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Date: Monday February 24, 2014 Time: 6 PM

Location: Due Man Restaurant 78 Albany St New Brunswick NJ

Bayer/Onyx Presenter: Diane Flynn, RN, MSN, OCN Bayer HC

Contact Information: Rob LoBiondo Cell 732-890-9712



This program is not affiliated with or endorsed by the Physician Network. Starting January 1, 2013, portions of this program may be reportable under the Payment to Physicians Sunshine Act. All medical professionals are welcome: MD, RN, PharmD, etc. However, we cannot accommodate any non-medical professionals, such as spouses or guests.

## Important Safety Considerations

- NEXAVAR in combination with carboplatin and paclitaxel is contraindicated in patients with squamous cell lung cancer
- Cardiac Ischemia and/or myocardial infarction may occur. The incidence of cardiac ischemia/infarction in NEXAVAR-treated vs placebo-treated patients was 1.9% vs 0% in the DTC study. Temporary or permanent discontinuation of NEXAVAR should be considered in patients who develop cardiac ischemia and/or myocardial infarction
- An increased risk of bleeding may occur following NEXAVAR administration. In the DTC study, the following bleeding adverse reactions were reported in the NEXAVAR-treated vs placebo-treated patients, respectively, bleeding (17.4% vs 9.6%) and Grade 3 bleeding (1% vs 1.4%). If bleeding necessitates medical intervention, consider permanent discontinuation of NEXAVAR
- Hypertension may occur early in the course of treatment. Monitor blood pressure weekly during the first
  6 weeks and periodically thereafter, and treat, if required
- \* Hand-foot skin reaction and rash are common and management may include topical therapies for symptomatic relief. In cases of any severe or persistent adverse reactions, temporary treatment interruption, dose modification, or permanent discontinuation of NEXAVAR should be considered. NEXAVAR should be discontinued if Stevens-Johnson syndrome or toxic epidermal necrolysis are suspected as these may be life threatening
- Gastrointestinal perforation was an uncommon adverse reaction and has been reported in less than 1% of patients taking NEXAVAR. Discontinue NEXAVAR in the event of a gastrointestinal perforation
- Patients taking concomitant warfarin should be monitored regularly for changes in prothrombin time (PT),
  International Normalized Ratio (INR), or clinical bleeding episodes
- Temporary interruption of NEXAVAR therapy is recommended in patients undergoing major surgical procedures
- NEXAVAR, in combination with gemcitabine/cisplatin, is not recommended in patients with squamous cell lung cancer. The safety and effectiveness of NEXAVAR has not been established in patients with non-small cell lung cancer

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Please see additional Important Safety Considerations on next page and accompanying full Prescribing Information.

## Important Safety Considerations (Continued)

- NEXAVAR can prolong the QT/QTc interval and increase the risk for ventricular arrhythmias. Avoid use in patients with congenital long QT syndrome and monitor patients with congestive heart failure, bradyarrhythmias, drugs known to prolong the QT interval, and electrolyte abnormalities. Interrupt NEXAVAR if QTc interval is greater than 500 milliseconds or for an increase from baseline of 60 milliseconds or greater.
- Drug-induced hepatitis with NEXAVAR may result in hepatic failure and death. Liver function tests should be monitored regularly and in cases of increased transaminases without alternative explanation NEXAVAR should be discontinued
- NEXAVAR may cause fetal harm when administered to a pregnant woman. Women of child-bearing potential should be advised to avoid becoming pregnant while on NEXAVAR and female patients should also be advised against breastfeeding while receiving NEXAVAR
- In DTC, NEXAVAR impairs exogenous thyroid suppression. Elevation of thyroid stimulating hormone (TSH) level above 0.5 mU/L was observed in 41% of NEXAVAR-treated patients as compared with 16% of placebo-treated patients in the DTC study. Monitor TSH levels monthly and adjust thyroid replacement medication as needed in patients with DTC
- Elevations in serum lipase and reductions in serum phosphate of unknown etiology have been associated with NEXAVAR
- Avoid concomitant use of strong CYP3A4 inducers, when possible, because inducers can decrease the systemic exposure of sorafenib. NEXAVAR exposure decreases when co-administered with oral neomycin. Effects of other antibiotics on NEXAVAR pharmacokinetics have not been studied
- Most common adverse reactions reported for NEXAVAR-treated patients vs placebo-treated patients in DTC, respectively, were: Palmar-plantar erythrodysesthesia syndrome (PPES) (69% vs 8%), diarrhea (68% vs 15%), alopecia (67% vs 8%), weight loss (49% vs 14%), fatigue (41% vs 20%), hypertension (41% vs 12%), rash (35% vs 7%), decreased appetite (30% vs 5%), stomatitis (24% vs 3%), nausea (21% vs 12%), pruritus (20% vs 11%), and abdominal pain (20% vs 7%). Grade 3/4 adverse reactions were 65% vs 30%

## Please see accompanying full Prescribing Information.

Certain HCPs and other individuals may be prohibited from participating in this event based on additional state laws that restrict meals and gifts. Bayer HealthCare and Onyx Pharmaceuticals request that you please comply with any and all laws in the state where you hold a license.

Massachusetts Attendees: If you are a Massachusetts-licensed HCP, you may not attend a Speaker Program held in any state, unless the Speaker Program is held at your hospital or office setting.

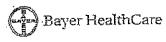
Vermont Attendees: If you are a Vermont-licensed HCP, you may not attend a Speaker Program held in any state, unless the Speaker Program is held at your hospital or office setting.

Veterans Affairs/Executive Officers/Federal Employee Attendees: If you are an employee of the Department of Veterans Affairs or of the federal government (even part-time) you may attend a Speaker Program but you will be responsible for your meal.

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- ENEXCIVAIT (soraferilb) tablets

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