INLYTA® (axitinib) is a prescription medicine used to treat advanced kidney cancer (advanced renal cell carcinoma or RCC) when one prior drug treatment regimen for your RCC has not worked.

It is not known if INLYTA is safe or effective in children.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.

I’ll keep fighting cancer for

Your Treatment Guide

INLYTA® (axitinib) is a prescription medicine used to treat advanced kidney cancer (advanced renal cell carcinoma or RCC) when one prior drug treatment regimen for your RCC has not worked.

It is not known if INLYTA is safe or effective in children.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Everyone has a THIS

THIS IS YOUR REASON TO FIGHT.

It’s what keeps you strong. It’s how you make the most of today and why you keep fighting for tomorrow, no matter what.

Whatever THIS is for you, INLYTA® (axitinib) can help you fight for it.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
What You Will Find in This Guide

If you or someone you care about has been prescribed INLYTA® (axitinib), this guide can help you learn more about it. Inside, you’ll find the following information:

About INLYTA
Get helpful information about INLYTA, including how INLYTA can help you, clinical trial results, and how INLYTA works.

Important Safety Information
Read about the risks and possible side effects of INLYTA.

Taking INLYTA
Review instructions on how to take and what to avoid while taking INLYTA.

Tips to Help Manage Certain Side Effects
Read about some of the common side effects of INLYTA, ways you may be able to manage them, and healthy choices you can make while taking INLYTA.

Getting INLYTA
Find information on how to get INLYTA and how to get financial support, including the Pfizer Oncology Together Co-Pay Savings Card.

Support & Resources
Learn about where to find additional support when you need it.

Treatment Checklist
Stay organized while taking INLYTA by keeping all of your important information in one convenient place.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
What is INLYTA?

INLYTA is a prescription medicine used to treat advanced kidney cancer (advanced renal cell carcinoma or RCC) when one prior drug treatment regimen for your RCC has not worked. INLYTA was approved by the US Food and Drug Administration (FDA) on January 27, 2012.
INLYTA clinical trial results
In a head-to-head clinical trial, researchers studied progression-free survival (PFS) in 361 patients taking
INLYTA versus 362 patients taking Nexavar® (sorafenib). Progression-free survival is the length of time
during and after cancer treatment that a patient lives without the disease worsening. This is one way to
check how effective the treatment is. The study showed that:

- INLYTA extended median PFS by 43% compared to Nexavar
  - Patients taking INLYTA experienced a median PFS of 6.7 months compared with 4.7 months for those taking Nexavar. That’s a 2-month increase in median PFS

- INLYTA also decreased the overall risk of disease progression by 33% compared to Nexavar
  - Disease progression includes tumor growth, tumor spread, or death

INLYTA is not a cure. The data represent an average, and not all patients may experience the same results.

Important Safety Information
INLYTA may cause serious side effects, including high blood pressure (hypertension), a problem with blood
clots in your veins or arteries (sometimes leading to death), bleeding (sometimes leading to death), heart
failure (sometimes leading to death), a tear (perforation) in your stomach or intestinal wall (sometimes leading
to death), thyroid gland problems, reversible posterior leukoencephalopathy syndrome (RPLS), protein in
your urine, and change in liver function.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
INLYTA reduced tumor size in twice as many patients compared with Nexavar (overall response rate)
- 70 of 361 patients taking INLYTA saw their tumors shrink compared to 34 of 362 patients taking Nexavar. This includes patients whose tumors shrank 30% or more and whose response to treatment lasted at least 4 weeks.

Along with progression-free survival, this study also measured overall survival (OS). This is the total time patients on each medicine remained alive after starting treatment. There was no significant difference in overall survival between the patients taking INLYTA and the patients taking Nexavar.

INLYTA is not a cure. The data represent an average, and not all patients may experience the same results.

Nexavar is a registered trademark of Bayer Pharmaceuticals Corporation.
How INLYTA helps fight tumors

In order for cancer cells to spread, they need a constant supply of oxygen and nutrients. They get these from blood vessels. When tumors reach a certain size, they need new blood vessels to keep growing.

Animal and laboratory studies suggest that INLYTA prevents new blood vessels from forming. It is believed that this may help stop tumors from growing and cancer from spreading.

Important Safety Information

Women should not take INLYTA if they are pregnant, plan to become pregnant, are breastfeeding, or plan to breastfeed. Taking INLYTA during pregnancy can harm your unborn baby. Both men and women taking INLYTA should use effective birth control during treatment and for at least 1 week after your last dose of INLYTA. Talk to your healthcare provider about birth control methods that you can use to prevent pregnancy during this time.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Important Safety Information

Review important safety information prior to taking INLYTA® (axitinib)
When starting treatment with INLYTA, it’s important that you review the safety information in this section. You will find information you should share with your healthcare provider before taking INLYTA. You will also see a list of the risks and possible side effects associated with INLYTA.

Indication
INLYTA is a prescription medicine used to treat advanced kidney cancer (advanced renal cell carcinoma or RCC) when one prior drug treatment regimen for your RCC has not worked.

It is not known if INLYTA is safe or effective in children.

Important Safety Information
Before taking INLYTA, tell your healthcare provider about all of your medical conditions, including if you:
• have high blood pressure
• have thyroid problems
• have liver problems
• have a history of blood clots in your veins or arteries (types of blood vessels), including stroke, heart attack, or change in vision
• have any bleeding problems
• have a history of heart failure
• have an unhealed wound
• plan to have surgery. You should stop taking INLYTA at least 24 hours before planned surgery
• have any other medical conditions

For females, tell your healthcare provider if you:
• are pregnant or plan to become pregnant. Taking INLYTA during pregnancy can harm your unborn baby. You should not become pregnant while taking INLYTA. Talk to your healthcare provider if you are pregnant or plan to become pregnant.
• are able to become pregnant. You should have a pregnancy test before you start treatment with INLYTA. Use effective birth control during treatment and for at least 1 week after your last dose of INLYTA. Talk to your healthcare provider about birth control methods that you can use to prevent pregnancy during this time.
• are breastfeeding or plan to breastfeed. It is not known if INLYTA passes into your breast milk. Do not breastfeed during treatment and for at least 2 weeks after your last dose of INLYTA.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
For males with female partners who are able to become pregnant:

- use effective birth control during treatment and for at least 1 week after your last dose of INLYTA® (axitinib).
- if your female partner becomes pregnant during your treatment with INLYTA, tell your healthcare provider right away.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. INLYTA and certain other medicines can affect each other causing serious side effects.

Talk with your healthcare provider before you start taking any new medicine. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take INLYTA?

- Take INLYTA exactly as prescribed by your healthcare provider.
- Your healthcare provider may change your dose if needed.
- INLYTA can be taken with or without food.
- Take INLYTA 2 times a day about 12 hours apart.
- Swallow INLYTA tablets whole with a glass of water.
- Your healthcare provider should check your blood pressure regularly during treatment with INLYTA.
- If you vomit or miss a dose of INLYTA, take your next dose at your regular time. Do not take two doses at the same time.
- If you take too much INLYTA, call your healthcare provider or go to the nearest hospital emergency room right away.

What should I avoid while taking INLYTA?

- Do not drink grapefruit juice or eat grapefruit. Grapefruit may increase the amount of INLYTA in your blood.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
What are the possible side effects of INLYTA® (axitinib)?

INLYTA may cause serious side effects, including:

• **High blood pressure (hypertension).** High blood pressure is common with INLYTA and may sometimes be severe. Your healthcare provider should check your blood pressure regularly during treatment with INLYTA. If you develop blood pressure problems, your healthcare provider may prescribe medicine to treat your high blood pressure, lower your dose, or stop your treatment with INLYTA.

