Managing your patient on PIQRAY

Strategies for managing cutaneous adverse reactions, hyperglycemia, and other selected adverse reactions

Using this brochure

This brochure is designed to provide guidance on dose modifications and management of selected adverse reactions (ARs). It does not cover all ARs associated with PIQRAY® (alpelisib) tablets therapy. The management strategies presented here do not constitute medical advice and are not intended to take the place of your own clinical judgment based on each patient’s particular presentation. Please refer to the full Prescribing Information for fulvestrant for dose modification guidelines and for relevant safety information.

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 and on pages 12-13. Please click here for full Prescribing Information.
**PIQRAY is the first and only** therapy specifically for aBC patients with a PIK3CA mutation

- More than doubled the response rate\(^5,6\)

\[ \text{Overall response rate (ORR) in patients with a PIK3CA mutation who had measurable disease}\]

\[ \text{ORR, %} \]

\begin{align*}
\text{PIQRAY + fulvestrant (n/N=126)} & \quad 35.7\% \\
\text{ (95% CI, 27.4–44.7)} \\
\text{Placebo + fulvestrant (n/N=127)} & \quad 16.2\% \\
\text{ (95% CI, 10.4–23.5)}
\end{align*}

\[ \text{VS} \]

\[ \text{Test for PIK3CA mutations to inform an up-front treatment plan.}* \]

\[ \text{Information on FDA-approved tests for the detection of PIK3CA mutations in breast cancer is available at www.fda.gov/CompanionDiagnostics} \]

More than doubled mPFS in patients with a PIK3CA mutation\(^5,6\)

- Nearly doubled mPFS in patients with a PIK3CA mutation\(^5,6\)

\[ \text{PIQRAY + fulvestrant (n/N=103/169)} \]

\[ \text{Placebo + fulvestrant (n/N=129/172)} \]

\[ \text{HR=0.65 (95% CI, 0.50–0.85)} \]

\[ P=\.0013 \]

**Important Safety Information**

- **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.

- **Test for PIK3CA mutations when an HR+/HER2- aBC patient presents with metastases from breast cancer following progression on or after an endocrine-based regimen.**

**Important Safety Information (cont)**

- **Severe Cutaneous Adverse Reactions (SCARs) (cont):** 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).

Please see additional Important Safety Information throughout and on pages 12-13. Please click here for full Prescribing Information.
There was no difference between the two treatment arms in time to 10% deterioration.

Dose reductions due to ARs occurred in 55% of patients receiving PIQRAY and fulvestrant compared to 44% of patients receiving placebo + fulvestrant. A total of 43.5% (n/N=57/131) of patients in the PIQRAY + fulvestrant arm experienced a reduction in tumor size. A total of 45.5% (n/N=57/131) of patients in the placebo + fulvestrant arm experienced a reduction in tumor size. Results reported were observational in nature; as such, there were no prespecified statistical procedure controlling for type 1 error.

Subjects for whom the best percentage change from baseline in sum of diameters per investigator assessment in the PIK3CA mutant cohort were not available or were contradicted by an unknown overall lesion response were not included in the analysis. Percent change in target lesion was contradicted by an overall lesion response of progressive disease in 6.0% of patients in the PIQRAY + fulvestrant arm. A total of 43.5% (n/N=57/131) of patients in the placebo + fulvestrant arm experienced a reduction in tumor size.

Reduction in tumor size was defined as any amount of tumor shrinkage from baseline. Results are based on best percentage change from baseline in sum of diameters per investigator assessment in the cohort with a PIK3CA mutation where only subjects with measurable disease at baseline are presented. Results reported were not prespecified and are observational in nature; as such, there was no prespecified statistical procedure controlling for type 1 error. Subjects for whom the best percentage change in target lesions was not available or was contradicted by an unknown overall lesion response were excluded from the analysis. Percent change in target lesion was contradicted by an overall lesion response of progressive disease in 6.0% of patients in the PIQRAY + fulvestrant arm. A total of 43.5% (n/N=57/131) of patients in the placebo + fulvestrant arm experienced a reduction in tumor size.

Best percentage change from baseline in PIQRAY + fulvestrant

**Tumor shrinkage observed in 3 out of 4 patients with a PIK3CA mutation**

18.1% of patients (n/N=21/116) experienced an increase or no change in tumor size. 75.9% of patients (n/N=88/116) experienced a reduction in tumor size.

