



Dosing and administration guide

INDICATIONS AND USAGE

PEMAZYRE is indicated for the treatment of adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test.

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).

IMPORTANT SAFETY INFORMATION

Ocular Toxicity

Retinal Pigment Epithelial Detachment (RPED): PEMAZYRE can cause RPED, which may cause symptoms such as blurred vision, visual floaters, or photopsia. Clinical trials of PEMAZYRE did not conduct routine monitoring including optical coherence tomography (OCT) to detect asymptomatic RPED; therefore, the incidence of asymptomatic RPED with PEMAZYRE is unknown.

Among 635 patients who received a starting dose of PEMAZYRE 13.5 mg across clinical trials, RPED occurred in 11% of patients, including Grade 3-4 RPED in 1.3%. The median time to first onset of RPED was 56 days. RPED led to dose interruption of PEMAZYRE in 3.1% of patients, and dose reduction and permanent discontinuation in 1.3% and in 0.2% of patients, respectively. RPED resolved or improved to Grade 1 levels in 76% of patients who required dosage modification of PEMAZYRE for RPED.




Perform a comprehensive ophthalmological examination including OCT prior to initiation of PEMAZYRE and every 2 months for the first 6 months and every 3 months thereafter during treatment. For onset of visual symptoms, refer patients for ophthalmologic evaluation urgently, with follow-up every 3 weeks until resolution or discontinuation of PEMAZYRE. Modify the dose or permanently discontinue PEMAZYRE as recommended in the prescribing information for PEMAZYRE.

Dry Eye: Among 635 patients who received a starting dose of PEMAZYRE 13.5 mg across clinical trials, dry eye occurred in 31% of patients, including Grade 3-4 in 1.6% of patients. Treat patients with ocular demulcents as needed.

Please see Important Safety Information on pages [10-11](#) for related and other risks.

Dosing strengths of PEMAZYRE (pemigatinib)

PEMAZYRE is available in 3 strengths¹

DOSE	MARKINGS	NDC CODE
 13.5-mg tablet in bottles of 14 with child-resistant closure	Round, white to off-white tablet debossed on one side with "1" and "13.5" on the other side	50881-028-01
 9-mg tablet in bottles of 14 with child-resistant closure	Oval, white to off-white tablet debossed on one side with "1" and "9" on the other side	50881-027-01
 4.5-mg tablet in bottles of 14 with child-resistant closure	Round, white to off-white tablet debossed on one side with "1" and "4.5" on the other side	50881-026-01

Tablets shown not actual size.

IMPORTANT SAFETY INFORMATION

Adverse Reactions: Cholangiocarcinoma

Serious adverse reactions occurred in 45% of patients receiving PEMAZYRE (n=146). Serious adverse reactions in ≥2% of patients who received PEMAZYRE included abdominal pain, pyrexia, cholangitis, pleural effusion, acute kidney injury, cholangitis infective, failure to thrive, hypercalcemia, hyponatremia, small intestinal obstruction, and urinary tract infection. Fatal adverse reactions occurred in 4.1% of patients, including failure to thrive, bile duct obstruction, cholangitis, sepsis, and pleural effusion.

Permanent discontinuation due to an adverse reaction occurred in 9% of patients who received PEMAZYRE. Adverse reactions requiring permanent discontinuation in ≥1% of patients included intestinal obstruction and acute kidney injury.

Dosage interruptions due to an adverse reaction occurred in 43% of patients who received PEMAZYRE. Adverse reactions requiring dosage interruption in ≥1% of patients included stomatitis, palmar-plantar erythrodysesthesia syndrome, arthralgia, fatigue, abdominal pain, AST increased, asthenia, pyrexia, ALT increased, cholangitis, small intestinal obstruction, alkaline phosphatase increased, diarrhea, hyperbilirubinemia, electrocardiogram QT prolonged, decreased appetite, dehydration, hypercalcemia, hyperphosphatemia, hypophosphatemia, back pain, pain in extremity, syncope, acute kidney injury, onychomadesis, and hypotension.

Dose reductions due to an adverse reaction occurred in 14% of patients who received PEMAZYRE. Adverse reactions requiring dosage reductions in ≥1% of patients who received PEMAZYRE included stomatitis, arthralgia, palmar-plantar erythrodysesthesia syndrome, asthenia, and onychomadesis.