• **Problem with blood clots in your veins or arteries.** INLYTA can cause blood clots which can be serious, and sometimes lead to death. Get emergency help and call your healthcare provider if you get any of the following symptoms:
  • chest pain or pressure
  • pain in your arms, back, neck, or jaw
  • shortness of breath
  • numbness or weakness on one side of your body
  • trouble talking
  • headache
  • vision changes

• **Bleeding.** INLYTA can cause bleeding which can be serious, and sometimes lead to death. Call your healthcare provider right away or get medical help if you develop any of the following signs or symptoms:
  • unexpected bleeding or bleeding that lasts a long time, such as:
    • unusual bleeding from the gums
    • menstrual bleeding or vaginal bleeding that is heavier than normal
    • bleeding that is severe or you cannot control
    • pink or brown urine
    • red or black stools (looks like tar)
    • bruises that happen without a known cause or get larger
    • cough up blood or blood clots
    • vomit blood or your vomit looks like “coffee grounds”
  • unexpected pain, swelling, or joint pain
  • headaches, feeling dizzy or weak

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
• **Heart failure.** Your healthcare provider should check for signs or symptoms of heart failure regularly during treatment with INLYTA® (axitinib). Heart failure can be serious and can sometimes lead to death. Tell your healthcare provider if you have any of the following symptoms during your treatment with INLYTA:
  o tiredness
  o swelling of your stomach-area (abdomen), legs, or ankles
  o shortness of breath
  o protruding neck veins

• **Tear in your stomach or intestinal wall (perforation).** A tear in your stomach or intestinal wall can be serious and can sometimes lead to death. Get medical help right away if you get the following symptoms:
  o severe stomach-area (abdominal) pain or stomach-area pain that does not go away
  o vomit blood
  o red or black stools

• **Thyroid gland problems.** Your healthcare provider should do blood tests to check your thyroid gland function before and during your treatment with INLYTA. Tell your healthcare provider if you have any of the following symptoms during your treatment with INLYTA:
  o tiredness that worsens or that does not go away
  o feeling hot or cold
  o your voice deepens
  o weight gain or weight loss
  o hair loss
  o muscle cramps and aches

• **Reversible Posterior Leukoencephalopathy Syndrome (RPLS).** A condition called reversible posterior leukoencephalopathy syndrome (RPLS) can happen while taking INLYTA. Call your healthcare provider right away if you get:
  o headache
  o seizures
  o weakness
  o confusion
  o high blood pressure
  o blindness or change in vision
  o problems thinking

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
• **Protein in your urine.** Your healthcare provider should check your urine for protein before and during your treatment with INLYTA® (axitinib). If you develop protein in your urine, your healthcare provider may decrease your dose of INLYTA or stop your treatment.

• **Change in liver function.** Your healthcare provider should do blood tests before and during your treatment with INLYTA to check your liver function.

**The most common side effects of INLYTA include:**

- diarrhea (frequent or loose bowel movements)
- high blood pressure
- tiredness or feeling weak
- decreased appetite
- nausea
- hoarseness
- rash, redness, itching, or peeling of your skin on your hands and feet
- decreased weight
- vomiting
- constipation

INLYTA may cause fertility problems in males and females, which may affect your ability to have a child. Talk to your healthcare provider if this is a concern for you.

These are not all the possible side effects of INLYTA. Call your healthcare provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.
Taking INLYTA® (axitinib)

How to take INLYTA

INLYTA comes in 1-mg and 5-mg tablets. Your healthcare provider will tell you which tablets you should take.

- Take INLYTA exactly as prescribed by your healthcare provider
- Your healthcare provider may change your dose if needed
- INLYTA can be taken with or without food
- Take INLYTA 2 times a day approximately 12 hours apart
- Swallow INLYTA tablets whole with a glass of water
- Your healthcare provider should check your blood pressure regularly during treatment with INLYTA
- If you vomit or miss a dose of INLYTA, take your next dose at your regular time. Do not take 2 doses at the same time
- If you take too much INLYTA, call your healthcare provider or go to the nearest hospital emergency room right away

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
What should I avoid while taking INLYTA?

- Do not drink grapefruit juice or eat grapefruit. These may increase the amount of INLYTA in your blood.
- Patients taking INLYTA should avoid St. John’s wort. It may reduce the amount of INLYTA in your blood.

Helpful reminders for taking each dose of INLYTA

- Make medicine part of your daily routine
- Use a weekly or monthly pill caddy
- Plan ahead
- Place your pill bottle in plain sight
- Always carry an extra dose with you
- Use a calendar
- Use a journal to track your medicine and when it’s time to take it
- Ask for a reminder from your caregiver or care team

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
The tips in this section are based on published general guidelines for managing certain side effects that are common among patients with advanced RCC or other cancers. Not all side effects are manageable. Dose interruptions and/or reductions may be needed during treatment with INLYTA® (axitinib). Be sure to pay attention to all your side effects. They can be important signs that let you and your healthcare provider know what is happening in your body.

Before starting INLYTA, tell your healthcare provider how you are feeling and about any side effects you have had from other medications and treatments. As you start taking INLYTA, let your healthcare provider know if you notice any side effects or a change in how you feel. Also tell your healthcare provider if you notice any side effects that are not listed in this guide.

In this section, you’ll find tips to help manage the following common side effects:

– High blood pressure
– Diarrhea
– Tiredness or feeling weak
– Decreased appetite or weight
– Nausea or vomiting
– Hoarseness
– Skin conditions
– Constipation

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
High blood pressure

INLYTA may cause your blood pressure to rise. In the clinical trial, hypertension occurred as early as 4 days into treatment. On average, this increase was seen within the first month of treatment.

Your healthcare provider should check your blood pressure regularly while you are being treated with INLYTA. If you develop blood pressure problems, your healthcare provider may prescribe medicine to treat your high blood pressure, lower your dose, or stop your treatment with INLYTA. Tell your healthcare provider if you have high blood pressure or a history of heart disease.

If you have high blood pressure, your healthcare provider’s recommendations may include:

- Monitoring severe headaches, shortness of breath, or nosebleeds
- Exercising regularly, controlling your weight, or limiting alcohol and sodium consumption

If you are already being treated for high blood pressure, your healthcare provider may change your blood pressure medicine when you start taking INLYTA. Your healthcare provider may also ask you to track your blood pressure regularly. Follow the advice of your healthcare provider—talk to them if you have any questions or concerns.
Diarrhea

Diarrhea is defined as 3 or more loose or watery stools/bowel movements in one day. If you have these symptoms, call your healthcare provider. It is important for you and your healthcare provider to try to manage diarrhea as soon as it begins.

If you experience diarrhea, your healthcare provider’s recommendations may include:

- Trying yogurt containing probiotics
- Eating small, frequent meals and foods containing soluble fiber
- Avoiding spicy foods, fatty foods, caffeine, and fruit
- Drinking fluids, such as water, diluted cranberry juice, or broth

Ask your healthcare provider if you can be treated with over-the-counter medications or prescriptions.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
**Tips to Help Manage Certain Side Effects**

### Tiredness or feeling weak

While you are taking INLYTA® (axitinib), you may feel tired or weak. Call your healthcare provider if you have these symptoms.

*If tiredness or feeling weak is a recurring problem, your healthcare provider’s recommendations may include:*

- Taking short naps and breaks instead of long ones
- Eating well and drinking plenty of fluids
- Staying as active as possible
- Trying to maintain normal work and social schedules

Ask your healthcare provider if there are over-the-counter or prescription medications that may help you manage your condition.

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*Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.*
**Decreased appetite or weight**

During treatment, you may have less desire to eat. But maintaining good nutrition and a healthy weight are important to your overall health. Protein and calories are especially vital to someone with cancer.

If you have decreased appetite, you can discuss the following diet ideas with your healthcare provider:

- Eating several small meals a day, including nutritious snacks that are high in calories and protein
- Drinking fluids between meals rather than filling up with beverages during meals
- Flavoring foods with herbs, sugar, or sauces to maximize taste
- If taste changes cause you to eat less, try cold or frozen foods to minimize taste
- Consulting with a registered dietitian (RD) for more ideas

Ask your healthcare provider if there are over-the-counter or prescription medicines that may help you manage your condition.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Nausea or vomiting

It is best to call your healthcare provider at the first sign of nausea or vomiting. This is especially important if these symptoms keep you from taking your oral medications or keeping them down. Your healthcare provider may prescribe a medicine for these symptoms.

If you experience nausea or vomiting, your healthcare provider’s recommendations may include:

• Eating smaller, more frequent meals
• Avoiding fatty, fried, spicy, or highly sweet foods
• Eating bland foods at room temperature and drinking clear liquids

If you vomit, start with small amounts of water, broth, or other clear liquids when you are ready to eat again. If that stays down, then try soft foods. Some examples include gelatin, plain cornstarch pudding, yogurt, strained soup, or strained cooked cereal. Slowly work up to eating solid food. Make sure that you do not eat any food that you are allergic to.
**Constipation**
Some patients taking INLYTA® (axitinib) experience constipation. This has the potential to become a serious side effect. Left untreated, constipation can cause a blockage in your intestines, leading to dehydration and even internal damage.

*If you experience constipation, speak to your healthcare provider. He or she may recommend any of the following:*
- Drinking more fluids
- Taking a stool softener
- Changing your dose of INLYTA
- Adding fiber to your diet
- Increasing physical activity

**Hoarseness**
Also called dysphonia (dis-FONE-ee-uh), this is when you have a weak, rough, or harsh voice.

*If you have trouble speaking, your healthcare provider’s recommendations may include:*
- Drinking plenty of water and avoiding irritants (eg, dust, smoke, alcohol, industrial chemicals)
- Writing things down to give your voice a break
- Remembering to avoid shouting or whispering

*Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.*
Skin conditions

Skin conditions, such as rash, redness, itching, or peeling of the skin, are other side effects that may occur. You may notice dryness, thickening, calluses, blisters, or cracking of the skin on the palms of your hands and soles of your feet. This is called hand-foot syndrome. Tell your healthcare provider if you start to develop skin problems. He or she may give you specific treatments, which may include lotions, moisturizers, or pain medicines.