Dotted lines represent a +20% and -30% change in tumor size.

During treatment, the EORTC QLQ-C30 global health status/QoL scores were similar in both arms in the PIK3CA mutant cohort:

- There was no difference between the two treatment arms in time to 10% deterioration (TTD) in EORTC QLQ-C30 global health/QoL status (HR=1.03; 95% CI, 0.72-1.48).5

**Laboratory abnormalities occurring in >30% of the total population**

<table>
<thead>
<tr>
<th>Laboratory abnormality</th>
<th>PIQRAY + fulvestrant (n=284)</th>
<th>Placebo + fulvestrant (n=287)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematological parameters</td>
<td>All grades (%)</td>
<td>Grade 3-4 (%)</td>
</tr>
<tr>
<td>Lymphocyte count decreased</td>
<td>52 8</td>
<td>40 4.5†</td>
</tr>
<tr>
<td>Hemoglobin decreased</td>
<td>42 4.2</td>
<td>22 1.1</td>
</tr>
<tr>
<td>Biochemical parameters</td>
<td>All grades (%)</td>
<td>Grade 3-4 (%)</td>
</tr>
<tr>
<td>Glucose increased†</td>
<td>79 39</td>
<td>34 1</td>
</tr>
<tr>
<td>Creatinine increased</td>
<td>67 2.8</td>
<td>5 0.7</td>
</tr>
<tr>
<td>Gamma Glutamyl Transferase (GGT) increased</td>
<td>52 11</td>
<td>10 0</td>
</tr>
<tr>
<td>Alanine Aminotransferase (ALT) increased</td>
<td>44 3.5</td>
<td>34 2.4†</td>
</tr>
<tr>
<td>Lipase increased</td>
<td>42 7</td>
<td>25 6</td>
</tr>
</tbody>
</table>

†Glucose increase is an expected laboratory abnormality of PI3K inhibition.

No grade 4 laboratory abnormalities were reported.

**Safety profile**

Serious ARs associated with PIQRAY include severe hypersensitivity, severe cutaneous adverse reactions (SCARs), hyperglycemia, pneumonitis, diarrhea, and embryo-fetal toxicity.1

**ARs occurring in >20% of the total population**

<table>
<thead>
<tr>
<th>ARs</th>
<th>PIQRAY + fulvestrant (n=284)</th>
<th>Placebo + fulvestrant (n=287)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal disorders</td>
<td>All grades (%)</td>
<td>Grade 3-4 (%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>58 7</td>
<td>16 0.3</td>
</tr>
<tr>
<td>Nausea</td>
<td>45 2.5</td>
<td>22 0.3</td>
</tr>
<tr>
<td>Stomatitis*</td>
<td>30 2.5</td>
<td>6 0</td>
</tr>
<tr>
<td>Vomiting</td>
<td>27 0.7</td>
<td>10 0.3</td>
</tr>
</tbody>
</table>

**General disorders and administration site conditions**

| Fatigue* | 42 5 | 29 1 | 42 5 | 29 1 |

**Investigations**

| Weight decreased | 27 3.9 | 2.1 | 28 3.9 | 2.1 |
| Metabolism and nutrition disorders | 36 0.7 | 10 0.3 | 36 0.7 | 10 0.3 |

**Skin and subcutaneous tissue disorders**

| Rash* | 52 20 | 7 0.3 | 52 20 | 7 0.3 |

*No grade 4 ARs were reported.
†Glucose increase is an expected laboratory abnormality of PI3K inhibition.

No grade 4 laboratory abnormalities were reported.

- Among patients treated with PIQRAY and fulvestrant, 5% permanently discontinued both therapies and 21% permanently discontinued PIQRAY alone due to ARs.
- Dose reductions due to ARs occurred in 55% of patients receiving PIQRAY and fulvestrant:
  - The most common ARs leading to a dose reduction of PIQRAY were hyperglycemia (29% of patients), rash (9%), diarrhea (6%), stomatitis (4%), and mucosal inflammation (2%).

The most common ARs leading to treatment discontinuation of PIQRAY in patients receiving PIQRAY + fulvestrant were:

- Hyperglycemia (6%)
- Rash (4%)
- Diarrhea (3%)
- Fatigue (3%)

Additional results: tumor shrinkage and quality of life

**Best percentage change in tumor size in patients with a PIK3CA mutation**

75.9% of patients (n/N=88/116) experienced a reduction in tumor size.