Dosing modifications for PEMAZYRE

Dose modifications should be considered for the management of toxicities or tolerability¹



- All doses are taken for 14 days followed by 7 days off therapy, in 21-day cycles
- Permanently discontinue treatment if patient is unable to tolerate PEMAZYRE 4.5 mg once daily for 14 days of each 21-day cycle
- Dose modifications may be required for RPED, hyperphosphatemia, and other adverse reactions ≥ Grade 3
- Avoid concomitant use of strong and moderate CYP3A inhibitors with PEMAZYRE
 - If concomitant use with a strong or moderate CYP3A inhibitor cannot be avoided, reduce the dose of PEMAZYRE
- Avoid concomitant use of strong and moderate CYP3A inducers with PEMAZYRE
- Reduce the recommended dose of PEMAZYRE for patients with severe renal impairment (estimated Glomerular Filtration Rate [eGFR] 15 to 29 mL/min/1.73 m², estimated by Modification of Diet in Renal Disease [MDRD] equation)
- Reduce the recommended dose of PEMAZYRE for patients with severe hepatic impairment (total bilirubin > 3 × upper limit of normal [ULN] with any aspartate aminotransferase [AST])

Follow the dose modification guidelines outlined on pages 6–9 in this guide and in the Full Prescribing Information for PEMAZYRE.

IMPORTANT SAFETY INFORMATION

Clinically relevant adverse reactions occurring in ≤10% of patients included fractures (2.1%). In all patients treated with pemigatinib, 0.5% experienced pathologic fractures (which included patients with and without cholangiocarcinoma [N=635]). Soft tissue mineralization, including cutaneous calcification, calcinosis, and non-uremic calciphylaxis associated with hyperphosphatemia were observed with PEMAZYRE treatment.

Within the first 21-day cycle of PEMAZYRE dosing, serum creatinine increased (mean increase of 0.2 mg/dL) and reached steady state by Day 8, and then decreased during the 7 days off therapy. Consider alternative markers of renal function if persistent elevations in serum creatinine are observed.

In cholangiocarcinoma (n=146) the most common adverse reactions (incidence ≥20%) were hyperphosphatemia (60%), alopecia (49%), diarrhea (47%), nail toxicity (43%), fatigue (42%), dysgeusia (40%), nausea (40%), constipation (35%), stomatitis (35%), dry eye (35%), dry mouth (34%), decreased appetite (33%), vomiting (27%), arthralgia (25%), abdominal pain (23%), hypophosphatemia (23%), back pain (20%), and dry skin (20%).

Please see Important Safety Information on pages 10–11 for related and other risks.



