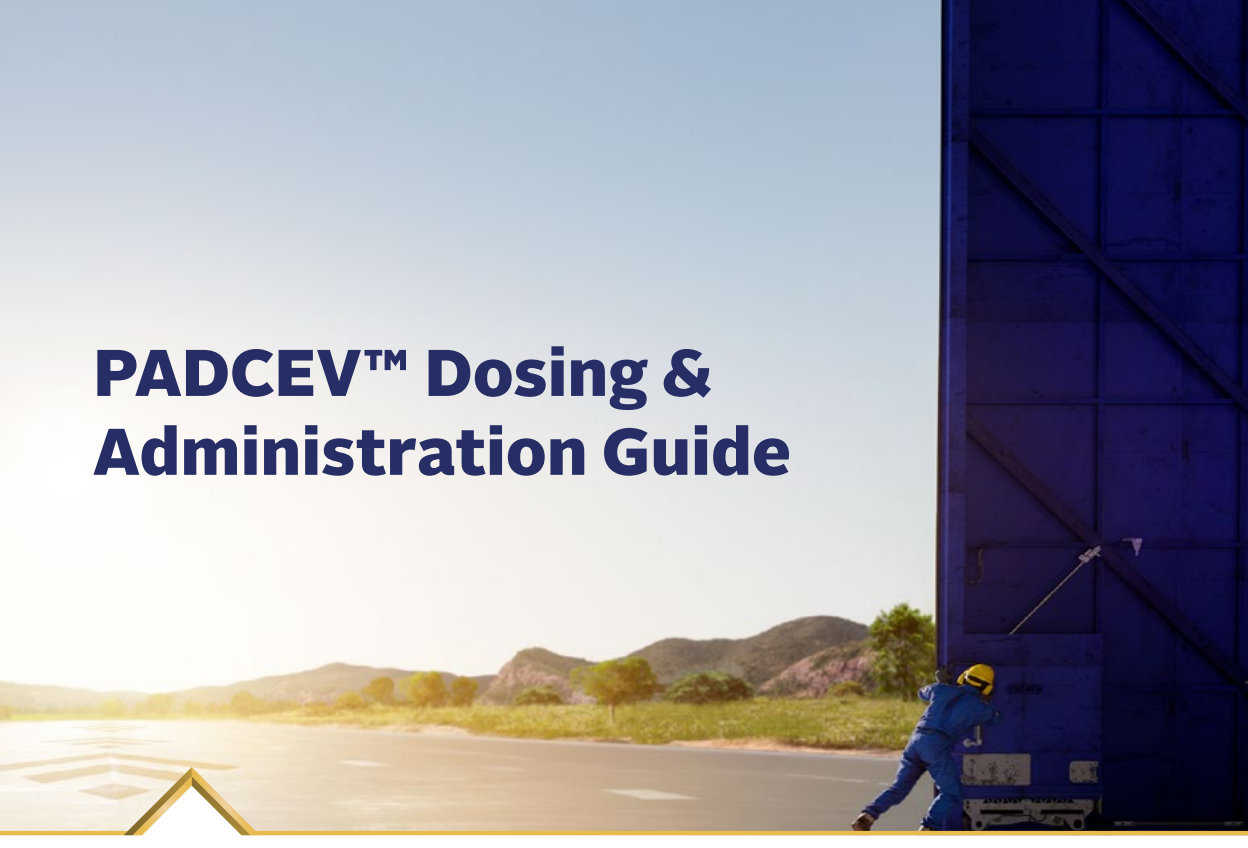


PADCEV™ Dosing & Administration Guide

INDICATION

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

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

SELECT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

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

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

Please see additional Important Safety Information throughout and on pages 10-11 and full Prescribing Information at PADCEVPI.com

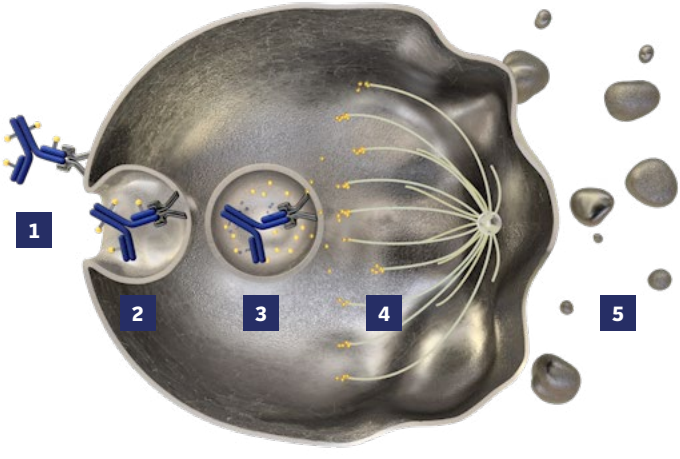
PADCEV™
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

