Koselugo®
(selumetinib)
10 mg & 25 mg capsules

The importance of early referral for treatment of NEUROFIBROMATOSIS TYPE 1 PLEXIFORM NEUROFIBROMAS (NF1 PN)

KOSELUGO® (selumetinib)—The FIRST FDA-approved therapy for pediatric patients with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN)[1,2]

Sam, age 10, living with NF1 PN, shown here with his dad. Sam is a Koselugo patient.

All families featured in this brochure have been compensated by Alexion.
FDA=Food and Drug Administration.

INDICATION

KOSELUGO® (selumetinib) is indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN).

SELECT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS associated with Koselugo include Cardiomyopathy, Ocular Toxicity, Gastrointestinal Toxicity, Skin Toxicity, Increased Creatine Phosphokinase, Increased Levels of Vitamin E and Risk of Bleeding, and Embryo-Fetal Toxicity.

ADVERSE REACTIONS (≥40%) include vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, fatigue, musculoskeletal pain, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.

DRUG INTERACTIONS include strong/moderate CYP3A4 Inhibitors or Fluconazole and CYP3A4 Inducers.

Please see full Important Safety Information on pages 10 and 11 and scan the QR code, or visit bit.ly/KoselugoPI, to see accompanying full Prescribing Information for Koselugo.

NF1 PN: prevalent, progressive, and debilitating[3-5]

PN are a common manifestation of NF1 that occur early, may progress over time, and are potentially debilitating[4]

Up to 50% of all patients with NF1 have PN[4,5]*

Results from the NCI NF1 Natural History study showed over 5.6 years[6]†:

82% of patients with NF1 PN had tumor progression ≥20%

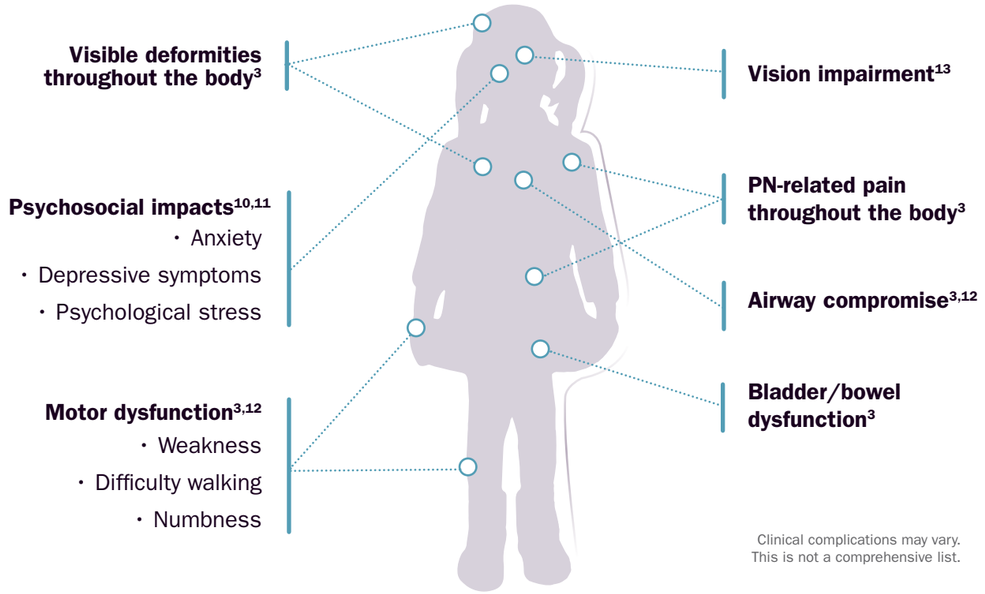
The median PN growth rate was 16% per year
(range: -3% to 136%)

In general, PN grew continuously

In patients with NF1 PN,
PN volume growth rates can exceed weight or height growth rates[7,8]‡

*Using whole-body MRI.[5]
†The NCI NF1 Natural History study began in 2008 and is an ongoing study. 92 patients with NF1-related PN between the ages of 3 and 18 years who had at least 2 volumetric scans were included in the analysis above as the age- and period-matched external control for the SPRINT study.[9]
‡Based on 2 longitudinal studies, including 49 patients with 61 tumors and 70 patients with 80 tumors.[7,8]
MRI=magnetic resonance imaging; NCI=National Cancer Institute; NF1=neurofibromatosis type 1; PN=plexiform neurofibromas.

