TRODELVY®
sacituzumab govitecan-hziy
180 mg for injection

Dosing, Administration, and Side Effect Management Guide

INDICATIONS

TRODELVY® (sacituzumab govitecan-hziy) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with:

- Unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease.
- Unresectable locally advanced or metastatic hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: NEUTROPENIA AND DIARRHEA

- **TRODELVY can cause severe, life-threatening, or fatal neutropenia. Withhold TRODELVY for absolute neutrophil count below 1500/mm^3 or neutropenic fever. Monitor blood cell counts periodically during treatment. Primary prophylaxis with G-CSF is recommended for all patients at increased risk of febrile neutropenia. Initiate anti-infective treatment in patients with febrile neutropenia without delay.**
- **TRODELVY can cause severe diarrhea. Monitor patients with diarrhea and give fluid and electrolytes as needed. At the onset of diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.**

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Dosing

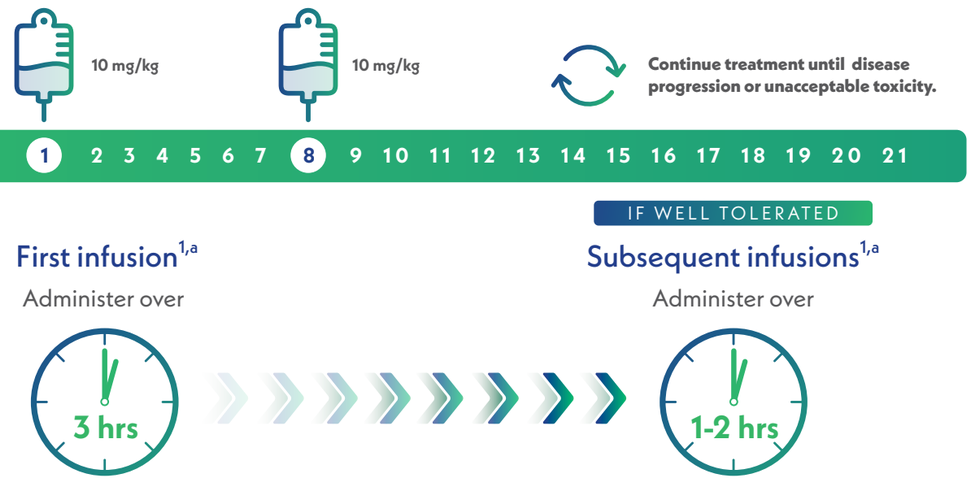
Dosing and infusion schedule[1]

Start TRODELVY at 10 mg/kg

The recommended dose of TRODELVY is 10 mg/kg intravenously on Days 1 and 8 of 21-day treatment cycles.

- Do not administer TRODELVY at doses greater than 10 mg/kg
- Administer TRODELVY as an intravenous infusion only
- Do not administer as an intravenous push or bolus

Note: Do NOT substitute TRODELVY for or use with other drugs containing irinotecan or its active metabolite, SN-38.



Observe patients during the infusion and for at least 30 minutes following the infusion for signs or symptoms of infusion-related reactions.

Prepare with premedications and additional supportive measures based on your patients' needs.
See page 4 for more information.

IMPORTANT SAFETY INFORMATION (cont'd)

CONTRAINDICATIONS

- Severe hypersensitivity reaction to TRODELVY.

WARNINGS AND PRECAUTIONS

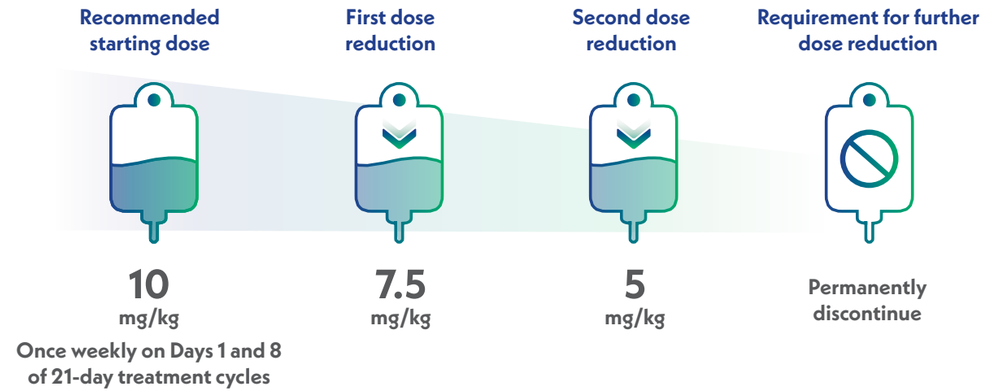
Neutropenia: Severe, life-threatening, or fatal neutropenia can occur as early as the first cycle of treatment and may require dose modification. Neutropenia occurred in 64% of patients treated with TRODELVY. Grade 3-4 neutropenia occurred in 49% of patients. Febrile neutropenia occurred in 6%. Neutropenic colitis occurred in 1.4%. Primary prophylaxis with G-CSF is recommended starting in the first cycle of treatment in all patients at increased risk of febrile neutropenia, including older patients, patients with previous neutropenia, poor performance status, organ dysfunction, or multiple comorbidities. Monitor absolute neutrophil count (ANC) during treatment. Withhold TRODELVY for ANC below 1500/mm^3 on Day 1 of any cycle or below 1000/mm^3 on Day 8 of any cycle. Withhold TRODELVY for neutropenic fever. Treat neutropenia with G-CSF and administer prophylaxis in subsequent cycles as clinically indicated or indicated in Table 2 of USPI.

Dose modifications for adverse reactions[1]

Management of adverse reactions may require temporary interruption, dose reduction, or treatment discontinuation of TRODELVY.

