

Diagnosis	Code	Description
Colorectal Cancer (cont'd)	**C20**	**Malignant neoplasm of rectum**
	C21.8	**Malignant neoplasm of overlapping sites of rectum, anus and anal canal**
	C48	**Malignant neoplasm of retroperitoneum and peritoneum**
	C48.0	Malignant neoplasm of retroperitoneum
	C48.1	Malignant neoplasm of specified parts of peritoneum
	C48.2	Malignant neoplasm of peritoneum, unspecified
	C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
Gynecological Cancers	**C52**	**Malignant neoplasm of vagina**
	C53-C53.9	**Malignant neoplasm of cervix uteri**
	C54-C54.9	**Malignant neoplasm of corpus uteri**
	C55	**Malignant neoplasm of uterus, part unspecified**
	C56-C56.9	**Malignant neoplasm of ovary**
	C57	**Malignant neoplasm of other and unspecified female genital organs**
	C57.0	Malignant neoplasm of fallopian tube
	C57.00	Malignant neoplasm of unspecified fallopian tube
	C57.01	Malignant neoplasm of right fallopian tube
	C57.02	Malignant neoplasm of left fallopian tube
	C57.7	Malignant neoplasm of other specified female genital organs
	C57.8	Malignant neoplasm of overlapping sites of female genital organs
	C57.9	Malignant neoplasm of female genital organ, unspecified
Neuroendocrine Cancer	**C7A**	**Malignant neuroendocrine tumors**
	C7A.0	**Malignant carcinoid tumors**
	C7A.00	Malignant carcinoid tumor of unspecified site
	C7A.01	Malignant carcinoid tumors of the small intestine
	C7A.010	Malignant carcinoid tumor of the duodenum
	C7A.011	Malignant carcinoid tumor of the jejunum
	C7A.012	Malignant carcinoid tumor of the ileum
	C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
	C7A.02	**Malignant carcinoid tumors of the appendix, large intestine, and rectum**
	C7A.020	Malignant carcinoid tumor of the appendix
	C7A.021	Malignant carcinoid tumor of the cecum
	C7A.022	Malignant carcinoid tumor of the ascending colon
	C7A.023	Malignant carcinoid tumor of the transverse colon
	C7A.024	Malignant carcinoid tumor of the descending colon
	C7A.025	Malignant carcinoid tumor of the sigmoid colon
	C7A.026	Malignant carcinoid tumor of the rectum
	C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
	C7A.09	**Malignant carcinoid tumor of other sites**
	C7A.090	Malignant carcinoid tumor of the bronchus and lung
	C7A.091	Malignant carcinoid tumor of the thymus

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NTRK ICD-10-CM Codes[5] (cont'd)

Diagnosis	Code	Description
Neuroendocrine Cancer (cont'd)	C7A.092	Malignant carcinoid tumor of the stomach
	C7A.093	Malignant carcinoid tumor of the kidney
	C7A.094	Malignant carcinoid tumor of the foregut, unspecified
	C7A.095	Malignant carcinoid tumor of the midgut, unspecified
	C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
	C7A.098	Malignant carcinoid tumor of other sites
	C7A.1	**Malignant poorly differentiated neuroendocrine tumors**
	C7A.8	**Other malignant neuroendocrine tumors**
Non-small Cell Lung Cancer	**C33**	**Malignant neoplasm of trachea**
	C34.0	**Malignant neoplasm of main bronchus**
	C34.00	Malignant neoplasm of unspecified main bronchus
	C34.01	Malignant neoplasm of right main bronchus
	C34.02	Malignant neoplasm of left main bronchus
	C34.1	**Malignant neoplasm of upper lobe, bronchus or lung**
	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
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	C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
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	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
Pancreatic Cancer	**C25-C25.9**	**Malignant neoplasm of pancreas**
Mammary Analogue Secretory Carcinoma	**C07**	**Malignant neoplasm of parotid gland**
	C08	**Malignant neoplasm of other and unspecified major salivary glands**
	C08.0	Malignant neoplasm of submandibular gland
	C08.1	Malignant neoplasm of sublingual gland
	C08.9	Malignant neoplasm of major salivary gland, unspecified
Sarcoma	**C47-C47.9**	**Malignant neoplasm of peripheral nerves and autonomic nervous system**
	C48-C48.8	**Malignant neoplasm of retroperitoneum and peritoneum**

NTRK ICD-10-CM Codes[5] (cont'd)

