CINVANTI® (aprepitant) injectable emulsion

The first and only synthetic–surfactant-free IV* NK_1 RA† approved for prevention of acute and delayed CINV‡ due to both HEC§ and MEC‖[1,2]

ONLY IV NK_1 RA WITH THE OPERATIONAL FLEXIBILITY OF

2-MINUTE IV PUSH

*IV=intravenous.
†NK_1 RA=neurokinin-1 receptor antagonist.
‡CINV=chemotherapy-induced nausea and vomiting.
§HEC=highly emetogenic chemotherapy.
‖MEC=moderately emetogenic chemotherapy.

INDICATION

CINVANTI is a substance P/neurokinin-1 (NK_1) receptor antagonist, indicated in adults, in combination with other antiemetic agents, for the prevention of: acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin as a single-dose regimen; delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC) as a single-dose regimen; and nausea and vomiting associated with initial and repeat courses of MEC as a 3-day regimen.

Limitations of Use: CINVANTI has not been studied for treatment of established nausea and vomiting.

IMPORTANT SAFETY INFORMATION

Contraindications

CINVANTI is contraindicated in patients with hypersensitivity to any of the components of CINVANTI.

Concurrent use of pimozide with CINVANTI is contraindicated.

Please see additional Important Safety Information on page 11 and accompanying full Prescribing Information.

CINVANTI® (aprepitant) injectable emulsion

Other IV NK_1 RA antiemetics are formulated with synthetic surfactants

- Synthetic surfactants are solubilizers used in other IV NK_1 RA formulations[3]
- Synthetic surfactants are pharmacologically active compounds that have been associated with adverse events including systemic HSRs* and ISAEs[†3-5]

	Emend® IV (fosaprepitant) for injection[‡2-4,6]
Synthetic surfactant	Polysorbate 80
Date synthetic surfactant was used in formulation of any drug product	1986
Synthetic surfactant real-world experience	**Known** Associated with HSRs, including anaphylaxis and ISAEs

*HSR=hypersensitivity reaction.
†ISAE=infusion site adverse event.
‡Emend is a trademark of Merck & Co., Inc.

Formulation matters and not all NK_1 RAs are created equal

Fosaprepitant is formulated with polysorbate 80—a compound associated with adverse events[2-5]

Reactions associated with PS 80*[3-5]

SYSTEMIC ADVERSE EVENTS

- Hypersensitivity
- Anaphylaxis

INFUSION SITE ADVERSE EVENTS

- Pain
- Swelling
- Erythema
- Thrombophlebitis
- Pruritus

- Due to sequential administration of NK_1 RAs and chemotherapy, adverse events may be inadvertently attributed solely to chemotherapy[11]

Infusion site adverse events occurred with fosaprepitant (via peripheral line) in a study of patients receiving AC†-based chemotherapy[12]

- The Mayo Clinic Rochester published a chart review in 2014 of 98 patients who received Emend IV (via peripheral line) and 44 patients who received oral Emend prior to AC-based chemotherapy[12]
- ISAEs were seen in 35% of patients receiving fosaprepitant vs 2% of patients for oral aprepitant[12]
- The Mayo Clinic discontinued use and removed Emend IV from its AC-based CINV prophylaxis protocol due to the rate of ISAEs[12]

*PS 80=polysorbate 80.
†AC=anthracycline/cyclophosphamide.

A need existed for a new IV formulation of aprepitant that delivers the same efficacy as fosaprepitant <u>without</u> a synthetic surfactant (PS 80)

CINVANTI—a synthetic–surfactant-free formulation of aprepitant

CINVANTI® (aprepitant) injectable emulsion

Aprepitant has provided trusted efficacy for the prevention of acute and delayed CINV since 2003[13]

Product	Active pharmaceutical ingredient	Formulation[1,2,14,15]
Oral Emend® (aprepitant)	**Aprepitant**	• Capsules • Oral suspension
Emend® IV (fosaprepitant) for injection*	**Aprepitant**	• IV infusion with the synthetic surfactant polysorbate 80
CINVANTI (aprepitant) injectable emulsion	**Aprepitant**	• **Unique synthetic–surfactant-free formulation administered as IV Push or IV infusion**

*Fosaprepitant, a prodrug of aprepitant, is converted to an active drug as it is metabolized by the body.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions

Clinically Significant CYP3A4 Drug Interactions

Aprepitant is a substrate, weak-to-moderate (dose-dependent) inhibitor, and an inducer of CYP3A4.