PADCEV™ Overview

PADCEV is an antibody-drug conjugate (ADC) directed against Nectin-4

- Nectin-4 is an adhesion protein located on the surface of cells
- Nonclinical data suggest that the anticancer activity of PADCEV is a result of the following:

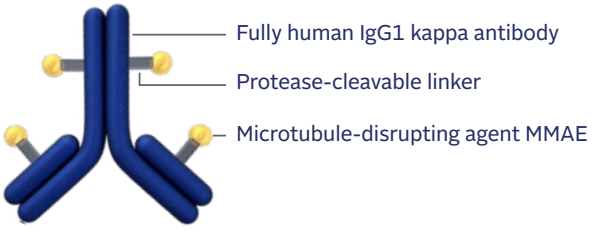
1. Binding of the ADC to Nectin-4–expressing cells
2. Internalization of the ADC–Nectin-4 complex
3. Release of MMAE via proteolytic cleavage
4. Disruption of the microtubule network within the cell
5. Cell-cycle arrest and apoptotic cell death



EV-201 trial

- The efficacy and safety of PADCEV are being evaluated in the EV-201 trial, a single-arm, multicenter trial of 125 patients with locally advanced or metastatic urothelial cancer who had previously received a PD-1/L1 inhibitor and a platinum-containing chemotherapy
- In the trial, patients received 1.25 mg/kg of PADCEV via intravenous (IV) infusion over 30 minutes on days 1, 8, and 15 of every 28-day cycle and continued to receive treatment until disease progression or unacceptable toxicity

PADCEV is comprised of:



SELECT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

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

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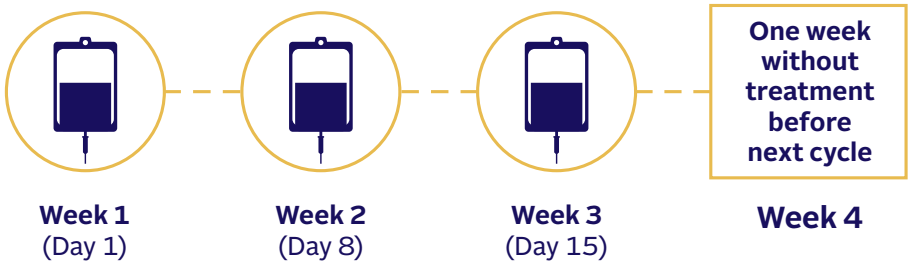
PADCEV™ Dosage & Administration

Recommended dosage

The recommended dose of PADCEV is 1.25 mg/kg (up to a maximum of 125 mg for patients ≥100 kg) administered as an IV infusion.

Infusion schedule

PADCEV is given over 30 minutes on days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity.



Drug interactions: Effects of other drugs on PADCEV

Strong CYP3A4 Inhibitors: Concomitant use with a strong CYP3A4 inhibitor may increase free monomethyl auristatin E (MMAE) exposure, which may increase the incidence or severity of PADCEV toxicities. Closely monitor patients for signs of toxicity when PADCEV is given concomitantly with strong CYP3A4 inhibitors.

Specific populations:

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

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

Recommended dose reduction schedule

Starting dose	1st dose reduction	2nd dose reduction	3rd dose reduction
Dose level: 1.25 mg/kg up to 125 mg	**Dose level:** 1.0 mg/kg up to 100 mg	**Dose level:** 0.75 mg/kg up to 75 mg	**Dose level:** 0.5 mg/kg up to 50 mg

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Dose Modifications and Adverse Reaction Information

Adverse reaction	Severity*	Dose modification*
Hyperglycemia	Blood glucose >250 mg/dL	• Withhold until elevated blood glucose has improved to ≤250 mg/dL, then resume treatment at the same dose
Peripheral neuropathy	Grade 2	• Withhold until Grade ≤1, then resume treatment at the same dose level (if first occurrence). For a recurrence, withhold until Grade ≤1, then resume treatment reduced by one dose level
	Grade ≥3	• Permanently discontinue
Ocular disorders		Consider dose interruption or dose reduction of PADCEV for symptomatic ocular disorders
	Grade 3	• Withhold until Grade ≤1, then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade 4	• Permanently discontinue
Skin reactions	Grade 3 (severe)	• Withhold until Grade ≤1, then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade 4 or recurrent Grade 3	• Permanently discontinue
Infusion site extravasation	N/A	• If extravasation occurs, stop the infusion and monitor for adverse reactions
Other nonhematologic toxicity	Grade 3	• Withhold until Grade ≤1, then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade 4	• Permanently discontinue
Hematologic toxicity	Grade 3, or Grade 2 thrombocytopenia	• Withhold until Grade ≤1, then resume treatment at the same dose level or consider dose reduction by one dose level
	Grade 4	• Withhold until Grade ≤1, then reduce dose by one dose level or discontinue treatment

