PIQRAY
eConsult

An independent program to connect providers to patient-specific hyperglycemia management plans

Access to board-certified endocrinologists is **easy, fast, and a click away**

Severe hyperglycemia, in some cases associated with hyperglycemic hyperosmolar non-ketotic syndrome (HHNKS) or ketoacidosis has occurred in patients treated with PIQRAY® (alpelisib) tablets. Some fatal cases of ketoacidosis have occurred in the postmarketing setting. Hyperglycemia was reported in 65% of patients treated with PIQRAY. Before initiating treatment with PIQRAY, test fasting plasma glucose (FPG), HbA1c, and optimize blood glucose. After initiating treatment, monitor periodically and more frequently for the first few weeks in patients with risk factors. Initiate or optimize anti-hyperglycemic medications as clinically indicated. Interrupt, reduce dose, or discontinue PIQRAY if severe hyperglycemia occurs.

Indication

PIQRAY® (alpelisib) tablets is indicated in combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen.

Important Safety Information

PIQRAY is contraindicated in patients with severe hypersensitivity to it or any of its components.

Severe Hypersensitivity: Severe hypersensitivity reactions, including anaphylaxis and anaphylactic shock, can occur in patients treated with PIQRAY. Severe hypersensitivity reactions were manifested by symptoms including, but not limited to, dyspnea, flushing, rash, fever, or tachycardia. The incidence of grade 3 and 4 hypersensitivity reactions was 0.7%. Advise patients of the signs and symptoms of severe hypersensitivity reactions. Permanently discontinue PIQRAY in the event of severe hypersensitivity.

Please see additional Important Safety Information throughout.
Please see accompanying full Prescribing Information.

PIQRAY®
(alpelisib) tablets
50 mg · 150 mg · 200 mg

PIQRAY eCONSULT PROGRAM

Patient-specific management plans within 4 hours—No referral delays

Have questions? Consult an endocrinologist

There are monitoring considerations and management recommendations provided within the Prescribing Information. You may have additional questions about how to proactively monitor and manage hyperglycemia associated with PIQRAY® (alpelisib) tablets. With the PIQRAY eConsult Program, you can feel prepared knowing you have additional support in monitoring and managing hyperglycemia in patients being treated with PIQRAY.

Through RubiconMD's HIPAA-secure and HITRUST-certified platform, PIQRAY eConsult provides an easy way to connect with endocrinologists

EXPERTISE

Experienced, board-certified endocrinologists from leading US medical centers

- Manage your patient's hyperglycemia associated with PIQRAY with the clinical expertise of an endocrinologist by your side

SPEED

Patient-specific management plans within 4 business hours

- Designed to provide you with support so that you are prepared to manage your patients
- Continued support as needed

EASY TO USE

Support whenever, wherever you need it

- Interactions between you and the specialist will be anonymous
- Platform is easily accessible via web or mobile device and cases can be created with the help of your care team

Important Safety Information (cont)

Severe Cutaneous Adverse Reactions (SCARs): SCARs, including Stevens-Johnson syndrome (SJS), erythema multiforme (EM), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS) can occur in patients treated with PIQRAY. In the SOLAR-1 study, SJS and EM were reported in 0.4% and 1.1% of patients, respectively. DRESS was reported in patients in the postmarketing setting. If signs or symptoms of SCARs occur, interrupt PIQRAY until the etiology of the reaction has been determined. Consultation with a dermatologist is recommended.

If a SCAR is confirmed, permanently discontinue PIQRAY. Do not reintroduce PIQRAY in patients who have experienced previous SCARs during PIQRAY treatment. If it is not confirmed, PIQRAY may require dose modifications, topical corticosteroids, or oral antihistamine treatment.

Advise patients of the signs and symptoms of SCARs (eg, a prodrome of fever, flu-like symptoms, mucosal lesions, progressive skin rash, or lymphadenopathy).