To help manage the effects of hand-foot syndrome, your healthcare provider’s recommendations may include:

- Wearing loose, cotton clothes
- Cleaning hands and feet with lukewarm water and gently patting dry
- Avoiding tight-fitting shoes and jewelry that rub or chafe the hands and feet

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Lifestyle choices: More you can do

It’s important to maintain a healthy lifestyle. These healthy living tips are general suggestions for anyone fighting cancer. Keep in mind, INLYTA® (axitinib) has not been shown to improve daily activities.

Eat healthy foods
It’s important to maintain a healthy weight and eat a well-balanced diet that includes plenty of fruits, fresh vegetables, whole grains, and high-fiber foods.

Balance exercise with rest
You may experience fatigue, but it’s still important to stay as active as possible.

Reduce stress
Both the American Cancer Society and the National Cancer Institute agree that it’s important to avoid added stressors in your life.
Getting INLYTA® (axitinib)

INLYTA is available through a type of pharmacy called a Specialty Pharmacy Provider. These pharmacies handle medicines that are often not stocked at regular neighborhood pharmacies. Your healthcare provider can help you find a Specialty Pharmacy Provider that works with your insurance.

Once your insurance coverage has been verified, the Specialty Pharmacy Provider will contact you to set up delivery of your prescription. Typically, the Specialty Pharmacy Provider will bill your insurance provider for the covered portion of the cost and bill you for the remaining co-pay or co-insurance.

Specialty Pharmacy Providers are qualified healthcare professionals and are available 24/7 to:

• Fill your prescription and coordinate home delivery
• Help you navigate an ever-more-complex insurance system
• Support you with benefit verifications and prior authorizations
• Answer financial questions about coverage

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
We’re committed to helping you get the INLYTA you’ve been prescribed. If you need help understanding your insurance or what financial support may be available, our Care Champions are here to help. Based on your specific coverage, we can also identify specialty pharmacy options.

**Commercially insured**

Resources for eligible commercial, private, employer, and state health insurance marketplace patients.

### Co-pay assistance

Eligible, commercially insured patients may pay as little as $0 per month for INLYTA.* Enrollment is simple, with no income requirements, forms, or faxing.

*Limits, terms, and conditions apply. Patients may receive up to $25,000 in savings annually. The offer will be accepted only at participating pharmacies. This offer is not health insurance. No membership fees apply. For full terms and conditions, please visit PfizerOncologyTogether.com/terms. For any questions, please call 1-877-744-5675, visit PfizerOncologyTogether.com/terms or write: Pfizer Oncology Together Savings Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Medicare/government insured
Help identifying resources for patients with Medicare/Medicare Part D, Medicaid, and other government insurance plans.

Support from independent charitable foundations
We’ll help you search for financial support that may be available from independent charitable foundations. These foundations exist independently of Pfizer and have their own eligibility criteria and application processes. Availability of support from the foundations is determined solely by the foundations.

Free medicine
If independent charitable foundation support is not available, we will provide eligible patients with INLYTA for free through the Pfizer Patient Assistance Program.*

Uninsured
Help finding coverage
We can check if you’re eligible for a government program that helps pay for prescription medicines through Medicaid or Medicare Part D. If you are eligible, we can guide you on how to apply, and we’ll provide assistance throughout the process.

Free medicine or savings
If you do not have insurance or prescription coverage and you are unable to afford your medicine, we may be able to help. Pfizer Oncology Together can provide you with INLYTA for free or at a savings, if you are eligible, through the Pfizer Patient Assistance Program.*

*The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Support beyond treatment
At Pfizer Oncology Together, we’re here to support you. Our Care Champions, who have social work experience, treat your individual needs as a priority. They offer resources to help you manage your day-to-day life*:

- **Support connections**
  Connect to local outreach programs and online communities that offer emotional support and other resources.

- **Ongoing education**
  Get guidance on living with your condition, including tips on nutrition and talking with loved ones.

- **Lodging and transportation**
  Connect to an independent organization that helps find rides and lodging for your treatment-related appointments.

- **Custom check-ins**
  Schedule check-ins that work around you—offering support when you need it.

- **Workplace guidance**
  Receive tools and support to help you prepare for leaving or returning to work after being diagnosed.

*Some services are provided through third-party organizations that operate independently and are not controlled by Pfizer. Availability of services and eligibility requirements are determined solely by these organizations.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Pfizer Oncology together™

FOR LIVE, PERSONALIZED SUPPORT
Call 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET) or visit PfizerOncologyTogether.com

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
More resources and support for you
Talking with cancer experts and others living with cancer can be a great source of support.
The following list of organizations and resources is provided to help you learn more about cancer and where to tap into patient support services.

**The American Cancer Society® (ACS)**
(800) 227-2345 | cancer.org
Get helpful advice and up-to-date news about treatment options and clinical studies, as well as inspirational stories from cancer survivors.

**National Cancer Institute® (NCI)**
(800) 422-6237 | cancer.gov
This helpful resource offers facts and information about cancer, treatments, and clinical trials. It also provides advice on how to pay for treatment, as well as choosing hospice and home care, and how to find support groups.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Support & Resources

CancerCare®
(800) 813-HOPE (813-4673) | cancercare.org
Get helpful advice and counseling about cancer, such as disease information and free financial services.

Cancer Hope Network
(877) HOPENET (467-3638) | cancerhopenetwork.org
Support services for people living with cancer, which include matching patients one-on-one with cancer survivors.

Kidney Cancer Association® (KCA)
(800) 850-9132 | kidneycancer.org
A dedicated group of patients, families, doctors, and healthcare providers involved with kidney cancer and its treatment. Learn simple ways to make living with kidney cancer easier, and discover how to find and connect with other patients and survivors.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Keep in touch with your healthcare team
This checklist is designed to help you stay organized during treatment. Your healthcare provider can help you complete it.

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<tr>
<th>Healthcare provider name</th>
<th>Office address</th>
<th>Phone/fax numbers</th>
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**Specialty pharmacy information**

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**Insurance information**

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
**Record your information**
Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Talk with your healthcare provider before you start taking any new medicines. Medicines can affect each other, causing serious side effects.

**Write down the medicines you currently take**

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<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
<th>Schedule</th>
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Monitor your blood pressure

Keep track of your blood pressure during treatment. Your healthcare provider should check your blood pressure regularly while you are being treated. If you develop blood pressure problems, your healthcare provider may prescribe medicine to treat your high blood pressure, lower your treatment dose, or stop your treatment. Tell your healthcare provider if you have high blood pressure or a history of heart disease.

If you have high blood pressure, your healthcare provider’s recommendations may include:

- Take antihypertensive medications as prescribed
- Recognize signs of potentially dangerous high blood pressure (eg, severe headache, shortness of breath, nosebleeds)
- Follow healthy lifestyle choices: regular exercise, weight control, moderate alcohol consumption, sodium restriction

If you are already being treated for your high blood pressure, your healthcare provider may change your blood pressure medicine when you start a new cancer treatment. Your healthcare provider may also ask you to track your blood pressure regularly. Follow the advice of your healthcare provider—talk to them if you have any questions or concerns.

Record your blood pressure

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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</table>

Your blood pressure should be taken as often as your healthcare team recommends. Use the space above to record your results.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
**Treatment Checklist**

**Keep track of your side effects**
Use this space to record any side effects you experience. Discuss them with your healthcare team as soon as possible, especially if they are severe or persistent.

<table>
<thead>
<tr>
<th>Side effect description</th>
<th>Date first noticed</th>
<th>Notes (eg, duration, management tips you have tried)</th>
</tr>
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<tr>
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</table>

**Share your questions with your healthcare team**
Have questions about your cancer and its treatment? Record them here.


Remember to take this checklist to your next appointment.

*Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.*
Patients and caregivers can find more information at INLYTA.com.

