Date: 26-February-2019

Direct Healthcare Professional Communication

TECENTRIQ® (atezolizumab): A New Important Identified Risk: Immune-related Myositis

Dear Healthcare professional,

Roche Products Saudi Arabia L.L.C., in agreement with the Saudi Food and Drug Authority (SFDA), would like to inform you of the following:

Summary

- ***Immune-related myositis has now been added as a new important identified risk associated with the use of TECENTRIQ® (atezolizumab).***
- ***It is recommended that TECENTRIQ®(atezolizumab) should be withheld for moderate or severe (Grade 2 or 3) immune-related myositis and permanently discontinued for recurrent severe or life-threatening myositis (recurrent Grade 3 and Grade 4). Please refer the patient to rheumatologist and/or neurologist and consider muscle biopsy and supportive measures as clinically indicated. Corticosteroids treatment with 1–2 mg/kg/day IV methylprednisolone or higher-dose bolus if severely compromised (weakness severely limiting mobility, cardiac function, respiratory function, dysphagia) and/or additional immunosuppressive agents should be considered for > grade 2 events or if event does not improve after initial corticosteroids.***

Background on the safety concern

Tecentriq® (atezolizumab) as monotherapy is indicated for:

- the treatment of adult patients with locally advanced or metastatic urothelial carcinoma (UC):
  - after prior platinum-containing chemotherapy, or;
  - who are considered cisplatin ineligible, and whose tumors have a PD-L1 expression ≥ 5%.
- the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after prior chemotherapy. Patients with EGFR activating mutations or ALK-positive tumour mutations should also have received targeted therapy before receiving Tecentriq.

Myositis or inflammatory myopathies are a group of disorders sharing the common feature of inflammatory muscle injury; dermatomyositis and polymyositis are amongst the most common disorders. Diagnosis is based on clinical (muscle weakness, muscle pain, skin rash in dermatomyositis), biochemical (serum creatine-kinase increase), and imaging (electromyography/MRI) features, and is confirmed with a muscle-biopsy.

A comprehensive analysis was performed across the TECENTRIQ® program and identified cases of immune-related myositis, including biopsy-confirmed cases, in patients that have received atezolizumab. There were 4 cases of myositis with a fatal outcome with some cases suggestive of cardiac involvement (myocarditis or AV blocks). Approximately 19,323 clinical trial patients and 28,975 post-marketing patients have been exposed to TECENTRIQ® (atezolizumab) as of Nov 17, 2018. The

incidence of myositis[i] observed across the atezolizumab monotherapy clinical program was <0.1%. Based on the assessment of all available data, immune-related myositis is considered an important identified risk for TECENTRIQ®(atezolizumab).

Roche is working closely with health authorities to update the product label to reflect the risk of immune-related myositis. To further minimize this risk, health care professionals should follow the management guidance detailed above. The benefit-risk profile of atezolizumab in the approved indications remains favorable.

Call for reporting

Health care professionals should report any adverse events suspected to be associated with the use of TECENTRIQ® (atezolizumab) to:

- **Roche Products Saudi Arabia L.L.C.**

Saudi Arabia P.O. Box 3683 Jeddah 23414

Direct Tel. +966 12211 4618

Mobile: +966 5678 44 692

Email : jeddah.drug_safety@roche.com

Local Safety Responsible: Hassan.linjawi@roche.com

www.roche.com

- **The National Pharmacovigilance and Drug Safety Centre (NPC)**

Land Line: 19999.

Website: https//:ade.sfda.gov.sa

Email : npc.drug@sfda.gov.sa

Fax: +96612057662.

Sincerely,

26.2.19

Roche Products Saudi Arabia

شركة روش للمنتجات الطبية السعودية المحدودة
Roche
ص/ حسن لنجاوي
QPPV

[i] Including related terms of dermatomyositis, polymyositis, rhabdomyolysis