Adverse reactions	Severity	Dose modification
Neutropenia	Grade 3-4 neutropenia (absolute neutrophil count [ANC] <1000/mm^3) or febrile neutropenia	• Withhold TRODELVY until ANC ≥1500/mm^3 for Day 1 dose or ANC ≥1000/mm^3 for Day 8 dose • Administer G-CSF during treatment as clinically indicated • Reduce 1 dose level for each occurrence of febrile neutropenia or prolonged Grade 3-4 neutropenia, or discontinue according to the dosage reduction levels information below
Nausea/vomiting/ diarrhea	Grade 3-4 nausea, vomiting, or diarrhea that is not controlled with antiemetics or anti-diarrheal agents	• Withhold TRODELVY until resolved to ≤Grade 1 • Reduce 1 dose level with each occurrence, or discontinue according to the dosage reduction levels information below
Infusion-related reaction	Grade 1-3 infusion-related reactions	Slow infusion rate or interrupt the infusion
	Grade 4 infusion-related reactions	Discontinue TRODELVY
Other toxicities	Other Grade 3-4 toxicities of any duration despite optimal medical management	• Withhold TRODELVY until resolved to ≤Grade 1 • Reduce 1 dose level with each occurrence or discontinue according to the dosage reduction levels information below

Dosage reduction levels[1]



Note: Do not reescalate the TRODELVY dose after a dose reduction for adverse reactions has been made.

ANC=absolute neutrophil count; G-CSF=granulocyte colony-stimulating factor.

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Premedication and additional supportive measures

Neutropenia

Primary prophylaxis with G-CSF is recommended in the TRODELVY USPI starting in the first cycle for all patients at increased risk of febrile neutropenia, including[1]:

- Older patients, patients with previous neutropenia, poor performance status, organ dysfunction, or multiple comorbidities

Prophylactic G-CSF is supported by NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).[2]

- Prior to initiating sacituzumab govitecan-hziy (TRODELVY®), determine your patient's risk of developing febrile neutropenia. See NCCN Guidelines® for febrile neutropenia risk factors on page 5

Diarrhea

Patients who exhibit an excessive cholinergic response to treatment with TRODELVY (eg, abdominal cramping, diarrhea, salivation, etc) can receive appropriate premedication (eg, atropine) for subsequent treatments.[1]

Infusion-related reactions

- For the prevention of infusion reactions, premedication with antipyretics and H1 and H2 blockers is recommended[1]
- For patients who had prior infusion reactions, consider corticosteroids[1]

Nausea and vomiting

Prevention of chemotherapy-induced nausea and vomiting is recommended and can include premedication with a 2- or 3-drug combination. For example, dexamethasone can be administered with either a 5-HT3 receptor antagonist or an NK_1 receptor antagonist as outlined below, as well as other drugs as indicated.[1]

Examples of 5-HT3 receptor antagonists[3]			
dolasetron	granisetron	ondansetron	palonosetron

Examples of NK_1 receptor antagonists[4]				
aprepitant	fosnetupitant	fosaprepitant	netupitant	rolapitant

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NCCN Guidelines for assessing risk for febrile neutropenia[2]

The NCCN Guidelines classify sacituzumab govitecan-hziy (TRODELVY®) as **intermediate risk (10%–20%)** for febrile neutropenia.[2]

- Prophylactic G-CSF may be considered for patients with ≥1 risk factors for febrile neutropenia (shown below)
- If no risk factors, observe

Febrile neutropenia occurred in 6% of patients receiving TRODELVY.[1]

Consider prophylaxis with G-CSF for patients with ≥1 risk factors[2,a,b]

- Prior chemotherapy or radiation therapy
- Persistent neutropenia
- Recent surgery and/or open wounds
- Age >65 years receiving full chemotherapy dose intensity
- Bone marrow involvement by tumor
- Liver dysfunction (ie, bilirubin >2.0 mg/dL)
- Renal dysfunction (ie, creatinine clearance <50 mL/min)

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There is currently no consensus nomogram for FN risk assessment. While the NCCN Panel outlines criteria to aid in the assessment of FN risk, independent clinical judgment should be exercised based on the individual patient's situation.

Don't delay a prior authorization (PA) request for your patient,
as it may be required for G-CSF

[a]Other possible patient risk factors for febrile neutropenia may include poor performance status or HIV infection (in particular, patients with low CD4 counts). The listed patient risk factors are based on a multivariable risk model using a prospective cohort study of several thousand ambulatory patients with cancer receiving chemotherapy. This cohort did not include patients with HIV, acute leukemia, or hematopoietic cell transplant.[2]
[b]Other factors may warrant the use of G-CSF (eg, chronic immunosuppression in the posttransplant setting, including organ transplant).[2]

5-HT3=5-hydroxytryptamine type 3 receptor; CD4=cluster of differentiation 4; CINV=chemotherapy-induced nausea and vomiting; FN=febrile neutropenia; G-CSF=granulocyte colony-stimulating factor; H1=histamine receptor 1; H2=histamine receptor 2; NCCN=National Comprehensive Cancer Network; NK_1=neurokinin-1; USPI=United States Prescribing Information.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Diarrhea: Diarrhea occurred in 64% of all patients treated with TRODELVY. Grade 3-4 diarrhea occurred in 11% of patients. One patient had intestinal perforation following diarrhea. Diarrhea that led to dehydration and subsequent acute kidney injury occurred in 0.7% of all patients. Withhold TRODELVY for Grade 3-4 diarrhea and resume when resolved to ≤Grade 1. At onset, evaluate for infectious causes and if negative, promptly initiate loperamide, 4 mg initially followed by 2 mg with every episode of diarrhea for a maximum of 16 mg daily. Discontinue loperamide 12 hours after diarrhea resolves. Additional supportive measures (e.g., fluid and electrolyte substitution) may also be employed as clinically indicated. Patients who exhibit an excessive cholinergic response to treatment can receive appropriate premedication (e.g., atropine) for subsequent treatments.

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Side effects and management strategies[1]

Side effects may occur during treatment with TRODELVY[1]

Among patients treated with TRODELVY in the clinical trials, the most common adverse reactions, including laboratory abnormalities reported in ≥25% of patients, were:

- Decreased leukocyte count
- Decreased neutrophil count
- Decreased hemoglobin
- Diarrhea
- Nausea
- Decreased lymphocyte count
- Fatigue
- Alopecia
- Constipation
- Increased glucose
- Decreased albumin
- Vomiting
- Decreased appetite
- Decreased creatinine clearance
- Increased alkaline phosphatase
- Decreased magnesium
- Decreased potassium
- Decreased sodium

Note: Information provided does not constitute the provision of medical advice and should not substitute for clinical decision-making.