Please see Important Safety Information on pages 8-12 and full Prescribing Information and Patient Information, which includes a complete discussion of the risks of INLYTA, following this guide.
Pfizer Oncology together

FOR LIVE, PERSONALIZED SUPPORT
Call 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET)
or visit PfizerOncologyTogether.com
INLYTA® (axitinib) tablets for oral administration
Initial U.S. Approval: 2012

Warnings and Precautions, Pregnancy (5.13) 8/2018

INLYTA is a kinase inhibitor indicated for the treatment of advanced renal cell carcinoma after failure of one prior systemic therapy. (1)

The starting dose is 5 mg orally twice daily. Dose adjustments can be made based on individual safety and tolerability. (2.1, 2.2)

Administer INLYTA dose approximately 12 hours apart with or without food. (2.1)

INLYTA should be swallowed whole with a glass of water. (2.1)

If a strong CYP3A4/5 inhibitor is required, decrease the INLYTA dose by approximately half. (2.2)

For patients with moderate hepatic impairment, decrease the starting dose by approximately half. (2.2)

The starting dose is 5 mg orally twice daily. Dose adjustments can be made based on individual safety and tolerability. (2.1, 2.2)

Avoid strong CYP3A4/5 inhibitors. If unavoidable, reduce the INLYTA dose. (2.2, 7.1)

Avoid strong CYP3A4/5 inducers. (7.2)

Reversible Posterior Leukoencephalopathy Syndrome (RPLS) has been observed. Stop INLYTA at least 24 hours prior to scheduled surgery. (5.8)

INLYTA can cause fetal harm. Advise patients of the potential risk to the fetus and to use effective contraception. (5.13, 8.1, 8.3)

The most common (>20%) adverse reactions are diarrhea, hypertension, fatigue, decreased appetite, nausea, dysphonia, palmar-plantar erythrodysesthesia (hand-foot) syndrome, weight decreased, vomiting, asthenia, and constipation. (6.1)

FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

REVISED: 8/2018
5.2 Arterial Thromboembolic Events
In clinical trials, arterial thromboembolic events have been reported, including deaths. In a controlled clinical study with INLYTA for the treatment of patients with RCC, Grade 3/4 arterial thromboembolic events were reported in 4/359 patients (1%) receiving INLYTA and 4/355 patients (1%) receiving sorafenib. Fatal cerebrovascular accident was reported in 1/359 patients (<1%) receiving INLYTA and none of the patients receiving sorafenib.[see Adverse Reactions (6.1)].

In clinical trials with INLYTA, arterial thromboembolic events (including transient ischemic attack, cerebrovascular accident, myocardial infarction, and retinal artery occlusion) were reported in 17/771 patients (2%), with two deaths secondary to cerebrovascular accident.

Use INLYTA with caution in patients who are at risk for, or who have a history of, these events. INLYTA has not been studied in patients who had an arterial thromboembolic event within the previous 12 months.

5.3 Venous Thromboembolic Events
In clinical trials, venous thromboembolic events have been reported, including deaths. In a controlled clinical study with INLYTA for the treatment of patients with RCC, venous thromboembolic events were reported in 11/359 patients (3%) receiving INLYTA and 2/355 patients (1%) receiving sorafenib. Grade 3/4 venous thromboembolic events were reported in 9/359 patients (3%) receiving INLYTA (including pulmonary embolism, deep vein thrombosis, retinal vein occlusion and retinal vein thrombosis) and 2/355 patients (1%) receiving sorafenib. Fatal pulmonary embolism was reported in 1/359 patients (<1%) receiving INLYTA and none of the patients receiving sorafenib. In clinical trials with INLYTA, venous thromboembolic events were reported in 22/771 patients (3%), with two deaths secondary to pulmonary embolism.

Use INLYTA with caution in patients who are at risk for, or who have a history of, these events. INLYTA has not been studied in patients who had a venous thromboembolic event within the previous 6 months.

5.4 Hemorrhage
In a controlled clinical study with INLYTA for the treatment of patients with RCC, hemorrhagic events were reported in 58/359 patients (16%) receiving INLYTA and 64/355 patients (18%) receiving sorafenib. Grade 3/4 hemorrhagic events were reported in 5/359 (1%) patients receiving INLYTA (including cerebral hemorrhage, hematuria, hemoptysis, lower gastrointestinal hemorrhage, and melena) and 11/355 (3%) patients receiving sorafenib. Fatal hemorrhage was reported in 1/359 patients (<1%) receiving INLYTA (gastric hemorrhage) and 3/355 patients (1%) receiving sorafenib.

INLYTA has not been studied in patients who have 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.

5.5 Cardiac Failure
In a controlled clinical study with INLYTA for the treatment of patients with RCC, cardiac failure was reported in 10/359 patients (3%) receiving INLYTA and 4/355 patients (1%) receiving sorafenib. Grade 3/4 cardiac failure was observed in 2/359 patients (1%) receiving INLYTA and 1/355 patients (1%) receiving sorafenib. Fatal cardiac failure was reported in 2/359 patients (1%) receiving INLYTA and 1/355 patients (1%) receiving sorafenib. Monitor for signs or symptoms of cardiac failure throughout treatment with INLYTA. Management of cardiac failure may require permanent discontinuation of INLYTA.

5.6 Gastrointestinal Perforation and Fistula Formation
In a controlled clinical study with INLYTA for the treatment of patients with RCC, gastrointestinal perforation was reported in 1/359 patients (<1%) receiving INLYTA and none of the patients receiving sorafenib. In clinical trials with INLYTA, gastrointestinal perforation was reported in 5/715 patients (1%), including one death. In addition to cases of gastrointestinal perforation, fistulas were reported in 4/715 patients (1%).

Monitor for symptoms of gastrointestinal perforation or fistula periodically throughout treatment with INLYTA.

5.7 Thyroid Dysfunction
In a controlled clinical study with INLYTA for the treatment of patients with RCC, hyperthyroidism was reported in 69/359 patients (19%) receiving INLYTA and 29/355 patients (8%) receiving sorafenib. Hyperthyroidism was reported in 4/359 patients (1%) receiving INLYTA and 4/355 patients (1%) receiving sorafenib. In patients who had thyroid stimulating hormone (TSH) <5 μU/mL before treatment, elevations of TSH to ≥10 μU/mL occurred in 79/245 patients (32%) receiving INLYTA and 25/232 patients (11%) receiving sorafenib.[see Adverse Reactions (6.1)].

Monitor thyroid function before initiation of, and periodically throughout, treatment with INLYTA. Treat hyperthyroidism and hyperthyroidism according to standard medical practice to maintain euthyroid state.

5.8 Wound Healing Complications
No formal studies of the effect of INLYTA on wound healing have been conducted.

Stop treatment with INLYTA at least 24 hours prior to scheduled surgery. The decision to resume INLYTA therapy after surgery should be based on clinical judgment of adequate wound healing.

5.9 Reversible Posterior Leukoencephalopathy Syndrome
In a controlled clinical study with INLYTA for the treatment of patients with RCC, reversible posterior leukoencephalopathy syndrome (RPLS) was reported in 1/359 patients (<1%) receiving INLYTA and none of the patients receiving sorafenib.[see Adverse Reactions (6.1)]. There were two additional reports of RPLS in other clinical trials with INLYTA.
RPLS is a neurological disorder which can present with headache, seizure, lethargy, confusion, blindness and other visual and neurologic disturbances. Mild to severe hypertension may be present. Magnetic resonance imaging is necessary to confirm the diagnosis of RPLS. Discontinue INLYTA in patients developing RPLS. The safety of reintalizing INLYTA therapy in patients previously experiencing RPLS is not known.

5.10 Proteinuria

In a controlled clinical study with INLYTA for the treatment of patients with RCC, proteinuria was reported in 39/359 patients (11%) receiving INLYTA and 26/355 patients (7%) receiving sorafenib. Grade 3 proteinuria was reported in 11/359 patients (3%) receiving INLYTA and 6/355 patients (2%) receiving sorafenib [see Adverse Reactions (6.1)].

Monitoring for proteinuria before initiation of, and periodically throughout, treatment with INLYTA is recommended. For patients who develop moderate to severe proteinuria, reduce the dose or temporarily interrupt INLYTA treatment.

5.11 Elevation of Liver Enzymes

In a controlled clinical study with INLYTA for the treatment of patients with RCC, alanine aminotransferase (ALT) elevations of all grades occurred in 22% of patients on both arms, with Grade 3/4 events in <1% of patients on the INLYTA arm and 2% of patients on the sorafenib arm.

Monitor ALT, aspartate aminotransferase (AST) and bilirubin before initiation of and periodically throughout treatment with INLYTA.

5.12 Hepatic Impairment

The systemic exposure to axitinib was higher in subjects with moderate hepatic impairment (Child-Pugh class B) compared to subjects with normal hepatic function. A dose decrease is recommended when administering INLYTA to patients with moderate hepatic impairment (Child-Pugh class B). INLYTA has not been studied in patients with severe hepatic impairment (Child-Pugh class C) [see Dosage and Administration (2.2), Use in Specific Populations (8.6), and Clinical Pharmacology (12.3)].

5.13 Pregnancy

Based on its mechanism of action and findings from animal studies, INLYTA can cause fetal harm when administered to a pregnant woman. There are no available human data to inform the drug-associated risk. In developmental toxicity studies in mice, axitinib was teratogenic, embryotoxic and fetotoxic at maternal exposures that were lower than human exposures at the recommended clinical dose.

Advise females of reproductive potential of the potential risk to the fetus and to use effective contraception during treatment with INLYTA and for 1 week after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with INLYTA and for 1 week after the last dose [see Use in Specific Populations (8.1, 8.3), Clinical Pharmacology (12.1)].

