Identify and Treat Promptly When HDMTX-Induced AKI Presents[1]

VORAXAZE® (glucarpidase)
1000 units/vial for intravenous injection

Delayed MTX clearance can occur in ANY patient receiving HDMTX[2]

In a study of 43 adult patients receiving HDMTX for a solid tumor or hematopoietic malignancy, 9% (n=4) did not exhibit ANY risk factors and still experienced delayed MTX clearance with AKI[2]

Up to 12% of patients who receive HDMTX will experience delayed MTX clearance due to AKI[3]

CHECK for early indicators of HDMTX-induced AKI[1,3]:

LAB VALUES

Elevated MTX levels[1]

Patients are at risk for severe systemic toxicities if MTX levels are[4]:
>5-10 µM at 24 hours
>1 µM at 48 hours

Increased serum creatinine[1]

CLINICAL SIGNS OF ACUTE KIDNEY INJURY

Decreased urine output[3]

Positive fluid balance[3]

Weight change[3]

IDENTIFY delayed MTX clearance due to AKI[1,3]

MTXPK.org is designed to help clinicians understand the pharmacokinetics of HDMTX, especially with regard to delayed clearance.[5]

NOTE: This tool is a reference aid and the information contained is not intended to be a substitute for the exercise of professional judgment.

TREAT PROMPTLY with VORAXAZE for rapid, nonrenal elimination of MTX[6]

See results on reverse

AKI, acute kidney injury; HDMTX, high-dose methotrexate; MTX, methotrexate.

Indication and Limitations of Use

- Voraxaze® is a carboxypeptidase indicated to reduce toxic plasma methotrexate concentration (greater than 1 micromole per liter) in adult and pediatric patients with delayed methotrexate clearance (plasma methotrexate concentrations greater than 2 standard deviations of the mean methotrexate excretion curve specific for the dose of methotrexate administered) due to impaired renal function
- Limitations of Use: Voraxaze® is not recommended for use in patients who exhibit the expected clearance and expected plasma methotrexate concentration. Reducing plasma methotrexate concentration in these patients may result in subtherapeutic exposure to methotrexate

Important Safety Information

Warnings and Precautions

Serious Hypersensitivity Reactions

- Serious hypersensitivity reactions, including anaphylactic reactions, may occur. Serious hypersensitivity reactions occurred in less than 1% of patients

Clear the Hurdle of Delayed MTX Clearance Due to AKI With VORAXAZE[6]

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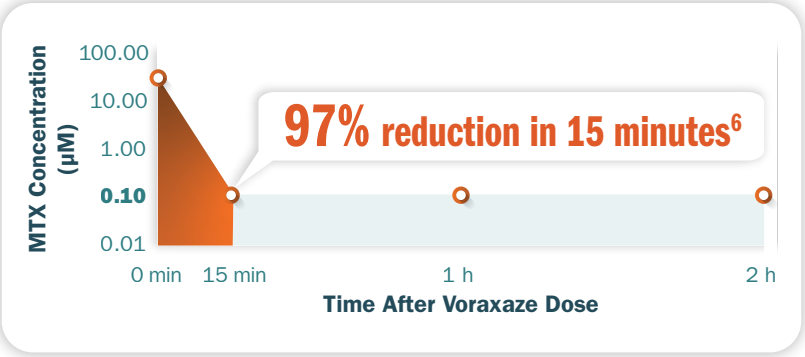
1000 units/vial for intravenous injection



RAPIDLY REDUCE MTX LEVELS

Administer VORAXAZE timely* to help rapidly reduce toxic MTX levels[1,6]

- MTX concentrations were reduced by ≥97% within 15 minutes in 100% of patients (N=22) and were maintained at a >95% reduction for up to 8 days in 91% (20/22) of patients[6]

***Administer VORAXAZE within 48-60 hours from the start of the HDMTX infusion—life-threatening toxicities may not be preventable after this time.[1]**

Real-world evidence supports the use of VORAXAZE in patients with HDMTX-induced AKI[7]

Scan to see the study

AKI, acute kidney injury; HDMTX, high-dose methotrexate; MTX, methotrexate.

Call 1-855-786-7292 to order VORAXAZE 24 hours/day, 7 days/week

Important Safety Information, cont.

Warnings and Precautions

Monitoring Methotrexate Concentration/Interference With Assay

- Methotrexate concentrations within 48 hours following Voraxaze® administration can only be reliably measured by a chromatographic method due to interference from metabolites. Measurement of methotrexate concentrations within 48 hours of Voraxaze® administration using immunoassays results in an overestimation of the methotrexate concentration

Adverse Reactions

- In clinical trials, the most common related adverse events (occurring in >1% of patients) were paresthesia, flushing, nausea and/or vomiting, hypotension and headache

Drug Interactions

- Voraxaze® can decrease leucovorin concentration, which may decrease the effect of leucovorin rescue unless leucovorin is dosed as recommended, and may also reduce the concentrations other folate analogs or folate analog metabolic inhibitors

References: 1. Ramsey LB, Balis FM, O'Brien MM, et al. Consensus guideline for use of glucarpidase in patients with high-dose methotrexate induced acute kidney injury and delayed methotrexate clearance. *Oncologist*. 2018;23(1):52-61. **2.** Schwartz S, Borner K, Müller K, et al. Glucarpidase (carboxypeptidase G2) intervention in adult and elderly cancer patients with renal dysfunction and delayed methotrexate elimination after high-dose methotrexate therapy. *Oncologist*. 2007;12(11):1299-1308. **3.** Howard SC, McCormick J, Pui CH, Buddington RK, Harvey RD. Preventing and managing toxicities of high-dose methotrexate. *Oncologist*. 2016;21(12):1471-1482. **4.** Widemann BC, Adamson PC. Understanding and managing methotrexate nephrotoxicity. *Oncologist*. 2006;11(6):694-703. **5.** Taylor ZL, Mizuno T, Punt NC, et al. MTXPK.org: a clinical decision support tool evaluating high-dose methotrexate pharmacokinetics to inform post-infusion care and use of glucarpidase. *Clin Pharmacol Ther*. 2020;108(3):635-643. **6.** Voraxaze® [prescribing information]. BTG International Inc. **7.** Gupta S, Kaunfer SA, Chen KL, et al. Glucarpidase for treatment of high-dose methotrexate toxicity. *Blood*. 2025;145(17):1858-1869.

SERB Pharmaceuticals

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Scan for Prescribing Information

Please see additional Important Safety Information throughout and click the QR code for full Prescribing Information.