Preparing for side effects

Before starting patients on TRODELVY, have a conversation to set expectations:

- ☐ Discuss the efficacy and safety results from the TRODELVY clinical trials
- ☐ Review the mechanism of action of TRODELVY and how it is different from previous treatments they may have had
- ☐ Share available resources, including information about psychosocial support throughout treatment (ie, social worker, behavioral health, pastoral care, advocacy groups, etc)
- ☐ Review their medical history and any previous treatments or side effects they may have experienced

Prior to each dose, talk with your patients about:

- ☐ Any side effects they many have experienced with previous doses of TRODELVY, if applicable
- ☐ Potential serious and common side effects including signs and symptoms, when to expect onset, and how long symptoms may last
- ☐ When to contact you or another healthcare provider if the patient experiences them
- ☐ Medications that may be prescribed for use before or during treatment to help manage certain side effects
- ☐ Roles and expectations for patients and caregivers, including the importance of open and honest communication

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Develop a side effect management plan to help support your patients

Before administering TRODELVY

BE AWARE

Learn when side effects can occur and how long they were shown to last in the clinical trials.

PREPARE

Consider which premedications you may need and how to counsel your patients.

After administering TRODELVY

MONITOR

Know how to monitor your patients and what counseling or supportive measures they may need.

MANAGE

Help manage certain adverse reactions with appropriate medication and/or by lowering, withholding, or discontinuing doses of TRODELVY.

For more information about select side effect management strategies for:

On the following pages, select side effects from the clinical trials of TRODELVY will be discussed.[a-c]

[a]TROPiCS-02 was a Phase 3, randomized, active-controlled, open-label trial (N=543) that assessed patients with HR+/HER2- mBC who were previously treated with endocrine therapy, a CDK4/6i, and a taxane in any setting, and who had received 2 to 4 lines of chemotherapy in the metastatic setting.[5]
[b]ASCENT was a Phase 3, randomized, active-controlled, open-label trial (N=529) that assessed patients with unresectable locally advanced or mTNBC who had relapsed after at least 2 prior chemotherapies, at least one of them for metastatic disease.[6]
[c]Patients were randomized (1:1) to receive TRODELVY 10 mg/kg as an IV infusion on Days 1 and 8 of a 21-day cycle or single-agent chemotherapy of investigator's choice, which included eribulin, vinorelbine, gemcitabine, or capecitabine. Patients were treated until disease progression or unacceptable toxicity.[1]

CDK4/6i=cyclin-dependent kinase 4/6 inhibitor; HER2-=human epidermal growth factor receptor 2-negative; HR+=hormone receptor-positive; IV=intravenous; mBC=metastatic breast cancer; mTNBC=metastatic triple-negative breast cancer.

Neutropenia side effect management plan

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BE AWARE

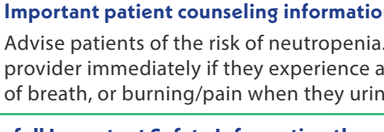
TRODELVY can cause severe, life-threatening, or fatal neutropenia as early as the first cycle of treatment[1]

Among patients treated with TRODELVY in the clinical trials:

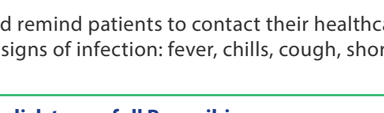
- Neutropenia was observed in 64% of patients[1]
- Grade 3-4 neutropenia occurred in 49% of patients[1]
- Febrile neutropenia occurred in 6% of patients[1]
- Neutropenic colitis occurred in 1.4% of patients[1]
- The median time to first onset of neutropenia (including febrile neutropenia) in patients receiving TRODELVY was 16 days (range: 1 to 435 days), but it has occurred earlier in patients with reduced UGT1A1 activity[1,a]

Median time to onset and duration for any grade neutropenia[b]

TROPiCS-02 study[c]: HR+/HER2- mBC (prespecified descriptive analysis)[7]



ASCENT study[d]: 2L+ mTNBC (HR-/HER2-) (post hoc descriptive analysis)[8]



[a]Includes patients from 4 trials (IMMU-132-01, ASCENT, TROPiCS-02, and a phase 2 trial in another tumor type).[1]
[b]Events of "neutropenia" included the preferred terms "neutropenia" and "neutrophil count decreased" in both studies, as well as "febrile neutropenia" in TROPiCS-02.[7,8]

PREPARE

It is important to develop a proactive plan for potential neutropenia management. Prior to initiating TRODELVY, assess your patient's risk for febrile neutropenia.

Withhold TRODELVY for neutropenic fever[1]

Plan for G-CSF prophylaxis and support

- Primary prophylaxis with G-CSF is recommended in the TRODELVY USPI starting in the first cycle for all patients at increased risk of febrile neutropenia, including older patients, patients with previous neutropenia, poor performance status, organ dysfunction, or multiple comorbidities
- Prophylactic G-CSF is supported by NCCN Guidelines[2]
  - **See NCCN Guidelines for febrile neutropenia risk factors on page 5**
- If patients do not receive primary prophylaxis with G-CSF and experience neutropenia, be ready with G-CSF support to help patients stay on therapy, if clinically indicated

Considerations for management with G-CSF:

There are different types of G-CSF, including various formulations of[9,10]

- Filgrastim (short-acting)
- Pegfilgrastim (a longer-acting formulation)

Longer-acting G-CSF may be given less frequently than shorter-acting G-CSF.[10]

Ask:

- Which G-CSF products are covered by the patient's insurance plan?
- Will prior authorization be required?
- When is it prudent to have G-CSF products on hand?
- For G-CSF use with the treatment of TRODELVY, what are other factors to consider?

Important patient counseling information[1]

Advise patients of the risk of neutropenia. Instruct and remind patients to contact their healthcare provider immediately if they experience any of these signs of infection: fever, chills, cough, shortness of breath, or burning/pain when they urinate.

