

PADCEV[®] ADVERSE REACTIONS MONITORING CHECKLIST

A guide to help healthcare providers identify and monitor potential adverse reactions during treatment with PADCEV. For use prior to each infusion and during follow-up visits.

BOXED WARNING: SERIOUS SKIN REACTIONS

- 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.

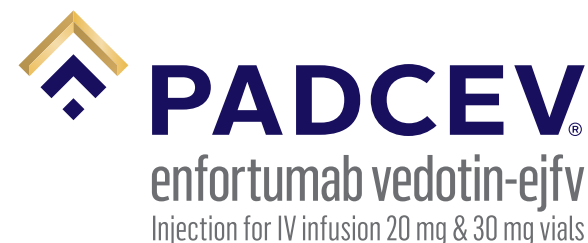
INDICATION

PADCEV, in combination with pembrolizumab, is indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC).

PADCEV, as a single agent, is indicated for the treatment of adult patients with locally advanced or mUC who:

- have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and platinum-containing chemotherapy, or
- are ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy.

Please see [Important Safety Information](#) and [Full Prescribing Information](#), including **BOXED WARNING**.



Select Adverse Reactions

The checklist below outlines some of the possible signs and symptoms that a patient may experience, as well as potential screening questions to ask for each of the select adverse reactions (ARs). You can use these tools at each visit to help identify some of the potential ARs that a patient may experience while on PADCEV® as a single agent or in combination with pembrolizumab.

During each visit, remind patients about the importance of immediately reporting any new or worsening symptoms to their healthcare team.¹

Please refer to the [Prescribing Information](#) for a full list of potential ARs.

SKIN REACTIONS¹⁻³

- | | | |
|---|--|--|
| <input type="checkbox"/> Target lesions (skin reactions that look like rings) | <input type="checkbox"/> Painful sores or ulcers in mouth or nose, throat, or genital area | <input type="checkbox"/> Skin color changes |
| <input type="checkbox"/> Rash or itching that continues to get worse | <input type="checkbox"/> Fever or flu-like symptoms | <input type="checkbox"/> Skin texture changes |
| <input type="checkbox"/> Blistering or peeling of the skin | <input type="checkbox"/> Swollen lymph nodes | <input type="checkbox"/> Swelling of extremities |
| | | <input type="checkbox"/> Skin pain |

Potential screening questions²

- Have you noticed any new/worsening rashes?
- Have you experienced fever or other flu-like symptoms?
- Have you noticed any blistering in/around your mouth, eyes, and/or genitals?

HYPERGLYCEMIA³

- | | | |
|---|--|--|
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Harder to control blood sugar | <input type="checkbox"/> Fruity smell on your breath |
| <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Confusion | | <input type="checkbox"/> Stomach pain |

Potential screening questions²

- Have you noticed things like increased urination or thirst?
- Have you experienced periods of confusion or drowsiness?

PNEUMONITIS/INTERSTITIAL LUNG DISEASE (ILD)^{2,3}

- | | | |
|---|---|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Hypoxia |
| <input type="checkbox"/> Decreased activity tolerance | <input type="checkbox"/> Fever | <input type="checkbox"/> New or worsening respiratory symptoms |
| <input type="checkbox"/> Trouble breathing | <input type="checkbox"/> Interstitial infiltrates on radiologic exams | |
| <input type="checkbox"/> Chest pain | | |

Potential screening questions²

- Have you had any coughing or chest pain?
- Are you able to do all the activities you normally do without difficulty breathing?

Select Adverse Reactions (cont'd)

PERIPHERAL NEUROPATHY (PN)²⁻⁴

- ☐ Sensory PN: pain/burning, numbness (loss of sensation), or tingling of the hands or feet
- ☐ Motor PN: loss of coordination, muscle weakness (especially in legs)

Potential screening questions^{2,4}

- Have you noticed any pain, burning, numbness, or tingling anywhere in your body?
- Do you have any new or worsened weakness in your arms or legs since starting treatment?
- Have you had trouble walking or performing daily tasks?