*Grade 1 is mild; Grade 2 is moderate; Grade 3 is severe; Grade 4 is life-threatening.

Dose Modifications and Adverse Reaction Information (cont.)

Adverse reaction	Adverse Reaction Information	Patient counseling information
Hyperglycemia	• Closely monitor blood glucose levels in patients (especially those with higher body mass index and those with higher baseline A1C) with, or at risk for, diabetes mellitus or hyperglycemia	• Inform patients of the risk of hyperglycemia and how to recognize associated symptoms
Peripheral neuropathy	• Monitor patients for symptoms of new or worsening peripheral neuropathy and consider dose interruption or dose reduction of PADCEV when peripheral neuropathy occurs	• Inform patients to report to their healthcare provider any numbness and tingling of the hands or feet or muscle weakness
Ocular disorders	• Monitor patients for ocular disorders. Consider artificial tears for prophylaxis of dry eyes and ophthalmologic evaluation if ocular symptoms occur or do not resolve. Consider treatment with ophthalmic topical steroids, if indicated after an ophthalmic exam	• Advise patients to contact their healthcare provider if they experience any visual changes. In order to prevent or treat dry eyes, advise patients to use artificial tear substitutes
Skin reactions	• Monitor patients for skin reactions. Consider appropriate treatment, such as topical corticosteroids and antihistamines for skin reactions, as clinically indicated	• Inform patients that rashes and severe skin reactions have occurred after administration of PADCEV. Advise patients to contact their healthcare provider for signs and symptoms of progressive or intolerable skin reactions
Infusion site extravasation	• Ensure adequate venous access prior to starting PADCEV and monitor for possible extravasation during administration	• Inform patients that infusion site reactions have occurred after administration of PADCEV. These reactions generally occurred immediately after administration but, in some instances, had a delayed onset (eg, 24 hours). Instruct patients to contact their healthcare provider immediately if they experience an infusion site reaction
Other nonhematologic toxicity	N/A	N/A
Hematologic toxicity	N/A	N/A

Please see Important Safety Information throughout and on pages 10-11 and full Prescribing Information at PADCEVPI.com

PADCEV™
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Injection for IV infusion 20 mg & 30 mg vials

Instructions for Preparation & Administration

- Administer PADCEV™ as an IV infusion only
- PADCEV is a cytotoxic drug. Follow applicable special handling and disposal procedures

Prior to administration, the PADCEV vial is reconstituted with Sterile Water for Injection (SWFI). The reconstituted solution is subsequently diluted in an intravenous infusion bag containing either 5% Dextrose Injection, USP, 0.9% Sodium Chloride Injection, USP, or Lactated Ringer's Injection, USP.

Reconstitution in single-dose vial

- Follow procedures for proper handling and disposal of anticancer drugs
- Use appropriate aseptic technique for reconstitution and preparation of dosing solutions
- Calculate the recommended dose based on the patient's weight to determine the number and strength (20 mg or 30 mg) of vials needed
- Reconstitute each vial with SWFI as follows, directing the stream of SWFI along the walls of the vial and not directly onto the lyophilized powder:
  - 20 mg vial: Add 2.3 mL of SWFI, resulting in 10 mg/mL PADCEV
  - 30 mg vial: Add 3.3 mL of SWFI, resulting in 10 mg/mL PADCEV
- Slowly swirl each vial until the contents are completely dissolved. Allow the reconstituted vial(s) to settle for at least 1 minute, until the bubbles are gone. DO NOT SHAKE THE VIAL. Do not expose to direct sunlight
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. The reconstituted solution should be clear to slightly opalescent, colorless to light yellow, and free of visible particles. Discard any vial with visible particles or discoloration
- Based upon the calculated dose amount, the reconstituted solution from the vial(s) should be added to the infusion bag immediately. This product does not contain a preservative. If not used immediately, reconstituted vials may be stored for up to 4 hours in refrigeration at 2°C to 8°C (36°F to 46°F)
- DO NOT FREEZE. Discard unused vials with reconstituted solution beyond the recommended storage time

Instructions for Preparation & Administration (cont.)

