



PADCEVSupportSolutions.com
1-888-402-0627
1-877-747-6843 (fax)
Monday–Friday, 8:30 AM–8:00 PM ET

Coding and Billing Guide

for PADCEV™ (enfortumab vedotin-ejfv)

PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17.
PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.

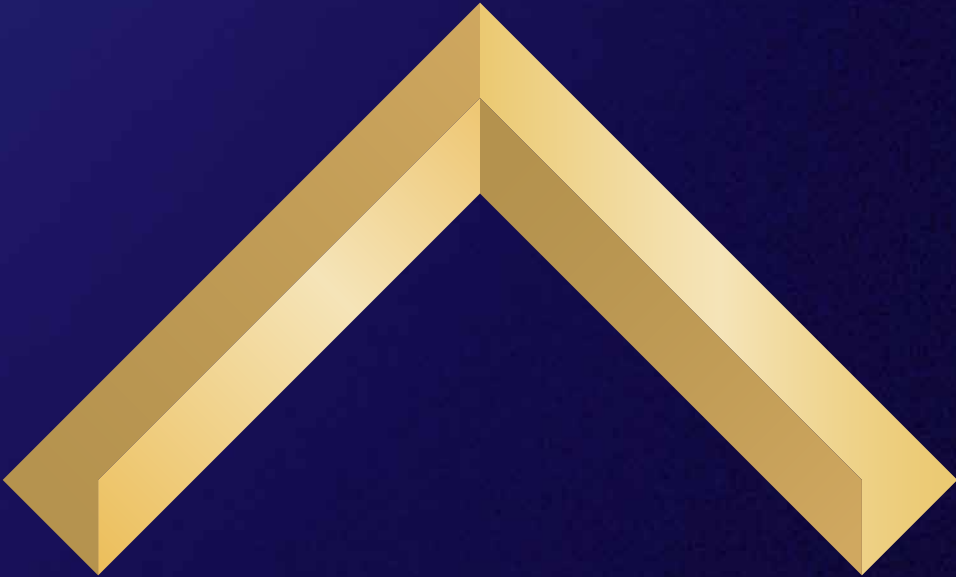
Table of Contents

- Introduction 4**

- Relevant Billing Codes for PADCEV™ (enfortumab vedotin-ejfv)**
 - Healthcare Common Procedure Coding System (HCPCS) 6
 - National Drug Code (NDC)..... 7
 - Current Procedural Terminology® (CPT) Codes for Drug Administration Service 7
 - International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes 8

- Sample Claim Form**
 - Physician Office CMS-1500 Claim Form.....10
 - Outpatient Hospital CMS-1450 (UB-04) Claim Form12

- PADCEV Support SolutionsSM14**



PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17. PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.

Introduction

Accurate and appropriate coding and billing can help avoid delays in claims processing and facilitate timely reimbursement. Astellas and Seattle Genetics are providing this guide as an educational reference, providing general coding and billing information to facilitate medically appropriate patient access to PADCEV™ (enfortumab vedotin-ejfv).

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas and Seattle Genetics do not guarantee third-party coverage or payment or reimbursement for denied claims.

Because insurance coverage, coding, claims filing, and reimbursement vary by setting of care as well as by payer type, the information included in this guide is general. Healthcare providers should always verify coverage prior to initiating therapy and determine the appropriate codes on a case-by-case basis.

While Astellas and Seattle Genetics have made every effort to be current as of the publication of this guide, the information may not be as current when you view it. Similarly, all Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are supplied for informational purposes only. This information does not represent any statement, promise, or guarantee by Astellas and Seattle Genetics about coverage, levels of reimbursement, payment, or charge. Additional information may exist, and actual coverage and reimbursement decisions are made by individual payers. Providers should contact the applicable third-party payers for specific information on coding and billing requirements.