PN of any size and location can cause significant clinical complications that interrupt daily life[3,4]



Clinical complications may vary.
This is not a comprehensive list.

Some internal PN are seen only on MRI. Advanced imaging plays an essential role in diagnosis and disease management.[3,12]

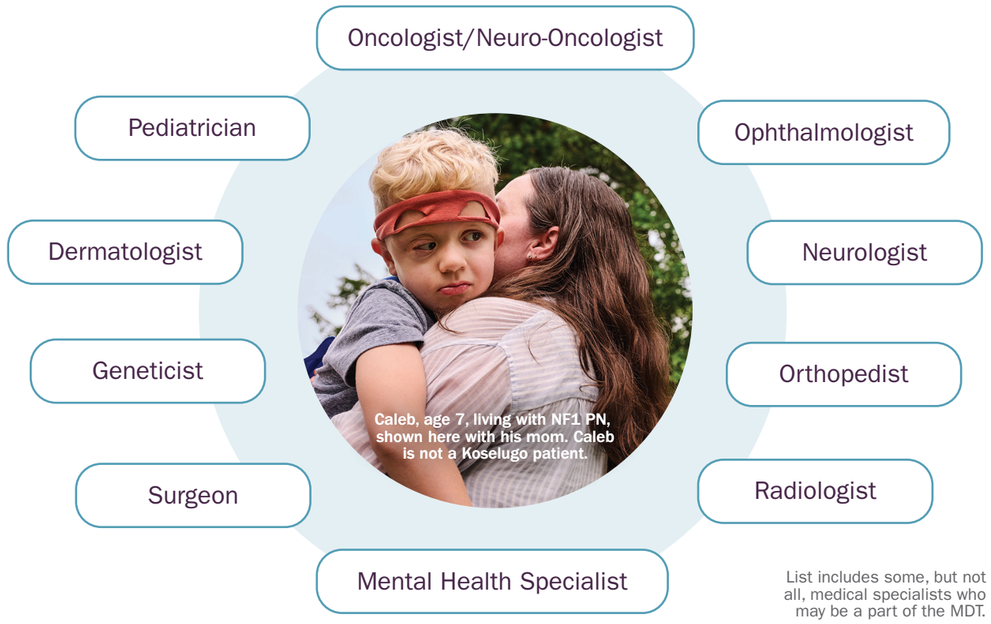
Complications can persist over time

In the NCI Natural History study, 70% (40/57*) of PN were associated with **1 to 4 morbidities** at baseline that **persisted over time.[12]**

PN typically grow fastest during the first 10 years of life. Early referral to an oncologist or NF1 specialist is critical.[4,14]

*40 PNs from 36 patients out of 57 PNs from 41 patients.[12]
MRI=magnetic resonance imaging; NCI=National Cancer Institute; NF1=neurofibromatosis type 1; PN=plexiform neurofibromas.

A multidisciplinary team can strengthen patients' care[15-18]



List includes some, but not all, medical specialists who may be a part of the MDT.

Not all PN may be operable or fully resectable with surgery, but when feasible, surgery is an effective means of resection and debulking NF1 PN.[19]

For many patients with NF1 PN, **their treatment plan begins with your referral.**

Discover KOSELUGO® (selumetinib)—the FIRST FDA-approved therapy for pediatric patients with NF1 who have symptomatic, inoperable PN.[1,2]

FDA=Food and Drug Administration; MDT=multidisciplinary team; NF1=neurofibromatosis type 1; PN=plexiform neurofibromas.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Cardiomyopathy. A decrease in left ventricular ejection fraction (LVEF) ≥10% below baseline occurred in pediatric patients who received Koselugo in SPRINT with some experiencing decreased LVEF below the institutional lower limit of normal (LLN), including one patient with Grade 3. All patients with decreased LVEF were asymptomatic and identified during routine echocardiography. The safety of Koselugo has not been established in patients with a history of impaired LVEF or a baseline ejection fraction that is below the institutional LLN. Assess ejection fraction by echocardiogram prior to initiating treatment, every 3 months during the first year of treatment, every 6 months thereafter, and as clinically indicated. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction. In patients who interrupt Koselugo for decreased LVEF, obtain an echocardiogram or a cardiac MRI every 3 to 6 weeks. Upon resolution of decreased LVEF, obtain an echocardiogram or a cardiac MRI every 2 to 3 months.

