IMPORTANT DRUG WARNING
FDA-Required REMS Safety Information

GATTEX Safety Risks:

Note: Recent updates are denoted below with an asterisk (*)

- Possible acceleration of neoplastic growth and enhancement of **gastrointestinal polyp*** growth
- Gastrointestinal obstruction
- Biliary and pancreatic disorders

Dear Healthcare Provider:

The U.S. Food and Drug Administration (FDA) has required this safety notice as part of the GATTEX Risk Evaluation and Mitigation Strategy (REMS). You are receiving this letter because you are a part of the GATTEX REMS.

The purpose of this letter is to

1) Remind you about the serious risks associated with GATTEX® (teduglutide) and the need for ongoing monitoring for these risks, and
2) Inform you about recent updates to the US Prescribing Information for GATTEX® (teduglutide) related to recommended screening and screening intervals.

Serious Risks Associated with GATTEX® (teduglutide):

Acceleration of neoplastic growth and enhancement of gastrointestinal polyp growth

- *Possible Acceleration of Neoplastic Growth*

  Based on the pharmacologic activity and tumor findings in rat and mouse carcinogenicity animals, GATTEX has the potential to cause hyperplastic changes including neoplasia.

- *Possible Small Bowel Neoplasia*

  Based on benign tumor findings in the mouse and rat carcinogenicity studies, patients should be monitored clinically for small bowel neoplasia. If a benign neoplasm is found, it should be removed. In case of small bowel cancer, GATTEX therapy should be discontinued.

- *Gastrointestinal Polyps**

  Intestinal polyps were identified during the clinical studies. Postmarketing cases of colorectal, gastric, and small intestinal (duodenum, ileum, and jejunum) polyps have been reported.

Intestinal obstruction

Intestinal obstruction has been reported in clinical studies and post marketing settings. In patients who develop intestinal or stomal obstruction, GATTEX should be temporarily discontinued while the patient is clinically managed and restarted when the obstructive presentation resolves, if clinically indicated.

Biliary and pancreatic disorders

- *Gallbladder and Biliary Tract Disease*

  Cholecystitis, cholangitis, and cholelithiasis, have been reported in clinical studies and post marketing settings.

For identification of the onset or worsening of gallbladder/biliary disease, patients should undergo regular laboratory assessment of bilirubin and alkaline phosphatase.

- *Pancreatic Disease*

  Pancreatitis has been reported in clinical studies. For identification of onset or worsening of pancreatic disease, patients should undergo regular laboratory assessment of lipase and amylase.

See table below for recommended screening and screening intervals:

	Upper and Lower Gastrointestinal (GI) Screening	
	For **adult patients**:	For **pediatric patients**:
Before starting Gattex	• Upper and lower GI endoscopy (or alternate imaging) with removal of polyps within 6 months before starting GATTEX	• Fecal occult blood testing within 6 months before starting GATTEX; perform colonoscopy/sigmoidoscopy and upper GI endoscopy if there is new or unexplained blood in the stool
After starting Gattex	• Follow-up upper and lower GI endoscopy (or alternate imaging) at the end of 1 year on GATTEX, and • Follow-up upper and lower GI endoscopy (or alternate imaging) no less frequently than every 5 years thereafter if no polyps are found • If a polyp is found at the end of 1 year, follow current polyp follow-up guidelines	• Follow-up fecal occult blood testing annually; if there is new or unexplained blood in the stool at any screening, perform colonoscopy/sigmoidoscopy and upper GI endoscopy, and • Colonoscopy/sigmoidoscopy is recommended after 1 year of treatment and every 5 years thereafter • Consider upper GI endoscopy (or alternate imaging) during treatment with Gattex
Gallbladder and Biliary Tract Disease Screening		
Laboratory assessment of bilirubin and alkaline phosphatase within 6 months prior to starting GATTEX, and at least every 6 months while on GATTEX; or more frequently if needed		
Pancreatic Disease Screening		
Laboratory assessment of lipase and amylase within 6 months prior to starting GATTEX, and at least every 6 months while on GATTEX; or more frequently if needed		

Note: Table does not include all risk and screening information. Please see the enclosed PI for GATTEX for additional safety information.

GATTEX Healthcare Provider Training

As part of the REMS, healthcare providers who intend to prescribe GATTEX, should review the *Prescriber Education Slide Deck* and complete the *Post-Training Knowledge Assessment Questions*. Training can be completed either online by visiting www.GATTEXREMS.com or through a paper-based process by reviewing the REMS materials and faxing the completed Post-Training Knowledge Assessment Questions to 1-855-359-3393.

Appropriate Patient Selection, Counseling, Monitoring

Prescribers should select the appropriate patients to receive GATTEX in accordance with the approved Prescribing Information (PI), discuss the benefits and risks of GATTEX with patients or caregivers, and monitor patients as specified in the approved (PI). The *Patient and Caregiver Counseling Guide* is available for use in discussing GATTEX with patients. The guide can be accessed via www.GATTEXREMS.com or by contacting 1-855-5GATTEX (1-855-542-8839).

Reporting Adverse Events

Report all suspected adverse events associated with the use of GATTEX, at 1-855-5GATTEX (1-855-542-8839); or to the FDA MedWatch program at 1-800-FDA-1088 (1-800-332-1088), or via the website at https://www.fda.gov/Safety/MedWatch/default.htm

Enclosures: *Prescriber Education Slide Deck, Post-Training Knowledge Assessment Questions, GATTEX Prescribing Information, and Medication Guide*