



LONSURF TREATMENT CALENDAR

Helping you monitor your doses of LONSURF and treatment progress

Thursday	Friday	Saturday
Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: _____	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: _____	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: _____
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Please see Important Safety Information on page 32 and full Prescribing Information in pocket.

How to take LONSURF

LONSURF tablets, whether prescribed alone or along with bevacizumab, are swallowed whole (not crushed, split, or chewed):

2x Twice a day with food  The type of food does not matter

LONSURF comes in 2 strengths: 15-mg and 20-mg tablets.

 15-mg tablet

 20-mg tablet

Tablets shown at actual size.
Actual tablet size is 7 mm for 15-mg dose
and 8 mm for 20-mg dose.

LONSURF 28-day dosing schedule

- You will take LONSURF twice a day (with morning and evening meals) for 5 days, and then rest for the next 2 days. This goes on for 2 weeks. Then, you will **not** take LONSURF for 2 weeks (14 days). This completes the 28-day LONSURF treatment cycle
- This cycle is repeated for as long as your healthcare provider says. Always follow all of your healthcare provider’s directions carefully



For the majority of patients with colorectal cancer, LONSURF may be prescribed to be used with bevacizumab (also referred to by the brand name Avastin®). **Bevacizumab is given as an infusion once every 2 weeks (on Days 1 and 15 of your LONSURF treatment cycle)** by a doctor or nurse.

Your treatment calendar

This calendar is designed to help you remember to take your LONSURF doses at the correct time and, if your doctor prescribed both treatments, when you will receive bevacizumab as well. Your schedule will also indicate when your LONSURF treatment breaks occur.

You can fill out your treatment schedule before starting your therapy using the sample calendars and tips within this brochure.

Any changes in dosage should be made based on instructions from your healthcare provider.



A personalized calendar to help track your doses can also be found online at LONSURF.com/mycalendar

Filling out your treatment calendar before starting therapy

1. Fill in your prescribed LONSURF dose: At the top of the first blank calendar page on the left, write down the month and year. At the top of the calendar on the right, fill in the number of tablets your doctor has prescribed for your morning and evening doses accordingly.

Month March Year 2024

Morning Dose 1 15-mg tablets 3 20-mg tablets

Evening Dose 1 15-mg tablets 3 20-mg tablets

2. Label your LONSURF treatment days: Use an actual calendar to determine the day of the week when your treatment with LONSURF begins. Then, find this day on your treatment calendar, and fill in the start date (ie, 3/5) and label it as Day 1. Continue labeling each consecutive day (ie, 3/6 Day 2, 3/7 Day 3) up to Day 28, which completes one treatment cycle.

Date 3/5 Day 1

☒ LON AM ☐ LON BREAK

☐ LON PM ☐ BEV infusion

What I am feeling:

On the days that you are taking LONSURF, circle LON AM and LON PM together (ie, on Days 1 through 5 and Days 8 through 12 of your treatment cycle).

Date 3/10 Day 6

☐ LON AM ☒ LON BREAK

☐ LON PM ☐ _____

What I am feeling:

3. Write down the days you will receive bevacizumab: If bevacizumab is part of your treatment plan, write "BEV infusion" or "Avastin infusion" in the calendar on the blank line for the days you are scheduled to receive bevacizumab (most likely on Days 1 and 15).

Repeat this process before each new treatment cycle begins.

Using the treatment calendar to track your therapy

1. Check off LONSURF doses: Refer to your completed calendar entries where you circled LON AM and LON PM. Put a check mark next to LON AM when you have taken your morning LONSURF dose and LON PM when you have taken your evening LONSURF dose. If you were not scheduled to take LONSURF, check off LON BREAK on these "rest" days (ie, on Days 6 and 7, Days 13 through 28).

Date 3/5 Day 1

☒ LON AM ☐ LON BREAK

☒ LON PM ☒ BEV infusion

What I am feeling:
Nausea + no appetite

2. Check off bevacizumab infusions: If bevacizumab is part of your treatment plan, refer to your completed calendar entries where you have written "BEV infusion" or "Avastin infusion" for the days you are receiving bevacizumab. Check off when you have received your scheduled bevacizumab infusion (most likely on Days 1 and 15).