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MONITOR

Monitor blood cell counts periodically during treatment[1]

Neutropenia grade scale[11]	
Grade 1	ANC <LLN to 1500/mm^3
Grade 2	ANC <1500 to 1000/mm^3
Grade 3	ANC <1000 to 500/mm^3
Grade 4	ANC <500/mm^3

Febrile neutropenia grade scale[11]	
Grade 1	–
Grade 2	–
Grade 3	ANC <1000/mm^3 with a single temperature of >38.3 °C (101 °F) or a sustained temperature of ≥38 °C (100.4 °F) for more than 1 hour
Grade 4	Life-threatening consequences; urgent intervention indicated
Grade 5	Death

MANAGE

Doses of TRODELVY can be reduced, interrupted, or discontinued to help manage neutropenia[1]

To manage Grade 3-4 neutropenia (ANC <1000/mm^3) or febrile neutropenia

Withhold TRODELVY

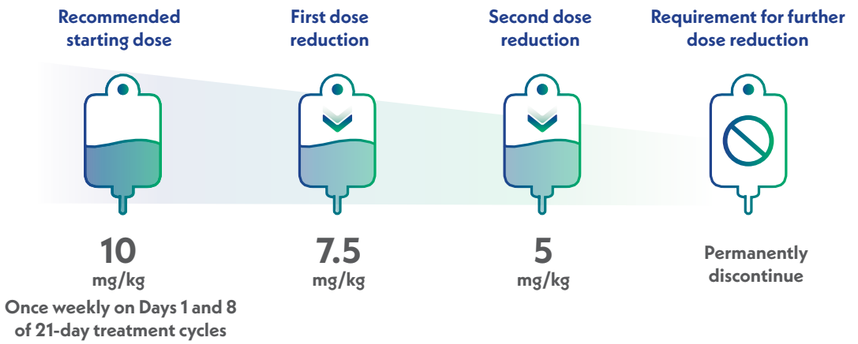
- Until ANC ≥1500/mm^3 for Day 1 dose or
- Until ANC ≥1000/mm^3 for Day 8 dose

Administer G-CSF during treatment as clinically indicated

If the patient experiences:

- Febrile neutropenia
- Prolonged Grade 3-4 neutropenia

Reduce 1 dose level for each occurrence.



Note: Do not reescalate the TRODELVY dose after a dose reduction for adverse reactions has been made.

2L=second line; ANC=absolute neutrophil count; G-CSF=granulocyte-colony stimulating factor; HER2-=human epidermal growth factor receptor 2-negative; HR+=hormone receptor-positive; LLN=lower limit of normal; mBC=metastatic breast cancer; mTNBC=metastatic triple-negative breast cancer; NCCN, National Comprehensive Cancer Network; USPI=United States Prescribing Information.

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Diarrhea side effect management plan

BE AWARE

TRODELVY can cause severe diarrhea[1]

Among patients treated with TRODELVY in the clinical trials:

- Diarrhea occurred in 64% of patients[1]
- Grade 3-4 diarrhea occurred in 11% of patients[1]
- One patient had an intestinal perforation following diarrhea[1]
- Diarrhea that led to dehydration and subsequent acute kidney injury occurred in 0.7% of all patients[1]

Median time to onset and duration for any grade diarrhea

TROPiCS-02 study[a]: HR+/HER2- mBC (prespecified descriptive analysis)[7]

ASCENT study[b]: 2L+ mTNBC (HR-/HER2-) (post hoc descriptive analysis)[8]

PREPARE

Premedication[1]

Patients who exhibit an excessive cholinergic response to treatment with TRODELVY (eg, abdominal cramping, diarrhea, salivation, etc) can receive appropriate premedication (eg, atropine) for subsequent treatments.

Important patient counseling information[1]

Be sure to advise patients of the risk of diarrhea. Instruct your patients to contact their healthcare provider immediately if they experience any of the following symptoms:

- Diarrhea for the first time
- Black or bloody stools
- Symptoms of dehydration such as lightheadedness, dizziness, or faintness
- Inability to take fluids by mouth due to nausea or vomiting
- Inability to control diarrhea within 24 hours

MONITOR

Diarrhea grade scale[11]	
Grade 1	Increase of <4 stools per day over baseline; mild increase in ostomy output compared to baseline
Grade 2	Increase of 4 to 6 stools per day over baseline; moderate increase in ostomy output compared to baseline; limiting instrumental activities of daily living
Grade 3	Increase of ≥7 stools per day over baseline; hospitalization indicated; severe increase in ostomy output compared to baseline; limiting self-care activities of daily living
Grade 4	Life-threatening consequences; urgent intervention indicated
Grade 5	Death

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MANAGE

Evaluate for infectious causes[1]

At the onset of diarrhea, evaluate for infectious causes. If no infectious cause is found, promptly initiate loperamide.

Initiate loperamide[1]

- 4 mg of loperamide followed by 2 mg with each episode of diarrhea (up to 16 mg/day)
- Discontinue loperamide 12 hours after diarrhea resolves

Ongoing supportive care[1]

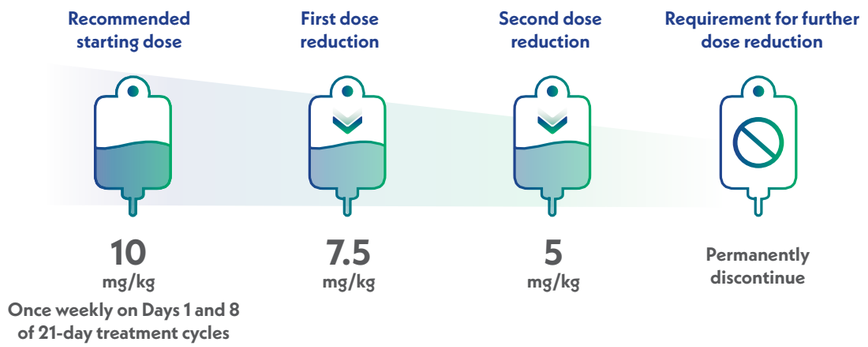
Additional supportive measures, such as fluid and electrolyte support, may be employed as clinically indicated.

Doses of TRODELVY can be reduced, interrupted, or discontinued to help manage diarrhea[1]

To manage Grade 3-4 diarrhea that is not controlled with antidiarrheal agents,

Withhold TRODELVY until resolved to ≤Grade 1

Reduce 1 dose level for each occurrence



Note: Do not reescalate the TRODELVY dose after a dose reduction for adverse reactions has been made.