Diagnosis	Code	Description
Sarcoma (cont'd)	C49-C49.9	Malignant neoplasm of other connective and soft tissue
	C49.A-C49.A9	Gastrointestinal stromal tumor
	C40-C40.92	Malignant neoplasm of bone and articular cartilage of limbs
	C41-C41.9	Malignant neoplasm of bone and articular cartilage of other and unspecified sites
Thyroid Cancer	C73	Malignant neoplasm of thyroid gland
Melanoma	C43-C43.9	Malignant melanoma of skin
Primary Central Nervous System	C71	Malignant neoplasm of brain
	C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
	C71.1	Malignant neoplasm of frontal lobe
	C71.2	Malignant neoplasm of temporal lobe
	C71.3	Malignant neoplasm of parietal lobe
	C71.4	Malignant neoplasm of occipital lobe
	C71.5	Malignant neoplasm of cerebral ventricle
	C71.6	Malignant neoplasm of cerebellum
	C71.7	Malignant neoplasm of brain stem
	C71.8	Malignant neoplasm of overlapping sites of brain
	C71.9	Malignant neoplasm of brain, unspecified
Hepatocellular Cancer	C22.0	Liver cell carcinoma
Mesothelioma	C45.0	Mesothelioma of pleura
	C45.1	Mesothelioma of peritoneum

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Indications and Important Safety Information

INDICATIONS

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IMPORTANT SAFETY INFORMATION

Warnings & Precautions

Central Nervous System Adverse Reactions

- Among the 426 patients who received AUGTYRO in Study TRIDENT-1, a broad spectrum of central nervous system (CNS) adverse reactions including dizziness, ataxia, and cognitive disorders occurred in 77% of patients with Grade 3 or 4 events occurring in 4.5%.
- Dizziness, including vertigo, occurred in 65%; Grade 3 dizziness occurred in 2.8% of patients. The median time to onset was 7 days (1 day to 1.4 years). Dose interruption was required in 9% of patients, and 11% required dose reduction of AUGTYRO due to dizziness.
- Ataxia, including gait disturbance and balance disorder, occurred in 28% of patients; Grade 3 ataxia occurred in 0.5%. The median time to onset was 15 days (1 day to 1.4 years). Dose interruption was required in 5% of patients, 8% required dose reduction and one patient (0.2%) permanently discontinued AUGTYRO due to ataxia.
- Cognitive impairment, including memory impairment and disturbance in attention, occurred in 25% of patients. Cognitive impairment included memory impairment (15%), disturbance in attention (12%), and confusional state (2%); Grade 3 cognitive impairment occurred in 0.9% of patients. The median time to onset of cognitive disorders was 37 days (1 day to 1.4 years). Dose interruption was required in 2% of patients, 2.1% required dose reduction and 0.5% permanently discontinued AUGTYRO due to cognitive adverse reactions.
- Mood disorders occurred in 6% of patients. Mood disorders occurring in >1% of patients included anxiety (2.6%); Grade 4 mood disorders (mania) occurred in 0.2% of patients. Dose interruption was required in 0.2% of patients and 0.2% required a dose reduction due to mood disorders.
- Sleep disorders including insomnia and hypersomnia occurred in 18% of patients. Sleep disorders observed in >1% of patients were somnolence (9%), insomnia (6%) and hypersomnia (1.6%). Dose interruption was required in 0.7% of patients, and 0.2% required a dose reduction due to sleep disorders.
- The incidences of CNS adverse reactions reported were similar in patients with and without CNS metastases.
- Advise patients not to drive or use machines if they are experiencing CNS adverse reactions. Withhold and then resume at same or reduced dose upon improvement, or permanently discontinue AUGTYRO based on severity.

Interstitial Lung Disease (ILD)/Pneumonitis

- Among the 426 patients treated with AUGTYRO, ILD/pneumonitis (pneumonitis [2.8%] and ILD [0.2%]) occurred in 3.1%; Grade 3 ILD/pneumonitis occurred in 1.2%. The median time to onset was 45 days (19 days to 0.9 years). Dose interruption was required in 1.4% of patients, 0.5% required dose reduction, and 1.1% permanently discontinued AUGTYRO due to ILD/pneumonitis.
- Monitor patients for new or worsening pulmonary symptoms indicative of ILD/pneumonitis. Immediately withhold AUGTYRO in patients with suspected ILD/pneumonitis and permanently discontinue AUGTYRO if ILD/pneumonitis is confirmed.

Please see additional Important Safety Information on pages 15 and 16 and US full Prescribing Information for AUGTYRO.