3. Record how you are feeling during each day of your treatment cycle: Keep track of your temperature, any side effects, and how you are feeling overall in the "What I am feeling" section of the calendar.

It is important to call your healthcare provider for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

On pages 6 and 7, you will find a sample calendar for a patient who has completed 10 days of LONSURF with bevacizumab treatment. The example shows how to label the calendar prior to a treatment cycle and how to keep track of therapy during a treatment cycle

4 Please see Important Safety Information on page 32 and full Prescribing Information in pocket.

Lonsurf
(trifluridine and tipiracil) tablets

Sample calendar for a patient on Day 11 of treatment with LONSURF + bevacizumab

Month March Year 2024

Sunday	Monday	Tuesday	Wednesday
Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/5</u> Day <u>1</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input checked="" type="checkbox"/> <u>BEV infusion</u> What I am feeling: <u>Tired</u>	Date <u>3/6</u> Day <u>2</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Nauseous but had energy for a short walk</u>
Date <u>3/10</u> Day <u>6</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Good appetite and energy</u>	Date <u>3/11</u> Day <u>7</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Felt good today</u>	Date <u>3/12</u> Day <u>8</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>98° F temperature</u>	Date <u>3/13</u> Day <u>9</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Some abdominal pain</u>
Date <u>3/17</u> Day <u>13</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/18</u> Day <u>14</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/19</u> Day <u>15</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> <u>BEV infusion</u> What I am feeling:	Date <u>3/20</u> Day <u>16</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:
Date <u>3/24</u> Day <u>20</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/25</u> Day <u>21</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/26</u> Day <u>22</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/27</u> Day <u>23</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:
Date <u>3/31</u> Day <u>27</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>4/1</u> Day <u>28</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:

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Evening Dose 1 15-mg tablets 3 20-mg tablets

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Date <u>3/7</u> Day <u>3</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Feeling energized</u>	Date <u>3/8</u> Day <u>4</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Nausea + fatigue</u>	Date <u>3/9</u> Day <u>5</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Felt really good today</u>
Date <u>3/14</u> Day <u>10</u> <input checked="" type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input checked="" type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling: <u>Nausea + no appetite</u>	Date <u>3/15</u> Day <u>11</u> <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/16</u> Day <u>12</u> <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:
Date <u>3/21</u> Day <u>17</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/22</u> Day <u>18</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/23</u> Day <u>19</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:
Date <u>3/28</u> Day <u>24</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/29</u> Day <u>25</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date <u>3/30</u> Day <u>26</u> <input type="checkbox"/> LON AM <input checked="" type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:
Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:	Date _____ Day _____ <input type="checkbox"/> LON AM <input type="checkbox"/> LON BREAK <input type="checkbox"/> LON PM <input type="checkbox"/> _____ What I am feeling:

BEV=bevacizumab; LON=LONSURF.
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for instructions on using the treatment calendar, see pages 3-5.



Month _____ Year _____

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Morning Dose _____ 15-mg tablets _____ 20-mg tablets
Evening Dose _____ 15-mg tablets _____ 20-mg tablets

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BEV=bevacizumab; LON=LONSURF.
For dosing instructions for LONSURF alone or with bevacizumab, **see page 2**;
for instructions on using the treatment calendar, **see pages 3-5**.



Month _____ Year _____

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Morning Dose _____ 15-mg tablets _____ 20-mg tablets
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Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:
Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:
Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:

Morning Dose _____ 15-mg tablets _____ 20-mg tablets
Evening Dose _____ 15-mg tablets _____ 20-mg tablets

Thursday	Friday	Saturday
Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:
Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:
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Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:
Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:	Date _____ Day _____ [] LON AM [] LON BREAK [] LON PM [] _____ What I am feeling:

BEV=bevacizumab; LON=LONSURF.
For dosing instructions for LONSURF alone or with bevacizumab, **see page 2**;
for instructions on using the treatment calendar, **see pages 3-5**.



Month _____ Year _____

Sunday	Monday	Tuesday	Wednesday
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>

Morning Dose _____ 15-mg tablets _____ 20-mg tablets
Evening Dose _____ 15-mg tablets _____ 20-mg tablets

Thursday	Friday	Saturday
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>
Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>	Date _____ Day _____ <div><div></div> LON AM<div></div> LON BREAK</div> <div><div></div> LON PM<div></div> _____</div> <div>What I am feeling:</div>

BEV=bevacizumab; LON=LONSURF.
For dosing instructions for LONSURF alone or with bevacizumab, see page 2;
for instructions on using the treatment calendar, see pages 3-5.