Dotted lines represent a +20% and -30% change in tumor size.

EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer core QoL questionnaire; QoL, quality-of-life.

*The EORTC QLQ-C30 was one of the questionnaires used to assess the secondary endpoint of health-related QoL.

†Glucose increase is an expected laboratory abnormality of PI3K inhibition.

No grade 4 laboratory abnormalities were reported.

**Additional results: tumor shrinkage and quality of life**

Please see additional Important Safety Information throughout and on pages 12-13. Please click here for full Prescribing Information.
Cutaneous adverse reactions monitoring and management

**Before treatment with PIQRAY**

- **Antihistamines administered prior to rash onset may decrease incidence and severity of rash based on SOLAR-1 trial**
  - A subgroup of 86 patients received prophylaxis, including antihistamines (eg, cetirizine), prior to onset of rash.
  - In these patients, rash was reported less frequently than in the overall population as shown in the table below.
- **Effects of prophylactic treatment, including antihistamines, prior to onset of rash in patients receiving PIQRAY + fulvestrant**

<table>
<thead>
<tr>
<th>Event</th>
<th>Patients receiving prophylactic treatment prior to onset of rash (n=86)</th>
<th>Overall population (n=284)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All grades rash</td>
<td>27%</td>
<td>54%</td>
</tr>
<tr>
<td>Grade 3 rash</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Rash leading to permanent discontinuation of PIQRAY (alpelisib) tablets</td>
<td>3.5%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

**During treatment with PIQRAY**

- **Advise patients of signs and symptoms of severe cutaneous adverse reactions (SCARs) and to immediately contact their health care provider should they occur**
  - Signs and symptoms include a prodrome of fever, flu-like symptoms, mucosal lesions, progressive skin rash or lymphadenopathy.
- **Monitor for different forms of rash**
  - Rash may present in different forms including rash, rash maculopapular, rash macular, rash generalized, rash papular, and rash pruritic.
  - Maculopapular rash was reported as one of the most common types of rash.

**Examples of maculopapular rash**

- Flat, red area covered with small confluent bumps.

**Examples of medication used to manage rash in the SOLAR-1 trial**

<table>
<thead>
<tr>
<th>Grade 1 (&lt;10% body surface area [BSA] with active skin toxicity)</th>
<th>Grade 2 (10%-30% BSA with active skin toxicity)</th>
<th>Grade 3 (eg, severe rash not responsive to medical management) (&gt;30% BSA with active skin toxicity)</th>
<th>Grade 4 (eg, severe bullous, blistering, or exfoliating skin conditions) (any % BSA associated with extensive superinfection, with IV antibiotics indicated, life-threatening consequences)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No PIQRAY dose adjustment if the etiology is SCAR, permanently discontinue PIQRAY</td>
<td>No PIQRAY dose adjustment if the etiology is SCAR, permanent discontinuation of PIQRAY</td>
<td>No PIQRAY dose adjustment if the etiology is SCAR, permanently discontinue PIQRAY</td>
<td>Permanently discontinue PIQRAY</td>
</tr>
<tr>
<td><strong>Topical corticosteroids</strong></td>
<td><strong>Oral antihistamines</strong></td>
<td><strong>Low-dose oral corticosteroids</strong></td>
<td></td>
</tr>
<tr>
<td>Triamcinolone 3x-4x daily</td>
<td>Diphenhydramine 25-50 mg 3x daily</td>
<td>Prednisone 20-40 mg daily or equivalent</td>
<td></td>
</tr>
<tr>
<td>Betamethasone 3x-4x daily</td>
<td>Hydroxyzine 25-50 mg 3x-4x daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fexofenadine 180 mg daily</td>
<td>Fexofenadine 180 mg daily or 60 mg 3x daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cetirizine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCARs in SOLAR-1 and postmarketing setting**

- In the SOLAR-1 trial, Stevens-Johnson syndrome (SJS) and erythema multiforme (EM) were reported in 0.4% and 1.1% of the patients, respectively. Drug reaction with eosinophilia and systemic symptoms (DRESS) was reported in the postmarketing setting.

**Rash in the SOLAR-1 trial**

- Most events of rash were mild to moderate (grade 1 or 2). 52% of patients experienced all-grade rash with 20% reporting grade 3.