Important Safety Information (cont'd)

Hepatotoxicity

- Among the 426 patients treated with AUGTYRO, increased alanine transaminase (ALT) occurred in 38%, increased aspartate aminotransferase (AST) occurred in 41%, including Grade 3 or 4 increased ALT in 3.3% and increased AST in 2.9%. The median time to onset of increased ALT or AST was 15 days (range: 1 day to 1.9 years). Increased ALT or AST leading to dose interruptions or reductions occurred in 2.8% and 1.2% of patients, respectively. Hyperbilirubinemia leading to dose interruptions occurred in 0.5%.
- Monitor liver function tests, including ALT, AST and bilirubin, every 2 weeks during the first month of treatment, then monthly thereafter and then as clinically indicated. Withhold and then resume at same or reduced dose upon improvement or permanently discontinue AUGTYRO based on the severity.

Myalgia with Creatine Phosphokinase (CPK) Elevation

- AUGTYRO can cause myalgia with or without creatine phosphokinase (CPK) elevation. Among the 426 patients treated with AUGTYRO, myalgia occurred in 13% of patients, with Grade 3 in 0.7%. Median time to onset of myalgia was 19 days (range: 1 day to 2 years). Concurrent increased CPK within a 7-day window was observed in 3.7% of patients. AUGTYRO was interrupted in one patient with myalgia and concurrent CPK elevation.
- Advise patients to report any unexplained muscle pain, tenderness, or weakness. Monitor serum CPK levels during AUGTYRO treatment and monitor CPK levels every 2 weeks during the first month of treatment and as needed in patients reporting unexplained muscle pain, tenderness, or weakness. Initiate supportive care as clinically indicated. Based on severity, withhold and then resume AUGTYRO at same or reduced dose upon improvement.

Hyperuricemia

- Among the 426 patients treated with AUGTYRO, 21 patients (5%) experienced hyperuricemia reported as an adverse reaction, 0.7% experienced Grade 3 or 4 hyperuricemia. One patient without pre-existing gout required urate-lowering medication.
- Monitor serum uric acid levels prior to initiating AUGTYRO and periodically during treatment. Initiate treatment with urate-lowering medications as clinically indicated. Withhold and then resume at same or reduced dose upon improvement, or permanently discontinue AUGTYRO based on severity.

Skeletal Fractures

- Among 426 adult patients who received AUGTYRO, fractures occurred in 2.3%. Fractures involved the ribs (0.5%), feet (0.5%), spine (0.2%), acetabulum (0.2%), sternum (0.2%), and ankles (0.2%). Some fractures occurred at sites of disease and prior radiation therapy. The median time to fracture was 71 days (range: 31 days to 1.4 years). AUGTYRO was interrupted in 0.3% of patients.
- Of 26 evaluable patients in an ongoing open-label study in pediatric patients, fractures occurred in one 12-year-old patient (ankle/foot) and one 10-year-old patient (stress fracture). AUGTYRO was interrupted in both patients. AUGTYRO is not approved for use in pediatric patients less than 12 years of age.
- Promptly evaluate patients with signs or symptoms (e.g., pain, changes in mobility, deformity) of fractures. There are no data on the effects of AUGTYRO on healing of known fractures and risk of future fractures.

Embryo-Fetal Toxicity

- Based on literature reports in humans with congenital mutations leading to changes in tropomyosin receptor tyrosine kinase (TRK) signaling, findings from animal studies, and its mechanism of action, AUGTYRO can cause fetal harm when administered to a pregnant woman.
- Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective non-hormonal contraception during treatment with AUGTYRO and for 2 months following the last dose, since AUGTYRO can render some hormonal contraceptives ineffective.
- Advise male patients with female partners of reproductive potential to use effective contraception during treatment with AUGTYRO and for 4 months after the last dose.

Please see additional Important Safety Information on pages 14 and 16 and US full Prescribing Information for AUGTYRO.

Important Safety Information (cont'd)

Adverse Reactions

- The safety of AUGTYRO was evaluated in 426 patients in TRIDENT-1. The most common adverse reactions (≥20%) were dizziness, dysgeusia, peripheral neuropathy, constipation, dyspnea, fatigue, ataxia, cognitive impairment, muscular weakness, and nausea.