Dose modifications for RPED¹

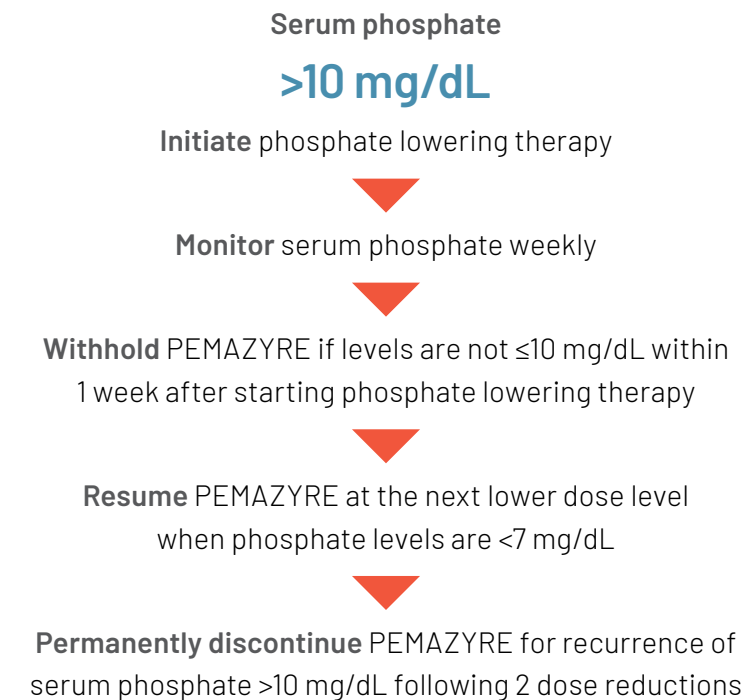
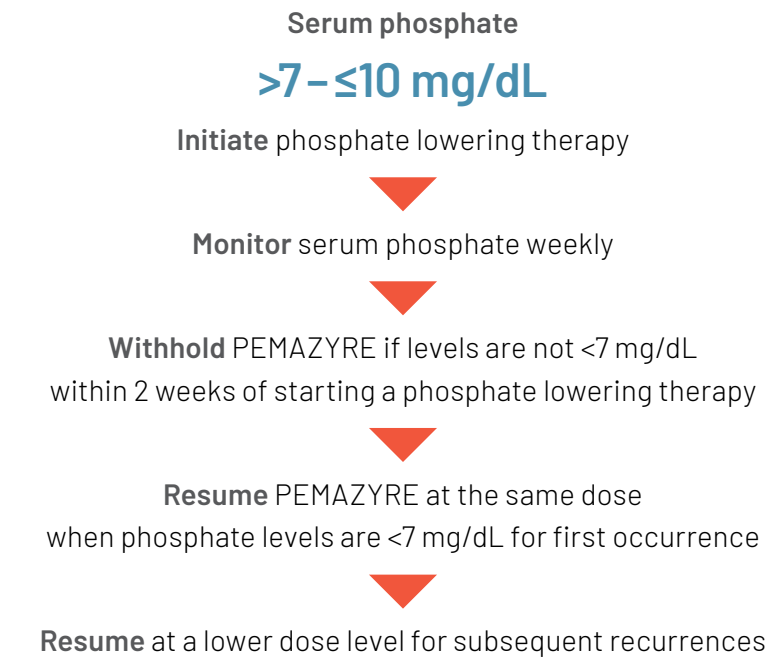
- If asymptomatic and stable on serial examination, continue PEMAZYRE (pemigatinib)
- If symptomatic or worsening on serial examination, withhold PEMAZYRE
 - If asymptomatic and improved on subsequent examination, resume PEMAZYRE at a lower dose
 - If symptoms persist or examination does not improve, consider permanent discontinuation of PEMAZYRE, based on clinical status

Important considerations for elevated serum phosphate levels

Monitor for hyperphosphatemia¹

- Initiate a low phosphate diet when serum phosphate level is >5.5 mg/dL
- For serum phosphate levels >7 mg/dL, initiate phosphate lowering therapy and withhold, reduce the dose, or permanently discontinue PEMAZYRE based on duration and severity of hyperphosphatemia
- See dose modifications for hyperphosphatemia on page 7

Dose modifications for hyperphosphatemia¹



Please see Important Safety Information on pages [10-11](#) for related and other risks.

Dosage modifications for other adverse reactions

For Grade 3

- Withhold PEMAZYRE (pemigatinib) until resolves to Grade 1 or baseline
- Resume PEMAZYRE at next lower dose if resolves within 2 weeks, and permanently discontinue PEMAZYRE if does not resolve within 2 weeks
- Permanently discontinue PEMAZYRE for recurrent Grade 3 after 2 dose reductions

For Grade 4

- Permanently discontinue PEMAZYRE

IMPORTANT SAFETY INFORMATION

Drug Interactions

Avoid concomitant use of strong and moderate CYP3A inhibitors with PEMAZYRE. Reduce the dose of PEMAZYRE if concomitant use with a strong or moderate CYP3A inhibitor cannot be avoided. Avoid concomitant use of strong and moderate CYP3A inducers with PEMAZYRE.

Special Populations

Advise lactating women not to breastfeed during treatment with PEMAZYRE and for 1 week after the last dose.

Reduce the recommended dose of PEMAZYRE for patients with severe renal impairment as described in the prescribing information.

Reduce the recommended dose of PEMAZYRE for patients with severe hepatic impairment as described in the prescribing information.

Please see Important Safety Information on pages [10-11](#) for related and other risks.

Dosage modification for concomitant use with strong or moderate CYP3A inhibitor¹

- Avoid concomitant use of strong or moderate CYP3A inhibitors with PEMAZYRE
- If concomitant use with a strong or moderate CYP3A inhibitor cannot be avoided, adjust the dosage of PEMAZYRE as follows:

If the patient is taking this dose...

