YOU'RE INVITED!

Please join us for a clinical overview of

VORAXAZE®
(glucarpidase)
1000 units/vial for intravenous injection

Learn about:

- Updates in treating patients with high-dose methotrexate toxicity
- Consensus Guidelines on optimal use of Voraxaze®
- Latest data for early treatment

Guest Speaker: Zeyad Kanaan, MD
Medical Director of Oncology Sutter Pacific Medical Foundation

Date: Thursday, June 11, 2020

Presentation Start Time: 6:00 PM Pacific

Location: This will be a Virtual Presentation

To register use the following link:
https://tallenevents.webex.com/BTG Voraxaze

Upon registration, you will receive an email confirmation with log-on information

For more information please contact:
Laura Parshad at 415-385-7424 or by email at laura.parshad@btgsp.com

WE LOOK FORWARD TO SEEING YOU THERE!

Indication and Limitations of Use

- Voraxaze® (glucarpidase) is indicated for the treatment of toxic plasma methotrexate concentrations (>1 micromole per liter) in patients with delayed methotrexate clearance due to impaired renal function
- Voraxaze® is not indicated for use in patients who exhibit the expected clearance of methotrexate (plasma methotrexate concentrations within 2 standard deviations of the mean methotrexate excretion curve specific for the dose of methotrexate administered) or those with normal or mildly impaired renal function because of the potential risk of subtherapeutic exposure to methotrexate

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Serious Allergic Reactions

- Serious allergic reactions, including anaphylactic reactions, may occur. Serious allergic reactions occurred in less than 1% of patients

Monitoring Methotrexate Concentration/ Interference with Assay

- Methotrexate concentrations within 48 hours following Voraxaze® administration can only be reliably measured by a chromatographic method due to interference from metabolites. Measurement of methotrexate concentrations within 48 hours of Voraxaze® administration using immunoassays can overestimate the methotrexate concentration

Continuation and Timing of Leucovorin Rescue

- Leucovorin should not be administered within 2 hours before or after the Voraxaze® dose because leucovorin is a substrate for Voraxaze®
- For the first 48 hours after Voraxaze®, administer the same leucovorin dose as given prior to Voraxaze®. Beyond 48 hours after Voraxaze®, administer leucovorin based on the measured methotrexate concentration
- Do not discontinue therapy with leucovorin based on the determination of a single methotrexate concentration below the leucovorin treatment threshold
- Therapy with leucovorin should be continued until the methotrexate concentration has been maintained below the leucovorin treatment threshold for a minimum of 3 days
- Continue hydration and alkalinization of the urine as indicated

ADVERSE REACTIONS

- In clinical trials, the most common related adverse events (occurring in >1% of patients) were paresthesias, flushing, nausea and/or vomiting, hypotension, and headache

DRUG INTERACTIONS

- In addition to leucovorin (see Warnings and Precautions), other potential exogenous substrates of Voraxaze® may include reduced folates and folate antimetabolites

Please see accompanying Prescribing Information.

BTG

BTG International Inc.
300 Four Falls Corporate Center, Suite 300, 300 Conshohocken State Road, West Conshohocken, PA 19428