Avoiding Denied Claims

Understanding the reasons why medical claims may be denied by insurers can help limit the number of denials. Potential causes of delayed or denied claims may include:

- Invalid or missing codes (CPT, J-code, International Classification of Diseases, 10th Revision, Clinical Modification [ICD-10-CM])
- Incorrect product information
- Missing or incorrect National Drug Code (NDC), prior authorization number, National Provider Identifier
- Incorrect patient identifier information (eg, insurance identification number, date of birth)
- Failure to follow payer-specific requirements

Reminders for Submitting Claims

The following reminders may help when submitting claims for PADCEV:

- ✓ Determine if PADCEV is covered as a medical or pharmacy benefit prior to infusion and if there are any applicable prior authorization requirements
- ✓ Accurately complete and submit the prior authorization form, if required
- ✓ Ensure medical records include full and proper documentation of the patient's history, prior therapy, and rationale for treatment to justify coding
- ✓ Specify the correct number of billing units on the CMS-1500 Claim Form or on the UB-04/CMS-1450 Claim Form. Dosing for PADCEV is weight-based. Therefore, ensure the actual dose administered to the patient is reflected in the billing units (see pages 10 and 12 for instructions on filling out claim forms)
- ✓ If required, include a Letter of Medical Necessity that provides the patient's medical history and rationale for the therapy
- ✓ Verify that all identification numbers and names are entered correctly
- ✓ Use the correct ICD-10-CM, CPT, and HCPCS codes, including modifiers if applicable
- ✓ Verify the proper use of billing codes
- ✓ For the hospital outpatient setting, confirm that the correct revenue code is used with the appropriate supporting HCPCS code
- ✓ Submit the claim in a timely fashion
- ✓ Track clearinghouse claims to ensure successful transmission

If you have questions or need assistance with benefits investigation, prior authorization, denial appeals, or coding and billing for PADCEV, please visit [PADCEVSupportSolutions.com](https://www.padcevsupportsolutions.com) or call PADCEV Support SolutionsSM at 1-888-402-0627, Monday–Friday, 8:30 AM–8:00 PM ET.

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims conforming to the requirements of the relevant payer for those products and services rendered. Pharmacies (or any other provider submitting a claim) should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials provided by PADCEV Support SolutionsSM are to assist providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider and information provided by PADCEV Support Solutions, Astellas, or Seattle Genetics should in no way be considered a guarantee of coverage or reimbursement for any product or service.

Relevant Billing Codes for PADCEV™ (enfortumab vedotin-ejfv)

The billing codes listed below may be appropriate when billing for PADCEV and its administration for the treatment of the FDA-approved indication.

It is the healthcare provider's responsibility to determine the appropriate codes and to submit accurate claims for products and services provided. Astellas and Seattle Genetics do not guarantee coverage and/or reimbursement for PADCEV. Coverage, coding, and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. Healthcare providers should verify coverage, coding, and reimbursement guidelines on a case-by-case basis.

Healthcare Common Procedure Coding System (HCPCS)

The Healthcare Common Procedure Coding System (HCPCS) is used to identify products, supplies, and services that are billed to private and government payers by hospitals, physicians, and other healthcare professionals.

HCPCS Code ¹	Description	Billing Unit	Payers and Settings of Care
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	0.25 mg = 1 billing unit	Most payers (eg, commercial, Medicare, and Medicaid) and care settings (eg, hospital outpatient and physician office)

One billing unit of J9177 equals 0.25 mg of enfortumab vedotin-ejfv. As a result, 80 units equals 1 single-dose 20-mg vial and 120 units equals 1 single-dose 30-mg vial. Actual units reported will vary by dosage required for each individual patient.

For dates of service prior to July 1, 2020, use the unspecified HCPCS codes to bill for PADCEV. This includes: J3490, J3590, J9999, and C9399 (Medicare Hospital Outpatient Prospective Payment System [OPPS] claims).^{2,3} Additional information needed may vary by payer and may include the drug name and generic name, total dosage administered, method of administration, and the NDC.^{2,4}

National Drug Code (NDC)

You may be required to include an NDC for PADCEV on a claim form. The 11-digit NDCs are listed below.

