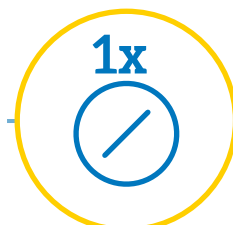


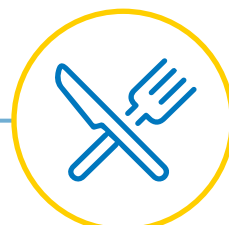
Reimbursement via



Easy intake⁵



1 TABLET A DAY

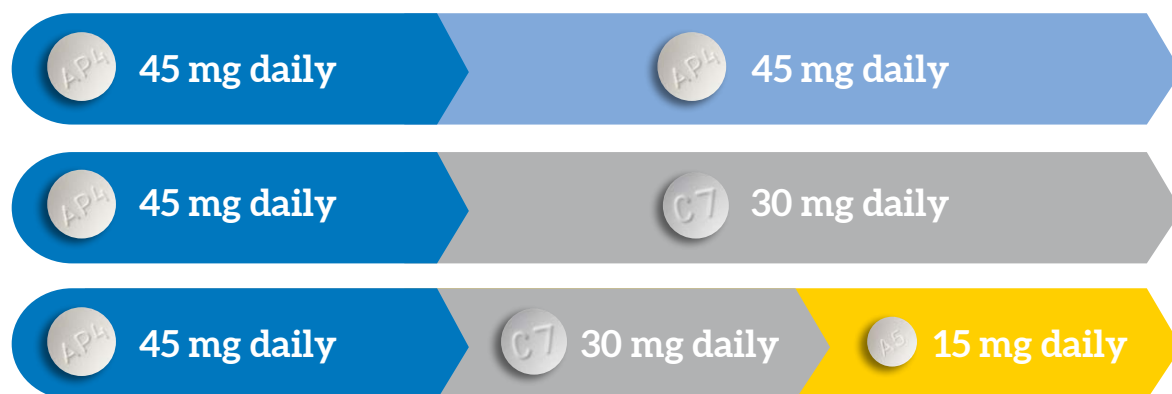


CAN BE TAKEN WITH
OR WITHOUT FOOD

Posology⁵

Starting dose

Maintenance dose



Contact

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If dose reduction is undertaken, close monitoring of response is recommended.

References:

1. Jabbour et al. Am J Hematol. 2023;98(4):658-665.
2. Shah et al. Sequential ABL kinase inhibitor therapy selects for compound drug-resistant BCR-ABL mutations with altered oncogenic potency. J Clin Invest. 2007;117(9):2562-2569.
3. Cortes JE, et al. Ponatinib dose-ranging study in chronic-phase chronic myeloid leukemia: a randomized, open-label phase 2 clinical trial. Blood 2021 Aug 18;blood.2021012082.
4. Hochhaus A, Baccarani M, Silver RT, Schiffer C, Apperley JF, Cervantes F, et al. European LeukemiaNet 2020 recommendations for treating chronic myeloid leukemia. Leukemia. 2020;34:966-84.
5. SmPC Iclusig, 24 March 2022.
6. O'Hare T, et al. Cancer Cell. 2009;401-412.
7. <https://webapps.riziv-inami.fgov.be/>

References available at request


ICLUSIG[®]
(ponatinib) tablets

For patients with
CML* and Ph+ ALL

After failing 2 prior TKIs⁷



Iclusig	Public price
Iclusig 15 mg filmcoated tablets (30 compr)	€ 2649
Iclusig 30 mg filmcoated tablets (30 compr)	€ 4268
Iclusig 45 mg filmcoated tablets (30 compr)	€ 4268

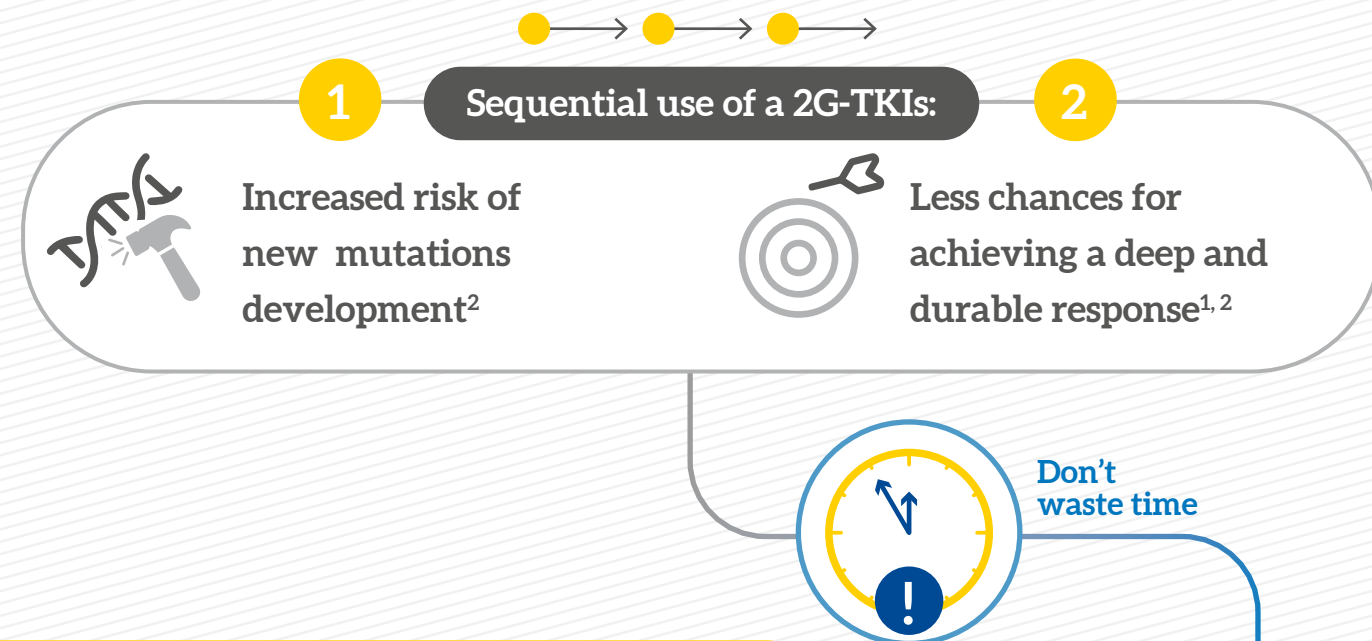
*Chronic phase, accelerated phase and blast phase CML

