

# Jaypirca<sup>®</sup> (pirtobrutinib) EHR Order Set Manual Instructions for the OncoEMR<sup>®</sup> EHR System

## Indications

Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with:

- relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor
- chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL) who have received at least two prior lines of therapy, including a BTK inhibitor and a BCL-2 inhibitor

These indications are approved under accelerated approval based on response rate. Continued approval for these indications may be contingent upon verification and description of clinical benefit in a confirmatory trial.

## Select Important Safety Information

**Infections:** Fatal and serious infections (bacterial, viral, fungal) and opportunistic infections (including *Pneumocystis jirovecii* pneumonia and fungal infection) have occurred in Jaypirca-treated patients. In a clinical trial of 593 patients with hematologic malignancies, Grade  $\geq 3$  infections occurred (24%), most commonly pneumonia (14%); fatal infections (4.4%), sepsis (6%), and febrile neutropenia (4%) occurred. In patients with CLL/SLL, Grade  $\geq 3$  infections occurred (32%), with fatal infections in 8%. Consider prophylaxis in patients at increased risk. Monitor patients for signs and symptoms of infection; based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

BCL-2=B-cell lymphoma 2; BTK=Bruton's tyrosine kinase; EHR=electronic health record.

**Please see Important Safety Information on pages 11-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.**



**Jaypirca<sup>®</sup>**  
pirtobrutinib 50, 100 mg  
tablets





## Disclaimer:

- **This document is solely intended to provide health systems with instructions to manually add Jaypirca as an additional treatment option for CLL/SLL or MCL within the approved indication and consistent with Prescribing Information. This document is not intended to be a sole treatment option in any line of therapy for CLL/SLL and MCL or to establish Jaypirca as a preferred treatment option. Provider shall ensure other treatment options for CLL/SLL and MCL remain available for all lines of therapy after implementation of instructions. If a Jaypirca order set is present within the EHR system, please disregard these manual instructions**
- The Customers (ie, physician, medical group, integrated delivery network) shall be solely responsible for implementation, testing, and monitoring of the instructions to ensure proper orientation in each Customer's EHR system
- Capabilities, functionality, and setup (customization) for each EHR system may vary. Lilly shall not be responsible for revising the implementation instructions it provides to any Customer if the Customer modifies or changes its software, or the configuration of its EHR system, after such time as the implementation instructions have been initially provided by Lilly
- While Lilly tests its implementation instructions on multiple EHR systems, the instructions are not guaranteed to work for all available EHR systems, and Lilly shall have no liability thereto
- While EHRs may assist providers in identifying appropriate patients for consideration of assessment, treatment, and referral, the decision and action should ultimately be decided by a provider in consultation with the patient, after a review of the patient's records to determine eligibility, and Lilly shall have no liability thereto
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## Background and Considerations

These EHR instructions serve as guidance for the OncoEMR® EHR system, are specific to CLL/SLL and MCL, and are not appropriate for other conditions, treatments, therapeutic areas, or for other EHR systems. Separate instructions are provided for each indication and can be easily reached through the top navigation.

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The process outlined hereafter is variable, and not all steps will apply to every health system. Any steps or settings hereafter that are not part of a health system's standard process should be excluded or modified accordingly. Any questions should be directed to the appropriate service provider. The practice is solely responsible for implementing, testing, monitoring, and the ongoing operation of any EHR tools.

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EHR vendor updates may result in 2 separate product entries, at which time the manually added entry can be deleted.

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Please check your policies to ensure manual addition of a medication into the EHR system is permitted.

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**This guide is not endorsed, certified, or sponsored by OncoEMR. OncoEMR is not affiliated with Lilly's products and services.**



## OncoEMR Manual Instructions: CLL/SLL

**Existing regimens may be used as a foundation for CLL/SLL. Consider modifying a regimen as a starting template, while saving the original regimen.**

