Xtandi®
(enzalutamide)
40 mg tablets | 80 mg tablets

PATIENT PROFILES

XTANDI IN nmCSPC WITH HIGH-RISK BCR

GnRH, gonadotropin-releasing hormone.

Not actual patients or patient cases; content for illustrative purposes only.

Indications

XTANDI is indicated for the treatment of patients with:

- nonmetastatic castration-sensitive prostate cancer (nmCSPC) with biochemical recurrence at high risk for metastasis (high-risk BCR)
- metastatic castration-sensitive prostate cancer (mCSPC)
- castration-resistant prostate cancer (CRPC)

Administration

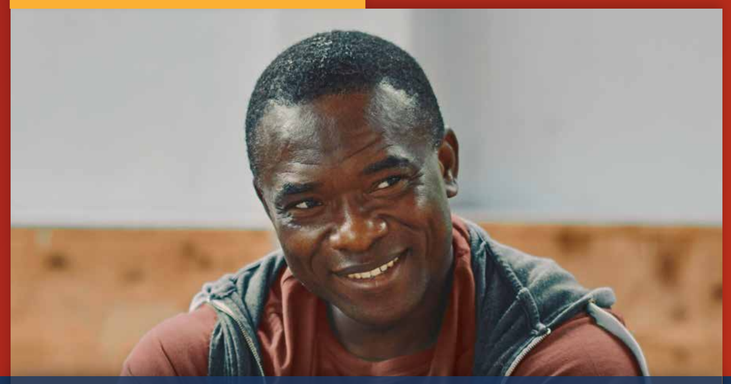
Patients with nmCSPC with biochemical recurrence at high risk for metastasis may be treated with or without a GnRH therapy. Patients with mCSPC or CRPC should also receive GnRH therapy concurrently or should have had bilateral orchiectomy.

Select Safety Information

Seizure occurred in 0.6% of patients receiving XTANDI in eight randomized clinical trials. In a study of patients with predisposing factors for seizure, 2.2% of XTANDI-treated patients experienced a seizure. It is unknown whether anti-epileptic medications will prevent seizures with XTANDI. Patients in the study had one or more of the following predisposing factors: use of medications that may lower the seizure threshold, history of traumatic brain or head injury, history of cerebrovascular accident or transient ischemic attack, and Alzheimer's disease, meningioma, or leptomeningeal disease from prostate cancer, unexplained loss of consciousness within the last 12 months, history of seizure, presence of a space occupying lesion of the brain, history of arteriovenous malformation, or history of brain infection. Advise patients of the risk of developing a seizure while taking XTANDI and of engaging in any activity where sudden loss of consciousness could cause serious harm to themselves or others. Permanently discontinue XTANDI in patients who develop a seizure during treatment.

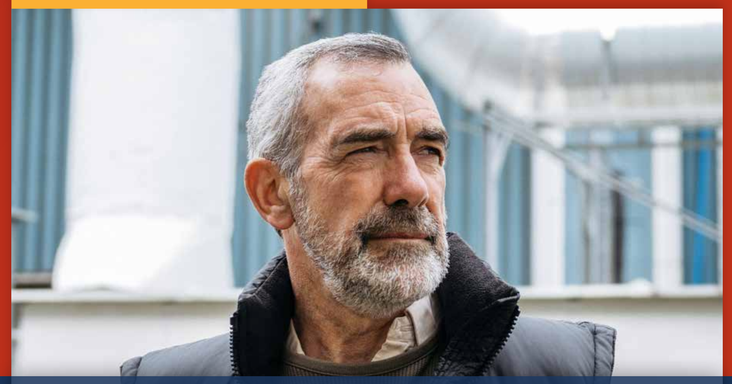
Please see Important Safety Information and Full Prescribing Information.

HIGH-RISK BCR POST RADIATION AND HORMONAL THERAPY



MEET CALVIN | POST RADIATION AND HORMONAL THERAPY >

HIGH-RISK BCR POST RADIATION THERAPY ONLY



MEET MO | POST RADIATION THERAPY ONLY >

HIGH-RISK BCR POST PROSTATECTOMY

MEET RAY | POST PROSTATECTOMY >

The EMBARK trial assessed the efficacy and safety of XTANDI with or without GnRH therapy* vs placebo + GnRH therapy* in patients with nmCSPC with high-risk BCR[1]

Patient population[1,2]

