Access to Information in Myelofibrosis

You are cordially invited to a Promotional Program entitled:

Understanding Myelofibrosis: A Perspective for the Oncology Professional

Presented by:

Maureen Thyne, PA
Weill Cornell Medical College
New York, NY

Where:
Stage Left
5 Livingston Avenue
New Brunswick, NJ 08901
(732)-82-4444

When:
Tuesday, April 22, 2014
6:30 PM - 8:30 PM

Please RSVP to Nicole Kelly by calling (201)306-2761 or by emailing this information to nkelly@incyte.com OR to Angela Hunt by emailing this information to ahunt@esquaredcommunications.net, fill out the below and fax to (678)534-3843 or by calling (770)984-5194. **Register by April 15th**.

First and Last Name: _____ Degree: _____

State(s) and State License #(s): _____

NPI#: _____

Practice/Institution: _____

Address: _____

City: _____ State/ZIP: _____

Phone: _____ Email: _____

Please note this program is intended for Healthcare Practitioners only.

Consistent with PhRMA Guidelines, spouses and other guests of the Healthcare Practitioner are not permitted to attend.

INDICATIONS: Jakafi® is indicated for treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post–polycythemia vera myelofibrosis and post–essential thrombocythemia myelofibrosis.

IMPORTANT SAFETY INFORMATION FOR JAKAFI

- Treatment with Jakafi can cause thrombocytopenia, anemia and neutropenia, which are each dose-related effects, with the most frequent being thrombocytopenia and anemia. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated

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IMPORTANT SAFETY INFORMATION FOR JAKAFI (continued)

- Thrombocytopenia was generally reversible and was usually managed by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi
- Severe neutropenia (ANC $<0.5 \times 10^9$/L) was generally reversible. Withhold Jakafi until recovery
- The three most frequent non-hematologic adverse reactions were bruising, dizziness and headache
- Serious bacterial, mycobacterial, fungal and viral infections may occur. Active serious infections should have resolved before starting Jakafi. Observe patients receiving Jakafi for signs and symptoms of infection and initiate appropriate treatment promptly. Advise patients about early signs and symptoms of herpes zoster and to seek early treatment
- Progressive multifocal leukoencephalopathy (PML) has been reported with ruxolitinib treatment for myelofibrosis. If PML is suspected, stop Jakafi and evaluate
- A dose modification is recommended when administering Jakafi with strong CYP3A4 inhibitors or in patients with renal or hepatic impairment. Patients should be closely monitored and the dose titrated based on safety and efficacy
- Use of Jakafi during pregnancy is not recommended and should only be used if the potential benefit justifies the potential risk to the fetus. Women taking Jakafi should not breast-feed

Please see accompanying Full Prescribing Information for Jakafi.