6 ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety of INLYTA has been evaluated in 715 patients in monotherapy studies, which included 537 patients with advanced RCC. The data described [see Adverse Reactions (6.1)] reflect exposure to INLYTA in 559 patients with advanced RCC who participated in a randomized clinical study versus sorafenib [see Clinical Studies (14)].

The following risks, including appropriate action to be taken, are discussed in greater detail in other sections of the label [see Warnings and Precautions (5)], hypertension, arterial thromboembolic events, venous thromboembolic events, hemorrhage, cardiac failure, gastrointestinal perforation and fistula formation, thyroid dysfunction, wound healing complications, RPLS, proteinuria, elevation of liver enzymes, hepatic impairment and fetal development.

6.1 Clinical Trials Experience

The median duration of treatment was 6.4 months (range 0.03 to 22.0) for patients who received INLYTA and 5.0 months (range 0.03 to 20.1) for patients who received sorafenib. Dose modifications or temporary delay of treatment due to an adverse reaction occurred in 199/359 patients (55%) receiving INLYTA and 220/355 patients (62%) receiving sorafenib. Permanent discontinuation due to an adverse reaction occurred in 34/359 patients (9%) receiving INLYTA and 46/355 patients (13%) receiving sorafenib.

The most common (≥20%) adverse reactions observed following treatment with INLYTA were diarrhea, hypertension, fatigue, decreased appetite, nausea, dysphonia, palmar-plantar erythrodysesthesia (hand-foot) syndrome, weight decreased, vomiting, asthenia, and constipation. Table 1 presents adverse reactions reported in ≥10% of patients who received INLYTA or sorafenib.

### Table 1. Adverse Reactions Occurring in ≥10% of Patients Who Received INLYTA or Sorafenib

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>INLYTA (N=359)</th>
<th>Sorafenib (N=355)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Grades a</td>
<td>Grade 3/4</td>
<td>All Grades a</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>55%</td>
<td>11%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>40%</td>
<td>16%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>39%</td>
<td>11%</td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>34%</td>
<td>5%</td>
</tr>
<tr>
<td>Nausea</td>
<td>32%</td>
<td>3%</td>
</tr>
<tr>
<td>Dysphonia</td>
<td>31%</td>
<td>0%</td>
</tr>
<tr>
<td>Palmar-plantar erythrodysesthesia syndrome</td>
<td>27%</td>
<td>5%</td>
</tr>
<tr>
<td>Weight decreased</td>
<td>25%</td>
<td>2%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>24%</td>
<td>3%</td>
</tr>
<tr>
<td>Asthenia</td>
<td>21%</td>
<td>5%</td>
</tr>
<tr>
<td>Constipation</td>
<td>20%</td>
<td>1%</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>19%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Cough</td>
<td>15%</td>
<td>1%</td>
</tr>
<tr>
<td>Mucosal inflammation</td>
<td>15%</td>
<td>1%</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td>Stomatitis</td>
<td>15%</td>
<td>1%</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Headache</td>
<td>14%</td>
<td>1%</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>13%</td>
<td>1%</td>
</tr>
<tr>
<td>Rash</td>
<td>13%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Proteinuria</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Dysgeusia</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Dry skin</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Pruritus</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Alopecia</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Erythema</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

a Percentages are treatment-emergent, all-causeality events

* National Cancer Institute Common Terminology Criteria for Adverse Events, Version 3.0

Selected adverse reactions (all grades) that were reported in <10% of patients treated with INLYTA included dizziness (9%), upper abdominal pain (8%), myalgia (7%), dehydration (6%), epistaxis (6%), anemia (4%), hemorrhoids (4%), hematuria (3%), tinnitus (3%), lipase increased (3%), glossoodynia (3%), pulmonary embolism (2%), rectal hemorrhage (2%), hemoptysis (2%), deep vein thrombosis (1%), retinal-vein occlusion/thrombosis (1%), polythemia (1%), and transient ischemic attack (1%).

Table 2 presents the most common laboratory abnormalities reported in ≥10% patients who received INLYTA or sorafenib.
Moderate CYP3A4/5 inducers (e.g., bosentan, efavirenz, etravirine, modafinil, and nafcillin) may also reduce the plasma exposure of axitinib and should be avoided if possible. Selection of concomitant medication with no or minimal CYP3A4/5 induction potential is recommended. If a strong CYP3A4/5 inducer is used, the INLYTA dose should be increased (see Data). Advise females of reproductive potential of the potential risk to a fetus.

The background risk of major birth defects and miscarriage for the indicated populations is unknown. However, the background risk in the United States (U.S.) general population of major birth defects is 2%-4% and of miscarriage is 15%-20% of clinically recognized pregnancies.

Data
Animal Data
Oral axitinib administered twice daily to female mice prior to mating and throughout the first week of pregnancy caused an increase in post-implantation loss at all doses tested (≥15 mg/kg/dose, approximately 10 times the systemic exposure (AUC) in patients at the recommended starting dose). In an embryo-fetal developmental toxicity study, pregnant mice received oral doses of 0.15, 0.5 and 1.5 mg/kg/dose axitinib twice daily during the period of organogenesis. Embryo-fetal toxicities observed in the absence of maternal toxicity included malformation (cleft palate) at 1.5 mg/kg/dose (approximately 0.5 times the AUC in patients at the recommended starting dose) and variation in skeletal ossification at ≥0.5 mg/kg/dose (approximately 0.15 times the AUC in patients at the recommended starting dose).

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy

Risk Summary
Based on findings in animal studies and its mechanism of action, INLYTA can cause fetal harm when administered to a pregnant woman. There are no available human data to inform the drug-associated risk. In developmental toxicity studies, axitinib was teratogenic, embryotoxic and fetotoxic in mice at exposures lower than human exposures at the recommended starting dose (see Data). Advise females of reproductive potential of the potential risk to a fetus.

The background risk of major birth defects and miscarriage for the indicated populations are unknown. However, the background risk in the United States (U.S.) general population of major birth defects is 2%-4% and of miscarriage is 15%-20% of clinically recognized pregnancies.

Selected laboratory abnormalities (all grades) that were reported in <10% of patients treated with INLYTA included hemoglobin increased (above the upper limit of normal) (9% for INLYTA versus 1% for sorafenib) and hypercalcemia (6% for INLYTA versus 2% for sorafenib).

7 DRUG INTERACTIONS

In vitro data indicate that axitinib is metabolized primarily by CYP3A4/5 and, to a lesser extent, CYP1A2, CYP2C19, and uridine diphosphate-glucuronosyltransferase (UGT) 1A1.

7.1 CYP3A4/5 Inhibitors
Co-administration of ketoconazole, a strong inhibitor of CYP3A4/5, increased the plasma exposure of axitinib in healthy volunteers. Co-administration of INLYTA with strong CYP3A4/5 inhibitors should be avoided. Grapefruit or grapefruit juice may also increase axitinib plasma concentrations and should be avoided. Selection of concomitant medication with no or minimal CYP3A4/5 inhibition potential is recommended. If a strong CYP3A4/5 inhibitor must be co-administered, the INLYTA dose should be reduced (see Dosage and Administration (2.2) and Clinical Pharmacology (12.3)).

7.2 CYP3A4/5 Inducers
Co-administration of rifampin, a strong inducer of CYP3A4/5, reduced the plasma exposure of axitinib in healthy volunteers. Co-administration of INLYTA with strong CYP3A4/5 inducers (e.g., rifampin, dexamethasone, phenytoin, carbamazepine, rifabutin, rifapentine, phenobarbital, and St. John’s wort) should be avoided. Selection of concomitant medication with no or minimal CYP3A4/5 induction potential is recommended (see Dosage and Administration (2.2), Clinical Pharmacology (12.3)). Moderate CYP3A4/5 inducers (e.g., bosentan, efavirenz, etravirine, modafinil, and nafcillin) may also reduce the plasma exposure of axitinib and should be avoided if possible.

Selected laboratory abnormalities (all grades) that were reported in <10% of patients treated with INLYTA included hemoglobin increased (above the upper limit of normal) (9% for INLYTA versus 1% for sorafenib) and hypercalcemia (6% for INLYTA versus 2% for sorafenib).

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy

Risk Summary
Based on findings in animal studies and its mechanism of action, INLYTA can cause fetal harm when administered to a pregnant woman. There are no available human data to inform the drug-associated risk. In developmental toxicity studies, axitinib was teratogenic, embryotoxic and fetotoxic in mice at exposures lower than human exposures at the recommended starting dose (see Data). Advise females of reproductive potential of the potential risk to a fetus.

The background risk of major birth defects and miscarriage for the indicated populations are unknown. However, the background risk in the United States (U.S.) general population of major birth defects is 2%-4% and of miscarriage is 15%-20% of clinically recognized pregnancies.

