



EXPLORE
WHAT'S POSSIBLE.

If you have ALK+ or ROS1+ metastatic NSCLC,
we can help guide your journey.

XALKORI® (crizotinib) is a prescription medicine used to treat adults with non-small cell lung cancer (NSCLC) that has spread to other parts of the body and is caused by a defect in either a gene called ALK (anaplastic lymphoma kinase) or a gene called ROS1. It is not known if XALKORI is safe and effective in children with NSCLC.

Please see Important Safety Information on pages 4-5.
Click for the [full Prescribing Information](#) and [Medication Guide](#) or visit [XALKORI.com](#).

TREATING NON-SMALL CELL LUNG CANCER (NSCLC)



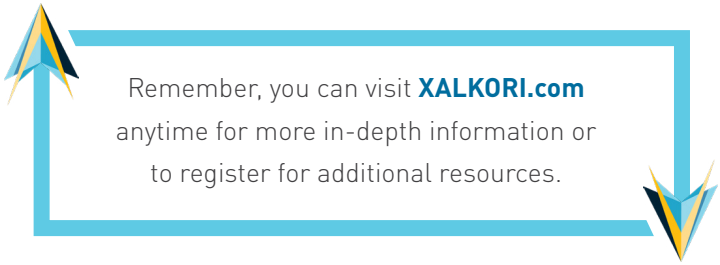
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Having NSCLC can be a confusing experience. That's why, as pioneers in the treatment of ALK+ or ROS1+ metastatic NSCLC, we're here to be a dedicated and knowledgeable partner throughout your treatment with XALKORI® (crizotinib).

See the glossary on pages 16-17 for definitions of terms that may be unfamiliar to you.

- In 2011, XALKORI became the first medication for people who test ALK-positive (ALK+) and have NSCLC that has spread to other parts of the body (metastatic). Since it was approved in 2011, XALKORI has been used to treat more than 15,000 patients.

This brochure tells you some things you should know about your treatment with XALKORI—from how XALKORI may be able to help to what you can expect when taking XALKORI. This includes possible side effects you may experience. As always, if you have any questions about your treatment, ask your doctor or nurse.



Remember, you can visit [XALKORI.com](https://www.xalkori.com) anytime for more in-depth information or to register for additional resources.

■ Genetics is changing the way we look at and treat non-small cell lung cancer (NSCLC)

When it comes to the treatment of NSCLC, the options generally include surgery, radiation therapy, chemotherapy, and biomarker-driven therapy. Thanks to breakthroughs in genetics over the past decade, biomarker-driven therapy is giving doctors another important option for treating some people with NSCLC.



Biomarker testing may help guide treatment decisions

As scientists study cancer cells at the molecular level, they are finding genetic changes or defects that occur in certain types of cancer.

Biomarkers are signs of these genetic changes or defects. By testing a sample of your tumor for biomarkers, doctors can learn if your cancer has one of these defects—and then use that information to recommend specific treatment options.

That's why it's important for people with NSCLC that has spread to other parts of the body to ask their doctor if biomarker testing, also known as molecular profiling, is appropriate for them. Some NSCLCs are linked to known biomarkers, including ALK or ROS1.

TREATING NON-SMALL CELL LUNG CANCER (NSCLC)

■ The ALK and ROS1 genes

Advances in genetics have revealed a number of genetic changes or defects that are believed to cause some cancers to grow. Two of these defects result in genes called ALK and ROS1 fusion genes. Everyone has the ALK and ROS1 genes in their cells. But when a part of the ALK or the ROS1 gene breaks off and reattaches the wrong way, it becomes a fusion gene. This may cause the cell to multiply out of control, resulting in cancer growth.

It's important to know that if you test positive for ALK, you typically would not test positive for ROS1, and vice versa. Men and women of various races, ethnicities and ages have tested ALK+ or ROS1+. Some have smoked, but most have never smoked.

**THESE NUMBERS MIGHT SEEM SMALL,
BUT NOT IF YOU ARE ONE OF THEM**

3% to 5% of people with NSCLC test positive for the ALK fusion gene.

1% to 2% of people with NSCLC test positive for the ROS1 fusion gene.

The only way to find out if your lung cancer is positive for ALK or ROS1 is to do a test.



Molecular testing can find rare biomarkers like ALK and ROS1.