- Use of CINVANTI with other drugs that are CYP3A4 substrates may result in increased plasma concentration of the concomitant drug.
  - Use of pimozide with CINVANTI is contraindicated due to the risk of significantly increased plasma concentrations of pimozide, potentially resulting in prolongation of the QT interval, a known adverse reaction of pimozide.

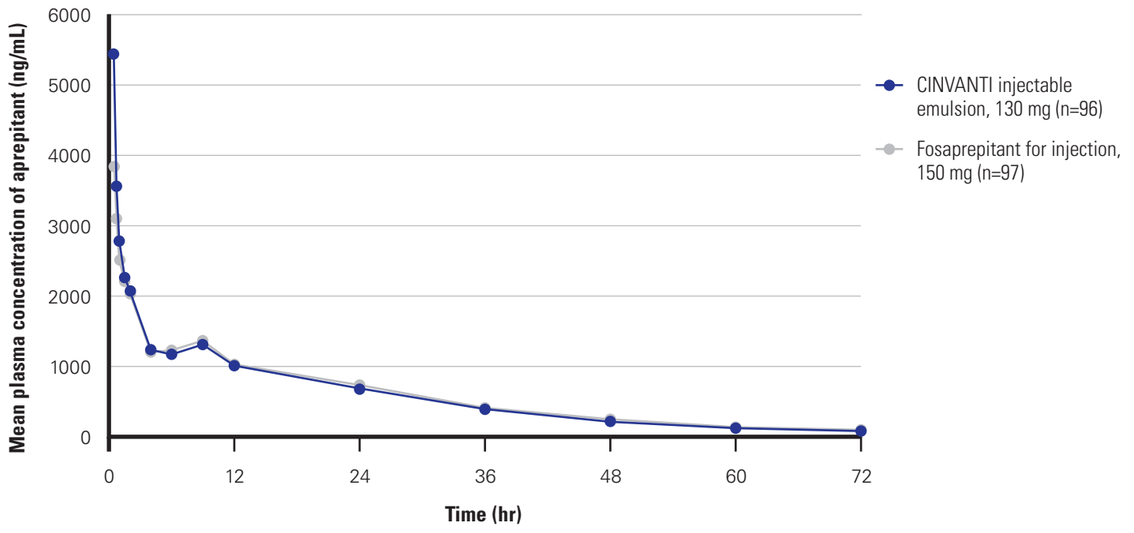
Please see additional Important Safety Information on page 11 and accompanying full Prescribing Information.

CINVANTI—delivering the trusted efficacy of fosaprepitant[16]

Proven bioequivalent to fosaprepitant for injection[16]

- 2 pivotal studies (Study 104 and Study 106) evaluated the bioequivalence of CINVANTI and fosaprepitant in healthy subjects[16]
  - Results across both studies were consistent[16]
- Demonstrated bioequivalence of CINVANTI 130 mg and fosaprepitant 150 mg[16]
  - Drugs are considered bioequivalent if they have the same systemic exposure and thus, should be comparably efficacious[17]
- Bioequivalence between CINVANTI and fosaprepitant was determined by pre-selected pharmacokinetic measurements that were found to be within the pre-defined statistical range*[16]
- The secondary objective of both studies was to assess the safety and tolerability of CINVANTI and fosaprepitant[16]

CINVANTI demonstrated bioequivalence to fosaprepitant†[16]



*Area under the $curve_{0\text{-}t}$: Plasma concentration from time 0 to last measurement; Area under the $curve_{0\text{-}inf}$: Plasma concentration from time 0 extrapolated to infinity; C_{12} hour: Plasma concentration at 12 hours.[16]
†Data presented are from Study 106.[16]

