**Nonadherence to Mercaptopurine Results in Relapse for Children**

Until 2014, the only marketed formulation of mercaptopurine has been a 50 mg tablet.

Fixed doses are impractical because the dose varies according to the size of the child.

Fewer than 10% of children receive a 50 mg tablet (or a multiple of 50 mg) as a daily dose.

Varying TGN levels contributed to a 4.4-fold increased relapse risk (**P** = .02).

Adherers with varying TGN levels were more likely to have varying mercaptopurine dose intensity and mercaptopurine drug interruptions.

*Acute lymphoblastic leukemia. ‡Erythrocyte thioguanine nucleotide. Please refer to the enclosed package insert for full prescribing information.

**Adherent Children**

Among adherers, high/intra-individual variability in TGN levels contributed to a 4.4-fold increased relapse risk (**P** = .02).

Adherers with varying TGN levels were more likely to have varying mercaptopurine dose intensity and mercaptopurine drug interruptions.

**Nonadherent Children**

Children with mercaptopurine mean adherence rates <95% are at a 2.7-fold increased risk of relapse compared to patients with mean adherence rates of 95% or greater (**P** = .01).

Mercaptopurine adherence and steady thiopurine exposure minimize relapse in children.

44% of children with ALL are consuming <95% of prescribed mercaptopurine and are consequently at risk of relapse.

Children with ALL consuming <95% are at a 2.7-fold increased relapse risk compared to patients with mean adherence rates of 95% or greater (**P** = .01).

Mercaptopurine adherence and steady thiopurine exposure minimize relapse in children.

44% are at risk of relapse.

More than 95% of children with ALL are consuming >95% of prescribed mercaptopurine and are consequently at risk of relapse.

44% of children with ALL are consuming <95% of prescribed mercaptopurine and are consequently at risk of relapse.

44% are at risk of relapse.

**Relevant Information**

- Mercaptopurine adherence and steady thiopurine exposure minimize relapse in children.
- Varying TGN levels contributed to a 4.4-fold increased relapse risk (**P** = .02).
- Adherers with varying TGN levels were more likely to have varying mercaptopurine dose intensity and mercaptopurine drug interruptions.
- Children with mercaptopurine mean adherence rates <95% are at a 2.7-fold increased risk of relapse compared to patients with mean adherence rates of 95% or greater (**P** = .01).
- Mercaptopurine adherence and steady thiopurine exposure minimize relapse in children.

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PALATABILITY AND ACCEPTABILITY
Better tasting medicines make adherence easier in children.7,8
PURIXAN has a pleasant raspberry flavor and is in a liquid form, which makes it much easier for most children to swallow than a tablet.7,8
82% report PURIXAN is easy to take all the time
77% of children rank PURIXAN’s taste ok to good
91% of children rank PURIXAN’s smell ok to good

CONSISTENT ABSORPTION
PURIXAN performs more consistently and predictably than the mercaptopurine tablet.9
In contrast, splitting a mercaptopurine tablet produces an inaccurate dose, further reducing consistency and predictability.9
PURIXAN had substantially lower between-subject variability in maximum plasma concentrations (46% vs 69% coefficient of variation).9

PREDICTABLE PERFORMANCE
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FLEXIBLE & ACCURATE DOSING
PURIXAN 20 mg/mL oral suspension can be accurately dosed down to 2 mg (0.1 mL) providing an opportunity to administer mercaptopurine in a way that may be more acceptable to children.10

EASY TO ORDER
To order, please call: 1-888-470-0904

Please refer to the enclosed package insert for full prescribing information.

Why PURIXAN?
Accurate Dosing within 2 mg
Flexible Dosing
Single Daily Dose
Consistent Absorption
Predictable Performance
Better Tasting Medicines Make Adherence Easier in Children
Only FDA-approved Mercaptopurine Oral Suspension
Easy to Order: 1-888-470-0904
Acute lymphoblastic leukemia.

Please refer to the enclosed package insert for full prescribing information.

Exactly what ALL* patients need.

Flexible
accurate
consistent
FDA approved

Nonadherence to mercaptopurine results in relapse for children.*11

Until 2014, the only marketed formulation of mercaptopurine has been a 50 mg tablet.3

Fixed doses are impractical because the dose varies according to the size of the child.1

Fewer than 10% of children receive a 50 mg tablet (or a multiple of 50 mg) as a daily dose.7

Nonadherent children

Children with mercaptopurine mean adherence rates <95% are at a 2.7-fold increased risk of relapse compared to patients with mean adherence rates of 85% or greater (P<.01).1

Mercaptopurine adherence and steady thiopurine exposure minimize relapse in children.1

<95% mean adherence rate
2.7-fold increase relapse risk (P<.01)*

Adherent children

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<95% mean adherence rate

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Children with ALL

Consuming <85%
Consuming ≥85%

<95% mean adherence rate

2.7-fold increase relapse risk (P<.01)11

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<95% mean adherence rate

Varying TGN levels
4.4-fold increase relapse risk (P=.02)*

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**PURIXAN** (mercaptopurine) oral suspension

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**What is PURIXAN?**

PURIXAN (mercaptopurine) oral suspension is indicated for the treatment of patients with acute lymphoblastic leukemia (ALL) as part of a combination regimen. It is a liquid alternative to the mercaptopurine tablet.

**Why PURIXAN?**

- **Flexible Dosing**
- **Accurate Dosing**
- **Palatability and Acceptability**
- **Better Tasting Medicines Make Adherence Easier in Children**
- **Consistent Absorption**

**Easy to Order:** 1-888-470-0904

---

**PALATABILITY AND ACCEPTABILITY**

Better-tasting medicines make adherence easier in children. PURIXAN has a pleasant raspberry flavor and is in a liquid form, which makes it much easier for most children to swallow than a tablet.