2L=second line; HER2-=human epidermal growth factor receptor 2-negative; HR+=hormone receptor-positive; mBC=metastatic breast cancer; mTNBC=metastatic triple-negative breast cancer.

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Hypersensitivity and infusion-related reactions
side effect management plan

BE AWARE

TRODELVY can cause hypersensitivity and infusion-related reactions.[1]

Serious hypersensitivity reactions including life-threatening anaphylactic reactions have occurred with TRODELVY. Severe signs and symptoms include cardiac arrest, hypotension, wheezing, angioedema, swelling, pneumonitis, and skin reactions.[1]

Among patients treated with TRODELVY in the clinical trials

- Hypersensitivity reactions occurred within 24 hours of dosing in 35% of patients[1]
- Grade 3-4 hypersensitivity occurred in 2% of patients[1]
- Incidence of hypersensitivity reactions leading to permanent discontinuation of TRODELVY was 0.2% of patients[1]
- Incidence of anaphylactic reactions was 0.2% of patients[1]

Median time to onset and duration for any grade hypersensitivity related to TRODELVY

TROPiCS-02 study[a]: HR+/HER2- mBC (prespecified descriptive analysis)[7]

PREPARE

Premedication[1]

Premedication for infusion reactions is recommended. Premedicate with antipyretics and H1 and H2 blockers prior to infusion. Corticosteroids may be used for patients who had prior infusion reactions.

Note: Be sure to advise patients of the risk of serious infusion reactions and anaphylaxis.

Have medications and emergency equipment immediately available to treat infusion-related reactions, including anaphylaxis.[1]

Important patient counseling information[1]

Instruct patients to self-monitor during the infusion and 24 hours following the infusion. Patients should immediately contact their healthcare provider should they experience any of the following:

- Swelling of the face, lips, tongue, or throat
- Urticaria (hives)
- Difficulty breathing
- Lightheadedness
- Dizziness, feeling faint, or pass out
- Chill
- Rigors (shaking chills)
- Wheezing
- Rash, itching, or flushing
- Hypotension
- Fever

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MONITOR

Closely monitor patients for hypersensitivity and infusion-related reactions during each infusion and for **at least 30 minutes after the infusion** is complete.[1]

MANAGE

Doses of TRODELVY can be reduced, interrupted, or discontinued to help manage infusion-related reactions[1]

To manage Grade 1-3 infusion-related reactions,
Slow or interrupt the infusion rate of TRODELVY.

To manage Grade 4 infusion-related reactions,
Permanently discontinue TRODELVY.

Have medications and emergency equipment immediately available to treat infusion-related reactions, including anaphylaxis.

H1=histamine receptor 1; H2= histamine receptor 2; HER2-=human epidermal growth factor receptor 2-negative; HR+=hormone receptor-positive; mBC=metastatic breast cancer.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Hypersensitivity and Infusion-Related Reactions: TRODELVY can cause serious hypersensitivity reactions including life-threatening anaphylactic reactions. Severe signs and symptoms included cardiac arrest, hypotension, wheezing, angioedema, swelling, pneumonitis, and skin reactions. Hypersensitivity reactions within 24 hours of dosing occurred in 35% of patients. Grade 3-4 hypersensitivity occurred in 2% of patients. The incidence of hypersensitivity reactions leading to permanent discontinuation of TRODELVY was 0.2%. The incidence of anaphylactic reactions was 0.2%. Pre-infusion medication is recommended. Have medications and emergency equipment to treat such reactions available for immediate use. Observe patients closely for hypersensitivity and infusion-related reactions during each infusion and for at least 30 minutes after completion of each infusion. Permanently discontinue TRODELVY for Grade 4 infusion-related reactions.

Nausea and Vomiting: TRODELVY is emetogenic and can cause severe nausea and vomiting. Nausea occurred in 64% of all patients treated with TRODELVY and Grade 3-4 nausea occurred in 3% of these patients. Vomiting occurred in 35% of patients and Grade 3-4 vomiting occurred in 2% of these patients. Premedicate with a two or three drug combination regimen (e.g., dexamethasone with either a 5-HT3 receptor antagonist or an NK_1 receptor antagonist as well as other drugs as indicated) for prevention of chemotherapy-induced nausea and vomiting (CINV). Withhold TRODELVY doses for Grade 3 nausea or Grade 3-4 vomiting and resume with additional supportive measures when resolved to Grade ≤1. Additional antiemetics and other supportive measures may also be employed as clinically indicated. All patients should be given take-home medications with clear instructions for prevention and treatment of nausea and vomiting.

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Nausea and vomiting side effect management plan

BE AWARE

TRODELVY is emetogenic and can cause severe nausea and vomiting[1]

Among patients treated with TRODELVY in the clinical trials:

- Nausea and vomiting occurred in 64% and 35% of patients, respectively[1]
- Grade 3-4 nausea occurred in 3% of patients[1]
- Grade 3-4 vomiting occurred in 2% of patients[1]

Withhold TRODELVY doses for Grade 3 nausea or Grade 3-4 vomiting at the time of scheduled treatment administration, and resume with additional supportive measures when resolved to ≤Grade 1[1]

ASCENT study[a]: 2L+ mTNBC (HR-/HER2-) (post hoc descriptive analysis)[8]

Median time to onset and duration for any grade nausea related to TRODELVY

Onset 8 days → Duration 5.5 days

Median time to onset and duration for any grade vomiting related to TRODELVY

Onset 24.5 days → Duration 1.5 days

PREPARE

Premedication[1]

Prior to each dose of TRODELVY, premedication for prevention of CINV is recommended.

- Premedicate with a 2- or 3-drug combination (eg, dexamethasone with either a 5-HT3 receptor antagonist or an NK_1 receptor antagonist as well as other drugs as needed)

Ongoing supportive care[1]

All patients should be given take-home medications with clear instructions for prevention and treatment of delayed nausea and vomiting.