Dilution in infusion bag

- Withdraw the calculated dose amount of reconstituted solution from the vial(s) and transfer into an infusion bag
- Dilute PADCEV with either 5% Dextrose Injection, 0.9% Sodium Chloride Injection, or Lactated Ringer's injection. The infusion bag size should allow enough diluent to achieve a final concentration of 0.3 mg/mL to 4 mg/mL PADCEV
- Mix diluted solution by gentle inversion. DO NOT SHAKE THE BAG. Do not expose to direct sunlight
- Visually inspect the infusion bag for any particulate matter or discoloration prior to use. The reconstituted solution should be clear to slightly opalescent, colorless to light yellow, and free of visible particles. DO NOT USE the infusion bag if particulate matter or discoloration is observed
- Discard any unused portion left in the single-dose vials

Administration

- Immediately administer the infusion over 30 minutes through an IV line
- If the infusion is not administered immediately, the prepared infusion bag should not be stored longer than 8 hours at 2°C to 8°C (36°F to 46°F). DO NOT FREEZE

DO NOT administer PADCEV as an intravenous push or bolus.
DO NOT mix PADCEV with, or administer as an infusion with, other medicinal products.

How PADCEV is supplied

PADCEV is supplied as a sterile, preservative-free, white to off-white lyophilized powder in single-dose vials. PADCEV vials are available in the following packages:

- Carton of one 20 mg single-dose vial (NDC 51144-020-01)
- Carton of one 30 mg single-dose vial (NDC 51144-030-01)

Special handling

- PADCEV is a cytotoxic drug. Follow applicable special handling and disposal procedures

Storage

- Store PADCEV vials refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Do not shake

Adverse Reactions in the EV-201 Clinical Trial

Talk with your patients about adverse reactions that may occur during treatment with PADCEV

ADVERSE REACTIONS REPORTED IN ≥15% (ANY GRADE) OR ≥5% (GRADE ≥3) OF PATIENTS (N=125)		
Adverse reaction	**All Grades, %**	**Grade ≥3, %**
Any	100	73
General disorders and administration site conditions		
Fatigue*	56	6
Nervous system disorders		
Peripheral neuropathy†	56	4
Dysgeusia	42	0
Metabolism and nutrition disorders		
Decreased appetite	52	2
Skin and subcutaneous tissue disorders		
Rash‡	52	13
Alopecia	50	0
Dry skin	26	0
Pruritus§	26	2
Eye disorders		
Dry eye‖	40	0
Gastrointestinal disorders		
Nausea	45	3
Diarrhea¶	42	6
Vomiting	18	2

*Includes: asthenia and fatigue.
†Includes: hypoesthesia, gait disturbance, muscular weakness, neuralgia, paresthesia, peripheral motor neuropathy, peripheral sensory neuropathy, and peripheral sensorimotor neuropathy.
‡Includes: dermatitis acneiform, dermatitis bullous, dermatitis contact, dermatitis exfoliative, drug eruption, erythema, erythema multiforme, exfoliative rash, palmar-plantar erythrodysesthesia syndrome, photosensitivity reaction, rash, rash erythematous, rash generalized, rash macular, rash maculo-papular, rash papular, rash pustular, rash pruritic, rash vesicular, skin exfoliation, stasis dermatitis, and symmetrical drug-related intertriginous and flexural exanthema (SDRIFE), and urticaria.
§Includes: pruritus and pruritus generalized.
‖Includes: blepharitis, conjunctivitis, dry eye, eye irritation, keratitis, keratopathy, lacrimation increased, limbal stem cell deficiency, Meibomian gland dysfunction, ocular discomfort, punctate keratitis, tear break up time decreased.
¶Includes: colitis, diarrhea, and enterocolitis.

Other clinically significant adverse reactions (≤15%) include: herpes zoster (3%) and infusion site extravasation (2%).

Please see Important Safety Information throughout and on pages 10-11 and full Prescribing Information at PADCEVPI.com

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Laboratory Abnormalities in the EV-201 Clinical Trial

SELECTED LABORATORY ABNORMALITIES REPORTED IN ≥10% (GRADES 2-4) OR ≥5% (GRADE 3-4) OF PATIENTS TREATED WITH PADCEV IN EV-201

Adverse reaction	Grades 2-4,[#] %	Grades 3-4,[#] %
Hematology		
Hemoglobin decreased	34	10
Lymphocytes decreased	32	10
Neutrophils decreased	14	5
Leukocytes decreased	14	4
Chemistry		
Phosphate decreased	34	10
Creatinine increased	20	2
Potassium decreased	19**	1
Lipase increased	14	9
Glucose increased	-[††]	8
Sodium decreased	8	8
Urate increased	7	7

[#]Denominator for each laboratory parameter is based on the number of patients with a baseline and post-treatment laboratory value available for 121 or 122 patients.