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

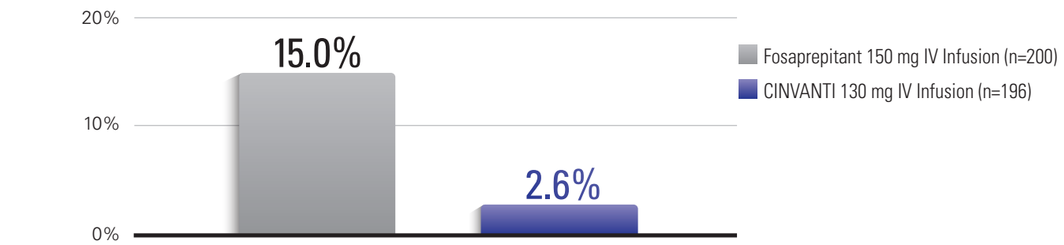
- Use of CINVANTI with strong or moderate CYP3A4 inhibitors (e.g., ketoconazole, diltiazem) may increase plasma concentrations of aprepitant and result in an increased risk of adverse reactions related to CINVANTI.
- Use of CINVANTI with strong CYP3A4 inducers (e.g., rifampin) may result in a reduction in aprepitant plasma concentrations and decreased efficacy of CINVANTI.

CINVANTI® (aprepitant) injectable emulsion

CINVANTI—demonstrated fewer adverse events within 30 minutes of infusion vs fosaprepitant in healthy subjects[16]

- The bioequivalence studies were conducted in healthy subjects who were not being treated with chemotherapy. This allowed for an assessment of the adverse events likely caused by each NK_1 RA without interference of the chemotherapy*[16]

Incidence of any TEAEs† within 30 minutes of infusion*[18]



*In 2 pivotal, open-label, randomized, crossover bioequivalence studies, subjects received 130 mg of CINVANTI and 150 mg of fosaprepitant for injection. Infusion time was 30 minutes for CINVANTI and either 20 or 30 minutes for fosaprepitant for injection. Systemic exposure was equivalent for CINVANTI and fosaprepitant.[16]

Fewer infusion site reactions and systemic AEs‡ vs fosaprepitant[16]

AEs in ≥2% of subjects within 30 minutes of infusion§

Adverse Event	Fosaprepitant 150 mg IV infusion (n=200)	CINVANTI 130 mg IV infusion (n=196)
Infusion site pain	7%	0%
Dyspnea‖	3%	0.5%
Nausea	2%	0.5%

†TEAE=treatment-emergent adverse event.
‡AE=adverse event.
§In 2 pivotal, open-label, randomized, crossover bioequivalence studies, subjects received 130 mg of CINVANTI and 150 mg of fosaprepitant for injection. Infusion time was 30 minutes for CINVANTI and either 20 or 30 minutes for fosaprepitant for injection. Systemic exposure was equivalent for CINVANTI and fosaprepitant.[16]
‖Dyspnea led to study discontinuation in 2 subjects in the fosaprepitant arm and 1 subject in the CINVANTI arm.[16]

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylaxis, during or soon after administration of CINVANTI have occurred. Symptoms including dyspnea, eye swelling, flushing, pruritus, and wheezing have been reported. If hypersensitivity reactions occur, discontinue CINVANTI. Do not reinitiate CINVANTI in patients who experience these symptoms with previous use.

Please see additional Important Safety Information on page 11 and accompanying full Prescribing Information.

Avoid the impact of infusion bag shortages with CINVANTI 2-minute IV Push

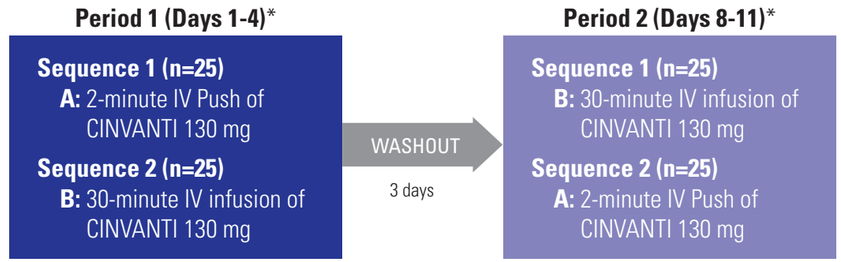
Shortages of IV fluid and bags have disrupted the ability to use IV infusions