**If a SCAR is confirmed, permanently discontinue PIQRAY. Do not reintroduce PIQRAY in patients who have experienced previous SCAR during PIQRAY treatment**

- **Assess grade**
  - Initial dose modification
  - Administer medical management
  - Monitor and implement as clinically appropriate

<table>
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<tr>
<th>Grade 1 (&lt;10% BSA with active skin toxicity)</th>
<th>Grade 2 (10%-30% BSA with active skin toxicity)</th>
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**Examples of medication used to manage rash in the SOLAR-1 trial**

- **Diphenhydramine (eg, cetirizine), prior to prophylaxis, including antihistamines, should they occur**
  - Antihistamines administered prior to rash onset may decrease incidence and severity of rash based on the SOLAR-1 trial.
  - For all grades of rash, consider consultation with a dermatologist.

**If severe cutaneous adverse reactions (SCARs) or rash occur**

- **Dose modifications and management for rash and SCARs**

  - If a SCAR is confirmed, permanently discontinue PIQRAY. Do not reintroduce PIQRAY in patients who have experienced previous SCAR during PIQRAY treatment.

  - **Assess grade**
    - Initial dose modification
    - Administer medical management
    - Monitor and implement as clinically appropriate

  - **Examples of medication used to manage rash in the SOLAR-1 trial**

  - **Topical corticosteroids**
    - Triamcinolone 3x-4x daily
    - Betamethasone 3x-4x daily
  - **Oral antihistamines**
    - Diphenhydramine 25-50 mg 3x daily
    - Hydroxyzine 25-50 mg 3x-4x daily
    - Fexofenadine 180 mg daily or 60 mg 3x daily
    - Cetirizine
  - **Low-dose oral corticosteroids**
    - Prednisone 20-40 mg daily or equivalent

**Median time to first onset of grade 2 or 3 rash**

- **12 days (range: 2-220 days)**

**Please see additional Important Safety Information throughout and on pages 12-13.**

**Please click here for full Prescribing Information.**

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*Grading according to CTCAE version 5.0.

†For all grades of rash, consider consultation with a dermatologist.

‡Antihistamines administered prior to rash onset may decrease incidence and severity of rash based on the SOLAR-1 trial.

*The management plan of each patient should be based on the individual benefit/risk assessment.

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92% (141/153) of patients who experienced rash had resolution of rash**
**Hyperglycemia monitoring and management**

- **Assess FPG and HbA1c**
  - In the SOLAR-1 trial, patients with type 2 diabetes and prediabetes were included if they had an FPG of ≥140 mg/dL (7.7 mmol/L) and HbA1c ≥6.4% (both criteria had to be met). FPG, fasting plasma glucose; HbA1c, hemoglobin A1c.

- **Optimize blood glucose**
  - The only laboratory monitoring needed for patients on PIQRAY.
  - Patients with a history of diabetes mellitus may require intensified diabetic treatment. Closely monitor patients with diabetes.

- **Assess patient’s past medical history**
  - The safety of PIQRAY is for fasting glucose (FPG or fasting blood glucose) and HbA1c.

- **Signs and symptoms include excessive thirst, urinating more often than usual or higher amount of urine than usual, or increased appetite with weight loss**

- **Monitor for hyperglycemia throughout your patient’s treatment**
  - The only laboratory monitoring needed for patients on PIQRAY is for fasting glucose (FPG or fasting blood glucose) and HbA1c.

**Fasting glucose**

- When monitoring fasting glucose, measure FPG or fasting blood glucose.

- **First 2 weeks**
  - At least 1x per week

- **After first 2 weeks**
  - At least once every 4 weeks and as clinically indicated for the duration of treatment.

**HbA1c**

- **Duration of treatment**
  - Once every 3 months and as clinically indicated.

**In the SOLAR-1 trial**

- Hyperglycemia was reported in 65% of patients with hyperglycemia were managed with antihyperglycemic medication.

- Signs and symptoms included excessive thirst, urinating more often than usual or higher amount of urine than usual, or increased appetite with weight loss.

- Dose modifications and management should only be based on fasting glucose values (FPG or fasting blood glucose).

- The maximum dose of metformin allowed in SOLAR-1 was 2000 mg per day.