1. Click the User Name in the top right corner, and select Customize. A new window will show all customization options
2. Select Regimen List to access all regimen and protocols
3. Search for existing order sets specific to “Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma” or “CLL/SLL” by entering the regimen name and/or keywords
4. Select the radio buttons to optimize the search process (My Practice, Me, . . .)
5. If a regimen is available for optimization, select the regimen to start applying the desired changes
6. Edit the Regimen Name. Consider “Jaypirca for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)” for the regimen name or another desired name according to the system’s naming conventions
7. Set the version number as desired
8. Update the Description and Indication as desired. Consider “Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL) who have received at least two prior lines of therapy, including a BTK inhibitor and a BCL-2 inhibitor.  
*This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.*”
9. In the Reference Text field, enter:
  - Jaypirca Prescribing Information
    - See URL for additional Jaypirca dosing and administration information: <https://uspl.lilly.com/jaypirca/jaypirca.html?s=pi>
  - Jaypirca Resources for Healthcare Providers (HCPs) and Patients
    - Treatment Guide, Patient Brochure, and Patient Savings Offers
    - See URL for additional Jaypirca Resources for HCPs and Patients such as a Treatment Guide, Patient Brochure, and Patient Savings Offers: <https://www.jaypirca.com/hcp/savings-support#access-resources>

Please see Important Safety Information on pages 11-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## OncoEMR Manual Instructions: CLL/SLL (continued)

**10.** For the Important Safety Information (ISI), enter:

- For all the latest dosage and administration, warnings and precautions, and adverse reaction information:  
See Jaypirca Prescribing Information for most recent version: <https://uspl.lilly.com/jaypirca/jaypirca.html?s=pi>
- Recommended dosage

The recommended dosage of Jaypirca is 200 mg orally once daily, taken as two 100 mg tablets, until disease progression or unacceptable toxicity.  
Advise patients of the following:

- Swallow tablets whole with water. Do not cut, crush, or chew tablets
- Take Jaypirca at the same time each day. Jaypirca may be taken with or without food
- If a dose of Jaypirca is missed by more than 12 hours, do not make up the dose and take the next dose as scheduled
- Recommended Dosage Modifications of Jaypirca for Adverse Reactions

Adverse Reactions	Occurrences Requiring Dose Modification	Modification (Starting Dose 200 mg Once Daily)
<ul style="list-style-type: none"><li>Grade 3 or greater nonhematologic toxicity*</li><li>Absolute neutrophil count <math>&lt;1</math> to <math>0.5 \times 10^9/L</math> with fever and/or infection</li><li>Absolute neutrophil count <math>&lt;0.5 \times 10^9/L</math> lasting <math>\geq 7</math> days</li><li>Platelet count <math>&lt;50</math> to <math>25 \times 10^9/L</math> with bleeding</li><li>Platelet count <math>&lt;25 \times 10^9/L</math></li></ul>	1st occurrence	Interrupt until recovery to grade 1 or baseline <b>RESTART</b> at original dose (200 mg once daily*)
	2nd occurrence	Interrupt until recovery to grade 1 or baseline <b>RESTART</b> at 100 mg once daily
	3rd occurrence	Interrupt until recovery to grade 1 or baseline <b>RESTART</b> at 50 mg once daily
	4th occurrence	<b>DISCONTINUE</b>

Dose modification is not recommended for asymptomatic lymphocytosis. Asymptomatic lipase increase may not necessarily warrant dose modification.

\*Evaluate benefit-risk before resuming treatment at the same dose for a grade 4 nonhematologic toxicity.

For patients with severe renal impairment (eGFR 15-29 mL/min), reduce Jaypirca dose to 100 mg if the current dose is 200 mg once daily; otherwise, reduce dose by 50 mg. If the current dose is 50 mg once daily, discontinue Jaypirca. No dose adjustment recommended in patients with mild to moderate renal impairment (eGFR 30-89 mL/min).

Avoid concomitant use of strong CYP3A inhibitors with Jaypirca. If concomitant use is unavoidable, reduce the Jaypirca dose by 50 mg. If the current dosage is 50 mg once daily, interrupt Jaypirca treatment for the duration of strong CYP3A inhibitor use. After discontinuation of a strong CYP3A inhibitor for 5 half-lives, resume the Jaypirca dose that was taken prior to initiating the strong CYP3A inhibitor.

Avoid concomitant use of strong or moderate CYP3A inducers with Jaypirca. If concomitant use with moderate CYP3A inducers is unavoidable and the current dose of Jaypirca is 200 mg once daily, increase the dose to 300 mg.

If the current dosage is 50 mg or 100 mg once daily, increase the dose by 50 mg.

eGFR=estimated glomerular filtration rate.