Data
Animal Data
Oral axitinib administered twice daily to female mice prior to mating and throughout the first week of pregnancy caused an increase in post-implantation loss at all doses tested (≥15 mg/kg/dose, approximately 10 times the systemic exposure (AUC) in patients at the recommended starting dose). In an embryo-fetal developmental toxicity study, pregnant mice received oral doses of 0.15, 0.5 and 1.5 mg/kg/dose axitinib twice daily during the period of organogenesis. Embryo-fetal toxicities observed in the absence of maternal toxicity included malformation (cleft palate) at 1.5 mg/kg/dose (approximately 0.5 times the AUC in patients at the recommended starting dose) and variation in skeletal ossification at ≥0.5 mg/kg/dose (approximately 0.15 times the AUC in patients at the recommended starting dose).

8.2 Lactation

Risk Summary
There are no data on the presence of axitinib in human milk, or its effects on the breastfed child or on milk production. Because of the potential for serious adverse reactions in a breastfed child from INLYTA, advise lactating women not to breastfeed during treatment and for 2 weeks after the final dose.

8.3 Females and Males of Reproductive Potential

Pregnancy Testing
Based on findings in animal studies, INLYTA can cause fetal harm when administered to a pregnant woman (see Use in Specific Populations (8.1)). Females of reproductive potential should have a pregnancy test prior to starting treatment with INLYTA.

Contraception

Females
INLYTA can cause fetal harm when administered to a pregnant woman (see Use in Specific Populations (8.1)). Advise females of reproductive potential to use effective contraception during treatment with INLYTA and for 1 week after the last dose.

Infertility

Females and Males
Based on findings in animals, INLYTA may impair fertility in females and males of reproductive potential (see Nonclinical Toxicology (13.1)).

8.4 Pediatric Use

The safety and efficacy of INLYTA in pediatric patients have not been studied.

Toxicities in bone and teeth were observed in immature mice and dogs administered oral axitinib twice daily for 1 month or longer. Effects in bone consisted of thickened growth plates in mice and dogs at ≥15 mg/kg/dose (approximately 6 and 15 times, respectively, the systemic exposure (AUC) in patients at the recommended starting dose). Abnormalities in growing incisor teeth (including dental caries, malocclusions and broken and/or missing teeth) were observed in mice administered oral axitinib twice daily at ≥5 mg/kg/dose (approximately 1.5 times the AUC in patients at the recommended starting dose). Other toxicities of potential concern to pediatric patients have not been evaluated in juvenile animals.

8.5 Geriatric Use

In a controlled clinical study with INLYTA for the treatment of patients with RCC, 123/359 patients (34%) treated with INLYTA were ≥65 years of age. Although greater sensitivity in some older individuals cannot be ruled out, no overall differences were observed in the safety and effectiveness of INLYTA between patients who were ≥65 years of age and younger.

No dosage adjustment is required in elderly patients (see Dosage and Administration (2.2), Clinical Pharmacology (12.3)).

8.6 Hepatic Impairment

In a dedicated hepatic impairment trial, compared to subjects with normal hepatic function, systemic exposure following a single dose of INLYTA was similar in subjects with baseline mild hepatic impairment (Child-Pugh class A) and higher in subjects with baseline moderate hepatic impairment (Child-Pugh class B). Other toxicities of potential concern to pediatric patients have not been evaluated in juvenile animals.

No starting dose adjustment is required when administering INLYTA to patients with mild hepatic impairment (Child-Pugh class A). A starting dose decrease is recommended when administering INLYTA to patients with moderate hepatic impairment (Child-Pugh class B) [see Dosage and Administration (2.2), Warnings and Precautions (5.12), Clinical Pharmacology (12.3)].
INLYTA has not been studied in subjects with severe hepatic impairment (Child-Pugh class C).

8.7 Renal Impairment

No dedicated renal impairment trial for axitinib has been conducted. Based on the population pharmacokinetic analyses, no significant difference in axitinib clearance was observed in patients with pre-existing mild to severe renal impairment (15 mL/min ≤ creatinine clearance [CLcr] < 89 mL/min) [see Clinical Pharmacology (12.3)]. No starting dose adjustment is needed for patients with pre-existing mild to severe renal impairment. Caution should be used in patients with end-stage renal disease (CLcr < 15 mL/min).

10 OVERDOSAGE

There is no specific treatment for INLYTA overdose.

In a controlled clinical study with INLYTA for the treatment of patients with RCC, 1 patient inadvertently received a dose of 20 mg twice daily for 4 days and experienced dizziness (Grade 1).

In a clinical dose finding study with INLYTA, subjects who received starting doses of 10 mg twice daily or 20 mg twice daily experienced adverse reactions which included hypertension, seizures associated with hypertension, and fatal hemoptysis. In cases of suspected overdose, INLYTA should be withheld and supportive care instituted.

11 DESCRIPTION

INLYTA (axitinib) is a kinase inhibitor. Axitinib has the chemical name N-methyl-2-[3-[(E)-2-pyridin-2-yl-vinyl]-1H-indazol-6-ylsulfanyl]-benzamide. The molecular formula is C_{21}H_{19}N_{9}O_{5} and the molecular weight is 386.47 Daltons. The chemical structure is:

Axitinib is a white to light-yellow powder with a pKa of 4.8. The solubility of axitinib in aqueous media over the range pH 1.1 to pH 7.8 is in excess of 0.2 μg/mL. The partition coefficient (n-octanol/water) is 3.5.

INLYTA is supplied as red, film-coated tablets containing either 1 mg or 5 mg of axitinib together with microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, magnesium stearate, and Opadry® II red 32K15441 as inactive ingredients. The Opadry II red 32K15441 film coating contains lactose monohydrate, HPMC 2910/sodium, magnesium stearate, and Opadry® II red 32K15441 as inactive ingredients.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Axitinib has been shown to inhibit receptor tyrosine kinases including vascular endothelial growth factor receptors (VEGFR)-1, VEGFR-2, and VEGFR-3 at therapeutic plasma concentrations. These receptors are implicated in pathologic angiogenesis, tumor growth, and cancer progression. VEGF-mediated endothelial cell proliferation and survival were inhibited by axitinib in vitro and in mouse models. Axitinib was shown to inhibit tumor growth and phosphorylation of VEGFR-2 in tumor xenograft mouse models.

12.2 Pharmacodynamics

The effect of a single oral dose of INLYTA (5 mg) in the absence and presence of 400 mg ketoconazole on the QTc interval was evaluated in a randomized, single-blinded, two-way crossover study in 35 healthy subjects. No large changes in mean QTc interval (i.e., >20 ms) from placebo were detected up to 3 hours post-dose. However, small increases in mean QTc interval (i.e., <10 ms) cannot be ruled out.

The sulfoxide and N-glucuronide metabolites show approximately 41% of the radioactivity in feces and approximately 50% of circulating radioactivity and unchanged axitinib and the sulfoxide metabolite each accounted for approximately 20% of the circulating radioactivity.

The sulfoxide and N-glucuronide metabolites show approximately ±400-fold less in vitro potency against VEGFR-2 compared to axitinib.

Drug-Drug Interactions

Effects of Other Drugs on INLYTA: Axitinib is metabolized primarily in the liver by CYP3A4/5. Additionally, the aqueous solubility of axitinib is pH dependent, with higher pH resulting in lower solubility. The effects of a strong CYP3A4/5 inhibitor, a strong CYP3A4/5 inducer, and an antacid on the pharmacokinetics of axitinib are presented in Figure 1 [see Dosage and Administration (2.2) and Drug Interactions (7.1, 7.2)].

Figure 1. Impact of Co-administered Drugs and Hepatic Impairment on Axitinib Pharmacokinetics

<table>
<thead>
<tr>
<th>Population Description</th>
<th>PK</th>
<th>Fold Change and 90% CI</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong CYP3A4/5 Inhibitor:</td>
<td>Cmax</td>
<td>AUC</td>
<td>Reduce INLYTA dose*</td>
</tr>
<tr>
<td>Ketoconazole</td>
<td>400 mg QD × 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong CYP3A4/5 Inducer:</td>
<td>Cmax</td>
<td>AUC</td>
<td></td>
</tr>
<tr>
<td>Rifampin</td>
<td>600 mg QD × 9 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antacid:</td>
<td>Cmax</td>
<td>AUC</td>
<td></td>
</tr>
<tr>
<td>Ranitidine</td>
<td>20 mg QD × 5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatic Impairment:</td>
<td>Cmax</td>
<td>AUC</td>
<td></td>
</tr>
<tr>
<td>Mild/Normal</td>
<td></td>
<td></td>
<td>No dose adjustment</td>
</tr>
<tr>
<td>Moderate/Normal</td>
<td></td>
<td></td>
<td>No dose adjustment</td>
</tr>
<tr>
<td>Severe/Normal</td>
<td></td>
<td></td>
<td>Reduce INLYTA dose*</td>
</tr>
</tbody>
</table>

Ratio Relative to Reference

AUC: area under the curve. Cmax: maximum concentration. *See Dosage and Administration (2).