Important patient counseling information[1]

- Be sure to advise patients of the risk of nausea and vomiting
- Instruct patients to immediately contact their healthcare provider if they experience uncontrolled nausea or vomiting

MONITOR

Nausea and vomiting grade scales[11]

	Nausea	Vomiting
Grade 1	Loss of appetite without alteration in eating habits	Intervention not indicated
Grade 2	Oral intake decreased without significant weight loss, dehydration, or malnutrition	Outpatient IV hydration; medical intervention indicated
Grade 3	Inadequate oral caloric or fluid intake; tube feeding, TPN, or hospitalization indicated	Tube feeding, TPN, or hospitalization indicated
Grade 4	–	Life-threatening consequences
Grade 5	–	Death

MANAGE

Doses of TRODELVY can be reduced, interrupted, or discontinued to help manage nausea and vomiting[1]

To manage Grade 3-4 nausea or vomiting that is not controlled with antiemetics,

Withhold TRODELVY until resolved to ≤Grade 1

Reduce 1 dose level for each occurrence

Recommended starting dose	First dose reduction	Second dose reduction	Requirement for further dose reduction
10 mg/kg	**7.5** mg/kg	**5** mg/kg	Permanently discontinue
Once weekly on Days 1 and 8 of 21-day treatment cycles			

Note: Do not reescalate the TRODELVY dose after a dose reduction for adverse reactions has been made.

Ongoing supportive care[1]

- Additional antiemetics and other supportive measures may also be employed as clinically indicated
- All patients should be given take-home medications with clear instructions for prevention and treatment of nausea and vomiting

2L=second line; 5-HT3=5-hydroxytryptamine type 3 receptor; CINV=chemotherapy-induced nausea and vomiting; HER2-=human epidermal growth factor receptor 2-negative; HR+=hormone-receptor positive; IV=intravenous; mTNBC=metastatic triple-negative breast cancer; NK_1=neurokinin-1; TPN=total parenteral nutrition.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Increased Risk of Adverse Reactions in Patients with Reduced UGT1A1 Activity: Patients homozygous for the uridine diphosphate-glucuronosyl transferase 1A1 (UGT1A1)*28 allele are at increased risk for neutropenia, febrile neutropenia, and anemia and may be at increased risk for other adverse reactions with TRODELVY. The incidence of Grade 3-4 neutropenia was 58% in patients homozygous for the UGT1A1*28, 49% in patients heterozygous for the UGT1A1*28 allele, and 43% in patients homozygous for the wild-type allele. The incidence of Grade 3-4 anemia was 21% in patients homozygous for the UGT1A1*28 allele, 10% in patients heterozygous for the UGT1A1*28 allele, and 9% in patients homozygous for the wild-type allele. Closely monitor patients with known reduced UGT1A1 activity for adverse reactions. Withhold or permanently discontinue TRODELVY based on clinical assessment of the onset, duration and severity of the observed adverse reactions in patients with evidence of acute early-onset or unusually severe adverse reactions, which may indicate reduced UGT1A1 function.

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180 mg for injection

Drug interactions

Drug interactions with UGT1A1 inhibitors[1]

Concomitant administration of TRODELVY with UGT1A1 inhibitors may increase the incidence of adverse reactions due to a potential increase in systemic exposure to SN-38. Avoid administering UGT1A1 inhibitors with TRODELVY.

Examples of UGT1A1 inhibitors include[12,13]

- protease inhibitors (eg, atazanavir, efavirenz, ritonavir)
- tyrosine kinase inhibitors (eg, lapatinib, nilotinib, sorafenib)
- SGLT2 inhibitors (eg, canagliflozin, dapagliflozin)
- gemfibrozil
- levothyroxine
- ketoconazole
- diclofenac
- entacapone
- everolimus
- vitamin A
- zafirlukast

Note: This is not an inclusive list of all UGT1A1 inhibitiors.

Drug interactions with UGT1A1 inducers[1]

Exposure to SN-38 may be reduced in patients concomitantly receiving UGT1A1 enzyme inducers. Avoid administering UGT1A1 inducers with TRODELVY.

Examples of UGT1A1 inducers include[14-16]

- carbamazepine
- phenobarbital
- rifampicin
- phenytoin

Note: This is not an inclusive list of all UGT1A1 inducers.

Important patient counseling information[1]

Closely monitor patients with known reduced UGT1A1 activity for adverse reactions. Withhold or permanently discontinue TRODELVY based on clinical assessment of the onset, duration, and severity of the observed adverse reactions in patients with evidence of acute early-onset or unusually severe adverse reactions, which may indicate reduced UGT1A1 enzyme activity.

SGLT2=sodium-glucose cotransporter-2; UGT1A1=uridine diphosphate-glucuronosyl transferase 1A1.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Embryo-Fetal Toxicity: Based on its mechanism of action, TRODELVY can cause teratogenicity and/or embryo-fetal lethality when administered to a pregnant woman. TRODELVY contains a genotoxic component, SN-38, and targets rapidly dividing cells. 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 TRODELVY and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRODELVY and for 3 months after the last dose.

ADVERSE REACTIONS

In the pooled safety population, the most common (≥25%) adverse reactions including laboratory abnormalities were decreased leukocyte count (84%), decreased neutrophil count (75%), decreased hemoglobin (69%), diarrhea (64%), nausea (64%), decreased lymphocyte count (63%), fatigue (51%), alopecia (45%), constipation (37%), increased glucose (37%), decreased albumin (35%), vomiting (35%), decreased appetite (30%), decreased creatinine clearance (28%), increased alkaline phosphatase (28%), decreased magnesium (27%), decreased potassium (26%), and decreased sodium (26%).

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

In the ASCENT study (locally advanced or metastatic triple-negative breast cancer), the most common adverse reactions (incidence ≥25%) were fatigue, diarrhea, nausea, alopecia, constipation, vomiting, abdominal pain, and decreased appetite. The most frequent serious adverse reactions (SAR) (>1%) were neutropenia (7%), diarrhea (4%), and pneumonia (3%). SAR were reported in 27% of patients, and 5% discontinued therapy due to adverse reactions. The most common Grade 3-4 lab abnormalities (incidence ≥25%) in the ASCENT study were reduced neutrophils, leukocytes, and lymphocytes.

