AstraZeneca

IMPORTANT PRESCRIBING INFORMATION

Important Information for LUMOXITI® (moxetumomab pasudotox-tdfk) for Injection, for Intravenous Use - Permanent Withdrawal of LUMOXITI® from the US Market

November 18, 2022

Dear Healthcare Provider,

The purpose of this letter is to inform you of AstraZeneca's decision to permanently discontinue LUMOXITI from the US market in July 2023. The US Food and Drug Administration (FDA) have been informed of this decision. AstraZeneca will advise distributors to stop all distribution in August 2023. Also starting in August 2023, AstraZeneca will request returns of LUMOXITI packs from distributors.

LUMOXITI was approved by the FDA on September 13, 2018, for the treatment of relapsed or refractory hairy cell leukemia (HCL) in patients who had received at least two prior systemic therapies including treatment with a purine nucleoside analog (PNA). LUMOXITI was not recommended for patients with severe renal impairment defined as having a CrCL $\leq$ 29 mL/min.

The removal of LUMOXITI from the US market is not related to the safety or efficacy of the medicinal product.

There has been a very low clinical uptake of LUMOXITI since FDA approval on September 13, 2018, due to the availability of other treatment options and possibly due to the specialized complexity of administration, toxicity prophylaxis and safety monitoring needs for patients.[1]

Actions Required for Prescribers

Physicians should not initiate new treatment with LUMOXITI with immediate effect.

Product supply to physicians will not be available after August 2023.

Physicians who are currently considering the use of LUMOXITI in patients should share this information with those patients so that they can make an informed decision regarding their ongoing care.

Physicians who are currently treating patients with LUMOXITI will have adequate time to complete six cycles of treatment.

Additional Information Regarding Alternative Therapies

The potential impact of LUMOXITI withdrawal from the market on the care and outcomes of patients with HCL is expected to be mitigated by use of alternative existing therapies.

Consensus guidelines include alternative therapeutic options for patients with progressive disease after relapsed or refractory therapy, in addition to participation in clinical studies.[1-4]

Patients with HCL that is resistant to two or more therapies are candidates for LUMOXITI. However, other options include vemurafenib with or without rituximab as a preferred option and ibrutinib as other recommended regimens. Other options for progressive disease following second-line therapy include bendamustine plus rituximab, single-agent rituximab, splenectomy or other investigational therapies.[1-4]

PROXY Clinical Study

AstraZeneca will be terminating the post-marketing study "US Post-Marketing Retrospective Observational Safety Study of Moxetumomab Pasudotox-tdfk (LUMOXITI)," referred to as the PROXY study. A similar letter (a Dear Investigator Letter) has been sent in parallel to Investigators involved in the PROXY study. In that letter, AstraZeneca has provided instructions to Investigators to stop enrollment into the PROXY study on December 31, 2022.

Reporting Adverse Events

Healthcare providers and patients are encouraged to report adverse events in patients taking LUMOXITI to AstraZeneca at 1-800-236-9933 (US toll free). You are also encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

You may also contact our medical information department at 1-800-236-9933 or visit www.AZMedical.com if you have any questions about the information contained in this letter for the safe and effective use of LUMOXITI.

Please visit the www.LUMOXITIHCP.com website or see LUMOXITI full Prescribing Information enclosed.

Sincerely,

Simon Rule
Executive Medical Director, Hematology

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1. National Comprehensive Cancer Network (NCCN). Hairy Cell Leukemia, NCCN Clinical Practice Guidelines in Oncology. NCCN website. Accessed November 2022. https://www.nccn.org/professionals/physician_gls/pdf/hairy_cell.pdf
2. Robak T, Matutes E, Catovsky D, et al. Hairy Cell Leukaemia: ESMO Clinical Practice Guidelines for Diagnosis, Treatment and Follow-Up. *Ann Oncol.* 2015; 26(suppl 5):v100-v107. doi:10.1093/annonc/mdv200
3. Parry-Jones N, Joshi A, Forconi F, et al. Guideline for Diagnosis and Management of Hairy Cell Leukaemia (HCL) and Hairy Cell Variant (HCL-V). *Br J Haematol.* 2020;191(5):730-737. doi:10.1111/bjh.17055
4. Grever MR, Abdel-Wahab O, Andritsos LA, et al. Consensus guidelines for the diagnosis and management of patients with classic hairy cell leukemia. *Blood.* 2017;129(5):553–60.