**In the SOLAR-1 trial**

- 87% (163/187) of patients with hyperglycemia were managed with antihyperglycemic medication.
  - Most patients (79%, 142/187) reported use of metformin as a single agent or in combination with other antihyperglycemic medications (e.g., insulin, dipeptidyl peptidase-4 [DPP-4] inhibitors, and sulfonylureas).
  - Among patients with elevated FPG who continued fulvestrant treatment after discontinuing PIQRAY (n=54), 90% (n=52) of patients had FPG levels that returned to baseline.

**Adjustment schedule**

- If a patient experiences hyperglycemia, monitor fasting glucose as clinically indicated and at least 2x per week until fasting glucose decreases to normal levels.
  - Consider consultation with a health care provider with expertise in the treatment of hyperglycemia and counsel patients on lifestyle changes.

- In SOLAR-1, metformin was recommended with the following guidance if hyperglycemia occurred.
  - Monitor fasting glucose at least 1x per week.

- Initiate metformin 500 mg once daily.
- Increase dose to 500 mg twice daily, based on tolerability.
- Increase dose to 1000 mg with breakfast and 1000 mg with dinner, based on tolerability.
- Increase dose to 1000 mg twice daily if needed, based on tolerability.

- Other insulin sensitizers such as thiazolidinediones or DPP-4 inhibitors can also be used as antihyperglycemic treatment.
Management in the event of diarrhea and other toxicities

In the SOLAR-1 trial
- Most patients (58%) experienced diarrhea during treatment with PIQRAY® (alpelisib) tablets.
- Grade 3 diarrhea occurred in 7% (n=19) of patients. Among patients with grade 2 or 3 diarrhea (n=71), the median time to onset was 46 days (range: 1-442 days).

Dose modifications and management for diarrhea

<table>
<thead>
<tr>
<th>Grade*</th>
<th>Modify dose</th>
<th>Administer medical management and monitor as clinically indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>No PIQRAY dose adjustment</td>
<td>Initiate appropriate medical therapy and monitor as clinically indicated</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Interrupt PIQRAY dose until recovery to grade ≤1, then resume PIQRAY at same dose level</td>
<td>Initiate or intensify appropriate medical therapy and monitor as clinically indicated</td>
</tr>
<tr>
<td>Grades 3 + 4</td>
<td>Interrupt PIQRAY dose until recovery to grade ≤1, then resume PIQRAY at the next lower dose level</td>
<td>Initiate or intensify appropriate medical therapy and monitor as clinically indicated</td>
</tr>
</tbody>
</table>

* Grading according to CTCAE version 5.0.

Dose modifications and management for other toxicities

<table>
<thead>
<tr>
<th>Grade</th>
<th>Modify dose</th>
<th>Administer medical management and monitor as clinically indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 1 or 2</td>
<td>No PIQRAY dose adjustment</td>
<td>Initiate appropriate medical therapy and monitor as clinically indicated</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Interrupt PIQRAY dose until recovery to grade ≤1, then resume PIQRAY at the next lower dose level</td>
<td></td>
</tr>
<tr>
<td>Grade 4</td>
<td>Permanently discontinue PIQRAY</td>
<td></td>
</tr>
</tbody>
</table>

*Grading according to CTCAE version 5.0.

Certain ARs may require dose modifications
- Dose interruptions may be required prior to dose reductions.
- The PIQRAY dose may be reduced in increments of 50 mg.
- If further dose reduction below 200 mg/d is required, discontinue PIQRAY.

Please refer to the full Prescribing Information for dose interruption, reduction, or discontinuation of PIQRAY in specific ARs. The management plan of each patient should be based on the individual benefit/risk assessment.

Blister pack is designed to help patients stay on track with treatment

PIQRAY is given in combination with fulvestrant

PIQRAY
Starting dose: 300 mg daily (Two 150-mg tablets)
- Once-daily continuous oral dosing
- Should be swallowed whole and taken with food, at approximately the same time each day

FULVESTRANT
Recommended dose: 500 mg
- Administered on days 1, 15, and 29, and once monthly thereafter
- Please refer to the full Prescribing Information for fulvestrant

Continue treatment until disease progression or unacceptable toxicity occurs

Thank you for reading.
Pneumonitis (cont): 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 intermittent 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 healthcare 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 and 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%), 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%), 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 (26%), glucose increased (26%), amylase decreased (26%), patient expected not to receive chemotherapy (APT) prolonged (21%). The most common grade 3/4 laboratory abnormalities (incidence ≥2%) were glucose increased (39%), GGT increased (26%), AST increased (26%), and potassium decreased (6%).