- Events such as natural disasters and the COVID-19† pandemic have caused persistent interruptions to the supply chain for medical supplies.[19-21]
  - These shortages continue to be a challenge in the United States[21]

The American Society of Health-System Pharmacists (ASHP) recommends switching from IV infusion to IV push whenever possible[22]

Heron completed Study 108 to evaluate CINVANTI given as a 2-minute IV Push[23]

- Study 108 included a single-center, randomized, open-label, crossover evaluation of 50 healthy subjects to assess the pharmacokinetics, tolerability, and safety of CINVANTI administered by 2-minute IV Push vs 30-minute infusion



*Confinement lasted from the morning of Day 1 through the end of period 2, for a total of approximately 12 days (through the pharmacokinetics collection at 72 hours after dose 2).[23]
†COVID-19=coronavirus disease 2019.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Decrease in INR with Concomitant Warfarin

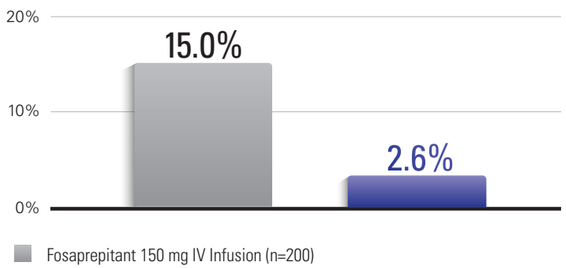
Co-administration of CINVANTI with warfarin, a CYP2C9 substrate, may result in a clinically significant decrease in the International Normalized Ratio (INR) of prothrombin time. Monitor the INR in patients on chronic warfarin therapy in the 2-week period, particularly at 7 to 10 days, following initiation of CINVANTI with each chemotherapy cycle.

CINVANTI—2-minute IV Push as safe as 30-minute IV infusion[23]

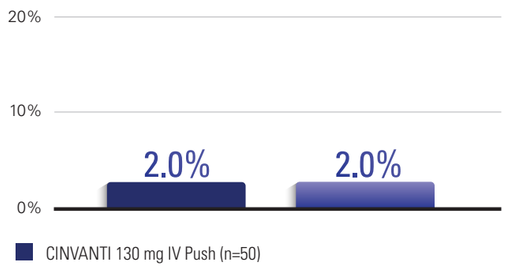
- CINVANTI 2-minute IV Push demonstrated bioequivalence to 30-minute IV Infusion in healthy subjects[23]

Incidence of any TEAEs within 30 minutes of administration

Fosaprepitant IV Infusion vs CINVANTI 30-minute IV Infusion (Studies 104/106)[18]



CINVANTI 2-minute IV Push vs CINVANTI 30-minute IV Infusion (Study 108)[23]



- In studies 104/106, 15.0% of subjects who received fosaprepitant IV experienced AEs within 30 minutes of administration vs 2.6% of subjects who received CINVANTI IV infusion[18]
- In study 108, incidence of TEAEs within the first 30 minutes with CINVANTI IV Push was comparable to CINVANTI infusion[23]

CINVANTI 2-minute IV Push demonstrated safety and tolerability comparable to the 30-minute IV infusion in healthy subjects[23]

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Risk of Reduced Efficacy of Hormonal Contraceptives

The efficacy of hormonal contraceptives may be reduced during administration of and for 28 days following the last dose of CINVANTI. Advise patients to use effective alternative or back-up methods of non-hormonal contraception during treatment with CINVANTI and for 1 month following administration of CINVANTI or oral aprepitant, whichever is administered last.

Please see additional Important Safety Information on page 11 and accompanying full Prescribing Information.