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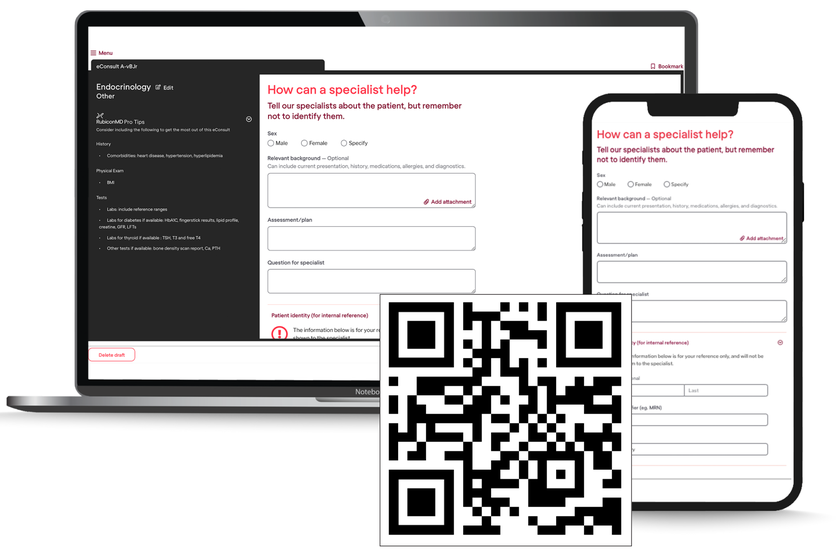
PLAN, MONITOR, MANAGE

Take a proactive approach to hyperglycemia with PIQRAY eConsult

No cost to you or your patient

The PIQRAY eConsult Program follows an easy, 3-step process and fits seamlessly into your practice's workflow:



1 **Access platform**

Visit **rubiconmd.com/users/sign_in** via web or mobile device and log in

2 **Provide patient presentation**

Upload attachments as needed and click submit

3 **Receive a plan within hours**

No referral delays or hassles

Go to rubiconmd.com/novartis-registration

Registration is easy—Get started in less than 1 minute

Novartis does not recommend, endorse, or make any representation about the efficacy, appropriateness, or suitability of any specific medical advice, treatments, services, opinions, or other information that may be contained on or available through this platform.

Important Safety Information (cont)

Hyperglycemia: Severe hyperglycemia, in some cases associated with hyperglycemic hyperosmolar non-ketotic syndrome (HHNKS) or ketoacidosis has occurred in patients treated with PIQRAY® (alpelisib) tablets. Some fatal cases of ketoacidosis have occurred in the postmarketing setting.

Hyperglycemia was reported in 65% of patients treated with PIQRAY. Grade 3 (FPG >250-500 mg/dL) and grade 4 (FPG >500 mg/dL) hyperglycemia were reported in 33% and 3.9% of patients, respectively. Ketoacidosis was reported in 0.7% of patients (n=2) treated with PIQRAY.

Before initiating treatment with PIQRAY, test fasting plasma glucose (FPG), HbA1c, and optimize blood glucose. After initiating treatment, monitor fasting glucose (FPG or fasting blood glucose) at least once every week for the first 2 weeks, then at least once every 4 weeks, and as clinically indicated. Monitor HbA1c every 3 months and as clinically indicated. Monitor fasting glucose more frequently for the first few weeks during treatment in patients with risk factors for hyperglycemia such as obesity (BMI ≥30), elevated FPG, HbA1c at the upper limit of normal or above, use of concomitant systemic corticosteroids, or age ≥75.

If a patient experiences hyperglycemia after initiating treatment, monitor fasting glucose as clinically indicated, and at least twice weekly until fasting glucose decreases to normal levels. During treatment with anti-hyperglycemic medication, continue monitoring fasting glucose at least once a week for 8 weeks, followed by once every 2 weeks and as clinically indicated. Consider consultation with a health care practitioner with expertise in the treatment of hyperglycemia and counsel patients on lifestyle changes.

Please see additional Important Safety Information throughout.
Please see accompanying full Prescribing Information.