Drug Interactions

Effects of Other Drugs on AUGTYRO

Strong and Moderate CYP3A Inhibitors

- Avoid concomitant use with strong or moderate CYP3A inhibitors. Concomitant use of AUGTYRO with a strong or a moderate CYP3A inhibitor may increase repotrectinib exposure, which may increase the incidence and severity of adverse reactions of AUGTYRO. Discontinue CYP3A inhibitors for 3 to 5 elimination half-lives of the CYP3A inhibitor prior to initiating AUGTYRO.

P-gp Inhibitors

- Avoid concomitant use with P-gp inhibitors. Concomitant use of AUGTYRO with a P-gp inhibitor may increase repotrectinib exposure, which may increase the incidence and severity of adverse reactions of AUGTYRO.

Strong and Moderate CYP3A Inducers

- Avoid concomitant use with strong or moderate CYP3A inducers. Concomitant use of AUGTYRO with a strong or moderate CYP3A inducer may decrease repotrectinib plasma concentrations, which may decrease efficacy of AUGTYRO.

Effects of AUGTYRO on other Drugs

Certain CYP3A4 Substrates

- Avoid concomitant use unless otherwise recommended in the Prescribing Information for CYP3A substrates, where minimal concentration changes can cause reduced efficacy. If concomitant use is unavoidable, increase the CYP3A4 substrate dosage in accordance with approved product labeling.
- Repotrectinib is a CYP3A4 inducer. Concomitant use of repotrectinib decreases the concentration of CYP3A4 substrates, which can reduce the efficacy of these substrates.

Contraceptives

- Repotrectinib is a CYP3A4 inducer, which can decrease progestin or estrogen exposure to an extent that could reduce the effectiveness of hormonal contraceptives.
- Avoid concomitant use of AUGTYRO with hormonal contraceptives. Advise females of childbearing potential to use an effective nonhormonal contraceptive.

Please see US full Prescribing Information for AUGTYRO here

References

1. AUGTYRO [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; 2024.
2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer, V3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed March 28, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
3. Referenced with permission from the NCCN Biomarkers Compendium® © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed January 5, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
4. American Medical Association. 2024 CPT® Professional Edition. Chicago, IL: American Medical Association; 2024.
5. Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of disease and injuries. Published February 1, 2024. Accessed March 28, 2024. https://www.cdc.gov/nchs/icd/icd10cm_browsertool.htm

Please see additional Important Safety Information on pages 14 and 15 and US full Prescribing Information for AUGTYRO.

Bristol Myers Squibb®
Access Support®

At Bristol Myers Squibb, We Provide Support With Purpose

Patients are the reason behind what we do. BMS Access Support is dedicated to helping patients access their prescribed BMS medications. When patients are prescribed AUGTYRO and enroll in BMS Access Support, they will have access to:

Coverage Assistance

BMS Access Support may offer benefits investigations, prior authorization assistance, and appeal process support.*

In the event of a coverage delay or denial, commercially-insured patients may be eligible for a bridge program.†

Financial Support

Eligible commercially-insured patients may pay as little as $0 per one-month supply.†

For patients insured through a government program or who do not have insurance, BMS Access Support can provide information regarding independent charitable foundations.‡

Educational Resources

A library of office support resources provides information about patient access, payer policy details, product distribution, coding, billing, and reimbursement. Patients also have access to educational materials to help them understand their insurance coverage.

Online Enrollment

You can begin the enrollment process by completing and signing the Enrollment Form online via the BMS Access Support website.

After you sign the Enrollment Form, an email will be sent to your patient to complete the consent form with an e-signature.

A Free Trial Offer† may be available for patients newly prescribed AUGTYRO.

*The accurate completion and submission of reimbursement and coverage-related documentation to the patient's insurance plan is the responsibility of the provider and patient. Bristol Myers Squibb and its agents cannot guarantee coverage for any treatment.

†Restrictions apply. Please click here for full Terms and Conditions, including complete eligibility requirements.

‡It is important to note that charitable foundations are independent from Bristol-Myers Squibb Company and have their own eligibility criteria and evaluation process. Bristol Myers Squibb cannot guarantee that a patient will receive assistance.

We're here for you.

Coverage assistance, educational resources, and financial support options may be available through **BMS Access Support®**

Call a Patient Access Specialist at 1-800-861-0048, 8 AM to 8 PM ET, Monday - Friday

Find resources and enrollment information at www.BMSAccessSupport.com

Schedule a meeting with an Access & Reimbursement Manager via the BMS Access Support website

Please see additional Important Safety Information on pages 14-16 and US full Prescribing Information for AUGTYRO.

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3600-US-2400097 06/24

AUGTYRO™ (repotrectinib) 40 mg capsules