SPRINT: a landmark study in the treatment of NF1 PN[1,20]

SPRINT Phase 2 Stratum 1 was an open-label, multicenter, single-arm study coordinated with the NCI.[1,20]

This study of **50 pediatric patients** (age eligibility range: 2 to 18 years) with NF1-related inoperable PN that caused significant morbidity was designed to assess the efficacy and safety of Koselugo in reducing the volume of NF1 PN.

Key inclusion criteria in SPRINT[1,20]

- NF1 with symptomatic, inoperable PN (defined as PN that could not be completely surgically removed without risk for substantial morbidity due to PN location, invasiveness, or high vascularity)
- All patients (N=50) had at least 1 clinically significant PN-related morbidity (median number of 3 [range: 1 to 5]) at baseline

Key exclusion criteria in SPRINT[21]

Evidence of MPNST, an optic glioma, malignant glioma, or other cancer requiring treatment with chemotherapy or radiation therapy

The baseline characteristics of patients in SPRINT reflect the variability of NF1 PN

Progressive and nonprogressive PN[20,22]

- 42% (21/50) of patients had a progressive PN (growth ≥20% within 15 months prior to enrollment)
- 30% (15/50) of patients had a nonprogressive PN*

Patients with and without past surgeries[9]

56% of patients had undergone at least 1 prior PN-related or NF1-related surgical procedure.

A range of PN volumes[22]

Median target PN volume was 487 mL (range: 5 mL to 3820 mL).

Morbidities that were present in ≥20% (N=50) of patients included[1,9]:

- **Disfigurement (88%)**
- **Pain (52%)**
- **Visual impairment (20%)**
- **Motor dysfunction (66%)**
- **Airway dysfunction (32%)**
- **Bladder/bowel dysfunction (20%)**

*Thirty-six patients had evaluable prestudy volumetric MRI data. 28% (14/50) of patients had insufficient PN progression status at baseline.[9,22]

MPNST=malignant peripheral nerve sheath tumor; MRI=magnetic resonance imaging; NCI=National Cancer Institute; NF1=neurofibromatosis type 1; PN=plexiform neurofibromas.

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Koselugo: The first FDA-approved therapy proven to shrink NF1 PN in pediatric patients[1,2]

Primary endpoint: Overall response rate[1]*

Percentage of patients who achieved ≥20% tumor reduction (95% CI: 51, 79)

66% (n=33/50)

ORR was defined as the percentage of patients with **complete response** (defined as disappearance of the target PN) or **confirmed partial response** (defined as ≥20% reduction in PN volume confirmed at a subsequent tumor assessment within 3-6 months).†

An independent centralized review (ICR) of tumor response per REiNS criteria resulted in an ORR of 44% (95% CI: 30, 59).[1]

Secondary endpoint: Duration of response[1‡]

After over 3 years of treatment, the median duration of response was not reached.[1§]

79% (26/33) — 24 months

64% (21/33) — 36 months

Some Koselugo patients have been in response for over 4.5 years.[22‖]

DOR was defined as the time from the pre-cycle volumetric MRI assessment of the first documented response (which was subsequently confirmed) until the pre-cycle volumetric MRI assessment of documented progression.[6]

Secondary outcome variable: Onset of response[1]*

7.2 months

Median time to onset of response
(range: 3.3 months to 1.6 years)[1]

Koselugo delivers a **strong response** with evidence from long-term data.[1,23¶]