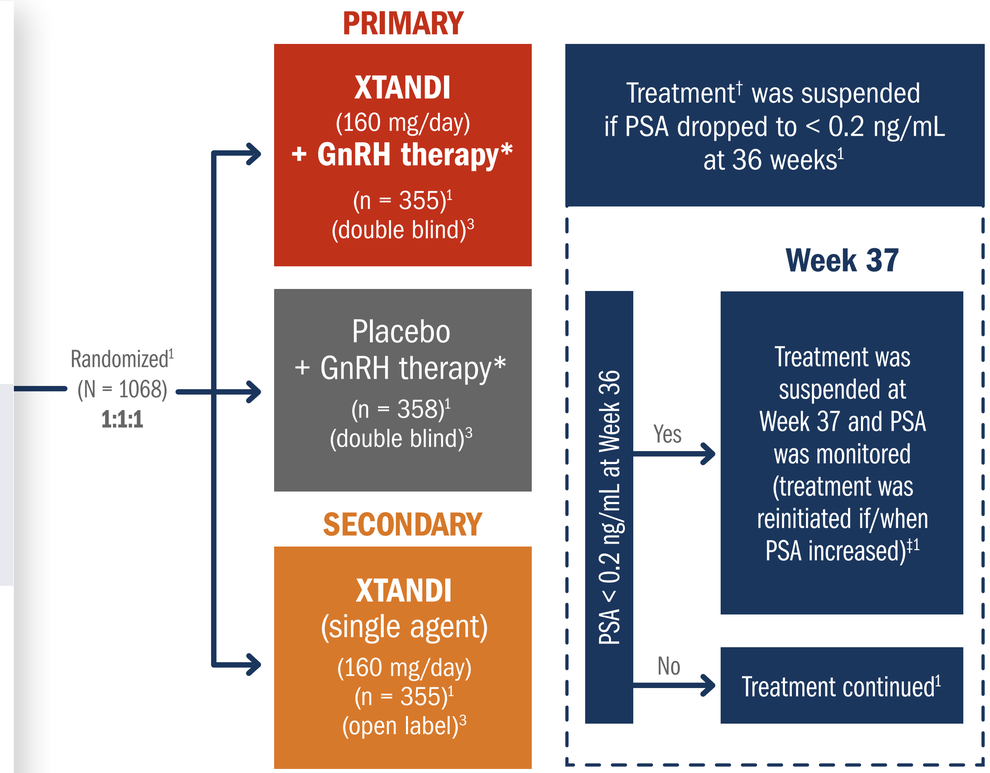
- All patients had prior definitive therapy with RP or RT (including brachytherapy) with curative intent, or both
- Confirmation of nonmetastatic disease by BICR
- Screening PSA ≥ 1 ng/mL after RP (with or without RT) as the primary treatment for prostate cancer or at least 2 ng/mL above the nadir after prior RT only
- PSA doubling time ≤ 9 months
- Testosterone ≥ 150 ng/dL
- ECOG Performance Status 0-1 at screening

Stratification factors[1]

- Screening PSA (≤ 10 ng/mL vs > 10 ng/mL)
- PSA doubling time (≤ 3 months vs > 3 months to ≤ 9 months)
- Prior hormonal therapy

Exclusion criteria[1,3]

- Prior or present evidence of distant metastatic disease
- Prior hormonal therapy. Neoadjuvant/adjuvant therapy to treat prostate cancer ≤ 36 months in duration and ≥ 9 months before randomization or a single dose or a short course (≤ 6 months) of hormonal therapy given for rising PSA ≥ 9 months before randomization was allowed
- For patients who had a prior prostatectomy, a suitable candidate for salvage RT as determined by the investigator per guidelines (eg, American Society for Radiation Oncology/American Urological Association, European Association of Urology)
- Prior cytotoxic chemotherapy or systemic biologic therapy
- History of seizure or any condition that may predispose to seizure
- Clinically significant cardiovascular disease



Primary endpoint[1]

- Metastasis-free survival (XTANDI + GnRH therapy* vs placebo + GnRH therapy*)

Select key secondary endpoints[1]

- Metastasis-free survival (XTANDI [single agent] vs placebo + GnRH therapy*
- Overall survival (XTANDI + GnRH therapy* vs placebo + GnRH therapy*)

In the EMBARK trial, patients were required to have nonmetastatic disease by BICR, high-risk BCR (defined by a PSA doubling time ≤ 9 months), and PSA values ≥ 1 ng/mL if they had prior RP (with or without RT) as the primary treatment for prostate cancer or PSA values ≥ 2 ng/mL above the nadir if they had prior RT only.[1]

BICR, blinded independent central review; **ECOG**, Eastern Cooperative Oncology Group; **PSA**, prostate-specific antigen; **RP**, radical prostatectomy; **RT**, radiotherapy.

