▼ This medicinal product is subject to additional monitoring which will enable quick identification of new safety information. Healthcare professionals are required to report any suspected new or serious side effects. See the "Undesirable effects" section for the terms and conditions for reporting side effects.

PEMAZYRE is authorized for a limited period of time.

PEMAZYRE 4.5 mg, 9 mg and 13.5 mg tablets: I : Pemazyre monotherapy is indicated for the treatment of adults with locally advanced, unresectable or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (*FGFR2*) fusion or rearrangement that have progressed after at least one line of systemic therapy. **P :** The recommended dose is 13.5 mg pemigatinib taken once daily for 14 days followed by 7 days off therapy. In all patients, a low-phosphate diet should be initiated when serum phosphate level is > 5.5 mg/dL and adding a phosphate-lowering therapy should be considered when level is > 7 mg/dL. Dose modifications or interruption of dosing should be considered for the management of toxicities (e.g. for hyperphosphatemia and serous retinal detachment). **CI :** Hypersensitivity to the active substance or to any of the excipients. Concomitant use with St John's wort. **W/P :** Hyperphosphatemia is a pharmacodynamic effect expected with pemigatinib administration. Prolonged hyperphosphatemia can cause precipitation of calcium-phosphate crystals that can lead to hypocalcemia, soft tissue mineralization, anemia, secondary hyperparathyroidism, muscle cramps, seizure activity, QT interval prolongation, and arrhythmias. Soft tissue mineralization, including cutaneous calcification and calcinosis, have been observed with pemigatinib treatment. Recommendations for management of hyperphosphatemia include dietary phosphate restriction, administration of phosphate-lowering therapy, and dose modification when required. Discontinuing phosphate-lowering therapy and diet should be considered during pemigatinib treatment breaks or if serum phosphate level falls below normal range. Severe hypophosphatemia may present with confusion, seizures, focal neurologic findings, heart failure, respiratory failure, muscle weakness, rhabdomyolysis, and hemolytic anemia. For patients presenting with hyperphosphatemia or hypophosphatemia, additional close monitoring and follow-up is recommended regarding dysregulation of bone mineralization. Pemigatinib can cause serous retinal detachment reactions, which may present with symptoms such as blurred vision, visual floaters, or photopsia. Ophthalmological examination, including optical coherence tomography (OCT) should be performed prior to initiation of therapy and every 2 months for the first 6 months of treatment, every 3 months afterwards, and urgently at any time for visual symptoms. For serous retinal detachment reactions, the dose modification guidelines should be followed. Careful consideration should be taken with patients that have clinically significant medical eye disorders, such as retinal disorders, including but

not limited to, central serous retinopathy, macular/retinal degeneration, diabetic retinopathy, and previous retinal detachment. Pemigatinib can cause dry eye. Patients should use ocular demulcents, in order to prevent or treat dry eye, as needed. Pemigatinib may increase serum creatinine by decreasing renal tubular secretion of creatinine; this may occur due to inhibition of renal transporters OCT2 and MATE1 and may not affect glomerular function. Within the first cycle, serum creatinine increased (mean increase of 0.2 mg/dL) and reached steady state by Day 8, and then decreased during the 7 days off therapy. Alternative markers of renal function should be considered if persistent elevations in serum creatinine are observed. Since untreated or progressing brain/CNS metastasis were not allowed in the study, efficacy in this population has not been evaluated and no dose recommendations can be made, however the blood brain barrier penetration of pemigatinib is expected to be low. Pregnant women should be advised of the potential risk to the foetus. Women of childbearing potential being treated with pemigatinib should be advised not to become pregnant and men being treated with pemigatinib should be advised not to father a child during treatment. An effective method of contraception should be used in women of childbearing potential and in men with women partners of childbearing potential during treatment with pemigatinib and for 1 week following completion of therapy. A pregnancy test should be performed before treatment initiation to exclude pregnancy. **UE :** The most common serious adverse reactions were hyponatremia (2.0 %) and blood creatinine increase (1.4 %). Eye disorders serious adverse reactions were retinal detachment (0.7 %), non-arteritic optic ischemic neuropathy (0.7 %) and retinal artery occlusion (0.7 %). *Very common* : hyperphosphatemia, hypophosphatemia, hyponatraemia, dysgeusia, dry eye, diarrhoea, nausea, stomatitis, constipation, dry mouth, alopecia, nail toxicity, dry skin, palmar-plantar erythrodysaesthesia syndrome, arthralgia, blood creatinine increased, fatigue. *Common* : trichiasis, punctate keratitis, serous retinal detachment, vision blurred, hair growth abnormal. Healthcare professionals are asked to report any suspected new or serious side effects via the ElViS online reporting portal (Electronic Vigilance System). You can find information about this on www.swissmedic.ch **Pr** : blister of 14 x 4.5 mg, 14 x 9 mg or 14 x 13.5 mg tablets. Class A. Update of the information (June 2021). Refer to www.swissmedicinfo.ch for detailed information. **Marketing authorisation holder :** Incyte Biosciences International Sàrl, 1110 Morges