**PRODUCT DESCRIPTION**

INLYTA® (axitinib), a kinase inhibitor, is an oral therapy that was designed to inhibit tyrosine kinase inhibitors, including vascular endothelial growth factor (VEGF) receptors 1, 2 and 3, which are receptors that can influence tumor growth, vascular angiogenesis and progression of cancer (the spread of tumors).\(^1\),\(^2\)

**INDICATIONS**

INLYTA is approved by the U.S. Food and Drug Administration for the treatment of patients with advanced renal cell carcinoma (RCC) after failure of one prior systemic therapy.

The approval is based on data from a Phase 3 AXIS trial which demonstrated that INLYTA significantly extended progression free survival (PFS) \([HR=0.67, 0.54-0.81; P<0.0001]\) with a median PFS of 6.7 months (95% CI: 6.3, 8.6) compared with 4.7 months (95% CI: 4.6, 5.6) for those treated with sorafenib, a standard of care for this patient population, representing a 43 percent improvement in median PFS compared to sorafenib.

**MECHANISM OF ACTION**

Vascular endothelial growth factor, or VEGF, plays an important role in RCC angiogenesis where it is constitutively upregulated.\(^3\),\(^4\),\(^5\),\(^6\)

VEGF acts on three receptors, VEGFR-1, VEGFR-2, and VEGFR-3.\(^7\) These receptors are implicated in pathologic angiogenesis, tumor growth and cancer progression.\(^1\)

It is hypothesized that simultaneous blockade of all three VEGF receptors might lead to more efficient disruption of these processes than blocking any of these receptors individually.\(^8\),\(^9\),\(^10\)

INLYTA has been shown to inhibit receptor tyrosine kinases including VEGFR-1, -2, and -3 at therapeutic plasma concentrations.\(^1\)

**PATIENT ACCESS TO INLYTA**

Pfizer strongly believes patients should have access to medications they need, and has established reimbursement support services and patient assistance programs for them.

Pfizer is committed to helping eligible patients prescribed INLYTA gain access to the medication, and offers the Pfizer First Resource® Program to facilitate this process. The program can connect eligible insured patients to specialty pharmacies for reimbursement support services and to obtain their medicines. For uninsured and underinsured patients, the program can provide eligible patients with free medicine. We have also developed a co-pay assistance program for eligible privately-insured patients. Patients can call 1-877-744-5675 or visit www.INLYTAHCP.com to learn more.

Pfizer First Resource® is a part of the Pfizer Helpful Answers® family of prescription assistance programs. Pfizer Helpful Answers programs are designed to help eligible uninsured and underinsured patients access their Pfizer medicines for free or at a savings. Some programs also offer reimbursement support services for people with insurance. In the last five years, these programs have provided help to 4.5 million patients by providing 44 million prescriptions.

**INLYTA INDICATION AND IMPORTANT SAFETY INFORMATION**

**INLYTA® (axitinib) Indication**

INLYTA is indicated for the treatment of advanced renal cell carcinoma (RCC) after failure of one prior systemic therapy.

**INLYTA Safety Information**

Hypertension including hypertensive crisis has been observed. Blood pressure should be well controlled prior to initiating INLYTA. Monitor for hypertension and treat as needed. For
persistent hypertension, despite use of antihypertensive medications, reduce the dose. Discontinue INLYTA if hypertension is severe and persistent despite use of antihypertensive therapy and dose reduction of INLYTA, and discontinuation should be considered if there is evidence of hypertensive crisis.

Arterial and venous thrombotic events have been observed and can be fatal. Use with caution in patients who are at increased risk or who have a history of these events.

Hemorrhagic events, including fatal events, have been reported. INLYTA has not been studied in patients with evidence of untreated brain metastasis or recent active gastrointestinal bleeding and should not be used in those patients. If any bleeding requires medical intervention, temporarily interrupt the INLYTA dose.

Gastrointestinal perforation and fistula, including death, have occurred. Use with caution in patients at risk for gastrointestinal perforation or fistula. Monitor for symptoms of gastrointestinal perforation or fistula periodically throughout treatment.

Hypothyroidism requiring thyroid hormone replacement has been reported. Monitor thyroid function before initiation of, and periodically throughout, treatment.

Stop INLYTA at least 24 hours prior to scheduled surgery.

Reversible Posterior Leukoencephalopathy Syndrome (RPLS) has been observed. If signs or symptoms occur, permanently discontinue treatment.

Monitor for proteinuria before initiation of, and periodically throughout, treatment. For moderate to severe proteinuria, reduce the dose or temporarily interrupt treatment.

Liver enzyme elevation has been observed during treatment with INLYTA. Monitor ALT, AST, and bilirubin before initiation of, and periodically throughout, treatment.

For patients with moderate hepatic impairment, the starting dose should be decreased. INLYTA has not been studied in patients with severe hepatic impairment.

Women of childbearing potential should be advised of potential hazard to the fetus and to avoid becoming pregnant while receiving INLYTA.

Avoid strong CYP3A4/5 inhibitors. If unavoidable, reduce the dose. Grapefruit or grapefruit juice may also increase INLYTA plasma concentrations and should be avoided.

Avoid strong CYP3A4/5 inducers and, if possible, avoid moderate CYP3A4/5 inducers.

The most common (≥20%) adverse events (AEs) occurring in patients receiving INLYTA (all grades, vs sorafenib) were diarrhea, hypertension, fatigue, decreased appetite, nausea, dysphonia, hand-foot syndrome, weight decreased, vomiting, asthenia, and constipation.

The most common (≥10%) grade 3/4 AEs occurring in patients receiving INLYTA (vs sorafenib) were hypertension, diarrhea, and fatigue.

The most common (≥20%) lab abnormalities occurring in patients receiving INLYTA (all grades, vs sorafenib) included increased creatinine, decreased bicarbonate, hypocalcemia, decreased hemoglobin, decreased lymphocytes (absolute), increased ALP, hyperglycemia, increased lipase, increased amylase, increased ALT, and increased AST.

If you are interested in speaking with a Pfizer Oncology representative, please contact Jenifer Antonacci at Jenifer.Antonacci@pfizer.com or (610) 427-0369.
For information about INLYTA clinical trials currently enrolling in their area, patients and their physicians are encouraged to call Pfizer Oncology's toll-free information line at 1-877-369-9753 (U.S.) or visit www.pfizercancertrials.com.

2 Hicklin DJ, Ellis LM. Role of VEGF in Tumor Growth and Angiogenesis. JCO. 2007;23:1011-1027.