*DCO June 2018.[1]
†33 partial responses were confirmed by 3D MRI volumetric analyses per REiNS criteria at a subsequent tumor assessment within 3 to 6 months. The ORR assessment was conducted by a single NCI reviewer who was a SPRINT investigator and who evaluated all PN imaging from patients enrolled at all trial sites.[1]
‡DCO March 2021.[1]
§Median DOR was not reached (95% CI: 41.2 months, NE).[1]
‖DCO February 2021. This information is from the SPRINT long-term follow-up study.[22]
¶At DCO June 2018, 66% (33/50) achieved ≥20% tumor reduction. A subsequent long-term follow-up study was included (DCO February 2021).[1,22]
CI=confidence interval; DCO=data cutoff; DOR=duration of response; FDA=Food and Drug Administration; MRI=magnetic resonance imaging; NCI=National Cancer Institute; NE=not evaluable; NF1=neurofibromatosis type 1; ORR=overall response rate; PN=plexiform neurofibromas; REiNS=Response Evaluation in Neurofibromatosis and Schwannomatosis; 3D=three dimensional.

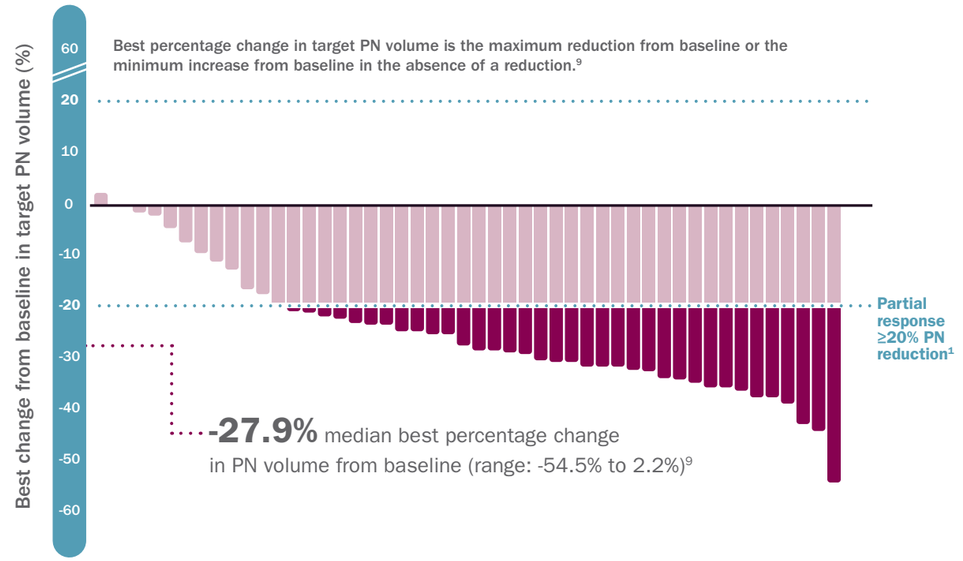
IMPORTANT SAFETY INFORMATION (CONT'D)

Ocular Toxicity. Blurred vision, photophobia, cataracts, and ocular hypertension occurred. Retinal pigment epithelial detachment (RPED) occurred in the pediatric population during treatment with single agent Koselugo and resulted in permanent discontinuation. Conduct ophthalmic assessments prior to initiating Koselugo, at regular intervals during treatment, and for new or worsening visual changes. Permanently discontinue Koselugo in patients with retinal vein occlusion (RVO). Withhold Koselugo in patients with RPED, conduct ophthalmic assessments every 3 weeks until resolution, and resume Koselugo at a reduced dose.

Substantial reduction in PN volume*

Based on an AstraZeneca analysis of NCI data[9]

Best percentage change from baseline in target PN volume for each patient in the SPRINT Phase 2 Stratum 1 study†



Patients from the SPRINT study saw a median best response of 27.9% PN volume reduction from baseline.[9]

Learn more about Koselugo at KoselugoHCP.com.

*Koselugo is the first FDA-approved therapy for pediatric patients with NF1 who have symptomatic inoperable PN.[1,2]
†DCO June 2018.[9]
DCO=data cutoff; FDA=Food and Drug Administration; NCI=National Cancer Institute; NF1=neurofibromatosis type 1; PN=plexiform neurofibromas.