NDC for PADCEV ⁵	Description
51144-0020-01	20 mg solution in a single-dose vial for intravenous infusion
51144-0030-01	30 mg solution in a single-dose vial for intravenous infusion

Note that the product's NDC has been "zero-filled" to ensure creation of an 11-digit code that meets Health Insurance Portability and Accountability Act (HIPAA) standards.⁶ The 11-digit NDC is to be preceded by the qualifier "N4" for payers that require it. This is typically followed by the quantity qualifier and the quantity administered.⁷

Current Procedural Terminology® (CPT) Codes for Drug Administration Service

The appropriate CPT® code for the administration of PADCEV will depend on the actual service performed.

CPT® Code ⁸	Description
96413	Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique, each additional hour (list separately in addition to code for primary procedure)

Healthcare providers should consult the current CPT® manual and always select the code that accurately describes the administration service performed for the patient. Healthcare providers should also contact the payer for additional coding information required.

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas and Seattle Genetics do not guarantee third-party coverage or payment or reimbursement for denied claims.

PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17.
PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.

⁸CPT® codes and descriptions are ©2019 American Medical Association (AMA). All rights reserved. The AMA assumes no liability for data contained herein.



Relevant Billing Codes for PADCEV™ (enfortumab vedotin-ejfv)

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes

ICD-10-CM codes are used to identify a patient's diagnosis. At least 1 ICD-10-CM diagnosis code must be included in all hospital and physician office claims to describe the patient's condition.

Metastatic Urothelial Cancer ⁹ ICD-10-CM Codes	Code Description
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder

Metastatic Urothelial Cancer ⁹ ICD-10-CM Codes	Code Description
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra

The ICD-10-CM diagnosis codes listed above are provided only as examples of potentially relevant codes. Providers should consult a current ICD-10-CM manual and select the most appropriate diagnosis code(s) to accurately describe a patient's condition. All diagnosis codes should be supported with adequate documentation.

This guide is offered for informational purposes only and is not intended to provide reimbursement or legal advice. Each healthcare provider is responsible for determining the appropriate codes, coverage, and payment for individual patients. Astellas and Seattle Genetics do not guarantee third-party coverage or payment or reimbursement for denied claims.

Sample Claim Form

Physician Office CMS-1500 Claim Form¹⁰

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA (ID#) OTHER (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)

7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: (YES/NO)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (SIGNED/DATE)

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (SIGNED/DATE)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM/DD/YY) QUAL.

15. OTHER DATE (MM/DD/YY) QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM/TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a/17b)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM/TO)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? (YES/NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (A-L) ICD Ind.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE (From/To) B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSONI Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (YES/NO)

28. TOTAL CHARGE

29. AMOUNT PAID

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (SIGNED/DATE)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # (a/b)

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

- A Item 19**
Some payers may require drug name, total dosage, method of administration, and 11-digit NDC to be provided in Item 19.¹¹
- B Item 21**
Enter appropriate site-specific ICD-10-CM diagnosis code(s) based on the patient's documented medical record.⁷
- C Item 24A and 24B**
Enter the date of service and the appropriate place of service code. In the red shaded area, enter the NDC qualifier "N4" followed by the 11-digit NDC, the quantity qualifier, and the quantity administered.⁷

- D Item 24D**
Enter the appropriate HCPCS code for PADCEV™ (enfortumab vedotin-ejfv): J9177. For dates of service prior to July 1, 2020, use the unspecified HCPCS codes. Enter the appropriate CPT® code for the administration service.^{1,7} If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.²
- E Item 24E**
Enter the diagnosis code reference letter or number from Item 21 that relates to the product or procedure listed in Item 24D.⁷
- F Item 24G**
Report billing units here. 0.25 mg = 1 billing unit. Actual units reported will vary by dosage required for each individual patient.^{1,11}

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the healthcare provider. Astellas and Seattle Genetics do not guarantee reimbursement for any services or product.

PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17.
PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.