***Leuprolide.**[1]

†All treatment arms were eligible for treatment suspension. In the XTANDI + GnRH therapy* and placebo + GnRH therapy* arms, GnRH therapy* was also suspended.[1]

‡Study treatment was suspended once at Week 37 if PSA was < 0.2 ng/mL at Week 36; treatment was reinitiated if/when PSA values increased to ≥ 2.0 ng/mL for patients with prior prostatectomy or ≥ 5.0 ng/mL for patients without prior prostatectomy.[1]

Select Safety Information

Posterior Reversible Encephalopathy Syndrome (PRES) There have been reports of PRES in patients receiving XTANDI. PRES is a neurological disorder that can present with rapidly evolving symptoms including seizure, headache, lethargy, confusion, blindness, and other visual and neurological disturbances, with or without associated hypertension. A diagnosis of PRES requires confirmation by brain imaging, preferably MRI. Discontinue XTANDI in patients who develop PRES.

Please see **Important Safety Information** and **Full Prescribing Information**.

HIGH-RISK BCR
POST RADIATION AND HORMONAL THERAPY

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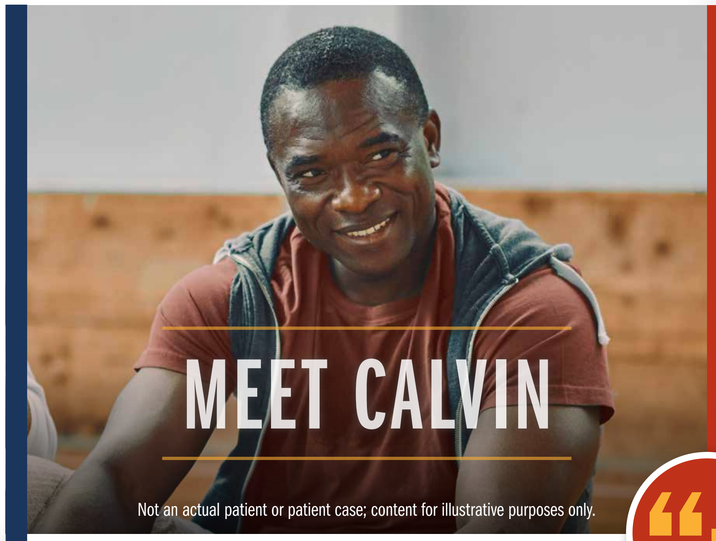


MEET CALVIN

Not an actual patient or patient case; content for illustrative purposes only.

NAME Calvin AGE 55

OCCUPATION Business analyst

LIFESTYLE I like to play and coach basketball

MARITAL STATUS Divorced

SUPPORT Close friends assist with my healthcare decisions

CLINICAL PROFILE

PROSTATE CANCER CLINICAL HISTORY

1 YEAR, 7 MONTHS AGO

- Visited urologist due to pain with urination
- **Comorbidity:** hypertension
- **PSA:** 45 ng/mL
- **Gleason score:** 9 (4 + 5)
- **ECOG Performance Status:** 0
- **Positron emission tomography (PET)/computed tomography (CT) results:** no evidence of bone or visceral metastasis
- Treated with definitive External Beam Radiation Therapy (EBRT) and androgen deprivation therapy

6 MONTHS AGO

- **Follow-up PSA:** 0.05 ng/mL

CURRENT CLINICAL EVALUATION

- **PSA:** 10 ng/mL
- **PSA doubling time:** 9 months
- **PET/CT results:** no evidence of bone or visceral metastasis
- Diagnosis of nmCSPC with high-risk BCR

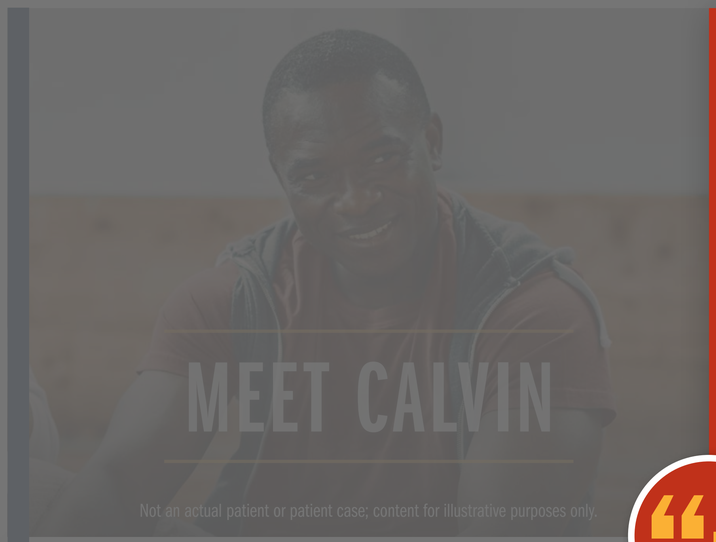
Select Safety Information

Hypersensitivity reactions, including edema of the face (0.5%), tongue (0.1%), or lip (0.1%) have been observed with XTANDI in eight randomized clinical trials. Pharyngeal edema has been reported in post-marketing cases. Advise patients who experience any symptoms of hypersensitivity to temporarily discontinue XTANDI and promptly seek medical care. Permanently discontinue XTANDI for serious hypersensitivity reactions.