IMPORTANT SAFETY INFORMATION (CONT'D)

Gastrointestinal Toxicity. Diarrhea occurred, including Grade 3. Diarrhea resulting in permanent discontinuation, dose interruption or dose reduction occurred. Advise patients to start an anti-diarrheal agent (eg, loperamide) and to increase fluid intake immediately after the first episode of diarrhea. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction.

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A demonstrated long-term safety profile: Koselugo has been studied in patients with NF1 PN for up to 7.7 years[22]*

At the DCO of June 2018:

88% (n=44/50) of patients in the SPRINT Phase 2 Stratum 1 study (N=50) were exposed to Koselugo for **≥12 months**[1]

66% (n=33/50) of patients in the SPRINT Phase 2 Stratum 1 study (N=50) were exposed to Koselugo for **>2 years**[1]

The most common adverse reactions (≥40%) were vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, musculoskeletal pain, fatigue, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.[1]

The majority of adverse reactions and lab abnormalities associated with Koselugo were Grades 1 or 2.[1]

Adverse reactions are well characterized, can be manageable, and may not require discontinuation[1]

76% (38/50) of patients stayed on a full dose of Koselugo, **without the need for a dose reduction**[1†]

80% (40/50) of patients **required dose interruption** but **avoided discontinuation**[1†]

Adverse reactions requiring a dosage interruption or reduction in ≥5% of patients were vomiting, paronychia, diarrhea, nausea, abdominal pain, rash, skin infection, influenza-like illness, pyrexia, and weight gain.[1]

12% (6/50) of patients permanently discontinued due to an AE[1]

- These AEs included increased blood creatinine, increased weight, diarrhea, paronychia, malignant peripheral nerve sheath tumor, acute kidney injury, and skin ulcer[1]
- 10% (5/50) of patients discontinued due to treatment-related AEs[9]
- The median time to discontinuation for those 5 patients was 277 days (range: 64 days to 636 days)[9]

In the long-term follow-up, the median duration of exposure with Koselugo was 4.4 years. During this time, no new safety signals were identified.[22]*

*This statement reflects exposure to Koselugo in 74 pediatric patients who received a dosage ranging from 20 mg/m^2 to 30 mg/m^2 orally twice daily in SPRINT. At the DCO of February 2021, the median duration of exposure was 4.4 years (range 28 days to 7.7 years). No new safety signals were identified compared to the earlier publications.[22]

†Due to adverse reactions. DCO June 2018.[1]

AE=adverse event; DCO=data cutoff; NF1=neurofibromatosis type 1; PN=plexiform neurofibromas.

IMPORTANT SAFETY INFORMATION (CONT'D)

Skin Toxicity. Rash occurred in 91% of 74 pediatric patients. The most frequent rashes included dermatitis acneiform (54%), maculopapular rash (39%), and eczema (28%). Grade 3 rash occurred, in addition to rash resulting in dose interruption or dose reduction. Monitor for severe skin rashes. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction.

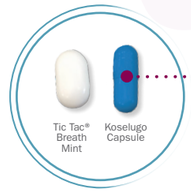
NO FASTING REQUIREMENT

Koselugo allows for easy-to-maintain, continuous dosing[1]

Recommended dosage

25 mg/m^2 | twice daily

Dosing is individualized based on BSA (mg/m^2) and is rounded to the nearest achievable 5-mg or 10-mg dose (up to a maximum single dose of 50 mg).



Each Koselugo capsule is about the size of a Tic Tac® breath mint.

Shown to scale.

Tic Tac® and the three-dimensional design are registered trademarks of Ferrero S.A.

Recommended administration of Koselugo:

- **Before prescribing**, children should be assessed for the ability to swallow capsules
- **Orally twice daily** (approximately every 12 hours) until disease progression or unacceptable toxicity

No fasting requirement

- **Swallowed whole with water:** Do not chew, dissolve, or open capsule

Convenient, continuous dosing with the option to take with or without food.[1]

BSA=body surface area.