Sample Claim Form

Outpatient Hospital CMS-1450 (UB-04) Claim Form¹²

The form includes sections for patient information (1-7), occurrence dates (8-37), value codes (38-41), and a procedure table (42-49). The procedure table has columns for: 42 REV. CD., 43 DESCRIPTION, 44 HCPCS / RATE / HIPPS CODE, 45 SERV. DATE, 46 SERV. UNITS, 47 TOTAL CHARGES, and 48 NON-COVERED CHARGES. Below the table are sections for payer information (50-57), insured information (58-62), treatment authorization (63-65), and diagnosis/procedure codes (66-75). Remarks (80) and provider information (76-79) are also included.

A	B	C	D	E
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
1				
2				
3				
4				
5				
6				

- A Item 42**
Enter a 4-digit revenue code that best describes the service provided, in accordance with the hospital billing policy.¹³
- B Item 43**
Enter the corresponding description for the revenue code listed in Item 42. When required, enter the NDC qualifier "N4" followed by the 11-digit NDC, the quantity qualifier, and the quantity administered.¹³
- C Item 44**
Enter the appropriate HCPCS code for PADCEV™ (enfortumab vedotin-ejfv): J9177. For dates of service prior to July 1, 2020, use the unspecified HCPCS codes.^{1,13} If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.²
- D Item 45**
Enter the date of service.¹³
- E Item 46**
Report billing units here. 0.25 mg = 1 billing unit. Actual units reported will vary by dosage required for each individual patient.^{1,13}

This section includes fields for: 66 DX, 67 A-H, 68, 69 ADMIT DX, 70 PATIENT REASON DX, 71 PPS CODE, 72 ECI, 73, 74 PRINCIPAL PROCEDURE DATE, 75 OTHER PROCEDURE DATE, 76 ATTENDING NPI, 77 OPERATING NPI, 78 OTHER NPI, 79 OTHER NPI, 80 REMARKS, 81CC a-d, and 82.

- F Item 66**
Enter the appropriate diagnosis code(s).¹³
- G Item 67A-67Q**
Enter the site-specific ICD-10-CM diagnosis codes for the malignancy being treated as documented in the patient's medical records.¹³
- H Item 80**
Some payers may require additional information such as the date the drug was furnished to the beneficiary and 11-digit NDC to be entered in Item 80.² Requirements vary by payer.

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the healthcare provider. Astellas and Seattle Genetics do not guarantee reimbursement for any services or product.

PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17.
PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.

PADCEV Support SolutionsSM

PADCEV Support Solutions offers access and reimbursement support to help patients access PADCEV[™] (enfortumab vedotin-ejfv). PADCEV Support Solutions provides information regarding patient health coverage, financial assistance information that may be available to help patients with financial needs, and coding and billing information for PADCEV.



Coverage Support

- Benefits investigation
- Prior authorization assistance
- Appeals assistance



Coding and Billing

- Coding and billing information
- Appeals information



Patient Assistance

- Copay Assistance Program^a
- Patient Assistance Program^a
- Financial assistance information



Patient Support

- Patient Connect

References

- Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Decisions (04-14-2020). <https://www.cms.gov/files/document/2020-hcpcs-application-summary-quarter-1-2020-drugs-and-biologicals-updated-04142020.pdf>. Accessed 04-22-2020.
- Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 17 – drugs and biologics. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>. Accessed 06-10-2019.
- Centers for Medicare & Medicaid Services. 2019 alpha-numeric HCPCS file. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2019-Alpha-Numeric-HCPCS-File.html>. Accessed 06-10-2019.
- Wisconsin Physicians Service. Government Health Administrators. Billing and describing not otherwise classified (NOC) codes. <https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/not-other-wise-classified-billing>. Accessed 08-29-2019.
- PADCEV [package insert]. Northbrook, IL: Astellas Pharma US, Inc.
- Food and Drug Administration. National Drug Code database background information. <https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information>. Accessed 10-08-2019.
- Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 26 – completing and processing form CMS-1500 data set. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>. Accessed 06-10-2019.
- American Medical Association. CPT[®] 2019 Professional. Chicago, IL: American Medical Association; 2018.
- Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>. Accessed 06-10-2019.
- Centers for Medicare & Medicaid Services. CMS forms. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>. Accessed 09-19-2019.
- Centers for Medicare & Medicaid Services. Billing and coding guidelines for drugs and biologics (non-chemotherapy). https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34741_55/BCG_L34741.pdf. Accessed 06-10-2019.
- Centers for Medicare & Medicaid Services. Medicare uniform instructional provider bill and supporting regulations 42 CFR 424.5 (07-19-2019). <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450>. Accessed 05-07-2020.
- Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 25 – completing and processing the form CMS-1450 data set. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>. Accessed 06-10-2019.