Safety of CINVANTI 2-minute IV Push supported by a crossover study in patients with cancer[23]

- A single-center prospective study at University of Alabama at Birmingham was conducted to assess the safety of CINVANTI 2-minute IV Push compared to the 30-minute IV infusion in patients with cancer[24]
- This prospective, 1:1 randomized, crossover study evaluated adverse events in the 0-30, 30-60, and >60 minute time periods following the start of CINVANTI administration in 135 patients with cancer receiving HEC or MEC[24]
  - CINVANTI was administered 60 minutes prior to chemotherapy as part of a 3-drug regimen for CINV prophylaxis

CINVANTI 2-minute IV Push was comparable to IV infusion in patients with cancer[24]

- No TEAEs were related to CINVANTI treatment (within 0-30 and 30-60 minutes of antiemetic regimen administration)[24]

CINVANTI 2-minute IV Push administration was well tolerated in studies of healthy subjects and patients with cancer[23,24]

2-minute IV Push provides operational advantages over longer IV infusions by:

REDUCING preparation and administration time[1,25,26]

– Decreases pharmacy workload, requires fewer preparation steps, and allows for storage in automated dispensing devices

REDUCING use of infusion supplies[1,26,27]

– Eliminates the need for materials such as tubing and IV solution bags

REDUCING patient time required for treatment[28,29]

– Gives patients time back in their day

IMPORTANT SAFETY INFORMATION (cont)

Use in Specific Populations

Avoid use of CINVANTI in pregnant women as alcohol is an inactive ingredient for CINVANTI. There is no safe level of alcohol exposure in pregnancy.

CINVANTI® (aprepitant) injectable emulsion

The only NK_1 RA available with the added flexibility of IV Push[1]

Flexible dosing[1]

HEC and MEC single-dose regimen*

DAY 1 — CINVANTI 130 mg IV
administered 30 minutes prior to HEC or MEC

MEC 3-day dose regimen*

DAY 1 — CINVANTI 100 mg IV
administered 30 minutes prior to MEC

DAYS 2 and 3 — Oral aprepitant 80 mg

Preparation and administration[1]

2-MINUTE IV PUSH

- **HEC or MEC (130 mg):** Aseptically withdraw 18 mL from the vial and administer as 2-minute injection
- **MEC (100 mg):** Aseptically withdraw 14 mL from the vial and administer as 2-minute injection
- Flush infusion line with normal saline before and after administration of CINVANTI

Do not dilute

No reconstitution required

30-MINUTE IV INFUSION

- **HEC or MEC (130 mg):** Aseptically withdraw 18 mL from the vial
- **MEC (100 mg):** Aseptically withdraw 14 mL from the vial
- Transfer into an infusion bag filled with 100 mL of 0.9% Sodium Chloride Injection, USP or 5% Dextrose for Injection, USP
- Gently invert the bag 4 to 5 times; avoid shaking
- Inspect the bag for particulate and/or discoloration before 30-minute administration
- Discard the bag if particulate and/or discoloration is observed

HEC or MEC (130 mg) dose total volume: 118 mL

MEC (100 mg) dose total volume: 114 mL

Use only non-DEHP† tubing and non-PVC‡ infusion bags

No reconstitution required

Vial storage[1]

- Each single glass vial contains 130 mg/18 mL aprepitant
- Must be refrigerated, stored at 2°C-8°C (36°F-46°F)
- Can remain at room temperature for up to 60 days
- Do not freeze

Diluted solution storage[1]

N/A

Diluted drug solution remains stable:

- **At room temperature** for **6 hours** in 0.9% Sodium Chloride Injection, USP and **12 hours** in 5% Dextrose Injection, USP
- **Under refrigeration** for **72 hours** in 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP

Please see additional Important Safety Information on page 11 and accompanying full Prescribing Information.

Indication and Important Safety Information

INDICATION

CINVANTI is a substance P/neurokinin-1 (NK_1) receptor antagonist, indicated in adults, in combination with other antiemetic agents, for the prevention of: acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin as a single-dose regimen; delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC) as a single-dose regimen; and nausea and vomiting associated with initial and repeat courses of MEC as a 3-day regimen.

Limitations of Use: CINVANTI has not been studied for treatment of established nausea and vomiting.

IMPORTANT SAFETY INFORMATION

Contraindications

CINVANTI is contraindicated in patients with hypersensitivity to any of the components of CINVANTI.

Concurrent use of pimozide with CINVANTI is contraindicated.

Warnings and Precautions

Clinically Significant CYP3A4 Drug Interactions

Aprepitant is a substrate, weak-to-moderate (dose-dependent) inhibitor, and an inducer of CYP3A4.