If testing has shown that you do have ALK+ or ROS1+ NSCLC that has spread to other parts of your body, XALKORI® (crizotinib) may be an option for you.

Who can have ALK+ or ROS1+ NSCLC? The short answer is there is no one "type" of person who has it. Men and women with NSCLC who tested ALK+ or ROS1+ for clinical trials were of various ethnicities and a wide age range. Some had smoked, though most had never smoked. While some people may be more likely to carry either altered gene, there is no true way to know without getting tested.

What's involved in testing? Your doctor needs a tissue sample, or biopsy, of the tumor. If there's enough tissue from a previous biopsy, that sample could be used. If not, another biopsy would be needed. Once the tissue is sent to the lab, most results come back within 2 weeks. If you have any questions about biomarker testing or whether your tumor may be positive for ALK or ROS1, talk to your doctor.

■ Important Safety Information

XALKORI® (crizotinib) may cause serious side effects, some of which may include:

Liver problems — XALKORI may cause life-threatening liver injury that may lead to death. Your healthcare provider should do blood tests to check your liver every 2 weeks during the first 2 months of treatment with XALKORI, then one time a month. Tell your healthcare provider right away if you get any of the following new or worsening symptoms:

- yellowing of your skin or the white part of your eyes
- severe tiredness
- dark or brown (tea color) urine
- nausea or vomiting
- decreased appetite
- pain on the right side of your stomach
- bleed or bruise more easily than normal
- itching

Lung problems (pneumonitis) — XALKORI may cause life-threatening lung problems that may lead to death. Symptoms may be similar to those symptoms from lung cancer. Tell your healthcare provider right away if you have any new or worsening symptoms, including:

- trouble breathing or shortness of breath
- cough with or without mucous
- fever

Heart problems — XALKORI may cause very slow, very fast, or abnormal heartbeats. Your healthcare provider may check your pulse rate and blood pressure during treatment with XALKORI. Tell your healthcare provider right away if you feel dizzy or faint or have abnormal heartbeats. Tell your healthcare provider if you take any heart or blood pressure medicines.

Severe vision problems — Vision problems are common with XALKORI. These problems usually happen within 1 week of starting treatment with XALKORI. Vision problems with XALKORI can be severe and may cause partial or complete loss of vision in one or both eyes. Your healthcare provider may hold or stop XALKORI and refer you to an eye specialist if you develop any vision problems during treatment with XALKORI. Tell your healthcare provider right away if you have any new vision problems, loss of vision or any change in vision, including:

- double vision
- seeing flashes of light
- blurry vision
- light hurting your eyes
- new or increased floaters

Before you take XALKORI, tell your healthcare provider about all of your medical conditions including if you:

- have liver or kidney problems
- have lung problems
- have heart problems, including a condition called long QT syndrome
- have vision or eye problems

■ Important Safety Information (continued)

Before you take XALKORI® (crizotinib), tell your healthcare provider about all of your medical conditions including if you:

- are pregnant, or plan to become pregnant. XALKORI can harm your unborn baby
 - **Females** who are able to become pregnant should use effective birth control during treatment with XALKORI and for 45 days after the last dose of XALKORI.
 - Your healthcare provider will check to see if you are pregnant before starting treatment with XALKORI
 - **Males** who have female partners who can become pregnant should use condoms during treatment with XALKORI and for 90 days after the last dose of XALKORI.
 - Talk to your healthcare provider about birth control methods that may be right for you.
 - If you or your partner becomes pregnant, tell your healthcare provider right away.
- are breastfeeding or plan to breastfeed. It is not known if XALKORI passes into your breast milk. Do not breastfeed during treatment with XALKORI and for 45 days after the last dose. Talk to your healthcare provider about the best way to feed your baby during this time

Tell your healthcare provider about the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. XALKORI can affect the way other medicines work, and other medicines can affect how XALKORI works.

Do not drink grapefruit juice, eat grapefruit or take supplements containing grapefruit extract during treatment with XALKORI. It may increase

the amount of XALKORI in your blood to a harmful level. The most common side effects of XALKORI in adults with NSCLC include:

- vision problems
- nausea, diarrhea, or vomiting
- swelling of your hands, feet, face, or eyes
- constipation
- increased liver function blood test results
- tiredness
- decreased appetite
- upper respiratory infection
- dizziness
- feeling of numbness or tingling in your arms or legs

XALKORI can cause changes in vision, dizziness, and tiredness. Do not drive or operate machinery if you have any of these symptoms.