In the TROPiCS-02 study (locally advanced or metastatic HR-positive, HER2-negative breast cancer), the most common adverse reactions (incidence ≥25%) were diarrhea, fatigue, nausea, alopecia, and constipation. The most frequent serious adverse reactions (SAR) (>1%) were diarrhea (5%), febrile neutropenia (4%), neutropenia (3%), abdominal pain, colitis, neutropenic colitis, pneumonia, and vomiting (each 2%). SAR were reported in 28% of patients, and 6% discontinued therapy due to adverse reactions. The most common Grade 3-4 lab abnormalities (incidence ≥25%) in the TROPiCS-02 study were reduced neutrophils and leukocytes.

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Recommended preparation for TRODELVY[1]

The recommended dose is a 10 mg/kg IV infusion on Days 1 and 8 of 21-day treatment cycles until disease progression or unacceptable toxicity

All handling, use, and storage of TRODELVY should comply with institutional guidelines and follow the clinical judgment of the managing healthcare professional. Clinical professional judgment and local practices/institutional guidelines regarding safety precautions should be used.

Reconstitution[1]

TRODELVY is a hazardous drug. Follow applicable special handling and disposal procedures.

1

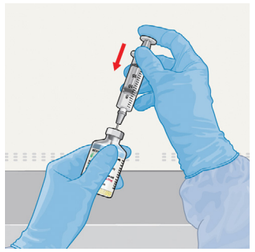
Calculate the required dose of TRODELVY

a. Calculate the required dose (mg) of TRODELVY based on the patient's current body weight.

- Ensure the patient's body weight is in kg for calculations (1 kg = 2.205 lbs)

b. Determine the number of vials needed. Each vial contains 180 mg.

2



Reconstitute the vials

a. Using a sterile syringe, **slowly inject 20 mL of 0.9% Sodium Chloride Injection, USP, into each 180 mg TRODELVY vial**.

- Each vial contains overfill to compensate for liquid loss during preparation and after reconstitution
- The total resulting volume delivers a concentration of 10 mg/mL

b. Gently swirl vials and allow to **dissolve for up to 15 minutes**. **Do not shake**.

- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit
- The solution should be free of visible particulates, clear and yellow
- **Do not use the reconstituted solution if it is cloudy or discolored**

c. Use immediately to prepare a diluted TRODELVY infusion solution.

Dilution[1]

3

Calculate the required amount of reconstituted TRODELVY and infusion solution needed for dilution

a. Calculate the required amount of the reconstituted TRODELVY solution needed to obtain the appropriate dose according to the patient's body weight.

- After reconstitution in step 2, each vial has a concentration of 10mg/mL

b. Determine the final volume of the infusion solution to deliver the appropriate dose at a TRODELVY concentration range of 1.1 mg/mL to 3.4 mg/mL.

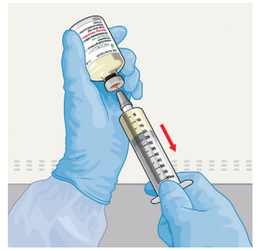
- For the infusion solution, only use 0.9% Sodium Chloride Injection, USP, since the stability of the reconstituted TRODELVY solution has not been determined with other infusion-based solutions
- Use a polyvinyl chloride, polypropylene/polyethylene, polyolefin, or ethylene vinyl acetate infusion bag

4

Prepare the diluent bag

- **Withdraw and discard** the volume of 0.9% Sodium Chloride Injection, USP, from the final infusion bag that is necessary to achieve the indicated TRODELVY concentration following the addition of the calculated amount of reconstituted TRODELVY solution

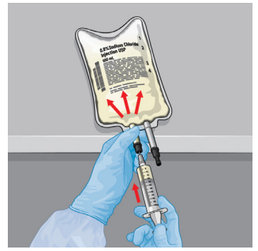
5



Withdraw the required dose of reconstituted TRODELVY

- **Withdraw the calculated amount of the reconstituted TRODELVY** solution from the vial(s) using a syringe. Discard any unused portion remaining in the vial(s)

6



Add the reconstituted solution to the final IV bag

a. Slowly inject the calculated amount of reconstituted TRODELVY solution **into the infusion bag** to minimize foaming. **Do not shake the contents.**

b. Verify final concentration is within range of 1.1 mg/mL to 3.4 mg/mL.

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IV=intravenous; USP=United States Pharmacopoeia.

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Recommended preparation for TRODELVY (cont'd)[1]

Administration[1]

- Administer TRODELVY as an intravenous infusion. Protect infusion bag from light. The infusion bag should be covered during administration to the patient until dosing is complete. It is not necessary to cover the infusion tubing or to use light-protective tubing during the infusion
- An infusion pump may be used
- Do not mix TRODELVY, or administer as an infusion, with other medicinal products
- Upon completion of the infusion, flush the intravenous line with 20 mL 0.9% Sodium Chloride Injection, USP

If not used immediately[1]

- The infusion bag containing TRODELVY solution can be stored refrigerated at 2 °C to 8 °C (36 °F to 46 °F) for up to 24 hours protected from light
- After refrigeration, administer diluted solution at room temperature up to 25 °C (77 °F) within 8 hours (including infusion time). Protect from light
- Do not freeze or shake

Example TRODELVY calculations[1]

The sample calculations are based on a 154-lb (70-kg) patient prescribed TRODELVY at the recommended dose of 10 mg/kg.

	Action	Example	Result
Reconstitution			
Step 1a	Calculate the total dose of TRODELVY based on the patient's weight in kg (1 kg = 2.205 lbs)	154 lbs ÷ 2.205 ≈ 70 kg 70 kg x 10 mg/kg = 700 mg	700 mg of TRODELVY
Step 1b	Determine the number of vials needed	700 mg ÷ 180 mg per vial	4 vials needed
Step 2	Reconstitute the vials by adding 20 mL of normal saline into each vial	Add 20 mL to each of the 4 vials	Each vial contains 20 mL of the 10 mg/mL reconstituted TRODELVY solution
Dilution			
Step 3a	Calculate the required volume (number of mL needed) of reconstituted TRODELVY solution for the required dose calculated in step 1a	700 mg ÷ 10 mg/mL	70 mL of reconstituted TRODELVY solution
Step 3b	Select an infusion bag with the appropriate volume to deliver the required dose at a concentration of 1.1 mg/mL to 3.4 mg/mL	700 mg ÷ 250 mL normal saline = 2.8 mg/mL (within 1.1–3.4 mg/mL ratio)	250-mL infusion bag selected
Step 4	Withdraw volume from the infusion bag equivalent to the volume of reconstituted TRODELVY solution to be added	250 mL – 70 mL	180 mL normal saline remaining in the infusion bag
Step 5	Withdraw the calculated dose of reconstituted TRODELVY from the vials	Withdraw 70 mL of reconstituted TRODELVY	
Step 6a	Transfer the TRODELVY solution into the infusion bag	70 mL TRODELVY solution + 180 mL normal saline	250 mL total volume in infusion bag
Step 6b	Verify the final concentration is within the range of 1.1 mg/mL to 3.4 mg/mL	700 mg ÷ 250 mL = 2.8 mg/mL	Final concentration of reconstituted TRODELVY solution is within the range

USP, United States Pharmacopoeia.