IMPORTANT SAFETY INFORMATION (CONT'D)

Increased Creatine Phosphokinase (CPK). Increased CPK occurred, including Grade 3 or 4 resulting in dose reduction. Increased CPK concurrent with myalgia occurred, including one patient who permanently discontinued Koselugo for myalgia. Obtain serum CPK prior to initiating Koselugo, periodically during treatment, and as clinically indicated. If increased CPK occurs, evaluate for rhabdomyolysis or other causes. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction.

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Koselugo® (selumetinib) 10 mg & 25 mg capsules

Important Safety Information

INDICATION

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Cardiomyopathy. A decrease in left ventricular ejection fraction (LVEF) ≥10% below baseline occurred in pediatric patients who received Koselugo in SPRINT with some experiencing decreased LVEF below the institutional lower limit of normal (LLN), including one patient with Grade 3. All patients with decreased LVEF were asymptomatic and identified during routine echocardiography. The safety of Koselugo has not been established in patients with a history of impaired LVEF or a baseline ejection fraction that is below the institutional LLN. Assess ejection fraction by echocardiogram prior to initiating treatment, every 3 months during the first year of treatment, every 6 months thereafter, and as clinically indicated. Withhold, reduce dose, or permanently discontinue Koselugo based on severity of adverse reaction. In patients who interrupt Koselugo for decreased LVEF, obtain an echocardiogram or a cardiac MRI every 3 to 6 weeks. Upon resolution of decreased LVEF, obtain an echocardiogram or a cardiac MRI every 2 to 3 months.

Ocular Toxicity. Blurred vision, photophobia, cataracts, and ocular hypertension occurred. Retinal pigment epithelial detachment (RPED) occurred in the pediatric population during treatment with single agent Koselugo and resulted in permanent discontinuation. Conduct ophthalmic assessments prior to initiating Koselugo, at regular intervals during treatment, and for new or worsening visual changes. Permanently discontinue Koselugo in patients with retinal vein occlusion (RVO). Withhold Koselugo in patients with RPED, conduct ophthalmic assessments every 3 weeks until resolution, and resume Koselugo at a reduced dose.

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Increased Levels of Vitamin E and Risk of Bleeding. Koselugo capsules contain vitamin E which can inhibit platelet aggregation and antagonize vitamin K-dependent clotting factors. Supplemental vitamin E is not recommended if daily vitamin E intake (including the amount of vitamin E in Koselugo and supplement) will exceed the recommended or safe limits due to increased risk of bleeding. An increased risk of bleeding may occur in patients who are coadministered vitamin-K antagonists or anti-platelet antagonists with Koselugo. Monitor for bleeding in these patients and increase international normalized ratio (INR) in patients taking a vitamin-K antagonist. Perform anticoagulant assessments more frequently and adjust the dose of vitamin K antagonists or anti-platelet agents as appropriate.

Embryo-Fetal Toxicity. Based on findings from animal studies, Koselugo can cause fetal harm when administered during pregnancy. In animal studies, administration of selumetinib to mice during organogenesis caused reduced fetal weight, adverse structural defects, and effects on embryo-fetal survival at approximate exposures >5 times the human exposure at the clinical dose of 25 mg/m^2 twice daily. Advise patients of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment with Koselugo and for 1 week after the last dose.

ADVERSE REACTIONS

Common adverse reactions ≥40% include vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, musculoskeletal pain, fatigue, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.

DRUG INTERACTIONS

Effect of Other Drugs on Koselugo

Concomitant use of Koselugo with a strong or moderate CYP3A4 inhibitor or fluconazole increased selumetinib plasma concentrations, which may increase the risk of adverse reactions. Avoid coadministration with Koselugo. If coadministration cannot be avoided, reduce Koselugo dosage.

Concomitant use of Koselugo with a strong or moderate CYP3A4 inducer decreased selumetinib plasma concentrations, which may reduce Koselugo efficacy. Avoid concomitant use with Koselugo.

SPECIAL POPULATIONS

Pregnancy & Lactation. Verify the pregnancy status of patients of reproductive potential prior to initiating Koselugo. Due to the potential for adverse reactions in a breastfed child, advise patients not to breastfeed during treatment with Koselugo and for 1 week after the last dose.

