ICLUSIG®
(ponatinib) tablets

New Labeling and Safety Information for Iclusig® (ponatinib)

REVISED INDICATIONS

The indications have been limited to:

- Treatment of adult patients with T315I-positive chronic myeloid leukemia (CML) (chronic phase, accelerated phase, or blast phase) or T315I-positive Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)
- Treatment of adult patients with chronic phase, accelerated phase, or blast phase chronic myeloid leukemia or Ph+ ALL for whom no other available tyrosine kinase inhibitor (TKI) is indicated

UPDATED SERIOUS RISK OF VASCULAR OCCLUSION IN BOXED WARNING

Arterial and venous thrombosis and occlusions have occurred in at least 27% of all Iclusig clinical trial patients, **including fatal myocardial infarction, stroke, stenosis of large arterial vessels of the brain, severe peripheral vascular disease, and the need for urgent revascularization procedures.**

Iclusig can cause fatal and life-threatening vascular occlusion within 2 weeks of starting treatment. Patients with and without cardiovascular risk factors, including patients less than 50 years old, experienced these events. Monitor for evidence of thromboembolism and vascular occlusion. Interrupt or stop Iclusig immediately for vascular occlusion (see Table 1).

Table 1: Vascular Occlusion Incidence in Iclusig-Treated Patients in Phase 2 Trial According to Risk Categories

	Prior history of ischemia, hypertension, diabetes, or hyperlipidemia	No history of ischemia, hypertension, diabetes, or hyperlipidemia
Age: 49 or younger	18% (6/33)	12% (13/112)
Age: 50 to 74 years	33% (50/152)	18% (20/114)
Age: 75 and older	56% (14/25)	46% (6/13)
All age groups	33% (70/210)	16% (39/239)
Total	24% (109/449)	

DOSING CONSIDERATIONS

Optimal dosing has not been identified.

In clinical trials, the starting dose of Iclusig was 45 mg administered orally once daily. However, 59% of the patients required dose reductions to 30 mg or 15 mg once daily during the course of therapy.

Start dosing with 45 mg once daily. Consider reducing the dose of Iclusig for chronic phase CML (CP-CML) and accelerated phase CML (AP-CML) patients who have achieved a major cytogenetic response.

Consider discontinuing Iclusig if response has not occurred by 3 months (90 days).

Do not restart Iclusig in patients with arterial or venous occlusive reactions unless the potential benefit outweighs the risk of recurrent arterial or venous occlusions and the patient has no other treatment options.

This journal piece is part of the FDA-required Iclusig REMS. Visit www.iclusigREMS.com for more information.

For complete safety information, see the Prescribing Information available at www.iclusigREMS.com.

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