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GET THE ANSWERS YOU NEED TO HELP YOUR PATIENTS, WHEN YOU NEED THEM

Quick, easy access to endocrinologists with PIQRAY eConsult

For additional information, contact your Novartis Oncology Specialist. For technical support, please email support@rubiconmd.com, Monday – Friday, 9 AM to 6 PM ET.

Important Safety Information (cont)

Hyperglycemia (cont): The safety of PIQRAY® (alpelisib) tablets in patients with type 1 and uncontrolled type 2 diabetes has not been established as these patients were excluded from the SOLAR-1 trial. Patients with a medical history of controlled type 2 diabetes were included. Patients with a history of diabetes mellitus may require intensified diabetic treatment. Closely monitor patients with diabetes.

Based on the severity of the hyperglycemia, PIQRAY may require dose interruption, reduction, or discontinuation. Advise patients of the signs and symptoms of hyperglycemia (eg, excessive thirst, urinating more often than usual or higher amount of urine than usual, or increased appetite with weight loss).

Pneumonitis: Severe pneumonitis, including acute interstitial pneumonitis and interstitial lung disease, can occur in patients treated with PIQRAY. Pneumonitis was reported in 1.8% of patients treated with PIQRAY.

In patients who have new or worsening respiratory symptoms or are suspected to have developed pneumonitis, interrupt PIQRAY immediately and evaluate the patient for pneumonitis. Consider a diagnosis of noninfectious pneumonitis in patients presenting with nonspecific respiratory signs and symptoms such as hypoxia, cough, dyspnea, or interstitial infiltrates on radiologic exams and in whom infectious, neoplastic, and other causes have been excluded by means of appropriate investigations.

Permanently discontinue PIQRAY in all patients with confirmed pneumonitis. Advise patients to immediately report new or worsening respiratory symptoms.

Diarrhea: Severe diarrhea, including dehydration and acute kidney injury, can occur in patients treated with PIQRAY. Most patients (58%) experienced diarrhea during treatment with PIQRAY. Grade 3 diarrhea occurred in 7% (n=19) of patients. Based on the severity of the diarrhea, PIQRAY may require dose interruption, reduction, or discontinuation. Advise patients to start antidiarrheal treatment, increase oral fluids, and notify their health care provider if diarrhea occurs while taking PIQRAY.

Embryo-Fetal Toxicity: Based on findings in animals and its mechanism of action, PIQRAY can cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with PIQRAY and for 1 week after the last dose. Advise male patients with female partners of reproductive potential to use condoms and effective contraception during treatment with PIQRAY and for 1 week after the last dose. Refer to the full Prescribing Information of fulvestrant for pregnancy and contraception information.

The most common adverse reactions (all grades, incidence ≥20%) were diarrhea (58%), rash (52%), nausea (45%), fatigue (42%), decreased appetite (36%), stomatitis (30%), vomiting (27%), weight decreased (27%), and alopecia (20%). The most common grade 3/4 adverse reactions (incidence ≥2%) were rash (20%), diarrhea (7%), fatigue (5%), weight decreased (3.9%), nausea (2.5%), stomatitis (2.5%), and mucosal inflammation (2.1%).

The most common laboratory abnormalities (all grades, incidence ≥20%) were glucose increased (79%), creatinine increased (67%), lymphocyte count decreased (52%), gamma-glutamyl transferase (GGT) increased (52%), alanine aminotransferase (ALT) increased (44%), hemoglobin decreased (42%), lipase increased (42%), calcium decreased (27%), glucose decreased (26%), and activated partial thromboplastin time (aPTT) prolonged (21%). The most common grade 3/4 laboratory abnormalities (incidence ≥5%) were glucose increased (39%), GGT increased (11%), lymphocyte count decreased (8%), lipase increased (7%), and potassium decreased (6%).

Please see accompanying full Prescribing Information.

NOVARTIS

PIQRAY® (alpelisib) tablets 50 mg • 150 mg • 200 mg

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