Effects of INLYTA on Other Drugs: In vitro studies demonstrated that axitinib has the potential to inhibit CYP1A2 and CYP2C8. However, co-administration of axitinib with paclitaxel, a CYP2C8 substrate, did not increase plasma concentrations of paclitaxel in patients.

In vitro studies indicated that axitinib does not inhibit CYP2A6, CYP2C9, CYP2C19, CYP2D6, CYP2E1, CYP3A4/5, or UGT1A1 at therapeutic plasma concentrations. In vitro studies in human hepatocytes indicated that axitinib does not induce CYP1A1, CYP1A2, or CYP3A4/5.

Axitinib is an inhibitor of the efflux transporter P-glycoprotein (P-gp) in vitro. However, INLYTA is not expected to inhibit P-gp at therapeutic plasma concentrations.

Pharmacokinetics in Specific Populations

Pediatric Use: INLYTA has not been studied in patients <18 years of age.

Hepatic Impairment: The effects of hepatic impairment on the pharmacokinetics of axitinib are presented in Figure 1 [see Dosage and Administration (2.2), Warnings and Precautions (5.12), Use in Specific Populations (8.6)].

Renal Impairment: Population pharmacokinetic analysis (based on pre-existing renal function) was carried out in 590 healthy volunteers and patients, including five with severe renal impairment (15 mL/min ≤ CLcr < 29 mL/min), 64 with moderate renal impairment (20 mL/min ≤ CLcr < 59 mL/min), and 139 with mild renal impairment (60 mL/min ≤ CLcr < 89 mL/min). Mild to severe renal impairment did not have meaningful effects on the pharmacokinetics of axitinib. Data from only one patient with end-stage renal disease are available [see Use in Specific Populations (8.7)].

Other Intrinsic Factors: Population pharmacokinetic analyses indicate that there are no clinically relevant effects of age, gender, race, body weight, body surface area, UGT1A genotype, or CYP2C19 genotype on the clearance of axitinib.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity studies have not been conducted with axitinib.

Axitinib was not mutagenic in an in vitro bacterial reverse mutation (Ames) assay and was not clastogenic in the in vitro human lymphocyte chromosome aberration assay. Axitinib was genotoxic in the in vivo mouse bone marrow micronucleus assay.
INLYTA has the potential to impair reproductive function and fertility in humans. In repeat-dose toxicology studies, findings in the male reproductive tract were observed in the testes/epididymis (decreased organ weight, atrophy or degeneration, decreased numbers of germinal cells, hypospermatia or abnormal sperm forms, reduced sperm density and count) at ≥15 mg/kg/dose administered orally twice daily in mice (approximately 7 times the systemic exposure (AUC) in patients at the recommended starting dose) and ≥1.5 mg/kg/dose administered orally twice daily in dogs (approximately 0.1 times the AUC in patients at the recommended starting dose). Findings in the female reproductive tract in mice and dogs included signs of delayed sexual maturity, reduced or absent corpora lutea, decreased uterine weights and uterine atrophy at ≥5 mg/kg/dose (approximately 1.5 or 0.3 times the AUC in patients at the recommended starting dose compared to mice and dogs, respectively).

In a fertility study in mice, axitinib did not affect mating or fertility rate when administered orally twice daily to males at any dose tested up to 50 mg/kg/dose following at least 70 days of administration (approximately 57 times the AUC in patients at the recommended starting dose). In female mice, reduced fertility and embryonic viability were observed at all doses tested (≥15 mg/kg/dose administered orally twice daily) following at least 15 days of treatment with axitinib (approximately 10 times the AUC in patients at the recommended starting dose).

14 CLINICAL STUDIES

The safety and efficacy of INLYTA were evaluated in a randomized, open-label, multicenter Phase 3 study. Patients (N=723) with advanced RCC whose disease had progressed on or after treatment with 1 prior systemic therapy, including sunitinib-, bevacizumab-, temsirolimus-, or cytokine-containing regimens were randomized (1:1) to receive INLYTA (N=361) or sorafenib (N=362). Progression-free survival (PFS) was assessed by a blinded independent central review committee. Other endpoints included objective response rate (ORR) and overall survival (OS).

Of the patients enrolled in this study, 389 patients (54%) had received 1 prior sunitinib-based therapy, 251 patients (35%) had received 1 prior cytokine-based therapy (interleukin-2 or interferon-alfa), 59 patients (8%) had received 1 prior bevacizumab-based therapy, and 24 patients (3%) had received 1 prior temsirolimus-based therapy. The baseline demographic and disease characteristics were similar between the INLYTA and sorafenib groups with regard to age (median 61 years), gender (72% male), race (75% white, 21% Asian), Eastern Cooperative Oncology Group (ECOG) performance status (55% 0, 45% 1), and histology (99% clear cell).

There was a statistically significant advantage for INLYTA over sorafenib for the endpoint of PFS (see Table 3 and Figure 2). There was no statistically significant difference between the arms in OS.

Table 3. Efficacy Results

<table>
<thead>
<tr>
<th>Endpoint/Study Population</th>
<th>INLYTA</th>
<th>Sorafenib</th>
<th>HR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall ITT</td>
<td>N=361</td>
<td>N=362</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median PFSa,b in months (95% CI)</td>
<td>6.7 (6.3, 8.6)</td>
<td>4.7 (4.6, 5.6)</td>
<td>0.67 (0.54, 0.81)</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Median OS in months (95% CI)</td>
<td>20.1 (16.7, 23.4)</td>
<td>19.2 (17.5, 22.3)</td>
<td>0.97 (0.80, 1.17)</td>
<td>NS</td>
</tr>
<tr>
<td>ORR % (95% CI)</td>
<td>19.4 (15.4, 23.9)</td>
<td>9.4 (6.6, 12.9)</td>
<td>2.06 (1.41, 3.00)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>PFS by prior treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunitinib-refractory subgroup</td>
<td>N=194</td>
<td>N=195</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median, months (95% CI)</td>
<td>4.8 (4.5, 6.4)</td>
<td>3.4 (2.8, 4.7)</td>
<td>0.74 (0.57, 0.96)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Cytokine-refractory subgroup</td>
<td>N=126</td>
<td>N=125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median, months (95% CI)</td>
<td>12.1 (10.1, 13.9)</td>
<td>6.5 (6.3, 8.3)</td>
<td>0.46 (0.32, 0.68)</td>
<td>&lt;0.001*</td>
</tr>
</tbody>
</table>

CI: Confidence interval; HR: Hazard ratio (INLYTA/sorafenib); ITT: Intent to treat; ORR: Objective response rate; NS: Not significant; OS: Overall survival; PFS: Progression-free survival

- a Time from randomization to progression or death due to any cause, whichever occurs first.
- b Assessed by independent radiology review according to RECIST.
- c One-sided p-value from a log-rank test of treatment stratified by ECOC performance status and prior therapy (comparison is considered statistically significant if the one-sided p-value is <0.023).
- d Risk ratio is used for ORR. A risk ratio >1 indicated a higher likelihood of responding in the axitinib arm; a risk ratio <1 indicated a higher likelihood of responding in the sorafenib arm.
- e P-value not included since it was not adjusted for multiple testing.

16 HOW SUPPLIED/STORAGE AND HANDLING

INLYTA tablets are supplied as follows:

- 1 mg tablets are red film-coated, oval tablets debossed with “Pfizer” on one side and “1 XNB” on the other; available in bottles of 180: NDC 0069-0145-01.
- 5 mg tablets are red film-coated, triangular tablets debossed with “Pfizer” on one side and “5 XNB” on the other; available in bottles of 60: NDC 0069-0151-11.
- Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].

17 PATIENT COUNSELING INFORMATION

Advises the patient to read the FDA-approved patient labeling (Patient Information).

Hypertension

Advises patients that hypertension may develop during INLYTA treatment and that blood pressure should be monitored regularly during treatment [see Warnings and Precautions (5.1)].

Arterial/Venous Thromboembolic Events

Advises patients that arterial and venous thromboembolic events have been observed during INLYTA treatment and to inform their doctor if they experience symptoms suggestive of thromboembolic events [see Warnings and Precautions (5.2, 5.3)].

Gastrointestinal Disorders

Advises patients that gastrointestinal disorders such as diarrhea, nausea, vomiting, and constipation may develop during INLYTA treatment and to seek immediate medical attention if they experience persistent or severe abdominal pain because cases of gastrointestinal perforation and fistula have been reported in patients taking INLYTA [see Warnings and Precautions (5.4, 5.5)].

Abnormal Thyroid Function

Advises patients that abnormal thyroid function may develop during INLYTA treatment and to inform their doctor if they experience symptoms of abnormal thyroid function [see Warnings and Precautions (5.6)].

Wound Healing Complications

Advises patients to inform their doctor if they have an unhealed wound or if they have surgery scheduled [see Warnings and Precautions (5.7)].