Ask the patient to pick up a coin, pen, or other object, button or unbutton a shirt.² Difficulty with these tasks may indicate onset of peripheral neuropathy.

OCULAR DISORDERS^{2,3}

- | | | |
|--|--|--|
| <input type="checkbox"/> Dry eye | <input type="checkbox"/> Blind spots | <input type="checkbox"/> Photophobia |
| <input type="checkbox"/> Increased tear production | <input type="checkbox"/> Any vision changes, including changes in color vision | <input type="checkbox"/> Tenderness/pain |
| <input type="checkbox"/> Conjunctivitis | | <input type="checkbox"/> Eyelid swelling |
| <input type="checkbox"/> Blurred/distorted vision | | <input type="checkbox"/> Proptosis |

Potential screening questions²

- Have you noticed any changes in your vision, including blurred vision or light sensitivity?
- Have you had any pain or dryness in/around your eyes?

INFUSION SITE EXTRAVASATION³

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Redness | <input type="checkbox"/> Itching | <input type="checkbox"/> Peeling skin |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Blister | <input type="checkbox"/> Discomfort at the infusion site |

GI EVENTS^{2,4}

- | | | |
|---|--|---|
| <input type="checkbox"/> Appetite loss | <input type="checkbox"/> Cramping | <input type="checkbox"/> Abdominal distension |
| <input type="checkbox"/> Dysgeusia* | <input type="checkbox"/> Blood or mucus in stool | <input type="checkbox"/> Obstipation |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Changes in bowel habits | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Fever | |

Potential screening questions²

- Have you noticed any changes in your bowel movements from what is normal, such as change in appearance or consistency?
- Have you experienced any recent pain in your abdomen? Can you describe the pain and how frequently it occurs?





*Classified as a nervous system disorder per CTCAE v5.0 grading.⁵



Additional potential screening questions

- Have you noticed any symptoms or side effects since your last infusion?
- Are there any symptoms or side effects that have worsened since your last infusion?
- Are there any symptoms or side effects that have improved since your last infusion?

Dose Modifications for Select Adverse Reactions³





ADVERSE REACTION	SEVERITY*	DOSE MODIFICATION*
 SKIN REACTIONS	For persistent or recurrent Grade 2 skin reactions	<ul style="list-style-type: none"> ■ Consider withholding until Grade ≤1 □ Then resume treatment at the same dose level or dose reduce by one dose level
	Grade 3 skin reactions	<ul style="list-style-type: none"> ■ Withhold until Grade ≤1 □ Then resume treatment at the same dose level or dose reduce by one dose level
	Suspected SJS or TEN	<ul style="list-style-type: none"> ■ Immediately withhold, consult a specialist to confirm the diagnosis. If not SJS/TEN, see Grade 2-4 skin reactions
	Confirmed SJS or TEN; Grade 4 or recurrent Grade 3 skin reactions	<ul style="list-style-type: none"> ■ Permanently discontinue
 HYPERGLYCEMIA	Blood glucose >250 mg/dL	<ul style="list-style-type: none"> ■ Withhold until elevated blood glucose has improved to ≤250 mg/dL □ Then resume treatment at the same dose level
 PNEUMONITIS/ INTERSTITIAL LUNG DISEASE (ILD)	Grade 2	<ul style="list-style-type: none"> ■ Withhold until Grade ≤1 □ Then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade ≥3	<ul style="list-style-type: none"> ■ Permanently discontinue
 PERIPHERAL NEUROPATHY	Grade 2	<ul style="list-style-type: none"> ■ Withhold until Grade ≤1 □ Then resume treatment at the same dose level (if first occurrence) ■ For a recurrence, withhold until Grade ≤1 □ Then resume treatment reduced by one dose level
	Grade ≥3	<ul style="list-style-type: none"> ■ Permanently discontinue

■ WITHHOLD ■ RESUME ■ DISCONTINUE

SJS=Stevens-Johnson syndrome; TEN=toxic epidermal necrolysis.