Avoid spending prolonged time in sunlight. XALKORI can make your skin sensitive to the sun (photosensitivity), and you may burn more easily. You should use sunscreen and wear protective clothing that covers your skin to help protect against sunburn if you have to be in the sunlight during treatment with XALKORI.

XALKORI may cause fertility problems in females and males, which may affect the ability to have children.

These are not all of the possible side effects of XALKORI.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.



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XALKORI is a prescription medicine used to treat adults with non-small cell lung cancer (NSCLC) that has spread to other parts of the body and is caused by a defect in either a gene called ALK (anaplastic lymphoma kinase) or a gene called ROS1. It is not known if XALKORI is safe and effective in children with NSCLC.

■ How XALKORI works

XALKORI is only used for certain types of lung cancer. These types are called ALK-positive (ALK+) or ROS1-positive (ROS1+), depending on which gene is abnormal. XALKORI treats ALK+ or ROS1+ NSCLC that has spread to other parts of the body (metastatic). By blocking the action of the abnormal ALK or ROS1 fusion genes, XALKORI may shrink or slow the growth of either type of tumor. In clinical studies, XALKORI did not make the cancer go away. But in the majority of people with ALK+ or ROS1+ metastatic NSCLC, XALKORI was able to shrink or slow the growth of patients' tumors for a period of time.

■ How XALKORI may be able to help

ALK+ study results

XALKORI was tested in clinical studies of people with ALK+ NSCLC that had spread to other parts of their bodies. A total of 1,669 people received XALKORI in these studies.

For many patients in these studies, XALKORI shrank or slowed tumor growth for a certain length of time. For some of these patients, that meant their cancer did not get worse during this time.

■ How XALKORI may be able to help (continued)

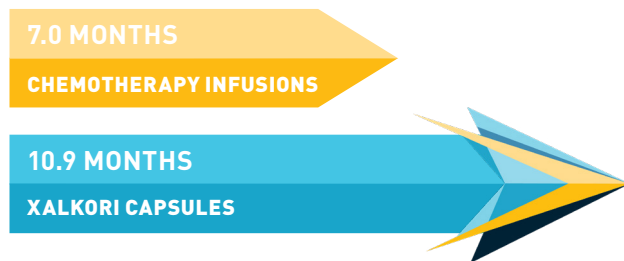
Length of time during which ALK+ cancer did not get worse

In one study, 172 people took XALKORI and 171 people were given chemotherapy. In the group of people taking XALKORI, the length of time during which their cancer did not get worse was longer than for those in the group receiving chemotherapy.

In people taking XALKORI, the tumors did not grow or spread for a median time period of 10.9 months. Median time period means that half the people went longer than 10.9 months with no tumor growth or spread, and the other half went less than 10.9 months with no tumor growth or spread.

For people treated with chemotherapy, the median time period was 7 months with no tumor growth or spread.

Length of time during which cancer did not get worse



How did ALK+ tumors respond to XALKORI?

- The objective response rate (ORR) measures tumor response to treatment, including tumor shrinkage

- The results showed that the ORR of patients taking XALKORI was 74%—meaning 74% of patients saw their tumors respond to XALKORI—compared to 45% of patients taking chemotherapy
 - Three patients in the XALKORI group had all signs of cancer disappear (known as a complete response, but this does not mean that the cancer is cured). Two of the patients in the chemotherapy group had a complete response
 - 125 of the 172 patients in the XALKORI group had the spread of cancer lessened, or had tumors that shrank (known as a partial response). In the chemotherapy group, 75 of the 171 patients had a partial response
- The length of time these partial and complete responses lasted before the tumors resumed growing or spreading was a median time period of 11.3 months for people who took XALKORI and a median of 5.3 months for people who had chemotherapy
- This study also measured the total time patients lived after starting each treatment (overall survival). While no significant difference was found in overall survival between patients taking XALKORI and chemotherapy, it's important to note that most patients (84%) who were in the chemotherapy group went on to receive XALKORI

Study description: The 343 people in this study with ALK+ NSCLC that had spread to other parts of their bodies were split into 2 groups and given different treatments. One group took XALKORI capsules twice a day, and the other group received chemotherapy infusions every 21 days. None of these people had received previous systemic treatment for their non-small cell lung cancer that had spread to other parts of the body.