**Includes Grade 1 (potassium 3.0-3.5 mmol/L) – Grade 4.

[††]CTCAE Grade 2 is defined as fasting glucose >160-250 mg/dL. Fasting glucose levels were not measured in EV-201. However, 23 (19%) patients had non-fasting glucose >160-250 mg/dL.

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Indication & Important Safety Information

INDICATION

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

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

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

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

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

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

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

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

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Please see full Prescribing Information at PADCEVPI.com

Indication & Important Safety Information (cont.)

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

ADVERSE REACTIONS

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

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

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

LAB ABNORMALITIES

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

DRUG INTERACTIONS

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

SPECIFIC POPULATIONS

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

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

AR=adverse reaction; CTCAE=common terminology criteria for adverse events; IgG1=immunoglobulin G1; MMAE=monomethyl auristatin E; PD-1=programmed death receptor-1; PD-L1=programmed death-ligand 1.

Reference: PADCEV [package insert]. Northbrook, IL: Astellas Pharma US, Inc.

Please see full Prescribing Information at PADCEVPI.com

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If you have any questions or would like more information about PADCEV dosing and administration:

Call 888-4PADCEV (888-472-3238) or visit PADCEVhcp.com

Please see Important Safety Information throughout and on pages 10-11 and full Prescribing Information at PADCEVPI.com

For more information about PADCEV, please visit PADCEVhcp.com or call 888-4PADCEV (888-472-3238).

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astellas SeattleGenetics

PADCEV™ Dose Table

The recommended dose of PADCEV is 1.25 mg/kg (up to a maximum of 125 mg for patients ≥100 kg).[1] Find the recommended amount of PADCEV for your patient using the PADCEV dose table below and on the next page.

Weight (kg)	Weight (lbs)	Dose (mg)
40	88	50
41	90	51.25
42	93	52.5
43	95	53.75
44	97	55
45	99	56.25
46	101	57.5
47	104	58.75
48	106	60
49	108	61.25
50	110	62.5
51	112	63.75
52	115	65
53	117	66.25
54	119	67.5
55	121	68.75
56	123	70
57	126	71.25
58	128	72.5
59	130	73.75
60	132	75
61	134	76.25
62	137	77.5
63	139	78.75
64	141	80
65	143	81.25
66	146	82.5
67	148	83.75
68	150	85
69	152	86.25
70	154	87.5
71	157	88.75
72	159	90

Please see the next page for the second half of the PADCEV Dose Table.

Reconstitution is required. Please see pages 6 and 7 of this brochure or the PADCEV full Prescribing Information for preparation and administration.

Important information about the Dosing Table

This Dosing Table is being provided "AS IS" and is intended for use only by qualified healthcare providers. It should not replace professional judgment or clinical experience. This Dosing Table is not a substitute for medical examination. This Dosing Table is to be used only in conjunction with PADCEV and should not be used to calculate dosing for other medications. All calculations should be confirmed before use. Astellas and Seattle Genetics make no claims as to the accuracy of the information contained herein. The user assumes all responsibility and risk for the use of this Dosing Table.

Astellas and Seattle Genetics shall not be liable for any decisions made or actions taken by you or others in reliance on information provided by this Dosing Table.

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PADCEV™ Dose Table (cont.)

The recommended dose of PADCEV is 1.25 mg/kg (up to a maximum of 125 mg for patients ≥100 kg).[1]
Find the recommended amount of PADCEV for your patient using the PADCEV dose table below.

Weight (kg)	Weight (lbs)	Dose (mg)
73	161	91.25
74	163	92.5
75	165	93.75
76	168	95
77	170	96.25
78	172	97.5
79	174	98.75
80	176	100
81	179	101.25
82	181	102.5
83	183	103.75
84	185	105
85	187	106.25
86	190	107.5
87	192	108.75
88	194	110
89	196	111.25
90	198	112.5
91	201	113.75
92	203	115
93	205	116.25
94	207	117.5
95	209	118.75
96	212	120
97	214	121.25
98	216	122.5
99	218	123.75
100	220	125
101+	223+	125

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For more information about PADCEV, please visit PADCEVhcp.com

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