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

Dose Modifications for Select Adverse Reactions³ (cont'd)

ADVERSE REACTION	SEVERITY*	DOSE MODIFICATION*
 OCULAR DISORDERS	N/A	<ul style="list-style-type: none"> ■ Consider dose interruption or dose reduction of PADCEV® for symptomatic ocular disorders
 INFUSION SITE EXTRAVASATION	N/A	<ul style="list-style-type: none"> ■ Stop the infusion and monitor for adverse reactions
 OTHER NONHEMATOLOGIC TOXICITY	Grade 3	<ul style="list-style-type: none"> ■ Withhold until Grade ≤1 □ Then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade 4	<ul style="list-style-type: none"> ■ Permanently discontinue
 HEMATOLOGIC TOXICITY	Grade 3, or Grade 2 thrombocytopenia	<ul style="list-style-type: none"> ■ Withhold until Grade ≤1 □ Then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade 4	<ul style="list-style-type: none"> ■ Withhold until Grade ≤1 □ Then reduce dose by one dose level or discontinue treatment

RECOMMENDED STARTING DOSE OF PADCEV AND DOSE REDUCTION SCHEDULE

The recommended dose of PADCEV (as a single agent or in combination with pembrolizumab) is 1.25 mg/kg (up to a maximum of 125 mg for patients ≥100 kg).

Starting dose level	1 st dose reduction	2 nd dose reduction	3 rd dose reduction
DOSE LEVEL: 1.25 mg/kg up to 125 mg	DOSE LEVEL: 1.0 mg/kg up to 100 mg	DOSE LEVEL: 0.75 mg/kg up to 75 mg	DOSE LEVEL: 0.5 mg/kg up to 50 mg

Refer to the PADCEV [Prescribing Information](#) for the recommended dosing schedule of PADCEV as a single agent or in combination with pembrolizumab. Refer to the pembrolizumab [Prescribing Information](#) for the recommended dosing information of pembrolizumab.



Help your patients understand that **dose modifications may be necessary to help treat ARs** and that they were used frequently in PADCEV clinical trials to help address ARs.

BOXED WARNING: SERIOUS SKIN REACTIONS

- **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.**

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

Skin reactions Severe cutaneous adverse reactions, including fatal cases of SJS or TEN occurred in patients treated with PADCEV. SJS and TEN occurred predominantly during the first cycle of treatment but may occur later. Skin reactions occurred in 70% (all grades) of the 564 patients treated with PADCEV in combination with pembrolizumab in clinical trials. When PADCEV was given in combination with pembrolizumab, the incidence of skin reactions, including severe events, occurred at a higher rate compared to PADCEV as a single agent. The majority of the skin reactions that occurred with combination therapy included maculo-papular rash, macular rash and papular rash. Grade 3-4 skin reactions occurred in 17% of patients (Grade 3: 16%, Grade 4: 1%), including maculo-papular rash, bullous dermatitis, dermatitis, exfoliative dermatitis, pemphigoid, rash, erythematous rash, macular rash, and papular rash. A fatal reaction of bullous dermatitis occurred in one patient (0.2%). The median time to onset of severe skin reactions was 1.7 months (range: 0.1 to 17.2 months). Skin reactions led to discontinuation of PADCEV in 6% of patients.

Skin reactions occurred in 58% (all grades) of the 720 patients treated with PADCEV as a single agent in clinical trials. Twenty-three percent (23%) of patients had maculo-papular rash and 34% had pruritus. Grade 3-4 skin reactions occurred in 14% of patients, including maculo-papular rash, erythematous rash, rash or drug eruption, symmetrical drug-related intertriginous and flexural exanthema (SDRIFE), bullous dermatitis, exfoliative dermatitis, and palmar-plantar erythrodysesthesia. The median time to onset of severe skin reactions was 0.6 months (range: 0.1 to 8 months). Among patients experiencing a skin reaction leading to dose interruption who then restarted PADCEV (n=75), 24% of patients restarting at the same dose and 24% of patients restarting at a reduced dose experienced recurrent severe skin reactions. Skin reactions led to discontinuation of PADCEV in 3.1% of patients.