^aProgram is subject to eligibility restrictions and Program terms and conditions.

**PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17.
PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.**

Indication and Important Safety Information

Indication

PADCEV (enfortumab vedotin-ejfv) is indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting.

This indication is approved under accelerated approval based on tumor response rate. Continued approval may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information

Warnings and Precautions

Hyperglycemia occurred in patients treated with PADCEV, including death and diabetic ketoacidosis (DKA), in those with and without pre-existing diabetes mellitus. The incidence of Grade 3-4 hyperglycemia increased consistently in patients with higher body mass index and in patients with higher baseline A1C. In one clinical trial, 8% of patients developed Grade 3-4 hyperglycemia. Patients with baseline hemoglobin A1C $\geq 8\%$ were excluded. Closely monitor blood glucose levels in patients with, or at risk for, diabetes mellitus or hyperglycemia. If blood glucose is elevated (>250 mg/dL), withhold PADCEV.

Peripheral neuropathy (PN), predominantly sensory, occurred in 49% of the 310 patients treated with PADCEV in clinical trials; 2% experienced Grade 3 reactions. In one clinical trial, peripheral neuropathy occurred in patients treated with PADCEV with or without preexisting peripheral neuropathy. The median time to onset of Grade ≥ 2 was 3.8 months (range: 0.6 to 9.2). Neuropathy led to treatment discontinuation in 6% of patients. At the time of their last evaluation, 19% had complete resolution, and 26% had partial improvement. Monitor patients for symptoms of new or worsening peripheral neuropathy and consider dose interruption or dose reduction of PADCEV when peripheral neuropathy occurs. Permanently discontinue PADCEV in patients that develop Grade ≥ 3 peripheral neuropathy.

Ocular disorders occurred in 46% of the 310 patients treated with PADCEV. The majority of these events involved the cornea and included keratitis, blurred vision, limbal stem cell deficiency and other events associated with dry eyes. Dry eye symptoms occurred in 36% of patients, and blurred vision occurred in 14% of patients, during treatment with PADCEV. The median time to onset to symptomatic ocular disorder was 1.9 months (range: 0.3 to 6.2). Monitor patients for ocular disorders. Consider artificial tears for prophylaxis of dry eyes and ophthalmologic evaluation if ocular symptoms occur or do not resolve. Consider treatment with ophthalmic topical steroids, if indicated after an ophthalmic exam. Consider dose interruption or dose reduction of PADCEV for symptomatic ocular disorders.

Skin reactions occurred in 54% of the 310 patients treated with PADCEV in clinical trials. Twenty-six percent (26%) of patients had maculopapular rash and 30% had pruritus. Grade 3-4 skin reactions occurred in 10% of patients and included symmetrical drug-related intertriginous and flexural exanthema (SDRIFE), bullous dermatitis, exfoliative dermatitis, and palmar-plantar erythrodysesthesia. In one clinical trial, the median time to onset of severe skin reactions was 0.8 months (range: 0.2 to 5.3). Of the patients who experienced rash, 65% had complete resolution and 22% had partial improvement. Monitor patients for skin reactions. Consider appropriate treatment, such as topical corticosteroids and antihistamines for skin reactions, as clinically indicated. For severe (Grade 3) skin reactions, withhold PADCEV until improvement or resolution and administer appropriate medical treatment. Permanently discontinue PADCEV in patients that develop Grade 4 or recurrent Grade 3 skin reactions.

