Pregnancy and Lactation: See box titled "Enhanced Safety Reporting for Potential Kadcyla-Exposed Pregnancies".

Adverse reactions: The most common serious reactions seen in clinical trials were haemorrhage, pyrexia, dyspnoea, musculoskeletal pain, thrombocytopenia, abdominal pain and vomiting. *Very common and common reactions*: urinary tract infection, thrombocytopenia, anaemia, neutropenia, leucopenia, drug hypersensitivity, hypokalaemia, insomnia, peripheral neuropathy, headache, dizziness, dysgeusia, memory impairment, dry eye, conjunctivitis, blurred vision, lacrimation increased, left ventricular dysfunction, haemorrhage, hypertension, epistaxis, cough, dyspnea, stomatitis, diarrhoea, vomiting, nausea, constipation, dry mouth, abdominal pain, dyspepsia, gingival bleeding, rash, pruritus, alopecia, nail disorder, palmar-plantar erythrodysaesthesia syndrome, urticaria, musculoskeletal pain, arthralgia, myalgia, fatigue, pyrexia, asthenia, chills, peripheral oedema, transaminases increased blood alkaline phosphatase increased, infusion related reactions. *Other serious reactions*: Pneumonitis (ILD), hepatic failure. *Laboratory abnormalities*: Both hepatic and haematological abnormalities were observed.

Legal Category: POM

Presentation, Basic NHS Cost and Marketing Authorisation Number: Kadcyla (trastuzumab emtansine) one 100 mg glass vial — £1641.01. EU/1/13/885/001.
Kadcyla (trastuzumab emtansine) one 160 mg glass vial —£2625.62. EU/1/13/885/002.

Marketing Authorisation Holder: Roche Registration Limited, 6 Falcon Way, Shire Park, Welwyn Garden City, AL7 1TW, United Kingdom

Kadcyla ® is a registered trade mark

RXUKMEDI00223(1)

Date of Preparation: February 2016

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.
Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Roche Products Ltd. Please contact Roche Drug Safety Centre by emailing welwyn.uk_dsc@roche.com or calling +44 (0)1707 367554.
As Perjeta is a biological medicine, healthcare professionals should report adverse reactions by brand name and batch number.

Enhanced Safety Reporting for Potential Herceptin-Exposed Pregnancies

If a pregnancy occurs while using Kadcyla or within 7 months following the last dose of Kadcyla, please immediately report the pregnancy to the Roche Drug Safety centre by emailing welwyn.uk_dsc@roche.com or calling +44(0) 1707 367554.

Additional information will be requested during a Kadcyla-exposed pregnancy and the first year of the infant's life. This will enable Roche to better understand the safety of Kadcyla and to provide appropriate information to Health Authorities, Healthcare Providers and patients.

Contraception in males and females

Women of childbearing potential should use effective contraception while receiving Kadcyla and for 7 months following the last dose of Kadcyla. Male patients or their female partners should also use effective contraception.

Pregnancy

There are no data from the use of Kadcyla in pregnant women. Trastuzumab, a component of Kadcyla, can cause foetal harm or death when administered to a pregnant woman. In the post-marketing setting, cases of oligohydramnios, some associated with fatal pulmonary hypoplasia, have been reported in pregnant women receiving trastuzumab. Animal studies of maytansine, a closely related chemical entity of the same maytansinoid class as DM1, suggest that DM1, the microtubule-inhibiting cytotoxic component of Kadcyla, is expected to be teratogenic and potentially embryotoxic.

Administration of Kadcyla to pregnant women is not recommended and women should be informed of the possibility of harm to the foetus before they become pregnant. Women who become pregnant must immediately contact their doctor. If a pregnant woman is treated with Kadcyla, close monitoring by a multidisciplinary team is recommended.

Breast-feeding

It is not known whether Kadcyla is excreted in human milk. Since many medicinal products are excreted in human milk and because of the potential for serious adverse reactions in breast-feeding infants, women should discontinue breast-feeding prior to initiating treatment with Kadcyla. Women may begin breast-feeding 7 months after concluding treatment.

Fertility

No reproductive and developmental toxicology studies have been conducted with Kadcyla.

RXUKMBCO00033 | July 2017