Monitor patients closely throughout treatment for skin reactions. Consider topical corticosteroids and antihistamines, as clinically indicated. For persistent or recurrent Grade 2 skin reactions, consider withholding PADCEV until Grade ≤ 1 . Withhold PADCEV and

refer for specialized care for suspected SJS, TEN or for Grade 3 skin reactions. Permanently discontinue PADCEV in patients with confirmed SJS or TEN; or Grade 4 or recurrent Grade 3 skin reactions.

Hyperglycemia and diabetic ketoacidosis (DKA), including fatal events, occurred in patients with and without pre-existing diabetes mellitus, treated with PADCEV. Patients with baseline hemoglobin A1C $\geq 8\%$ were excluded from clinical trials. In clinical trials of PADCEV as a single agent, 17% of the 720 patients treated with PADCEV developed hyperglycemia of any grade; 7% of patients developed Grade 3-4 hyperglycemia (Grade 3: 6.5%, Grade 4: 0.6%). Fatal events of hyperglycemia and DKA occurred in one patient each (0.1%). The incidence of Grade 3-4 hyperglycemia increased consistently in patients with higher body mass index and in patients with higher baseline A1C. The median time to onset of hyperglycemia was 0.5 months (range: 0 to 20 months). Hyperglycemia led to discontinuation of PADCEV in 0.7% of patients. Five percent (5%) of patients required initiation of insulin therapy for treatment of hyperglycemia. Of the patients who initiated insulin therapy for treatment of hyperglycemia, 66% (23/35) discontinued insulin at the time of last evaluation. Closely monitor blood glucose levels in patients with, or at risk for, diabetes mellitus or hyperglycemia. If blood glucose is elevated (>250 mg/dL), withhold PADCEV.

Pneumonitis/Interstitial Lung Disease (ILD) Severe, life-threatening or fatal pneumonitis/ILD occurred in patients treated with PADCEV. When PADCEV was given in combination with pembrolizumab, 10% of the 564 patients treated with combination therapy had pneumonitis/ILD of any grade and 4% had Grade 3-4. A fatal event of pneumonitis/ILD occurred in two patients (0.4%). The incidence of pneumonitis/ILD, including severe events, occurred at a higher rate when PADCEV was given in combination with pembrolizumab compared to PADCEV as a single agent. The median time to onset of any grade pneumonitis/ILD was 4 months (range: 0.3 to 26 months).

In clinical trials of PADCEV as a single agent, 3% of the 720 patients treated with PADCEV had pneumonitis/ILD of any grade and 0.8% had Grade 3-4. The median time to onset of any grade pneumonitis/ILD was 2.9 months (range: 0.6 to 6 months).

Monitor patients for signs and symptoms indicative of pneumonitis/ILD such as hypoxia, cough, dyspnea or interstitial infiltrates on radiologic exams. Evaluate and exclude infectious, neoplastic and other causes for such signs and symptoms through appropriate investigations. Withhold PADCEV for patients who develop Grade 2 pneumonitis/ILD and consider dose reduction. Permanently discontinue PADCEV in all patients with Grade 3 or 4 pneumonitis/ILD.

Peripheral neuropathy (PN) When PADCEV® was given in combination with pembrolizumab, 67% of the 564 patients treated with combination therapy had PN of any grade, 36% had Grade 2 neuropathy, and 7% had Grade 3 neuropathy. The incidence of PN occurred at a higher rate when PADCEV was given in combination with pembrolizumab compared to PADCEV as a single agent. The median time to onset of Grade ≥ 2 PN was 6 months (range: 0.3 to 25 months).