■ How XALKORI may be able to help (continued)

ROS1+ study results

The ability of XALKORI to treat ROS1+ tumors was tested in a clinical study that included 50 people with ROS1+ NSCLC that had spread to other parts of their bodies. This study did not compare XALKORI to another medication such as chemotherapy.

How ROS1+ tumors responded to XALKORI

- The objective response rate (ORR) measures tumor response to treatment, including tumor shrinkage
- The results showed that the ORR of patients taking XALKORI was 66%, meaning 66% of patients saw their tumors respond to XALKORI
 - One patient had all signs of cancer disappear (known as a complete response, but this does not mean that the cancer is cured)
 - 32 of 50 patients had the spread of cancer lessened or had tumors that shrank (known as a partial response)
- The length of time these partial and complete responses lasted before the tumors resumed growing or spreading was a median time period of 18.3 months
 - This means that after the tumors responded, half of the patients went longer than 18.3 months before their tumor grew or spread, and half went less than 18.3 months before their tumor grew or spread

Study description: The 50 people in this study with ROS1+ NSCLC that had spread to other parts of their bodies were treated with XALKORI capsules twice a day. All of the people in the study took XALKORI; the results were not compared to results with another medication. Most of the people in the study had received previous systemic treatment for their NSCLC that had spread to other parts of the body.

50 PATIENTS TOOK XALKORI TO TREAT THEIR ROS1-POSITIVE METASTATIC NSCLC

Objective Response Rate

66% of patients taking XALKORI had their tumor respond

- 1 patient's tumor was not detectable after XALKORI treatment. (This does not mean that the cancer is cured.)
- 32 patients' tumors shrank more than 30%.

Time Without Tumor Growth or Spread

18.3

months was the median time period that patients went before their tumors grew or spread, after the tumors initially shrank or their spread lessened.

- The side effects experienced by the 50 patients with ROS1+ NSCLC were similar to those experienced by ALK+ patients treated with XALKORI
- 92% of ROS1+ patients experienced vision problems while on XALKORI
- The median amount of time that ROS1+ patients were on XALKORI in this study was 34.4 months, meaning that half the patients were on XALKORI for more than 34.4 months, and half for less than 34.4 months



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■ XALKORI® (crizotinib) side effects

XALKORI has side effects you should know about before you start taking it. Tell your healthcare provider right away if you have any side effect that bothers you or that does not go away.

XALKORI has been known to cause serious side effects, including:

Liver problems

XALKORI may cause life-threatening liver injury that may lead to death. Your healthcare provider should do blood tests to check your liver every 2 weeks during the first 2 months of treatment with XALKORI, then one time a month. Tell your healthcare provider right away if you get any of the following new or worsening symptoms:

- yellowing of your skin or the white part of your eyes
- severe tiredness
- dark or brown (tea color) urine
- nausea or vomiting
- decreased appetite
- pain on the right side of your stomach
- bleed or bruise more easily than normal
- itching

■ XALKORI® (crizotinib) side effects (continued)

Lung problems (pneumonitis)

XALKORI may cause life-threatening lung problems that may lead to death. Symptoms may be similar to those symptoms from lung cancer. Tell your healthcare provider right away if you have any new or worsening symptoms, including:

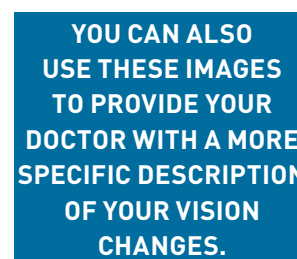
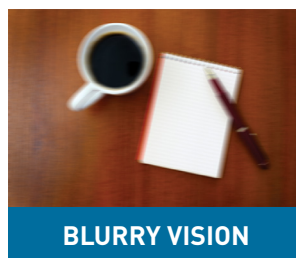
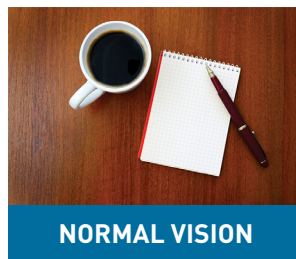
- trouble breathing or shortness of breath
- cough with or without mucous
- fever

Heart problems

XALKORI may cause very slow, very fast, or abnormal heartbeats. Your healthcare provider may check your pulse rate and blood pressure during treatment with XALKORI. Tell your healthcare provider right away if you feel dizzy or faint or have abnormal heartbeats. Tell your healthcare provider if you take any heart or blood pressure medicines.