Please see Important Safety Information on pages 11-14 and click for  
[Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## OncoEMR Manual Instructions: CLL/SLL (continued)

- *Warnings and Precautions (See Jaypirca Prescribing Information for more detailed information)*
  - Infections
  - Hemorrhage
  - Cytopenias
  - Cardiac Arrhythmias
  - Second Primary Malignancies
  - Embryo-Fetal Toxicity

- Adverse Reactions

*The following clinically significant adverse reactions are described elsewhere in the labeling:*

- Infections [see Warnings and Precautions (5.1)]
- Hemorrhage [see Warnings and Precautions (5.2)]
- Cytopenias [see Warnings and Precautions (5.3)]
- Cardiac Arrhythmias [see Warnings and Precautions (5.4)]
- Second Primary Malignancies [see Warnings and Precautions (5.5)]

**11.** Click Add Drug to add Jaypirca to the treatment regimen

- Jaypirca: 200 mg orally once daily until disease progression or unacceptable toxicity

**12.** Set the cLen and cNum fields as desired

**13.** Click Save once the treatment regimen is completed

**14.** Validate the new regimen and, after satisfactory testing has been completed, release to a production environment

Please see Important Safety Information on pages 11-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## OncoEMR Manual Instructions: MCL

**Existing regimens may be used as a foundation for MCL. Consider modifying a regimen as a starting template, while saving the original regimen.**

1. Click the User Name in the top right corner, and select Customize. A new window will show all customization options
2. Select Regimen List to access all regimen and protocols
3. Search for existing order sets specific to “Mantle Cell Lymphoma” or “MCL” by entering the regimen name and/or keywords
4. Select the radio buttons to optimize the search process (My Practice, Me, . . .)
5. If a regimen is available for optimization, select the regimen to start applying the desired changes
6. Edit the Regimen Name. Consider “Jaypirca for Mantle Cell Lymphoma (MCL)” for the regimen name or another desired name according to the system’s naming conventions
7. Set the version number as desired
8. Update the Description and Indication as desired. Consider “Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor. *This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.*”
9. In the Reference Text field, enter:
  - Jaypirca Prescribing Information
    - See URL for additional Jaypirca dosing and administration information: <https://uspl.lilly.com/jaypirca/jaypirca.html?s=pi>
  - Jaypirca Resources for HCPs and Patients
    - Treatment Guide, Patient Brochure, and Patient Savings Offers
    - See URL for additional Jaypirca Resources for HCPs and Patients such as a Treatment Guide, Patient Brochure, and Patient Savings Offers: <https://www.jaypirca.com/hcp/savings-support#access-resources>

Please see Important Safety Information on pages 11-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.







## OncoEMR Manual Instructions: MCL (continued)

**10.** For the Important Safety Information (ISI), enter:

- For all the latest dosage and administration, warnings and precautions, and adverse reactions information:  
See Jaypirca Prescribing Information for most recent version: <https://uspl.lilly.com/jaypirca/jaypirca.html?s=pi>

- Recommended dosage

The recommended dosage of Jaypirca is 200 mg orally once daily, taken as two 100 mg tablets, until disease progression or unacceptable toxicity. Advise patients of the following:

- Swallow tablets whole with water. Do not cut, crush, or chew tablets
- Take Jaypirca at the same time each day. Jaypirca may be taken with or without food
- If a dose of Jaypirca is missed by more than 12 hours, do not make up the dose and take the next dose as scheduled
- Recommended Dosage Modifications of Jaypirca for Adverse Reactions

Adverse Reactions	Occurrences Requiring Dose Modification	Modification (Starting Dose 200 mg Once Daily)
<ul style="list-style-type: none"> <li>Grade 3 or greater nonhematologic toxicity*</li> <li>Absolute neutrophil count <math>&lt;1</math> to <math>0.5 \times 10^9/L</math> with fever and/or infection</li> <li>Absolute neutrophil count <math>&lt;0.5 \times 10^9/L</math> lasting <math>\geq 7</math> days</li> <li>Platelet count <math>&lt;50</math> to <math>25 \times 10^9/L</math> with bleeding</li> <li>Platelet count <math>&lt;25 \times 10^9/L</math></li> </ul>	1st occurrence	Interrupt until recovery to grade 1 or baseline <b>RESTART</b> at original dose (200 mg once daily*)
	2nd occurrence	Interrupt until recovery to grade 1 or baseline <b>RESTART</b> at 100 mg once daily
	3rd occurrence	Interrupt until recovery to grade 1 or baseline <b>RESTART</b> at 50 mg once daily
	4th occurrence	<b>DISCONTINUE</b>

Dose modification is not recommended for asymptomatic lymphocytosis. Asymptomatic lipase increase may not necessarily warrant dose modification.

\*Evaluate benefit-risk before resuming treatment at the same dose for a grade 4 nonhematologic toxicity.