- Use of CINVANTI with other drugs that are CYP3A4 substrates may result in increased plasma concentration of the concomitant drug.
  - Use of pimozide with CINVANTI is contraindicated due to the risk of significantly increased plasma concentrations of pimozide, potentially resulting in prolongation of the QT interval, a known adverse reaction of pimozide.
- Use of CINVANTI with strong or moderate CYP3A4 inhibitors (e.g., ketoconazole, diltiazem) may increase plasma concentrations of aprepitant and result in an increased risk of adverse reactions related to CINVANTI.
- Use of CINVANTI with strong CYP3A4 inducers (e.g., rifampin) may result in a reduction in aprepitant plasma concentrations and decreased efficacy of CINVANTI.

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylaxis, during or soon after administration of CINVANTI have occurred. Symptoms including dyspnea, eye swelling, flushing, pruritus, and wheezing have been reported. If hypersensitivity reactions occur, discontinue CINVANTI. Do not reinitiate CINVANTI in patients who experience these symptoms with previous use.

Decrease in INR with Concomitant Warfarin

Co-administration of CINVANTI with warfarin, a CYP2C9 substrate, may result in a clinically significant decrease in the International Normalized Ratio (INR) of prothrombin time. Monitor the INR in patients on chronic warfarin therapy in the 2-week period, particularly at 7 to 10 days, following initiation of CINVANTI with each chemotherapy cycle.

Risk of Reduced Efficacy of Hormonal Contraceptives

The efficacy of hormonal contraceptives may be reduced during administration of and for 28 days following the last dose of CINVANTI. Advise patients to use effective alternative or back-up methods of non-hormonal contraception during treatment with CINVANTI and for 1 month following administration of CINVANTI or oral aprepitant, whichever is administered last.

Use in Specific Populations

Avoid use of CINVANTI in pregnant women as alcohol is an inactive ingredient for CINVANTI. There is no safe level of alcohol exposure in pregnancy.

Adverse Reactions

The most common adverse reactions are:

- Single-dose fosaprepitant with MEC (≥2%): fatigue, diarrhea, neutropenia, asthenia, anemia, peripheral neuropathy, leukopenia, dyspepsia, urinary tract infection, pain in extremity.
- 3-day oral aprepitant with MEC (≥1% and greater than standard therapy): fatigue and eructation.
- Single-dose fosaprepitant with HEC: generally similar to 3-day oral aprepitant. In addition, infusion site reactions (3%) occurred.
- Single-dose CINVANTI (≥2%): headache and fatigue. The safety profile of CINVANTI in healthy subjects who received a single 2-minute injection was similar to that seen with a 30-minute infusion.

Report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. Report side effects to Heron at 1-844-437-6611.

Please see accompanying full Prescribing Information or visit www.CINVANTI.com.

*Additionally, dexamethasone and a $5\text{-}HT_3$ RA should be administered as directed in the Dosage and Administration section of the CINVANTI PI.
†DEHP=Di(2-ethylhexyl) phthalate.
‡PVC=polyvinyl chloride.

CINVANTI® (aprepitant) injectable emulsion

Comprehensive support to meet the needs of your patients and practice

Broad coverage and reimbursement for CINVANTI

- Widespread payer coverage including Medicare, Medicaid, and Commercial Payers

CINVANTI product-specific J-Code:

HCPCS Code	Description
J0185	Injection, aprepitant, 1 mg

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Accessed February 23, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

Heron Connect®—we've got it covered

Heron Connect Copay Assistance Program

$0 out-of-pocket costs for eligible, commercially insured patients*

Heron Connect Patient Assistance Program (PAP)

offers CINVANTI at **no cost to patients with financial hardship** who meet program eligibility criteria†

Heron Commitment Program®

helps mitigate the financial burden of qualifying claim denials‡§

Heron Connect services

- Dedicated Reimbursement Counselors: A single point of contact for your practice
  - Help patients with enrollment in Heron Connect programs and insurance verification
  - Assist with prior authorization, appeals, billing, reimbursement, and coding
  - Track outcomes, and provide other services to support patients and help them secure product coverage
- Drug replacement: In the event that CINVANTI is determined to be unfit for patient use, or has expired, Heron Therapeutics will replace the affected units‖

Call 1-844-HERON11 (1-844-437-6611) from 8 AM to 5 PM ET, Monday through Friday, or visit HeronConnect.com

*Limitations apply. Offer not valid as follows: (a) patients covered under Medicare, Medicaid, or any federal or state program; (b) where plan covers treatment for the patient for the entire cost of the prescription drug. Patients pay $0 per copay per dose per 12-month calendar period. When applicable, deductible assistance up to $200 per treatment will be covered. For cash-paying patients, the program will cover $150 per prescription up to $1,800 per calendar year. Eligibility is for 12 months, after which patients will need to reapply for continued assistance. This offer expires 12/31/22.