Important safety information

INDICATIONS

LONSURF is a prescription medicine used:

- alone or in combination with the medicine bevacizumab to treat adults with colorectal cancer:
 - that has spread to other parts of the body, **and**
 - who have been previously treated with certain chemotherapy medicines
- alone to treat adults with a kind of stomach cancer called gastric cancer including adenocarcinoma of the gastroesophageal junction:
 - that has spread to other parts of the body, **and**
 - who have been previously treated with at least 2 types of treatment which included certain medicines

It is not known if LONSURF is safe and effective in children.

IMPORTANT SAFETY INFORMATION

LONSURF may cause serious side effects, including:

- **Low blood counts.** Low blood counts are common with LONSURF and can sometimes be severe and life-threatening. LONSURF can cause a decrease in your white blood cells, red blood cells, and platelets. Low white blood cells can make you more likely to get serious infections that could lead to death. Your healthcare provider should do blood tests before you receive LONSURF, at day 15 during treatment with LONSURF, and as needed to check your blood cell counts. Your healthcare provider may lower your dose of LONSURF or stop LONSURF if you have low white blood cell or platelet counts

Tell your healthcare provider right away if you get any of the following signs and symptoms of infection during treatment with LONSURF: fever, chills, or body aches.

Before taking LONSURF, tell your healthcare provider about all of your medical conditions, including if you:

- Have kidney or liver problems
- Are pregnant or plan to become pregnant. LONSURF can harm your unborn baby

- **Females who can become pregnant:** Your healthcare provider will do a pregnancy test before you start treatment with LONSURF. You should use effective birth control during and 6 months after the last dose of treatment with LONSURF. Tell your healthcare provider immediately if you become pregnant
- **Males,** while on treatment and for 3 months after your last dose of LONSURF, you should use a condom during sex with female partners who are able to become pregnant. Tell your healthcare provider right away if your partner becomes pregnant while you are taking LONSURF
- Are breastfeeding or plan to breastfeed. It is not known if LONSURF passes into your breast milk. Do not breastfeed during treatment with LONSURF and for 1 day after your last dose of LONSURF

Tell your healthcare provider about all the prescription and over-the-counter medicines, vitamins, and herbal supplements you take.

The **most common side effects of LONSURF when used alone** include low blood counts, tiredness and weakness, nausea, decreased appetite, diarrhea, vomiting, stomach-area (abdominal) pain, and fever.

The **most common side effects of LONSURF when used in combination with bevacizumab** include low blood counts, tiredness and weakness, nausea, certain abnormal liver function blood tests, decreased salt (sodium) in your blood, diarrhea, stomach-area (abdominal) pain, and decreased appetite.

Tell your healthcare provider if you have nausea, vomiting, or diarrhea that is severe or that does not go away.

These are not all of the possible side effects of LONSURF. For more information, ask your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see full Prescribing Information in pocket.

Important contact information

Doctor and nurse contact information

Name: _____

Telephone: _____

E-mail: _____

Name: _____

Telephone: _____

E-mail: _____

Name: _____

Telephone: _____

E-mail: _____

Pharmacy contact information

Name: _____

Telephone: _____

E-mail: _____

Name: _____

Telephone: _____

E-mail: _____

Journal

You can use these pages to write down questions for your healthcare provider, take notes during your appointments, or make note of anything else you would like to remember. You may want to include the date next to each entry.

Treatment with LONSURF



For more information about treatment with LONSURF,
visit **LONSURF.com**

For information about financial support, talk to your healthcare provider or call
1-844-TAIHO-4U (1-844-824-4648) Monday to Friday, 8 AM to 8 PM ET

IMPORTANT SAFETY INFORMATION

Tell your healthcare provider if you have nausea, vomiting, or diarrhea that is severe or that does not go away. These are not all of the possible side effects of LONSURF. For more information, ask your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see Important Safety Information on page 32 and full Prescribing Information in pocket.

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LON-PM-US-1310 v2



Lonsurf[®]
(trifluridine and tipiracil) tablets