Reversible Posterior Leukoencephalopathy Syndrome

Advises patients to inform their doctor if they have worsening of neurological function consistent with RPLS (headache, seizure, lethargy, confusion, blindness and loss of visual and neurologic disturbances) [see Warnings and Precautions (5.9)].

Embryo-Fetal Toxicity

Advises females to inform their healthcare provider if they are pregnant or become pregnant. Inform female patients of the risk to a fetus and potential loss of the pregnancy [see Use in Specific Populations (8.1)]. Advises females of reproductive potential to use effective contraception during treatment with INLYTA and for 1 week after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment and for 1 week following the last dose [see Warnings and Precautions (5.13) and Use in Specific Populations (8.3)].
Lactation
Advise patients not to breastfeed while taking INLYTA and for 2 weeks after receiving the last dose [see Use in Specific Populations (8.2)].

Concomitant Medications
Advise patients to inform their doctor of all concomitant medications, vitamins, or dietary and herbal supplements.

This product’s label may have been updated. For current full prescribing information, please visit www.pfizer.com.

What is INLYTA?
INLYTA is a prescription medicine used to treat advanced kidney cancer (advanced renal cell carcinoma or RCC) when 1 prior drug treatment regimen for your RCC has not worked.

It is not known if INLYTA is safe and effective in children.

Before taking INLYTA, tell your healthcare provider about all of your medical conditions, including if you:
• have high blood pressure
• have thyroid problems
• have liver problems
• have a history of blood clots in your veins or arteries (types of blood vessels), including stroke, heart attack, or change in vision
• have any bleeding problems
• have a history of heart failure
• have an unhealed wound
• plan to have surgery. You should stop taking INLYTA at least 24 hours before planned surgery.
• have any other medical conditions

For females, tell your healthcare provider if you:
• are pregnant or plan to become pregnant. Taking INLYTA during pregnancy can harm your unborn baby. You should not become pregnant while taking INLYTA. Talk to your healthcare provider if you are pregnant or plan to become pregnant.
• are able to become pregnant. You should have a pregnancy test before you start treatment with INLYTA. Use effective birth control during treatment and for at least 1 week after your last dose of INLYTA. Talk to your healthcare provider about birth control methods that you can use to prevent pregnancy during this time.
• are breastfeeding or plan to breastfeed. It is not known if INLYTA passes into your breast milk. Do not breastfeed during treatment and for at least 2 weeks after your last dose of INLYTA.

For males with female partners who are able to become pregnant:
• Use effective birth control during treatment and for at least 1 week after your last dose of INLYTA.
• If your female partner becomes pregnant during your treatment with INLYTA, tell your healthcare provider right away.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. INLYTA and certain other medicines can affect each other causing serious side effects.

Talk with your healthcare provider before you start taking any new medicine. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.
How should I take INLYTA?
- Take INLYTA exactly as prescribed by your healthcare provider.
- Your healthcare provider may change your dose if needed.
- INLYTA can be taken with or without food.
- Take INLYTA 2 times a day about 12 hours apart.
- Swallow INLYTA tablets whole with a glass of water.
- Your healthcare provider should check your blood pressure regularly during treatment with INLYTA.
- If you vomit or miss a dose of INLYTA, take your next dose at your regular time. Do not take two doses at the same time.
- If you take too much INLYTA, call your healthcare provider or go to the nearest hospital emergency room right away.

What should I avoid while taking INLYTA?
- Do not drink grapefruit juice or eat grapefruit. Grapefruit may increase the amount of INLYTA in your blood.

What are the possible side effects of INLYTA?
INLYTA may cause serious side effects, including:
- High blood pressure (hypertension). High blood pressure is common with INLYTA, and may sometimes be severe. Your healthcare provider should check your blood pressure regularly during treatment with INLYTA. If you develop blood pressure problems, your healthcare provider may prescribe medicine to treat your high blood pressure, lower your dose, or stop your treatment with INLYTA.
- Problem with blood clots in your veins or arteries. INLYTA can cause blood clots which can be serious, and sometimes lead to death. Get emergency help and call your healthcare provider if you get any of the following symptoms:
  - chest pain or pressure
  - pain in your arms, back, neck or jaw
  - shortness of breath
  - numbness or weakness on one side of your body
  - trouble talking
  - headache
  - vision changes
- Bleeding. INLYTA can cause bleeding which can be serious, and sometimes lead to death. Call your healthcare provider right away or get medical help if you develop any of the following signs or symptoms:
  - unexpected bleeding or bleeding that lasts a long time, such as:
    - unusual bleeding from the gums
    - menstrual bleeding or vaginal bleeding that is heavier than normal
    - bleeding that is severe or you cannot control
    - pink or brown urine
    - red or black stools (looks like tar)
    - bruises that happen without a known cause or get larger
    - cough up blood or blood clots
    - vomit blood or your vomit looks like “coffee grounds”
    - unexpected pain, swelling, or joint pain
    - headaches, feeling dizzy or weak
  - severe stomach-area (abdominal) pain or stomach-area pain that does not go away
  - vomit blood
  - red or black stools
- Thyroid gland problems. Your healthcare provider should do blood tests to check your thyroid gland function before and during your treatment with INLYTA. Tell your healthcare provider if you have any of the following symptoms during your treatment with INLYTA:
  - tiredness
  - feeling hot or cold
  - your voice deepens
  - weight gain or weight loss
  - hair loss
  - muscle cramps and aches
- Reversible Posterior Leukoencephalopathy Syndrome (RPLS). A condition called reversible posterior leukoencephalopathy syndrome (RPLS) can happen while taking INLYTA. Call your healthcare provider right away if you get:
  - headache
  - seizures
  - weakness
  - confusion
  - high blood pressure
  - blindness or change in vision
  - problems thinking
- Protein in your urine. Your healthcare provider should check your urine for protein before and during your treatment with INLYTA. If you develop protein in your urine, your healthcare provider may decrease your dose of INLYTA or stop your treatment.

• Heart failure. Your healthcare provider should check you for signs or symptoms of heart failure regularly during treatment with INLYTA. Heart failure can be serious and can sometimes lead to death. Tell your healthcare provider if you have any of the following symptoms during your treatment with INLYTA:
  - tiredness
  - swelling of your stomach-area (abdomen), legs or ankles
  - shortness of breath
  - protruding neck veins

• Tear in your stomach or intestinal wall (perforation). A tear in your stomach or intestinal wall can be serious and can sometimes lead to death. Get medical help right away if you get the following symptoms:
  - severe stomach-area (abdominal) pain or stomach-area pain that does not go away
  - vomit blood
  - red or black stools

Heart failure. Your healthcare provider should check you for signs or symptoms of heart failure regularly during treatment with INLYTA. Heart failure can be serious and can sometimes lead to death. Tell your healthcare provider if you have any of the following symptoms during your treatment with INLYTA:
- tiredness
- swelling of your stomach-area (abdomen), legs or ankles
- shortness of breath
- protruding neck veins

Tear in your stomach or intestinal wall (perforation). A tear in your stomach or intestinal wall can be serious and can sometimes lead to death. Get medical help right away if you get the following symptoms:
- severe stomach-area (abdominal) pain or stomach-area pain that does not go away
- vomit blood
- red or black stools
• **Change in liver function.** Your healthcare provider should do blood tests before and during your treatment with INLYTA to check your liver function.

**The most common side effects of INLYTA include:**
- diarrhea (frequent or loose bowel movements)
- tiredness or feeling weak
- decreased appetite
- nausea
- hoarseness
- rash, redness, itching or peeling of your skin on your hands and feet
- decreased weight
- vomiting
- constipation

INLYTA may cause fertility problems in males and females, which may affect your ability to have a child. Talk to your healthcare provider if this is a concern for you.

These are not all of the possible side effects of INLYTA.

Call your healthcare provider for medical advice about side effects.

You may report side effects to FDA at 1-800- FDA-1088.

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**How should I store INLYTA?**

- Store INLYTA at room temperature between 68°F to 77°F (20°C to 25°C).

**General information about the safe and effective use of INLYTA.**

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use INLYTA for a condition for which it was not prescribed. Do not give INLYTA to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for information about INLYTA that is written for health professionals.

**What are the ingredients in INLYTA?**

**Active ingredient:** axitinib

**Inactive ingredients:** microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, magnesium stearate, and Opadry® II red 32K15441. The Opadry II red 32K15441 film coating contains: lactose monohydrate, HPMC 2910/Hypromellose 15cP, titanium dioxide, triacetin (glycerol triacetate), and red iron oxide.

Distributed by Pfizer Labs
Division of Pfizer Inc, NY, NY 10017

LAB-0439-4.0

For more information, go to www.inlyta.com or call 877-744-5675.

This product’s label may have been updated. For current full prescribing information, please visit www.pfizer.com.

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This Patient Information has been approved by the U.S. Food and Drug Administration.

Revised: August 2018