PN occurred in 53% of the 720 patients treated with PADCEV as a single agent in clinical trials including 38% with sensory neuropathy, 8% with muscular weakness and 7% with motor neuropathy. Thirty percent of patients experienced Grade 2 reactions and 5% experienced Grade 3-4 reactions. PN occurred in patients treated with PADCEV with or without preexisting PN. The median time to onset of Grade ≥ 2 PN was 4.9 months (range: 0.1 to 20 months). Neuropathy led to treatment discontinuation in 6% of patients.

Monitor patients for symptoms of new or worsening PN and consider dose interruption or dose reduction of PADCEV when PN occurs. Permanently discontinue PADCEV in patients who develop Grade ≥ 3 PN.

Ocular disorders were reported in 40% of the 384 patients treated with PADCEV as a single agent in clinical trials in which ophthalmologic exams were scheduled. The majority of these events involved the cornea and included events associated with dry eye such as keratitis, blurred vision, increased lacrimation, conjunctivitis, limbal stem cell deficiency, and keratopathy. Dry eye symptoms occurred in 30% of patients, and blurred vision occurred in 10% of patients, during treatment with PADCEV. The median time to onset to symptomatic ocular disorder was 1.7 months (range: 0 to 30.6 months). Monitor patients for ocular disorders. Consider artificial tears for prophylaxis of dry eyes and ophthalmologic evaluation if ocular symptoms occur or do not resolve. Consider treatment with ophthalmic topical steroids, if indicated after an ophthalmic exam. Consider dose interruption or dose reduction of PADCEV for symptomatic ocular disorders.

Infusion site extravasation Skin and soft tissue reactions secondary to extravasation have been observed after administration of PADCEV. Of the 720 patients treated with PADCEV as a single agent in clinical trials, 1% of patients experienced skin and soft tissue reactions, including 0.3% who experienced Grade 3-4 reactions. Reactions may be delayed. Erythema, swelling, increased temperature, and pain worsened until 2-7 days after extravasation and resolved within 1-4 weeks of peak. Two patients (0.3%) developed extravasation reactions with secondary cellulitis, bullae, or exfoliation. Ensure adequate venous access prior to starting PADCEV and monitor for possible extravasation during administration. If extravasation occurs, stop the infusion and monitor for adverse reactions.

Embryo-fetal toxicity PADCEV can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risk to the fetus. Advise female patients of reproductive potential to use effective contraception during PADCEV treatment and for 2 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with PADCEV and for 4 months after the last dose.

ADVERSE REACTIONS

Most common adverse reactions, including laboratory abnormalities ($\geq 20\%$) (PADCEV in combination with pembrolizumab)

Increased aspartate aminotransferase (AST), increased creatinine, rash, increased glucose, PN, increased lipase, decreased lymphocytes, increased alanine aminotransferase (ALT), decreased hemoglobin, fatigue, decreased sodium, decreased phosphate, decreased albumin, pruritus, diarrhea, alopecia, decreased weight, decreased appetite, increased urate, decreased neutrophils, decreased potassium, dry eye, nausea, constipation, increased potassium, dysgeusia, urinary tract infection and decreased platelets.

Most common adverse reactions, including laboratory abnormalities ($\geq 20\%$) (PADCEV monotherapy)

Increased glucose, increased AST, decreased lymphocytes, increased creatinine, rash, fatigue, PN, decreased albumin, decreased hemoglobin, alopecia, decreased appetite, decreased neutrophils, decreased sodium, increased ALT, decreased phosphate, diarrhea, nausea, pruritus, increased urate, dry eye, dysgeusia, constipation, increased lipase, decreased weight, decreased platelets, abdominal pain, dry skin.

EV-302 Study: 440 patients with previously untreated Ia/mUC (PADCEV in combination with pembrolizumab)

Serious adverse reactions occurred in 50% of patients treated with PADCEV in combination with pembrolizumab. The most common serious adverse reactions ($\geq 2\%$) were rash (6%), acute kidney injury (5%), pneumonitis/ILD (4.5%), urinary tract infection (3.6%), diarrhea (3.2%), pneumonia (2.3%), pyrexia (2%), and hyperglycemia (2%). **Fatal adverse reactions** occurred in 3.9% of patients treated with PADCEV in combination with pembrolizumab including acute respiratory failure (0.7%), pneumonia (0.5%), and pneumonitis/ILD (0.2%).

