

<May> <2022>

Important Drug Warning

Subject: Risk of Severe Cutaneous Adverse Reactions with PADCEV™ (enfortumab vedotin)
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Dear Healthcare Provider,

This letter is to provide you with important safety information about the risk of severe cutaneous adverse reactions included in the prescriber information for PADCEV™, a Nectin-4-directed antibody drug conjugate indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting, or are ineligible for cisplatin-containing chemotherapy and have previously received a PD-1/PD-L1 inhibitor. The letter also provides guidance on the steps to take including dose modifications and management in the case that the described risk of severe cutaneous adverse reactions occurs.

Summary

- PADCEV™ can cause severe and fatal cutaneous adverse reactions including Stevens-Johnson syndrome (SJS) and Toxic Epidermal Necrolysis (TEN), which occurred predominantly during the first cycle of treatment, but may occur later.
- Closely monitor patients for skin reactions.
- Immediately withhold PADCEV and consider referral for specialized care for suspected SJS or TEN or severe skin reactions.
- Permanently discontinue PADCEV in patients with confirmed SJS or TEN; or Grade 4 or recurrent Grade 3 skin reactions.

Recommendations to Healthcare Provider

- Inform patients that rashes and severe skin reactions have occurred after administration of PADCEV™.
- Advise patients to contact their healthcare provider if they have signs or symptoms of skin reactions.

Dose Modifications

Adverse Reaction	Severity*	Dose Modification*
Skin Reactions <i>[see Boxed Warning,</i>	Suspected SJS or TEN	Immediately withhold, consult a specialist to confirm the diagnosis. If not SJS/TEN, see Grade 3 skin reactions.

Warnings and Precautions (5.1)	Confirmed SJS or TEN; Grade 4 or recurrent Grade 3 skin reactions	Permanently discontinue.
	Grade 3 (severe) skin reactions	Withhold until Grade ≤ 1 , then resume treatment at the same dose level or consider dose reduction by one dose level.

*Grade 1 is mild, Grade 2 is moderate, Grade 3 is severe, Grade 4 is life-threatening.

Recommended Dose Reduction Schedule

	Dose Level
Starting dose	1.25 mg/kg up to 125 mg
First dose reduction	1.0 mg/kg up to 100 mg
Second dose reduction	0.75 mg/kg up to 75 mg
Third dose reduction	0.5 mg/kg up to 50 mg

Additional Information on Safety Concern

Skin reactions occurred in 55% of the 680 patients treated with PADCEV™ in clinical trials. Twenty-three percent (23%) of patients had maculopapular rash and 33% had pruritus. Grade 3-4 skin reactions occurred in 13% of patients, including maculo-papular rash, rash erythematous, rash or drug eruption, symmetrical drug-related intertriginous and flexural exanthema (SDRIFE), dermatitis bullous, dermatitis exfoliative, and palmar-plantar erythrodysesthesia. In clinical trials, the median time to onset of severe skin reactions was 0.6 months (range: 0.1 to 6.4 months).

Among patients experiencing a skin reaction leading to dose interruption who then restarted PADCEV™ (n=59), 24% of patients restarting at the same dose and 16% of patients restarting at a reduced dose experienced recurrent severe skin reactions. Skin reactions led to discontinuation of PADCEV™ in 2.6% of patients.

Adverse reactions have been identified during post-approval use of PADCEV™. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Skin and subcutaneous tissue disorders: Epidermal necrosis, Stevens-Johnson syndrome, toxic epidermal necrolysis

Additional Information: Mechanism of Action:

- Enfortumab vedotin is directed antibody-drug conjugate (ADC). The antibody is a human IgG1 directed against Nectin-4, an adhesion protein located on the surface of cells.
- The small molecule, MMAE, is a microtubule-disrupting agent, attached to the antibody via a protease-cleavable linker. Nonclinical data suggest that the anticancer activity of enfortumab vedotin is due to the binding of the ADC to Nectin-4-expressing cells, followed by internalization of the ADC to Nectin-4 complex, and the release of MMAE via proteolytic cleavage.
- Release of MMAE disrupts the microtubule network within the cell, subsequently inducing cell cycle arrest and apoptotic cell death.

The important safety information in this letter is not intended as a complete description of the benefits and risks related to the use of PADCEV™, please refer to the enclosed full Prescribing Information that is updated with the important safety information;

Padcev 20mg

<https://israel drugs.health.gov.il/#!/medDetails/167%2037%2036604%2000>

Padcev 30mg

<https://israel drugs.health.gov.il/#!/medDetails/167%2038%2036605%2000>

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form:

[/https://sideeffects.health.gov.il](https://sideeffects.health.gov.il)

Adverse events can also be reported to Astellas Pharma International B.V using the following email: Pharmacovigilance.IL@astellas.com

Company Contact Point

Should you have any questions regarding the contents of this letter or the use of PADCEV™, please contact Pharmacovigilance.IL@astellas.com

Sincerely,

Dr. Varda Eshed

Head of Medical Affairs

Astellas Pharma International B.V



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