For patients with severe renal impairment (eGFR 15-29 mL/min), reduce Jaypirca dose to 100 mg if the current dose is 200 mg once daily; otherwise, reduce dose by 50 mg. If the current dose is 50 mg once daily, discontinue Jaypirca. No dose adjustment recommended in patients with mild to moderate renal impairment (eGFR 30-89 mL/min).

Avoid concomitant use of strong CYP3A inhibitors with Jaypirca. If concomitant use is unavoidable, reduce the Jaypirca dose by 50 mg. If the current dosage is 50 mg once daily, interrupt Jaypirca treatment for the duration of strong CYP3A inhibitor use. After discontinuation of a strong CYP3A inhibitor for 5 half-lives, resume the Jaypirca dose that was taken prior to initiating the strong CYP3A inhibitor.

Avoid concomitant use of strong or moderate CYP3A inducers with Jaypirca. If concomitant use with moderate CYP3A inducers is unavoidable and the current dose of Jaypirca is 200 mg once daily, increase the dose to 300 mg.

If the current dosage is 50 mg or 100 mg once daily, increase the dose by 50 mg.

Please see Important Safety Information on pages 11-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## OncoEMR Manual Instructions: MCL (continued)

- *Warnings and Precautions (See Jaypirca Prescribing Information for more detailed information)*
  - Infections
  - Hemorrhage
  - Cytopenias
  - Cardiac Arrhythmias
  - Second Primary Malignancies
  - Embryo-Fetal Toxicity

- Adverse Reactions

*The following clinically significant adverse reactions are described elsewhere in the labeling:*

- Infections [see Warnings and Precautions (5.1)]
- Hemorrhage [see Warnings and Precautions (5.2)]
- Cytopenias [see Warnings and Precautions (5.3)]
- Cardiac Arrhythmias [see Warnings and Precautions (5.4)]
- Second Primary Malignancies [see Warnings and Precautions (5.5)]

**11.** Click Add Drug to add Jaypirca to the treatment regimen

- Jaypirca: 200 mg orally once daily until disease progression or unacceptable toxicity

**12.** Set the cLen and cNum fields as desired

**13.** Click Save once the treatment regimen is completed

**14.** Validate the new regimen and, after satisfactory testing has been completed, release to a production environment

Please see Important Safety Information on pages 11-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## Important Safety Information for Jaypirca (pirtobrutinib)

**Infections:** Fatal and serious infections (including bacterial, viral, fungal) and opportunistic infections occurred in Jaypirca-treated patients. In a clinical trial, Grade  $\geq 3$  infections occurred in 24% of patients with hematologic malignancies, most commonly pneumonia (14%); fatal infections occurred (4.4%). Sepsis (6%) and febrile neutropenia (4%) occurred. In patients with CLL/SLL, Grade  $\geq 3$  infections occurred (32%), with fatal infections occurring in 8%. Opportunistic infections included *Pneumocystis jirovecii* pneumonia and fungal infection. Consider prophylaxis, including vaccinations and antimicrobial prophylaxis, in patients at increased risk for infection, including opportunistic infections. Monitor patients for signs and symptoms, evaluate promptly, and treat appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

**Hemorrhage:** Fatal and serious hemorrhage has occurred with Jaypirca. Major hemorrhage (Grade  $\geq 3$  bleeding or any central nervous system bleeding) occurred in 3% of patients, including gastrointestinal hemorrhage; fatal hemorrhage occurred (0.3%). Bleeding of any grade, excluding bruising and petechiae, occurred (17%). Major hemorrhage occurred in patients taking Jaypirca with (0.7%) and without (2.3%) antithrombotic agents. Consider risks/benefits of co-administering antithrombotic agents with Jaypirca. Monitor patients for signs of bleeding. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca. Consider benefit/risk of withholding Jaypirca 3-7 days pre- and post-surgery depending on type of surgery and bleeding risk.