Severe vision problems

Vision problems are common with XALKORI. These problems usually happen within 1 week of starting treatment with XALKORI. Vision problems with XALKORI can be severe and may cause partial or complete loss of vision in one or both eyes. Your healthcare provider may hold or stop XALKORI and refer you to an eye specialist if you develop any vision problems during treatment with XALKORI. Tell your healthcare provider right away if you have any new vision problems, loss of vision or any change in vision, including double vision, seeing flashes of light, blurry vision, light hurting your eyes, or new or increased floaters.



Risks related to pregnancy

If you are pregnant, or plan to become pregnant, XALKORI can harm your unborn baby. **Females** who are able to become pregnant should use effective birth control during treatment with XALKORI and for 45 days after the last dose of XALKORI. Your healthcare provider will check to see if you are pregnant before starting treatment with XALKORI. **Males** who have female partners who can become pregnant should use condoms during treatment with XALKORI and for 90 days after the last dose of XALKORI. Talk to your healthcare provider about birth control methods that may be right for you. If you or your partner becomes pregnant, tell your healthcare provider right away.

■ XALKORI® (crizotinib) side effects (continued)

Common side effects

The most common side effect of XALKORI in adults with NSCLC is vision problems.

A majority of people in two XALKORI studies reported visual changes that happened about 4 to 7 times per week. These visual changes usually lasted up to 1 minute and had mild or no impact on their daily activities, according to a questionnaire that patients had responded to.

If you have any new vision problems, loss of vision or any change in vision—such as double vision, seeing flashes of light, blurry vision, light hurting your eyes, or new or increased floaters—tell your healthcare provider right away. Use the images on the previous page to describe visual changes to your healthcare provider.

Other common side effects of XALKORI in adults with NSCLC include:

- nausea
- diarrhea
- vomiting
- swelling of your hands, feet, face, or eyes
- constipation
- increased liver function blood test results
- tiredness
- decreased appetite
- upper respiratory infection
- dizziness
- feeling of numbness or tingling in your arms or legs

XALKORI can cause changes in vision, dizziness, and tiredness. Do not drive or operate machinery if you have any of these symptoms.

Avoid spending prolonged time in sunlight. XALKORI can make your skin sensitive to the sun (photosensitivity), and you may burn more easily. You should use sunscreen and wear protective clothing that covers your skin to help protect against sunburn if you have to be in the sunlight during treatment with XALKORI.

XALKORI may cause fertility problems in females and males, which may affect the ability to have children.

These are not all of the possible side effects of XALKORI. For more information, ask your healthcare provider or pharmacist.

As always, it's important to keep your cancer care team aware of how you're feeling. But it's even more important when you're starting a treatment such as XALKORI. Always tell your doctor or nurse right away about any side effects. Your doctor may change the dose of XALKORI or some of your other medications, choose different medicines while you are taking XALKORI, or stop your treatment.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.



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If your doctor prescribes XALKORI, there are some things you should know about how to take it and what to expect.

■ Before you start XALKORI

Before you start XALKORI, it's important to talk with your healthcare provider about all your health issues and the other medications you are taking.

Be sure to tell your healthcare provider if you:

- have liver or kidney problems
- have lung problems
- have heart problems, including a condition called long QT syndrome
- have vision or eye problems
- are pregnant, or plan to become pregnant. XALKORI can harm your unborn baby
 - **Females** who are able to become pregnant should use effective birth control during treatment with XALKORI and for 45 days after the last dose of XALKORI
 - Your healthcare provider will check to see if you are pregnant before starting treatment with XALKORI
 - **Males** who have female partners who can become pregnant should use condoms during treatment with XALKORI and for 90 days after the last dose of XALKORI
 - Talk to your healthcare provider about birth control methods that may be right for you
 - If you or your partner becomes pregnant, tell your healthcare provider right away

■ Before you start XALKORI (continued)

Be sure to tell your healthcare provider if you:

- are breastfeeding or plan to breastfeed. It is not known if XALKORI passes into your breast milk. Do not breastfeed during treatment with XALKORI and for 45 days after the last dose. Talk to your healthcare provider about the best way to feed your baby during this time

Tell your healthcare provider about the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. XALKORI can affect the way other medicines work, and other medicines can affect how XALKORI works. Keep a list of them to show to your doctor or pharmacist, and tell them when you get a new medicine.