In a study assessing the palatability of PURIXAN in children with ALL:

- 82% report PURIXAN is easy to take all the time
- 77% of children rank PURIXAN’s taste ok to good
- 90% of children rank PURIXAN’s smell ok to good

**CONSISTENT ABSORPTION**

PURIXAN reduced the variability in the absorption of mercaptopurine, proving itself to be a dependable and reliable alternative to the tablet.

**PREDICTABLE PERFORMANCE**

PURIXAN performs more consistently and predictably than the mercaptopurine tablet.

In contrast, splitting a mercaptopurine tablet produces an inaccurate dose, further reducing consistency and predictability.

**CONVENIENT DOSING**

PURIXAN is accurately dosed down to 2 mg (0.1 mL) providing an opportunity to be a dependable and reliable alternative to the tablet.

**Easy to order:** 1-888-470-0904

---

**EASY TO ORDER**

To order, please call 1-888-470-0904

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**FLEXIBLE & ACCURATE DOSING**

PURIXAN 20 mg/mL oral suspension can be accurately dosed down to 2 mg (0.1 mL) providing an opportunity to administer mercaptopurine in a way that may be more acceptable to children.**

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**Mercaptopurine Doses Individualized to Body Surface Area (BSA)**

<table>
<thead>
<tr>
<th>Age</th>
<th>BSA (m²)</th>
<th>Dose (mg)</th>
<th>Volume (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>0.47-0.53</td>
<td>35-40</td>
<td>1.8-2.0</td>
</tr>
<tr>
<td>3 months</td>
<td>0.27-0.33</td>
<td>20-25</td>
<td>1.0-1.3</td>
</tr>
<tr>
<td>3 years</td>
<td>0.61-0.67</td>
<td>46-50</td>
<td>2.3-2.5</td>
</tr>
<tr>
<td>5 years</td>
<td>0.81-0.87</td>
<td>66-75</td>
<td>2.8-3.1</td>
</tr>
<tr>
<td>70 years</td>
<td>1.07-1.13</td>
<td>80-85</td>
<td>4.8-5.3</td>
</tr>
<tr>
<td>30 years</td>
<td>1.27-1.83</td>
<td>100-105</td>
<td>4.8-5.9</td>
</tr>
</tbody>
</table>

- Based on WHO growth charts for children (may not correspond to the BSA of all treated patients)
- Based on a typical starting dose of 75 mg/m²

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**Adverse Reaction Occurrence in Children’s Oncology Group**

[Table with adverse reactions and their occurrence in children’s oncology group]

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**Warnings and Precautions**

- Avoid the concurrent use of allopurinol and PURIXAN.
- Hepatotoxicity
- Myelosuppression
- Prevent immune reconstitution syndrome
- Do not administer in patients with significant hepatic impairment
- NUDT15 deficiency
- Pancreatitis
- Photosensitivity
- Hypoglycemia
- Portal hypertension
- Macrophage activation syndrome (MAS)
- Allergic reactions

---

**Embryo-Fetal Toxicity**

PURIXAN can cause fetal harm when administered to a pregnant woman. If this drug is used during pregnancy or if the patient becomes pregnant while taking PURIXAN, argue for the benefits of fetal risk vs potential benefits of therapy to the patient.

---

**Immunosuppression**

The most consistent, dose-related toxicity of PURIXAN is bone marrow suppression. Monitor complete blood count (CBC) and adjust the dose of PURIXAN if necessary.

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**Hepatotoxicity**

Mercaptopurine is hepatotoxic. There are reports of deaths attributed to hepatic necrosis associated with the administration of mercaptopurine. Hepatic injury can occur with any dosage, but seems to occur with greater frequency when the recommended dosage is exceeded. Monitor serum transaminases, alkaline phosphatase, and bilirubin levels. Hold or adjust the dose of PURIXAN.

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**Immunosuppression**

To report suspected adverse reactions, please call Rare Disease Therapeutics: 1-888-470-0578
PALATABILITY AND ACCEPTABILITY
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62% report PURIXAN is easy to take all the time.
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References

*Based on a typical starting dose of 75 mg/m².†
Based on WHO growth charts for children (may not correspond to the BSA of individual patients).‡
Based on typical starting dose of the regimen.†

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PURIXAN (mercaptopurine) oral suspension

Warnings and Precautions

Myelosuppression
The most consistent, dose-related toxicity of PURIXAN is bone marrow suppression. Monitor complete blood counts (CBC) and adjust the dose of PURIXAN as necessary to maintain counts within normal limits. Avoid patients with impaired renal function or those with a history of childhood leukemia.

Hepatotoxicity
Hepatotoxicity may occur and may be severe. There are reports of death attributed to hepatitis in children associated with the administration of mercaptopurine. Hepatitis is more common with higher doses and is more severe with greater frequency when the recommended dose is exceeded. Monitor for signs of hepatic injury, such as jaundice, and adjust the dose of PURIXAN.

Immunosuppression
Immunosuppression may occur and may impair the immune response to infectious agents or vaccinations.

Safety of Pregnancy
PURIXAN can cause fetal harm when administered to a pregnant woman. If this drug is used during pregnancy or if the patient becomes pregnant while taking the drug, the patient should be apprised of the potential hazard to the fetus.

Treatment-Related Reactions
Leukopenia can occur. A single dose can be delayed if neutrophil count is less than 1,000 mm3 and platelet count is less than 100,000 mm3 for 3 days or the neutrophil count is less than 500 mm3.

CLINICAL STUDIES EXPERIENCE


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