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG REACTIONS

UGT1A1 Inhibitors: Concomitant administration of TRODELVY with inhibitors of UGT1A1 may increase the incidence of adverse reactions due to potential increasein systemic exposure to SN-38. Avoid administering UGT1A1 inhibitors with TRODELVY

UGT1A1 Inducers: Exposure to SN-38 may be reduced in patients concomitantly receiving UGT1A1 enzyme inducers. Avoid administering UGT1A1 inducers with TRODELVY.

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Gilead Oncology Support

Do your patients have questions about cost or coverage for their prescribed medication? We can help your patients understand their options.[a]

Support is available Monday through Friday, 9 AM to 7 PM ET

1-844-TRODELVY (1-844-876-3358)

[a] Support may vary based on application criteria and is subject to change or discontinuation. Physician office must submit Prior Authorizations and appeals.

INDICATIONS

TRODELVY® (sacituzumab govitecan-hziy) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with:

- Unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease.
- Unresectable locally advanced or metastatic hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: NEUTROPENIA AND DIARRHEA

- **TRODELVY can cause severe, life-threatening, or fatal neutropenia. Withhold TRODELVY for absolute neutrophil count below 1500/mm^3 or neutropenic fever. Monitor blood cell counts periodically during treatment. Primary prophylaxis with G-CSF is recommended for all patients at increased risk of febrile neutropenia. Initiate anti-infective treatment in patients with febrile neutropenia without delay.**
- **TRODELVY can cause severe diarrhea. Monitor patients with diarrhea and give fluid and electrolytes as needed. At the onset of diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.**

Please see full Important Safety Information throughout, and click to see full Prescribing Information, including BOXED WARNING.

References: 1. TRODELVY. Prescribing Information. Gilead Sciences, Inc.; March 2025. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Onoclogy (NCCN Guidelines®) for Hematopoietic Growth Factors V.1.2025. © National Comprehensive Cancer Network, 2024. All rights reserved. Accessed April 22, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** Schwartzberg L, Barbour SY, Morrow GR, et al. Pooled analysis of phase III clinical studies of palonosetron versus ondansetron, dolasetron, and granisetron in the prevention of chemotherapy-induced nausea and vomiting (CINV). *Support Care Cancer.* 2014;22(2):469-477. doi:10.1007/s00520-013-1999-9 **4.** Hesketh PJ, Kris MG, et al. Antiemetics: ASCO guideline update. *J Clin Oncol.* 2020;38(24):2782-2797. doi:10.1200/JCO.20.01296 **5.** Rugo HS, Bardia A, Marmé F, et al. Sacituzumab govitecan in hormone receptor-positive/human epidermal growth factor receptor 2-negative metastatic breast cancer. *J Clin Oncol.* 2022;40(29):3365-3376. doi:10.1200/JCO.22.01002 **6.** Rugo HS, Tolaney SM, Loirat D, et al. Safety analyses from the phase 3 ASCENT trial of sacituzumab govitecan in metastatic triple-negative breast cancer. *NPJ Breast Cancer.* 2022;8(1):98. doi:10.1038/s41523-022-00467-1 **7.** Data on file. Gilead Sciences, Inc.; June 2022. **8.** Rugo HS, Tolaney SM, Loirat D, et al. Safety analyses from the phase 3 ASCENT trial of sacituzumab govitecan in metastatic triple-negative breast cancer. *NPJ Breast Cancer.* 2022;8(1):98. doi:10.1038/s41523-022-00467-1 **9.** Aghedo BO, Gupta V. Filgrastim. In: *StatPearls*. StatPearls Publishing; 2025. Accessed April 22, 2025. https://www.ncbi.nlm.nih.gov/books/NBK559282/ **10.** National Cancer Institute. Pegfilgrastim. National Institutes of Health. Accessed June 5, 2024. https://www.cancer. gov/publications/dictionaries/cancer-terms/def/pegfilgrastim **11.** National Cancer Institute, Division of Cancer Treatment & Diagnosis (DCTD). Common Terminology Criteria for Adverse Events (CTCAE). Version 5.0. National Institutes of Health. Published November 27, 2017. Accessed April 22, 2025. **12.** Lv X, Xia Y, Finel M, et al. Recent progress and challenges in screening and characterization of UGT1A1 inhibitors. *Acta Pharm Sin B.* 2019;9(2):258-278. doi:10.1016/j.apsb.2018.09.005 **13.** You BH, Gong EC, Choi YH. Inhibitory effect of sauchinone on UDP-glucuronosyltransferase (UGT) 2B7 activity. *Molecules.* 2018;23(2):366. doi:10.3390/molecules23020366 **14.** Song I, Weller S, Patel J, et al. Effect of carbamazepine on dolutegravir pharmacokinetics and dosing recommendation. *Eur J Clin Pharmacol.* 2016;72:665-670. doi:10.1007/s00228-016-2020-6 **15.** Marques SC, Ikediobi ON. The clinical application of UGT1A1 pharmacogenetic testing gene-environment interactions. *Hum Genomics.* 2010;4(4):238-249. doi:10.1186/1479-7364-4-4-238 **16.** Hirashima R, Michimae H, Takemoto H, et al. Induction of the UDP-glucuronosyltransferase 1A1 during the perinatal period can cause neurodevelopmental toxicity. *Mol Pharmacol.* 2016;90(3):265-274. doi:10.1124/mol.116.104174

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