Always tell your healthcare provider right away about any side effects. They may change the dose of XALKORI or some of your other medicines, choose different medicines while you are taking XALKORI, or stop your treatment.

For more information on XALKORI and its possible side effects, visit [XALKORI.com](https://www.xalkori.com).

■ How to take XALKORI capsules



XALKORI is a capsule you take twice a day, with or without food—without interruption. In other words, there are no “cycles” or scheduled times when you should stop taking XALKORI and then begin taking it again.

Capsule is not shown in actual size. Another formulation of XALKORI is also available for adults that have trouble swallowing pills. Talk to your doctor to learn more.

If your doctor prescribes XALKORI, make sure you:

- take XALKORI exactly as your healthcare provider tells you
- swallow XALKORI capsules whole
- know that your healthcare provider may change your dose, temporarily stop, or permanently stop treatment with XALKORI if you have certain side effects. Do not change your dose or stop taking XALKORI unless your healthcare provider tells you
- do not take more than 1 dose of XALKORI at a time
- do not drink grapefruit juice, eat grapefruit or take supplements containing grapefruit extract during treatment with XALKORI. These may increase the amount of XALKORI in the blood

■ Easy ways to remember each dose

There are some simple ways to remember to take XALKORI twice each day. Here are a few ideas you can try:



Use a calendar.

Record your dosage times on a calendar or planner. You can then check off each dose as you take it.



Place your pill bottle in plain sight.

Keep your medicine where you will see it, such as on your nightstand. Just make sure it is out of the reach of children and pets.



Use a weekly pill caddy.

It can help you to organize your capsules in separate compartments. Refer back to the pill caddy to make sure you've taken XALKORI twice each day.

What to do if you miss a dose:

If you miss a dose of XALKORI, take it as soon as you remember EXCEPT if your next scheduled dose is in less than 6 hours. In that case, just take the next pill at your regular time.

If you vomit after taking a dose of XALKORI, do not take an extra dose; just take your next dose at your regular time.



Use a diary or journal.

It can help you keep track of how much medicine to take and when. You can also use it to track symptoms and side effects for doctor visits.

How will you know if XALKORI is working?

It's important to keep taking XALKORI exactly as directed until your healthcare provider tells you to stop. Regular scans by your cancer care team will reveal whether your tumor is responding to treatment with XALKORI. Your healthcare provider will determine when those scans should be scheduled.



Ask for a reminder.

A caregiver, friend, or family member can be helpful in reminding you to take each dose of your medicine.



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■ Helping you get the medicine you need

You can get XALKORI® (crizotinib) through certain specialty pharmacies. These are pharmacies that handle medicines, including XALKORI, that are often not stocked at regular neighborhood pharmacies.

The specialty pharmacy can help you verify your insurance and set up the delivery of your prescription.

Go to the next page to see a glossary of common terms you may come across in your treatment journey

ALK gene:

ALK stands for anaplastic lymphoma kinase. Everyone has the ALK gene in their cells. When a part of the ALK gene breaks off and reattaches in the wrong way, it becomes an abnormal ALK gene, also known as an ALK fusion gene. This can lead to cancer cell growth and tumor survival.

ALK+ NSCLC:

A type of non-small cell lung cancer (NSCLC) where an ALK fusion gene is present. Also written as ALK-positive NSCLC.

Biomarker:

A tumor biomarker is a molecule that indicates there is a change in a tumor cell's genes that may be related to the development or spread of cancer. A biomarker may help a doctor choose a specific treatment plan for a patient based on the characteristics of his or her cancer. Also called a molecular marker.

Biomarker-driven therapy:

A type of treatment that is designed to block the action of abnormal genes or proteins that may be contributing to cancer growth. For people whose tumors test positive for a certain biomarker, it may be possible to base their treatment plan on this biomarker.