Infusion site extravasation Skin and soft tissue reactions secondary to extravasation have been observed after administration of PADCEV. Of the 310 patients, 1.3% of patients experienced skin and soft tissue reactions. Reactions may be delayed. Erythema, swelling, increased temperature, and pain worsened until 2-7 days after extravasation and resolved within 1-4 weeks of peak. One percent (1%) of patients developed extravasation reactions with secondary cellulitis, bullae, or exfoliation. Ensure adequate venous access prior to starting PADCEV and monitor for possible extravasation during administration. If extravasation occurs, stop the infusion and monitor for adverse reactions.

Embryo-fetal toxicity PADCEV can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risk to the fetus. Advise female patients of reproductive potential to use effective contraception during PADCEV treatment and for 2 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with PADCEV and for 4 months after the last dose.

Adverse Reactions

Serious adverse reactions occurred in 46% of patients treated with PADCEV. The most common serious adverse reactions ($\geq 3\%$) were urinary tract infection (6%), cellulitis (5%), febrile neutropenia (4%), diarrhea (4%), sepsis (3%), acute kidney injury (3%), dyspnea (3%), and rash (3%). Fatal adverse reactions occurred in 3.2% of patients, including acute respiratory failure, aspiration pneumonia, cardiac disorder, and sepsis (each 0.8%).

Adverse reactions leading to discontinuation occurred in 16% of patients; the most common adverse reaction leading to discontinuation was peripheral neuropathy (6%). Adverse reactions leading to dose interruption occurred in 64% of patients; the most common adverse reactions leading to dose interruption were peripheral neuropathy (18%), rash (9%) and fatigue (6%). Adverse reactions leading to dose reduction occurred in 34% of patients; the most common adverse reactions leading to dose reduction were peripheral neuropathy (12%), rash (6%) and fatigue (4%).

The most common adverse reactions ($\geq 20\%$) were fatigue (56%), peripheral neuropathy (56%), decreased appetite (52%), rash (52%), alopecia (50%), nausea (45%), dysgeusia (42%), diarrhea (42%), dry eye (40%), pruritus (26%) and dry skin (26%). The most common Grade ≥ 3 adverse reactions ($\geq 5\%$) were rash (13%), diarrhea (6%) and fatigue (6%).

Lab Abnormalities

In one clinical trial, Grade 3-4 laboratory abnormalities reported in $\geq 5\%$ were: lymphocytes decreased (10%), hemoglobin decreased (10%), phosphate decreased (10%), lipase increased (9%), sodium decreased (8%), glucose increased (8%), urate increased (7%), neutrophils decreased (5%).

Drug Interactions

Effects of other drugs on PADCEV Concomitant use with a strong CYP3A4 inhibitor may increase free MMAE exposure, which may increase the incidence or severity of PADCEV toxicities. Closely monitor patients for signs of toxicity when PADCEV is given concomitantly with strong CYP3A4 inhibitors.

Specific Populations

Lactation Advise lactating women not to breastfeed during treatment with PADCEV and for at least 3 weeks after the last dose.

Hepatic impairment Avoid the use of PADCEV in patients with moderate or severe hepatic impairment.

Contact PADCEV Support SolutionsSM

There are 3 ways to contact PADCEV Support Solutions for assistance



CALL

1-888-402-0627

Monday–Friday, 8:30 AM–8:00 PM ET



GO ONLINE

PADCEVSupportSolutions.com



FAX

1-877-747-6843

**PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION FOR PADCEV ON PAGES 16–17.
PLEASE CLICK HERE TO SEE FULL PRESCRIBING INFORMATION FOR PADCEV AT WWW.PADCEVPI.COM.**



PADCEVTM is a trademark jointly owned by Agensys, Inc. and Seattle Genetics, Inc.
Astellas[®] and the flying star logo are registered trademarks of Astellas Pharma Inc.
Seattle Genetics[®] and the Seattle Genetics logo are registered trademarks of Seattle Genetics, Inc.
PADCEV Support SolutionsSM, a component of Astellas Pharma Support SolutionsSM, is a service mark of Astellas Pharma US, Inc.
All other trademarks or registered trademarks are the property of their respective owners.

©2020 Astellas Pharma US, Inc. and Seattle Genetics, Inc. All rights reserved. 081-0099-PM 5/20