To report SUSPECTED ADVERSE REACTIONS, contact AstraZeneca 1-800-236-9933 or at https://us-aereporting.astrazeneca.com or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

References: 1. Koselugo. Package insert. AstraZeneca Pharmaceuticals LP. **2.** Koselugo (selumetinib) approved in US for paediatric patients with neurofibromatosis type 1 plexiform neurofibromas. AstraZeneca. Published April 13, 2020. Accessed August 28, 2023. https://www.astrazeneca.com/media-centre/press-releases/2020/koselugo-selumetinib-approved-in-us-for-paediatric-patients-with-neurofibromatosis-type-1-plexiform-neurofibromas.html **3.** Korf BR, Rubenstein AE. *Neurofibromatosis: A Handbook for Patients, Families, and Health Care Professionals.* Thieme Medical Publishers; 2005. **4.** Anderson JL, Gutmann DH. Neurofibromatosis type 1. In: Islam MP, Roach SE, eds. *Handbook of Clinical Neurology.* 3rd series; vol 132. Elsevier B.V.; 2015:75-86. **5.** Miller DT, Freedenberg D, Schorry E, et al. Health supervision for children with neurofibromatosis type 1. *Pediatrics.* 2019;143(5):e20190660. doi:10.1542/peds.2019-0660 **6.** Data on File, REF-36656, AstraZeneca Pharmaceuticals LP. **7.** Dombi E, Ardern-Holmes SL, Babovic-Vuksanovic D, et al. Recommendations for imaging tumor response in neurofibromatosis clinical trials. *Neurology.* 2013;81(suppl 1):S33-S40. doi:10.1212/01.wnl.0000435744.57038.af **8.** Akshintala S, Baldwin A, Liewehr DJ, et al. Longitudinal evaluation of peripheral nerve sheath tumors in neurofibromatosis type 1: growth analysis of plexiform neurofibromas and distinct nodular lesions. *Neuro Oncol.* 2020;22(9):1368-1378. doi:10.1093/neuonc/noaa053 **9.** Data on File, REF-75729, AstraZeneca Pharmaceuticals LP. **10.** Copley-Merriman C, Yang X, Juniper M, Amin S, Yoo HK, Sen SS. Natural history and disease burden of neurofibromatosis type 1 with plexiform neurofibromas: a systematic literature review. *Adolesc Health Med Ther.* 2021;12:55-66. doi:10.2147/AHMT.S303456 **11.** Lai JS, Jensen SE, Charrow J, Listernick R. Patient reported outcomes measurement information system and quality of life in neurological disorders measurement system to evaluate quality of life for children and adolescents with neurofibromatosis type 1 associated plexiform neurofibroma. *J Pediatr.* 2019;206:190-196. doi:10.1016/j.jpeds.2018.10.019 **12.** Gross AM, Singh G, Akshintala S, et al. Association of plexiform neurofibroma volume changes and development of clinical morbidities in neurofibromatosis 1. *Neuro Oncol.* 2018;20(12):1643-1651. doi:10.1093/neuonc/noy067 **13.** Avery RA, Katowitz JA, Fisher MJ, et al. Orbital/periorbital plexiform neurofibromas in children with neurofibromatosis type 1: multidisciplinary recommendations for care. *Ophthalmology.* 2017;124(1):123-132. doi:10.1016/j.ophtha.2016.09.020 **14.** Hirbe AC, Gutmann DH. Neurofibromatosis type 1: a multidisciplinary approach to care. *Lancet Neurol.* 2014;13(8):834-843. doi:10.1016/S1474-4422(14)70063-8 **15.** Ferner RE, Huson SM, Thomas N, et al. Guidelines for the diagnosis and management of individuals with neurofibromatosis 1. *J Med Genet.* 2007;44(2):81-88. doi:10.1136/jmg.2006.045906 **16.** Adil A, Koritala T, Munakomi S, Singh AK. Neurofibromatosis type 1. In: *StatPearls [Internet].* StatPearls Publishing; 2023. Updated February 12, 2023. Accessed May 31, 2023. https://www.ncbi.nlm.nih.gov/books/NBK459358/ **17.** Fisher MJ, Blakeley JO, Weiss BD, et al. Management of neurofibromatosis type 1-associated plexiform neurofibromas. *Neuro Oncol.* 2022;24(11):1827-1844. doi:10.1093/neuonc/noac146 **18.** Azizi AA. Management and multi-specialty approach in the evolving treatment landscape of neurofibromatosis type 1 plexiform neurofibromas. *EMJ.* 2021;6(4):32-35. **19.** Armstrong AE, Belzberg AJ, Crawford JR, Hirbe AC, Wang ZJ. Treatment decisions and the use of MEK inhibitors for children with neurofibromatosis type 1-related plexiform neurofibromas. *BMC Cancer.* 2023;23(1):553. doi:10.1186/s12885-023-10996-y **20.** Gross AM, Wolters PL, Dombi E, et al. Selumetinib in children with inoperable plexiform neurofibromas. *N Engl J Med.* 2020;382(15):1430-1442. doi:10.1056/NEJMoa1912735 **21.** Protocol for: Gross AM, Wolters PL, Dombi E, et al. Selumetinib in children with inoperable plexiform neurofibromas. *N Engl J Med.* 2020;382:1430-1442. doi:10.1056/NEJMoa1912735 **22.** Gross AM, Dombi E, Wolters PL, et al. Long-term safety and efficacy of selumetinib in children with neurofibromatosis type 1 on a phase 1/2 trial for inoperable plexiform neurofibromas. *Neuro Oncol.* 2023;25(10):1883-1894. doi:10.1093/neuonc/noad086 **23.** Data on File, REF-36657, AstraZeneca Pharmaceuticals LP.

