This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 of the SmPC for how to report adverse reactions."

IMPORTANT INFORMATION ABOUT Vyndamax[®] (TAFAMIDIS)

Key messages to Healthcare Professionals

- Please check that patients meet all clinical criteria for the diagnosis of transthyretin amyloid cardiomyopathy (ATTR-CM) before prescribing Vyndamax, to avoid administration to non-qualifying patients (see criteria section below).
- Please advise your patients on the important potential risks associated with Vyndamax therapy tafamidis is not recommended during pregnancy or during lactation, and strongly encourage patient education around appropriate precautions when using Vyndamax, particularly to avoid pregnancy by proper use of a highly effective method of contraception.¹
- Please report to Pfizer all cases of female patients becoming pregnant while receiving Vyndamax and encourage them to join the Tafamidis Enhanced Surveillance Pregnancy Outcomes (TESPO) programme designed to collect additional data on pregnancy outcome, neonate/infant status at birth and 12-month follow-up on infant milestones reached.
- Please advise your patients to contact you/the treating physician immediately in case of any adverse events while takingVyndamax, or to report adverse events directly via the national reporting system listed in the Patient Leaflet.
- Physicians (prescribers) and pharmacists are reminded to report promptly any suspected adverse events related to Vyndamax via the national reporting system listed in the SmPC or to Pfizer.
- You are encouraged to enroll your patients diagnosed with transthyretin (ATTR) amyloidosis and taking Vyndamax in the voluntary Transthyretin Amyloidosis Outcomes Survey (THAOS) for the purpose of longitudinal data collection (including but not limited to hepatotoxicity, changes in thyroid function, particularly in pregnant women, patients with severe hepatic impairment, safety and efficacy in patients with ATTR-PN mutations other than Val30Met, safety in patients with hereditary or wild-type ATTR-CM) on the disease and Vyndamax.

Background Summary

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Vyndamax[®] (tafamidis) 61 mg soft capsules were approved under exceptional circumstances on 16 November 2011 by the European Commission "for the treatment of transthyretin amyloidosis in adult patients with stage 1 symptomatic polyneuropathy to delay peripheral neurologic impairment". ¹

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References: 1. Summary of product characteristics Vyndamax (Tafamidis 61 mg capsules for oral administration) June 2021 2. European Commission Approves VYNDAQEL®, the First Treatment in the EU for Transthyretin Amyloid Cardiomyopathy (ATTR-CM) | Pfizer (article) – (https://www.pfizer.com/news/press-release/press-release-detail/ 3. Garcia-Pavia et al. 2021 European Heart Journal (2021) 42, 1554–1568



On 17 February 2020, the European Commission approved Vyndamax [®] (tafamidis) 61 mg soft capsules "for the treatment of transthyretin amyloidosis in adult patients with wild-type or hereditary cardiomyopathy". ^{1,2}

The purpose of this HCP Guide is to highlight the importance of strongly advising women to avoid pregnancy or breastfeeding while receiving Vyndamax, to encourage you to report adverse events and any pregnancies in female patients taking Vyndamax, to encourage enrolment into THAOS to collect long term exposure data and confirming the diagnosis of ATTR-CM before prescribing Vyndamax, to avoid administration to non-qualifying patients.

Avoidance of Pregnancy

Vyndamax is not recommended for use during pregnancy or in women of childbearing potential who are not using effective methods of contraception. This is because there are limited human pregnancy data and developmental toxicity studies in animals have shown abnormalities. Contraceptive measures should be used by women of childbearing potential during treatment with Vyndamax and, due to its prolonged half-life, for one month after stopping Vyndamax.¹

TESPO - Tafamidis Enhanced Surveillance Pregnancy Outcomes

TESPO is a program to collect safety data, including major birth defects or other developmental abnormalities in live born infants, in female patients with ATTR amyloidosis who are exposed to Vyndamax during or within 1 month prior to their pregnancy.