**Cytopenias:** Jaypirca can cause cytopenias, including neutropenia, thrombocytopenia, and anemia. In a clinical trial, Grade 3 or 4 cytopenias, including decreased neutrophils (26%), decreased platelets (12%), and decreased hemoglobin (12%), developed in Jaypirca-treated patients. Grade 4 decreased neutrophils (14%) and Grade 4 decreased platelets (6%) developed. Monitor complete blood counts regularly during treatment. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

**Cardiac Arrhythmias:** Cardiac arrhythmias occurred in patients who received Jaypirca. In a clinical trial of patients with hematologic malignancies, atrial fibrillation or flutter were reported in 3.2% of Jaypirca-treated patients, with Grade 3 or 4 atrial fibrillation or flutter in 1.5%. Other serious cardiac arrhythmias such as supraventricular tachycardia and cardiac arrest occurred (0.5%). Patients with cardiac risk factors such as hypertension or previous arrhythmias may be at increased risk. Monitor for signs and symptoms of arrhythmias (e.g., palpitations, dizziness, syncope, dyspnea) and manage appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

**Second Primary Malignancies:** Second primary malignancies, including non-skin carcinomas, developed in 9% of Jaypirca-treated patients. The most frequent malignancy was non-melanoma skin cancer (4.6%). Other second primary malignancies included solid tumors (including genitourinary and breast cancers) and melanoma. Advise patients to use sun protection and monitor for development of second primary malignancies.

**Hepatotoxicity, Including Drug-Induced Liver Injury (DILI):** Hepatotoxicity, including severe, life-threatening, and potentially fatal cases of DILI, has occurred in patients treated with BTK inhibitors, including Jaypirca. Evaluate bilirubin and transaminases at baseline and throughout Jaypirca treatment. For patients who develop abnormal liver tests after Jaypirca, monitor more frequently for liver test abnormalities and clinical signs and symptoms of hepatic toxicity. If DILI is suspected, withhold Jaypirca. Upon confirmation of DILI, discontinue Jaypirca.

**Embryo-Fetal Toxicity:** Jaypirca can cause fetal harm in pregnant women. Administration of pirtobrutinib to pregnant rats caused embryo-fetal toxicity, including embryo-fetal mortality and malformations at maternal exposures (AUC) approximately 3-times the recommended 200 mg/day dose. Advise pregnant women of potential fetal risk and females of reproductive potential to use effective contraception during treatment and for one week after last dose.

Please see Important Safety Information continued on pages 12-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## Important Safety Information for Jaypirca (pirtobrutinib) (continued)

### Adverse Reactions (ARs) in Patients Who Received Jaypirca

The most common ( $\geq 20\%$ ) ARs in the BRUIN pooled safety population of patients with hematologic malignancies (n=593) were decreased neutrophil count (46%), decreased hemoglobin (39%), fatigue (32%), decreased lymphocyte count (31%), musculoskeletal pain (30%), decreased platelet count (29%), diarrhea (24%), COVID-19 (22%), bruising (21%), cough (20%).

### Mantle Cell Lymphoma

**Serious ARs** occurred in 38% of patients. Serious ARs occurring in  $\geq 2\%$  of patients were pneumonia (14%), COVID-19 (4.7%), musculoskeletal pain (3.9%), hemorrhage (2.3%), pleural effusion (2.3%), and sepsis (2.3%). **Fatal ARs** within 28 days of last Jaypirca dose occurred in 7% of patients, most commonly due to infections (4.7%), including COVID-19 (3.1% of all patients).

**Dose Modifications and Discontinuations:** ARs led to dose reductions in 4.7%, treatment interruption in 32%, and permanent discontinuation of Jaypirca in 9% of patients. ARs resulting in dosage modification in  $>5\%$  of patients included pneumonia and neutropenia. ARs resulting in permanent discontinuation in  $>1\%$  of patients included pneumonia.

**Most common ARs ( $\geq 15\%$ ), excluding laboratory terms (all Grades %; Grade 3-4 %):** fatigue (29; 1.6), musculoskeletal pain (27; 3.9), diarrhea (19; -), edema (18; 0.8), dyspnea (17; 2.3), pneumonia (16; 14), bruising (16; -).

**Select Laboratory Abnormalities (all Grades %; Grade 3 or 4 %) that Worsened from Baseline in  $\geq 10\%$  of Patients:** hemoglobin decreased (42; 9), platelet count decreased (39; 14), neutrophil count decreased (36; 16), lymphocyte count decreased (32; 15), creatinine increased (30; 1.6), calcium decreased (19; 1.6), AST increased (17; 1.6), potassium decreased (13; 1.6), sodium decreased (13; -), lipase increased (12; 4.4), alkaline phosphatase increased (11; -), ALT increased (11; 1.6), potassium increased (11; 0.8). Grade 4 laboratory abnormalities in  $>5\%$  of patients included neutrophils decreased (10), platelets decreased (7), lymphocytes decreased (6).

### Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

**Serious ARs** occurred in 56% of patients. Serious ARs occurring in  $\geq 5\%$  of patients were pneumonia (18%), COVID-19 (9%), sepsis (7%), and febrile neutropenia (7%). **Fatal ARs** within 28 days of last Jaypirca dose occurred in 11% of patients, most commonly due to infections (10%), including sepsis (5%) and COVID-19 (2.7%).

**Dose Modifications and Discontinuations:** ARs led to dose reductions in 3.6%, treatment interruption in 42%, and permanent discontinuation of Jaypirca in 9% of patients. ARs resulting in dose reductions in  $>1\%$  included neutropenia; treatment interruptions in  $>5\%$  of patients included pneumonia, neutropenia, febrile neutropenia, and COVID-19; permanent discontinuation in  $>1\%$  of patients included second primary malignancy, COVID-19, and sepsis.

Please see Important Safety Information continued on pages 13-14 and click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.





## Important Safety Information for Jaypirca (pirtobrutinib) (continued)

### ARs in Patients Who Received Jaypirca (continued)

#### Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (continued)

**Most common ARs ( $\geq 20\%$ ), excluding laboratory terms (all Grades %; Grade 3-4 %):** fatigue (36; 2.7), bruising (36; -), cough (33; -), musculoskeletal pain (32; 0.9), COVID-19 (28; 7), pneumonia (27; 16), diarrhea (26; -), abdominal pain (25; 2.7), dyspnea (22; 2.7), hemorrhage (22; 2.7), edema (21; -), nausea (21; -), pyrexia (20; 2.7), headache (20; 0.9).

**Select Laboratory Abnormalities (all Grades %; Grade 3 or 4 %) that Worsened from Baseline in  $\geq 20\%$  of Patients:** neutrophil count decreased (63; 45), hemoglobin decreased (48; 19), calcium decreased (40; 2.8), platelet count decreased (30; 15), sodium decreased (30; -), lymphocyte count decreased (23; 8), ALT increased (23; 2.8), AST increased (23; 1.9), creatinine increased (23; -), lipase increased (21; 7), alkaline phosphatase increased (21; -). Grade 4 laboratory abnormalities in  $>5\%$  of patients included neutrophils decreased (23).

### Drug Interactions

**Strong CYP3A Inhibitors:** Concomitant use with Jaypirca increased pirtobrutinib systemic exposure, which may increase risk of Jaypirca ARs. Avoid use of strong CYP3A inhibitors with Jaypirca. If concomitant use is unavoidable, reduce Jaypirca dosage according to approved labeling.

**Strong or Moderate CYP3A Inducers:** Concomitant use with Jaypirca decreased pirtobrutinib systemic exposure, which may reduce Jaypirca efficacy. Avoid concomitant use of Jaypirca with strong or moderate CYP3A inducers. If concomitant use with moderate CYP3A inducers is unavoidable, increase Jaypirca dosage according to approved labeling.

**Sensitive CYP2C8, CYP2C19, CYP3A, P-gp, or BCRP Substrates:** Concomitant use with Jaypirca increased their plasma concentrations, which may increase risk of adverse reactions related to these substrates for drugs that are sensitive to minimal concentration changes. Follow recommendations for these sensitive substrates in their approved labeling.



## Important Safety Information for Jaypirca (pirtobrutinib) (continued)

### Use in Special Populations

**Pregnancy and Lactation:** Due to potential for Jaypirca to cause fetal harm, verify pregnancy status in females of reproductive potential prior to starting Jaypirca and advise use of effective contraception during treatment and for one week after last dose. Presence of pirtobrutinib in human milk is unknown. Advise women not to breastfeed while taking Jaypirca and for one week after last dose.

**Geriatric Use:** In the pooled safety population of patients with hematologic malignancies, patients aged  $\geq 65$  years experienced higher rates of Grade  $\geq 3$  ARs and serious ARs compared to patients  $< 65$  years of age.

**Renal Impairment:** Severe renal impairment increases pirtobrutinib exposure. Reduce Jaypirca dosage in patients with severe renal impairment according to approved labeling.

PT HCP ISI MCL\_CLL AA JUN2024

Please click for [Prescribing Information](#) and [Patient Information](#) for Jaypirca.

**Reference:** Jaypirca. Prescribing Information. Lilly USA, LLC.



Jaypirca® is a registered trademark owned or licensed by Eli Lilly and Company, its subsidiaries, or affiliates.

OncoEMR® is a registered trademark of Flatiron Health, Inc.

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