Adverse reactions leading to discontinuation of PADCEV occurred in 35% of patients. The **most common adverse reactions ($\geq 2\%$) leading to discontinuation** of PADCEV were PN (15%), rash (4.1%) and pneumonitis/ILD (2.3%). Adverse reactions leading to dose interruption of PADCEV occurred in 73% of patients. The **most common adverse reactions ($\geq 2\%$) leading to dose interruption** of PADCEV were PN (22%), rash (16%), COVID-19 (10%), diarrhea (5%), pneumonitis/ILD (4.8%), fatigue (3.9%), hyperglycemia (3.6%), increased ALT (3%) and pruritus (2.5%). Adverse reactions leading to dose reduction of PADCEV occurred in 42% of patients. The **most common adverse reactions ($\geq 2\%$) leading to dose reduction** of PADCEV were rash (16%), PN (13%) and fatigue (2.7%).

Important Safety Information (cont'd)

EV-103 Study: 121 patients with previously untreated la/mUC who were not eligible for cisplatin-containing chemotherapy (PADCEV® in combination with pembrolizumab)

Serious adverse reactions occurred in 50% of patients treated with PADCEV in combination with pembrolizumab; the most common ($\geq 2\%$) were acute kidney injury (7%), urinary tract infection (7%), urosepsis (5%), sepsis (3.3%), pneumonia (3.3%), hematuria (3.3%), pneumonitis/ILD (3.3%), urinary retention (2.5%), diarrhea (2.5%), myasthenia gravis (2.5%), myositis (2.5%), anemia (2.5%), and hypotension (2.5%). **Fatal adverse reactions** occurred in 5% of patients treated with PADCEV in combination with pembrolizumab, including sepsis (1.6%), bullous dermatitis (0.8%), myasthenia gravis (0.8%), and pneumonitis/ILD (0.8%). **Adverse reactions leading to discontinuation** of PADCEV occurred in 36% of patients; the most common ($\geq 2\%$) were PN (20%) and rash (6%).

Adverse reactions leading to dose interruption of PADCEV occurred in 69% of patients; the most common ($\geq 2\%$) were PN (18%), rash (12%), increased lipase (6%), pneumonitis/ILD (6%), diarrhea (4.1%), acute kidney injury (3.3%), increased ALT (3.3%), fatigue (3.3%), neutropenia (3.3%), urinary tract infection (3.3%), increased amylase (2.5%), anemia (2.5%), COVID-19 (2.5%), hyperglycemia (2.5%), and hypotension (2.5%). **Adverse reactions leading to dose reduction** of PADCEV occurred in 45% of patients; the most common ($\geq 2\%$) were PN (17%), rash (12%), fatigue (5%), neutropenia (5%), and diarrhea (4.1%).

EV-301 Study: 296 patients previously treated with a PD-1/L1 inhibitor and platinum-based chemotherapy (PADCEV monotherapy)

Serious adverse reactions occurred in 47% of patients treated with PADCEV; the most common ($\geq 2\%$) were urinary tract infection, acute kidney injury (7% each), and pneumonia (5%). **Fatal adverse reactions** occurred in 3% of patients, including multiorgan dysfunction (1%), hepatic dysfunction, septic shock, hyperglycemia, pneumonitis/ILD, and pelvic abscess (0.3% each). **Adverse reactions leading to discontinuation** occurred in 17% of patients; the most common ($\geq 2\%$) were PN (5%) and rash (4%). **Adverse reactions leading to dose interruption** occurred in 61% of patients; the most common ($\geq 4\%$) were PN (23%), rash (11%), and fatigue (9%). **Adverse reactions leading to dose reduction** occurred in 34% of patients; the most common ($\geq 2\%$) were PN (10%), rash (8%), decreased appetite, and fatigue (3% each).