Although patients receiving Vyndamax are advised to avoid pregnancy and to use highly effective methods of contraception, it is recognized that pregnancies may occur, and that the disease can present during the reproductive years in many transthyretin amyloid polyneuropathy (ATTR-PN) female patients and few ATTR-CM female patients.

Healthcare Professionals caring for patients who become pregnant during or within 1 month of exposure to Vyndamax are asked to report the pregnancy to local Pfizer office (see below for contact information). Basic pregnancy information including due dates and dates of tafamidis exposure will be collected using the Exposure During Pregnancy (EDP) form, follow-up data on the pregnancy outcome will be gathered at the female patient estimated time of delivery and information will be collected on the TESPO 12-Month Infant Follow-up Form (first year survival, age-appropriate milestones, congenital malformations, genetic abnormalities, hospitalization and major illnesses, vaccinations).

THAOS - Transthyretin Amyloidosis Outcomes Survey

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References: 1. Summary of product characteristics Vyndamax (Tafamidis 61 mg capsules for oral administration) June 2021 2. European Commission Approves VYNDAQEL®, the First Treatment in the EU for Transthyretin Amyloid Cardiomyopathy (ATTR-CM) | Pfizer (article) – (https://www.pfizer.com/news/press-release/press-release-detail/ 3. Garcia-Pavia et al. 2021 European Heart Journal (2021) 42, 1554–1568



THAOS is a global, multi-center, disease registry for the purpose of longitudinal data collection in patients with inherited or wild-type ATTR amyloidosis and for asymptomatic transthyretin (TTR)-variant carriers. It has been open since 2007 to all patients with ATTR amyloidosis (ATTR-PN and ATTR-CM), regardless of treatment status.

The principal aim of the survey is to better understand and characterize the natural history of the disease and to collect long-term safety information, including but not limited to hepatotoxicity, changes in thyroid function, particularly in pregnant women, patients with severe hepatic impairment, and safety and efficacy in patients with ATTR-PN mutations other than Val30Met, safety in patients with hereditary or wild-type ATTR-CM.

A list of European sites participating in THAOS is provided in Appendix 1.

Your participation in THAOS and TESPO is <u>voluntary</u> and will help contribute to the body of safety and effectiveness information on Vyndamax and medical knowledge on ATTR amyloidosis. Information gathered from THAOS and TESPO will be used to support pharmacovigilance and risk management activities to support patient safety related to Vyndamax use in the post-marketing setting.

Clinical criteria for the diagnosis of ATTR-CM

Clinical criteria for the diagnosis of ATTR-CM³:

Treatment should be initiated under the supervision of a physician knowledgeable in the management of patients with amyloidosis or cardiomyopathy³.

When there is a suspicion in patients presenting with specific medical history or signs of heart failure or cardiomyopathy, etiologic diagnosis must be done by a physician knowledgeable in the management of amyloidosis or cardiomyopathy to confirm ATTR-CM and exclude AL[immunoglobulin light chain] amyloidosis before starting tafamidis, using appropriate assessment tools such as: bone scintigraphy and blood/urine assessment, and/or histological assessment by biopsy, and TTR genotyping to characterize as wild type or hereditary³.

Thank you in advance for your support of these programs. If you have any questions or concerns, please don't hesitate to contact your local Pfizer office.

SINCERELY, PFIZER COUNTRY OFFICE LOCAL MEDICAL DIRECTORahmed.osman3@pfizer.com

CALL FOR REPORTING

Please continue to report any suspect adverse drug reactions to the: -The National Pharmacovigilance & Drug safety Centre (NPC) at Saudi Food and Drug Authority (SFDA)

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Vyndamax (tafamidis) MAH: Pfizer Europe MA EEIG Final Healthcare Professional Guide 28 December 2022

SFDA Call Center: 19999 Toll Free Phone: 8002490000 Fax: +966-11-2057662 E-mail: npc.drug@sfda.gov.sa Website: http://ade.sfda.gov.sa/