†Heron Therapeutics reserves the right, at its sole discretion, to discontinue the Heron Connect Patient Assistance Program or change the qualifications at any time. All patient information remains confidential. Product supply for the program depends on availability.

‡The Heron Commitment Program and the other product support programs offered by Heron Therapeutics do not impose any purchase obligation at any time or in any manner. Use of CINVANTI may be discontinued at any time, without penalty.

§A qualifying claim denial can be reviewed for the Heron Commitment Program when, for a patient covered under commercial insurance, the following criteria have been met, and documentation confirms: (a) the verification of benefits, conducted by the provider and/or Heron Connect, meets all of the payer criteria and/or policy requirements, (b) the submitted claim for the Heron product is denied, and (c) the claim has been denied again by the commercial payer after the first level of appeals process has been followed.

‖Determination will be made by the manufacturer of CINVANTI.

Please see accompanying full Prescribing Information.

CINVANTI® (aprepitant) injectable emulsion

CINVANTI—the only synthetic–surfactant-free NK_1 RA approved for 2-minute IV Push[1,2]

	CINVANTI IV (aprepitant) injectable emulsion[1,16,25-29]	Emend IV (fosaprepitant) for injection[2]	Akynzeo IV (fosnetupitant/ palonosetron) for injection and injection[30]
Approved for prevention of acute and delayed CINV due to both HEC and MEC	✓	NO	NO
Delivers the trusted efficacy of aprepitant	✓	✓	NO
Provides operational advantages of 2-minute IV Push	✓	NO	NO
Clinical flexibility of single-agent NK_1 RA	✓	✓	NO
Synthetic–surfactant-free formulation (ie, no polysorbate 80)	✓	NO	✓
Unique emulsion formulation requires no reconstitution	✓	NO	NO*
Vials can be stored at room temperature for up to 60 days	✓	NO	NO†

*Akynzeo for injection requires reconstitution, while Akynzeo injection does not.

†Akynzeo for injection requires refrigeration, while Akynzeo injection does not.

NCCN CATEGORY 1
RECOMMENDED OPTION

Aprepitant injectable emulsion (CINVANTI) is a Category 1 recommended option in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis for the prevention of acute and delayed emesis due to HEC and MEC.[‡§‖¶31]

‡National Comprehensive Cancer Network® (NCCN®).
§Category 1: Based upon high-level evidence, there is uniform National Comprehensive Cancer Network® (NCCN) consensus that the intervention is appropriate.
‖When used in recommended antiemetic combination regimens.
¶Aprepitant injectable emulsion is a unique formulation of aprepitant and is NOT interchangeable with the intravenous formulation of fosaprepitant.

IMPORTANT SAFETY INFORMATION (cont)

Adverse Reactions

The most common adverse reactions are:

- Single-dose fosaprepitant with MEC (≥2%): fatigue, diarrhea, neutropenia, asthenia, anemia, peripheral neuropathy, leukopenia, dyspepsia, urinary tract infection, pain in extremity.
- 3-day oral aprepitant with MEC (≥1% and greater than standard therapy): fatigue and eructation.
- Single-dose fosaprepitant with HEC: generally similar to 3-day oral aprepitant. In addition, infusion site reactions (3%) occurred.
- Single-dose CINVANTI (≥2%): headache and fatigue. The safety profile of CINVANTI in healthy subjects who received a single 2-minute injection was similar to that seen with a 30-minute infusion.

Report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. Report side effects to Heron at 1-844-437-6611.

Please see additional Important Safety Information on page 11 and accompanying full Prescribing Information.

CINVANTI® (aprepitant) injectable emulsion