Biomarker testing or molecular profiling:

A process that allows doctors to analyze tumors to look for changes that may be contributing to cancer growth. This type of test helps a doctor develop a treatment plan for a patient. Also called a tumor marker test, molecular testing, or mutation profiling.

Biopsy:

The removal of cells or tissue for biomarker testing or study under a microscope to look for signs of disease.

Carcinoma:

A cancer that begins in a specific area of the skin's tissue or in the lining of the internal organs.

Chemotherapy:

A cancer treatment that may work by stopping or slowing the growth of fast-dividing cancer cells.

Chromosome:

A strand of DNA that contains genes and is found in the center of cells.

Clinical trial:

A research study meant to test new medical approaches. In cancer, a clinical trial may test new ways to find, diagnose, and treat cancer.

DNA:

The genetic information passed on from parent to child. DNA is found within cells.

Gene:

A short piece of DNA that “tells” cells what to do.

Median time period:

In a cancer treatment study, it often means that half of the patients responded to a treatment for at least a specific amount of time, and half responded for less than that specific amount of time.

Metastatic:

Having to do with metastasis, which is the spread of cancer from where it started to other places in the body.

Non-small cell lung cancer (NSCLC):

A group of lung cancers that are named for the kinds of cells found in the cancer and how the cells look under a microscope. Non-small cell lung cancer is the most common kind of lung cancer.

Patient Prescribing Information:

A version of a medicine’s label or package insert that is written in language meant to be understood by patients.

ROS1 gene:

Everyone has the ROS1 gene in their cells. When a part of the ROS1 gene breaks off and reattaches in the wrong way, it becomes an abnormal ROS1 gene, also known as a ROS1 fusion gene. This can lead to cancer cell growth and tumor survival.

ROS1+ NSCLC:

A type of non-small cell lung cancer (NSCLC) where a ROS1 fusion gene is present. Also written as ROS1-positive NSCLC.

Specialty pharmacy provider:

A pharmacy that focuses on providing medicines for patients with complex diseases, like cancer. Specialty pharmacies handle medicines that are often not stocked at regular neighborhood pharmacies.

Tumor:

A mass of tissue that is caused by abnormal growth of cells or by cells that live longer than normal.



Support to Help You Access Your Prescribed Medicine

Pfizer Oncology Together is a patient support program that focuses on your individual needs. We help identify financial assistance options based on your insurance coverage. Whether you have insurance through your job or employer, government insurance, or no insurance at all—we're here to connect you with financial support options, at no cost to you, that may help you save on your medicine. We also offer resources to help you understand your health insurance and benefits to help make the process a little easier to understand. When it comes to support, we're in this together.



FINANCIAL ASSISTANCE

We'll help you find financial assistance options for your prescribed XALKORI regardless of your insurance coverage. Eligible, commercially insured patients may pay as little as \$0 per month for XALKORI. Limits, terms, and conditions apply.* Patients may receive up to \$9,450 per product in savings annually. We can also help identify resources if you have Medicare, another government insurance plan, or don't have health insurance.

*Patients are not eligible to use this card if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico. Patients may receive up to \$9,450 per product in savings annually. **The offer will be accepted only at participating pharmacies. This offer is not health insurance.** No membership fees apply. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. For full Terms and Conditions, please see PfizerOncologyTogether.com/terms. For any questions, please call 1-877-744-5675, visit PfizerOncologyTogether.com/terms, or write: Pfizer Oncology Together Co-Pay Savings Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560.

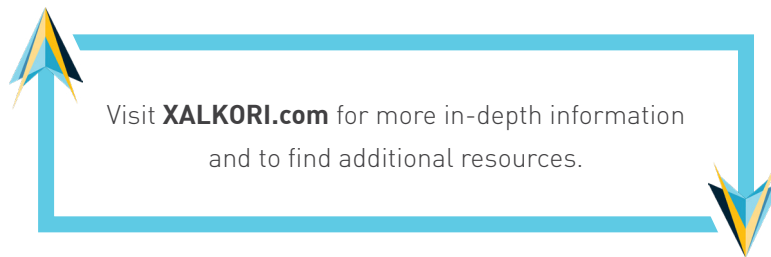




EXPLORE
WHAT'S POSSIBLE.

■ Getting the most out of your XALKORI® (crizotinib) treatment

Remember: always follow your doctor's instructions exactly, and be sure to report any side effects you may experience right away.



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