- Pharmacovigilance Department in the company E-mail: SAU.AEReporting@pfizer.com

For extra copies of healthcare professional guide, please send an email with your contact details and the required amount to SAU.AEReporting@pfizer.com

This document is approved by the Executive Directorate of Pharmacovigilance at SFDA APPENDIX 1 - List of B3461001 (THAOS) European participating sites

Please note that the sites participating in THAOS are subject to change. An up-to-date list of participating sites can be found at www.clinicaltrials.gov.

| Country | Contact Name and Organization Address |
|----------|---|
| Belgium | Dr. Van Cleemput |
| | Afdeling Klinische Cardiologie, O&N I |
| | Herestraat 49 - bus 7003, |
| | Leuven, |
| | 3000 |
| Bulgaria | Prof. Tarnev |
| | Alexandrovska University Hospital Clinic of |
| | Neurology, |
| | 1, St. Georgi Sofiiski St, |
| | Sofia, |
| | 1431 |
| Denmark | Prof. Moelgaard |
| | Aarhus University Hospital, |
| | Palle Juul-Jensens Boulevard 99, |
| | Aarhus, |
| | 8200 |
| France | Prof. Lairez |
| | CHU de Toulouse - Hopital Rangueil, |
| | 1 avenue Jean Poulhes, |
| | Toulouse, |
| | cedex 09, |

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3. Garcia-Pavia et al. 2021 European Heart Journal (2021) 42, 1554-1568



| | 31059 |
|----------|--|
| France | Prof. Plante-Bordeneuve |
| | CHU Henri Mondor, |
| | Departement de Neurologie, |
| | 51 Avenue du Maréchal de Lattre de Tassigny, |
| | Créteil 94000 |
| France | Prof. Adams |
| | CHU de Bicetre, |
| | Departement de Neurologie, |
| | 78 rue de General Leclerc, |
| | Le Kremlin-Bicetre, |
| | Cedex 94275 |
| France | Dr. Inamo |
| France | Chu De Fort De France, |
| | Departement De Cardiologie, |
| | Hopital Pierre Zobda Quitman, |
| | Fort de France, |
| | Martinique 97261 |
| Germany | Prof. Kristen |
| Germany | Medical University of Heidelberg, |
| | Im Neuenheimer Feld 410, |
| | Heidelberg, |
| | D-69120 |
| Commonsy | D-09120 Dr. Darstein |
| Germany | |
| | Johann-Gutenberg-Universität, Langenbeckstr. 1, |
| | Mainz, |
| | 55131 |
| Commons | |
| Germany | Dr. Gess |
| | University Hospital of RWTH Aachen, |
| | Pauwelsstrasse 30, |
| | Aachen, |
| | North Rhinewestphali, |
| 0 | 52074 |
| Germany | Prof. Schmidt |
| | Universitatsklinikum Muenster - Transplant |
| | Hepatology, |
| | Albert-Schweitzer-Campus 1, |
| | Gabaeude A1, |
| | Muenster, |
| | 48149 |
| Italy | Dr. Luigetti |

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| | Fondazione Policlinico Gemelli - Universita |
|-----------------|---|
| | |
| | Cattolica del Sacro Cuore, |
| | Largo A.Gemelli 8, |
| | Roma, |
| | 00168 |
| Italy | Prof. Vita |
| | Azienda Ospedaliera Policlinico Universitario |
| | "G. Martino" |
| | Via Consolare Valeria, 1Messina, |
| | 98125 |
| Italy | Dr. Emdin |
| | Fondazione Toscana Gabriele Monasterio per la |
| | Ricerca Medica e di Sanita' Pubblica (Ftgm), |
| | Via Trieste, 41 |
| | Pisa, |
| | 56126 |
| Italy | Prof. Merlini |
| | Centro per lo Studio e la Cura delle Amiloidosi |
| | Sistemiche IRCCS Policlinico S.Matteo, |
| | Viale Camillo Golgi, 19Pavia, |
| | 27100 |
| Italy | Dr. Cirami |
| Italy | Azienda Ospedaliero-Universitaria di Careggi, |
| | Largo Brambilla 3, |
| | Firenze, |
| | 50134 |
| Ye - 1 | |
| Italy | Prof. Rapezzi |
| | Comitato Etico Indipendente di Area Vasta |
| | Emilia Centro (CE-AVEC) |
| | Azienda Ospedaliero-Universitaria di Bologna, |
| | Policlinico S. Orsola-Malpighi, |
| | Via Albertoni, 15 |
| | Bologna, |
| | 40138 |
| The Netherlands | Dr. Hans Nienhuis |
| | University Medical Center Groningen, |
| | Hanzeplein 1, |
| | Groningen, |
| | 9713 GZ |
| Portugal | Dr. Coelho |
| | Centro Hospitalar do Porto |
| | Hospital Santo António, |
| | |