Reduce the dose to:

PEMAZYRE 13.5 mg



PEMAZYRE 9 mg

PEMAZYRE 9 mg



PEMAZYRE 4.5 mg

- If concomitant use of a strong or moderate CYP3A inhibitor is discontinued, increase the PEMAZYRE dose (after 3 plasma half-lives of the CYP3A inhibitor) to the dose that was used before starting the strong or moderate inhibitor

Avoid concomitant use of strong and moderate CYP3A inducers with PEMAZYRE.

Dosage modification for severe renal/hepatic impairment

- The recommended dosage of PEMAZYRE for patients with severe renal impairment (eGFR estimated by MDRD 15 to 29 mL/min/1.73 m²) is 9 mg per the indicated regimen
- The recommended dosage of PEMAZYRE for patients with severe hepatic impairment (total bilirubin > 3 × ULN with any AST) is 9 mg per the indicated regimen

Pemazyre
(pemigatinib) tablets
13.5 mg • 9 mg • 4.5 mg

IMPORTANT SAFETY INFORMATION

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Hyperphosphatemia and Soft Tissue Mineralization

PEMAZYRE can cause hyperphosphatemia leading to soft tissue mineralization, cutaneous calcification, calcinosis, and non-uremic calciphylaxis. Increases in phosphate levels are a pharmacodynamic effect of PEMAZYRE. Among 635 patients who received a starting dose of PEMAZYRE 13.5 mg across clinical trials, hyperphosphatemia was reported in 93% of patients based on laboratory values above the upper limit of normal. The median time to onset of hyperphosphatemia was 8 days (range 1-169). Phosphate lowering therapy was required in 33% of patients receiving PEMAZYRE.

Monitor for hyperphosphatemia and initiate a low phosphate diet when serum phosphate level is >5.5 mg/dL. For serum phosphate levels >7 mg/dL, initiate phosphate lowering therapy and withhold, reduce the dose, or permanently discontinue PEMAZYRE based on duration and severity of hyperphosphatemia as recommended in the prescribing information.

Embryo-Fetal Toxicity

Based on findings in an animal study and its mechanism of action, PEMAZYRE can cause fetal harm when administered to a pregnant woman. Oral administration of pemigatinib to pregnant rats during the period of organogenesis caused fetal malformations, fetal growth retardation, and embryo-fetal death at maternal exposures lower than the human exposure based on area under the curve (AUC) at the clinical dose of 13.5 mg.

Advise pregnant women of the potential risk to the fetus. Advise female patients of reproductive potential to use effective contraception during treatment with PEMAZYRE and for 1 week after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with PEMAZYRE and for 1 week after the last dose.

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Special Populations

Advise lactating women not to breastfeed during treatment with PEMAZYRE and for 1 week after the last dose.

Reduce the recommended dose of PEMAZYRE for patients with severe renal impairment as described in the prescribing information.

Reduce the recommended dose of PEMAZYRE for patients with severe hepatic impairment as described in the prescribing information.

Please [click here](#) for Full Prescribing Information for PEMAZYRE.

Reference: 1. PEMAZYRE Prescribing Information. Incyte Corporation.



Dosing and administration guide for PEMAZYRE (pemigatinib)¹

INDICATIONS AND USAGE

PEMAZYRE is indicated for the treatment of adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test.

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).

- **Select patients based on the presence of an FGFR2 fusion or rearrangement** as detected by an FDA-approved test
- **PEMAZYRE is available in 3 dosage strengths** to facilitate dose reductions due to adverse reactions
- **The recommended dosage of PEMAZYRE is 13.5 mg**
- **PEMAZYRE is taken orally once daily for 14 days**, followed by 7 days off therapy, in 21-day cycles
- Instruct patients to **take PEMAZYRE at approximately the same time every day**
- **PEMAZYRE can be taken with or without food**
- **Continue treatment with PEMAZYRE** until disease progression or unacceptable toxicity occurs

Refer to [Full Prescribing Information](#) for more information on dose modifications.

Please see full Important Safety Information on pages [10-11](#), and [click here](#) for Full Prescribing Information for PEMAZYRE.