Abbreviations: CML, chronic myeloid leukemia; Ph+ ALL, philadelphia-positive acute lymphoblastic leukemia; TKI, tyrosine kinase inhibitor



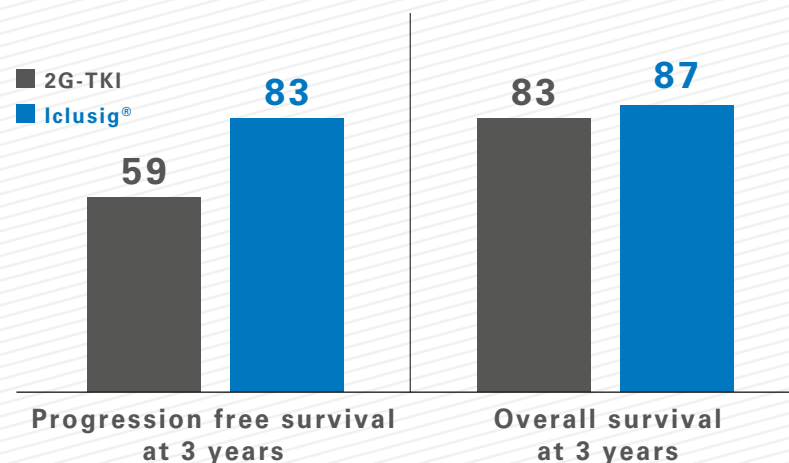
**SOLVE
ON.**

After 1L failure and 2L failure...



Options after 2L failure

OS and PFS by 3rd line TKI after matching¹



Iclusig® : PAN-INHIBITOR⁶

Ponatinib demonstrated robust clinical activity regardless of BCR-ABL1 mutation status, with rapid, deep and durable responses³

* 2G-TKIs: dasatinib, nilotinib, bosutinib

** Retrospective propensity score matching analysis of patients with CP-CML treated in third line. 2G-TKI: n=96, ponatinib: n=96 (after matching). PFS p=0.00043, OS p=0.03. Patients with T315I mutation were excluded.

ELN Guidelines after 2L failure⁴



In patients with resistance to a 2G-TKI without specific mutations

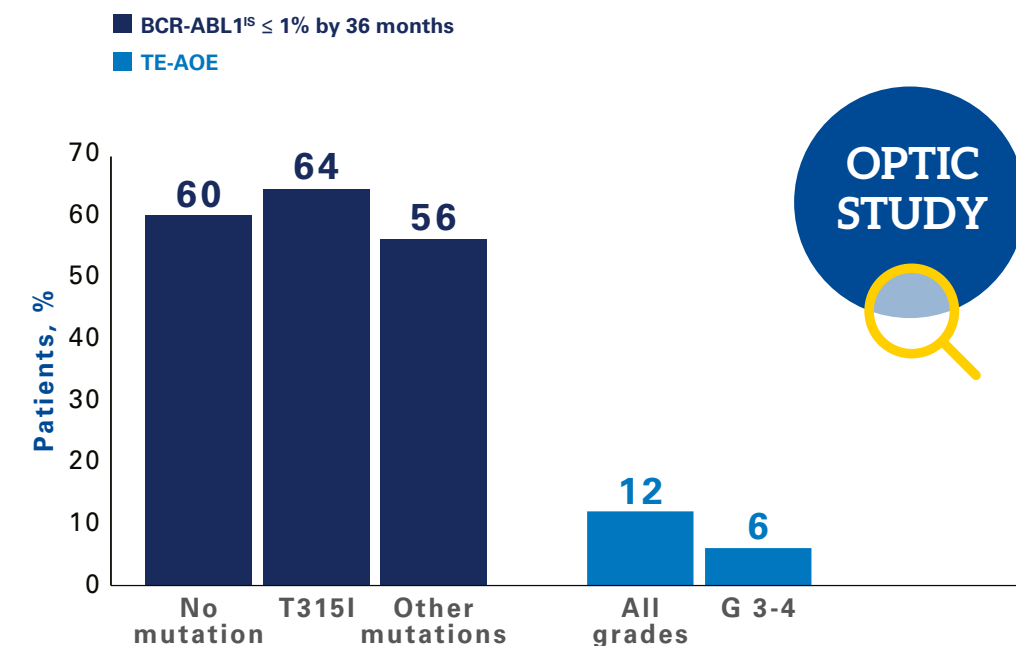
For a patient who is resistant to the initial 2G-TKI given either as first or second line therapy, the chance of achieving a durable response to an alternative 2G-TKI is low

PONATINIB IS PREFERRED rather than an alternative 2G-TKI*

PONATINIB or an experimental agent SHOULD BE CONSIDERED

* unless cardiovascular risk factors preclude its use

Favorable benefit/risk profile³



OPTIC STUDY

Adapted from Cortes J, et al. Oral presentation at: ASH 2022; New Orleans, LA, USA [Abstract #620] and Cortes J, et al. Oral poster presented at: EHA 2023; Frankfurt, Germany [Abstract #662].

[illegible]