February 25, 2016

IMPORTANT DRUG WARNING

Subject: Extension of Pregnancy Prevention Duration for Women of Childbearing Potential and Waiting Periods for Blood Donation and Lactation in Patients Taking ERIVEDGE® (vismodegib) capsule

Dear Healthcare Professional,

Genentech Inc. would like to inform you of the following:

Summary

- The recommendation for Erivedge contraceptive duration in women of childbearing potential has changed from 7 months to 9 months after the last dose.
- This new recommendation is based on an updated population pharmacokinetic modeling analysis.
- The waiting periods post-treatment for blood donation and lactation are also being modified from 7 to 9 months, based on the above findings.
- There is no change in the current contraceptive advice for male patients, which is 3 months after the final dose of ERIVEDGE.

Additional information about this change is provided in the remainder of this letter.

Prescriber Action

Counsel patients about the teratogenic risk of Erivedge and the need for women of childbearing potential to use contraception during treatment and for 9 months after the last dose, and to not breastfeed during treatment and for 9 months after the last treatment dose. Counsel all patients to not donate blood during treatment and for 9 months after the last dose.

Advise female patients and female partners of male patients to contact their healthcare provider with a known or suspected pregnancy. Report pregnancies to Genentech at 1-888-835-2555.
Further information on the Changes to the Prescribing Information

Teratogenicity is an important risk for patients using Erivedge. At the time of Erivedge’s approval, there were limited population pharmacokinetic (popPK) data that supported the initial contraception recommendation. Recently, a post approval study of Erivedge provided additional PK data up to 12 months after last dose. PK profiles were simulated and the pregnancy prevention duration was assessed by comparing the popPK simulated profile to the threshold of concern for teratogenic risk. The duration of time for the drug concentration to fall below the threshold for teratogenic risk is 7.4 months with a 90% confidence interval that ranges between 6-9 months.

The waiting period for lactation and blood donation is likewise being changed to 9 months based on this popPK estimate. There is no change in the current contraceptive advice for male patients based on popPK estimation. However, it is important to recognize that Erivedge is present in semen, and male patients of all ages, who do not follow the pregnancy prevention plan, are at risk to expose women of childbearing potential to Erivedge. Physicians are reminded to educate patients on the teratogenic risk of Erivedge and the pregnancy prevention plan.

Genentech is working closely with U.S. Food and Drug Administration to update the product label and Medication Guide for Erivedge.

ERIVEDGE capsule is indicated for the treatment of adults with metastatic basal cell carcinoma, or with locally advanced basal cell carcinoma that has recurred following surgery or who are not candidates for surgery, and who are not candidates for radiation. Please see the accompanying, current prescribing information and Medication Guide for a complete discussion of the risks associated with Erivedge.

Call for reporting

Health care professionals should report any serious adverse events suspected to be associated with the use of Erivedge to Genentech at 1-888-835-2555. Alternatively, this information may be reported to FDA’s MedWatch reporting system by phone (1-800-FDA-1088), by facsimile (1-800-FDA-0178), online (https://www.accessdata.fda.gov/scripts/medwatch/) or mailed, using the MedWatch form FDA 3500, to the FDA Medical Products Reporting Program, 5600 Fishers Lane, Rockville, MD 20852-9787. Pregnancies should be reported to Genentech at 1-888-835-2555.

Company contact point

Should you have any questions regarding the use of Erivedge, please feel free to contact us at: Genentech Medical Information/Communications Department at (800) 821-8590.
Sincerely,

Myriam Mendila, M.D.
Head of US Medical Affairs