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3. Garcia-Pavia et al. 2021 European Heart Journal (2021) 42, 1554-1568



| | Unidade Corino de Andrade |
|----------|--|
| | |
| | R. D. Manuel II, Pavilhão 2 (Ex-CICAP) |
| D / 1 | 4050 - 345 Porto |
| Portugal | Dr. Conceicao |
| | Centro Hospitalar Universitário Lisboa Norte |
| | Hospital Santa Maria, |
| | Servico de Neurologia - Piso 7, |
| | 1649-035 Lisboa, |
| Portugal | Dr. Azevedo |
| | Hospital Senhora Da Oliveira Guimarães, |
| | E.P.E. |
| | Rua Dos Cutileiros, Creixomil |
| | 4835-004 Guimarães, |
| Romania | Dr. Sorina Baădelitață |
| | Institutul Clinic Fundeni, |
| | Şos. Fundeni nr. 258 sector 2, |
| | București, |
| | 022328 |
| Spain | Dr. Fernandéz Torrón |
| 1 | Hospital Universitario Donostia, |
| | Instituto de Investigación Biodonostia, |
| | Begiristain Doktorea Paseo, |
| | Gipuzkoa – San Sebastian, |
| | Donostia 20014 |
| Spain | Dr. Gonzalez Costello |
| * | Hospital Universitari de Bellvitge, |
| | Secretaria de Cardiología, Planta 4, |
| | C/Feixa Llarga SN, |
| | L'Hospitalet de Llobregat, |
| | Barcelona, |
| | 08907 |
| Spain | Dr. Garcia Pavia |
| opun | Hospital Universitario Puerta de Hierro |
| | Majadahonda, Manuel de Falla 1 CP |
| | Madrid, 28220 |
| Spain | Dr. Munoz Beamud |
| ~ P | Hospital Juan Ramon Jimenez, |
| | Ronda Norte s/n, |
| | Servicio de Medicina Interna, |
| | secretaria 1ª planta, |
| | Huelva 21005 |
| Spain | Dr. Galan Davila |
| Spain | DI. Galali Davila |

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| | Hospital Clinico San Carlos, |
|--------------|--|
| | Madrid, |
| | 28040 |
| Spain | Dr. Gonzalez Moreno |
| | Hospital Son Llatzer, |
| | Carretera de Manacor Km 4, |
| | s/n 3a Planta, |
| | Palma de Mallorca, |
| | Mallorca, |
| | 07198 |
| Spain | Dr. Campistol Plana |
| | Hospital Clinic i Provincial de Barcelona, |
| | Escalera 12 Planta 5, |
| | Calle Villarroel 170, |
| | Barcelona, |
| | 08036 |
| Sweden | Dr. Wixner |
| | Umeå University Hospital, |
| | Norrlands university hospital, |
| | Umeå, |
| | 901 85 |
| Sweden | Dr. Press |
| | Karolinska University Hospital, |
| | Huddinge, |
| | Stockholm, |
| | 141 86 |
| Saudi Arabia | Dr. Dania Mohty |
| | King FaIsal Specialist Hospital and Research |
| | Center, |
| | Riyadh. |

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