Important Safety Information (cont'd)

EV-201, Cohort 2 Study: 89 patients previously treated with a PD-1/L1 inhibitor and not eligible for cisplatin-based chemotherapy (PADCEV monotherapy)

Serious adverse reactions occurred in 39% of patients treated with PADCEV; the most common ($\geq 3\%$) were pneumonia, sepsis, and diarrhea (5% each). **Fatal adverse reactions** occurred in 8% of patients, including acute kidney injury (2.2%), metabolic acidosis, sepsis, multiorgan dysfunction, pneumonia, and pneumonitis/ILD (1.1% each). **Adverse reactions leading to discontinuation** occurred in 20% of patients; the most common ($\geq 2\%$) was PN (7%). **Adverse reactions leading to dose interruption** occurred in 60% of patients; the most common ($\geq 3\%$) were PN (19%), rash (9%), fatigue (8%), diarrhea (5%), increased AST, and hyperglycemia (3% each). **Adverse reactions leading to dose reduction** occurred in 49% of patients; the most common ($\geq 3\%$) were PN (19%), rash (11%), and fatigue (7%).

DRUG INTERACTIONS

Effects of other drugs on PADCEV (Dual P-gp and Strong CYP3A4 Inhibitors)

Concomitant use with dual P-gp and strong CYP3A4 inhibitors may increase unconjugated monomethyl auristatin E exposure, which may increase the incidence or severity of PADCEV toxicities. Closely monitor patients for signs of toxicity when PADCEV is given concomitantly with dual P-gp and strong CYP3A4 inhibitors.

SPECIFIC POPULATIONS

Lactation Advise lactating women not to breastfeed during treatment with PADCEV and for 3 weeks after the last dose.

Hepatic impairment Avoid the use of PADCEV in patients with moderate or severe hepatic impairment.

References: **1.** Brower B, McCoy A, Ahmad H, et al. Managing potential adverse events during treatment with enfortumab vedotin + pembrolizumab in patients with advanced urothelial cancer [published online ahead of print April 22, 2024]. *Front Oncol.* 2024. Accessed April 23, 2024. <https://www.frontiersin.org/journals/oncology/articles/10.3389/fonc.2024.1326715/full>. **2.** Supplement to: Brower B, McCoy A, Ahmad H, et al; Managing potential adverse events during treatment with enfortumab vedotin + pembrolizumab in patients with advanced urothelial cancer [published online ahead of print April 22, 2024]. *Front Oncol.* 2024. Accessed April 22, 2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11071165/pdf/fonc-14-1326715.pdf>. **3.** PADCEV. Package insert. Northbrook, IL: Astellas Pharma US, Inc; 2024. **4.** Pace A, Brower B, Conway D, Leis D. Enfortumab vedotin: nursing perspectives on the management of adverse events in patients with locally advanced or metastatic urothelial carcinoma. *Clin J Oncol Nurs.* 2021;25(2):E1-E9. **5.** National Cancer Institute. Common terminology criteria for adverse events (CTCAE) v5.0. Published November 27, 2017. Accessed March 31, 2023. https://ctep.cancer.gov/protocolDevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_8.5x11.pdf.



Contact your Pfizer/Astellas representative for a copy of this resource and others, and visit PADCEV.com/hcp/resources for more helpful tools.

For more information, call 1-888-4PADCEV (1-888-472-3238) or visit PADCEVhcp.com

Additional patient AR resources



Download a digital copy of the **PADCEV® Patient Brochure** to share with your patients. This tool includes information about treatment with PADCEV.

[Download PADCEV Patient Brochure](#)



Download a digital copy of the **Adverse Reactions Information Guide** to share with your patients. This tool includes information about adverse reactions you may experience while taking PADCEV.

[Download Adverse Reactions Info Guide](#)

Please see [Important Safety Information](#) and [Full Prescribing Information](#), including **BOXED WARNING**.



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