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Koselugo® (selumetinib)
10 mg & 25 mg capsules

You can play a critical role in improving PN outcomes with an early referral to an oncologist or NF1 specialist

PN can be prevalent, progressive, and debilitating[3,4]

A multidisciplinary team can strengthen patients' care[15-18]

Koselugo: The FIRST FDA-approved therapy proven to shrink NF1 PN in pediatric patients.[1,2]

Substantial reduction in PN volume
66% (33/50) of patients responded to treatment[1]*

Long-term data[22]
Koselugo has been studied in patients with NF1 PN for up to 7.7 years.†

No fasting required[1]
Convenient, continuous dosing with the option to take with or without food.

Most common adverse reactions[1]
(≥40%) were vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, fatigue, musculoskeletal pain, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.

Visit KoselugoHCP.com to learn more.

ONESOURCE®
Personalized Patient Support from Alexion

Koselugo comes with a team

OneSource™ is a free, personalized patient support program offered by Alexion. Whether your patient is newly diagnosed or has had NF1 for some time, our specialists are available for patients and their caregivers.

*In a clinical trial, n=33/50 patients achieved ≥20% tumor reduction (95% CI: 51, 79) (DCO June 2018).[1]
†These data reflect exposure to Koselugo in 74 pediatric patients who received a dosage ranging from 20 mg/m^2 to 30 mg/m^2 orally twice daily in SPRINT. At the DCO of February 2021, the median duration of exposure was 4.4 years (range 28 days to 7.7 years).[22]
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KOSELUGO® (selumetinib) is indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN).

SELECT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS associated with Koselugo (selumetinib) include Cardiomyopathy, Ocular Toxicity, Gastrointestinal Toxicity, Skin Toxicity, Increased Creatine Phosphokinase, Increased Levels of Vitamin E and Risk of Bleeding, and Embryo-Fetal Toxicity.

ADVERSE REACTIONS (≥40%) include vomiting, rash (all), abdominal pain, diarrhea, nausea, dry skin, fatigue, musculoskeletal pain, pyrexia, acneiform rash, stomatitis, headache, paronychia, and pruritus.

DRUG INTERACTIONS include strong/moderate CYP3A4 Inhibitors or Fluconazole and CYP3A4 Inducers.

Please see full Important Safety Information on pages 10 and 11 and scan the QR code on front cover, or visit bit.ly/KoselugoPI, to see accompanying full Prescribing Information for Koselugo.

ALEXION®
AstraZeneca Rare Disease

Koselugo®
(selumetinib)
10 mg & 25 mg capsules