Ischemic Heart Disease In the combined data of five randomized, placebo-controlled clinical studies, ischemic heart disease occurred more commonly in patients on the XTANDI arm compared to patients on the placebo arm (3.5% vs 2%). Grade 3-4 ischemic events occurred in 1.8% of patients on XTANDI versus 1.1% on placebo. Ischemic events led to death in 0.4% of patients on XTANDI compared to 0.1% on placebo. Monitor for signs and symptoms of ischemic heart disease. Optimize management of cardiovascular risk factors, such as hypertension, diabetes, or dyslipidemia. Discontinue XTANDI for Grade 3-4 ischemic heart disease.

Please see Important Safety Information and Full Prescribing Information.

HIGH-RISK BCR
POST RADIATION AND HORMONAL THERAPY



MEET CALVIN

Not an actual patient or patient case; content for illustrative purposes only.

NAME Calvin
AGE 55
OCCUPATION Business analyst
LIFESTYLE I like to play and coach basketball
MARITAL STATUS Divorced
SUPPORT Close friends assist with my healthcare decisions

BELIEFS ***"I'm upset that the disease has progressed despite undergoing definitive EBRT. But I'm staying positive and believe that I can fight my prostate cancer."***

ATTITUDES ***"I've joined a few prostate cancer online groups and actively reach out to other men to hear their experiences. I want to learn more about my condition and work with my healthcare team to take the appropriate next step."***

GOAL ***"I'm determined to play an active role in health decisions, and I do my best to lead a healthy, dynamic life."***

Not an actual patient testimonial; testimonial based on research of patients with similar disease states and stages discussed on page.

Select Safety Information

Hypersensitivity reactions, including edema of the face (0.5%), tongue (0.1%), or lip (0.1%) have been observed with XTANDI in eight randomized clinical trials. Pharyngeal edema has been reported in post-marketing cases. Advise patients who experience any symptoms of hypersensitivity to temporarily discontinue XTANDI and promptly seek medical care. Permanently discontinue XTANDI for serious hypersensitivity reactions.

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Please see Important Safety Information and Full Prescribing Information.

HIGH-RISK BCR
POST RADIATION THERAPY ONLY

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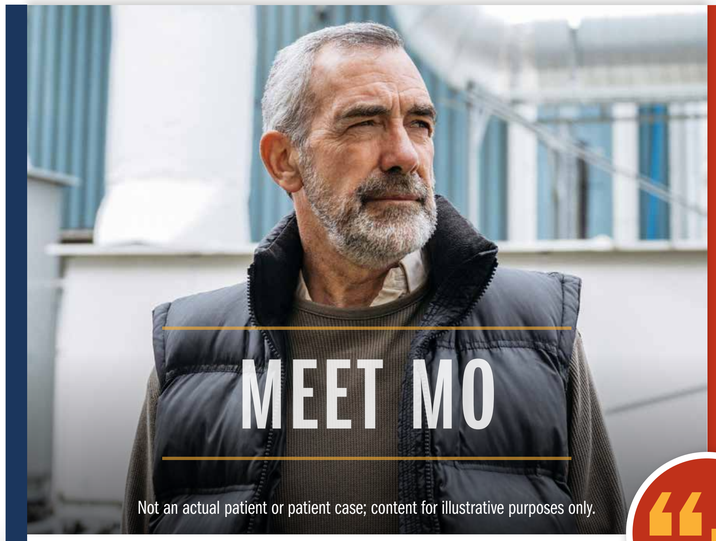


NAME Mo AGE 64

OCCUPATION Engineer

LIFESTYLE I love painting and spending time with my grandkids

MARITAL STATUS Married

SUPPORT My oldest son is my caregiver

CLINICAL PROFILE

PROSTATE CANCER CLINICAL HISTORY

2 YEARS, 3 MONTHS AGO

- Visited primary care physician for an annual visit
- **PSA:** 5 ng/mL
- Advised to be under active surveillance

8 MONTHS AGO

- **Follow-up PSA:** 14 ng/mL
- **Comorbidity:** depression
- **Gleason score:** 8 (4 + 4)
- **ECOG Performance Status:** 1
- **PET/magnetic resonance imaging (MRI) results:** no evidence of bone or visceral metastasis
- Treated with definitive RT only

6 MONTHS AGO

- **Follow-up PSA:** 5 ng/mL

CURRENT CLINICAL EVALUATION

- **PSA:** 20 ng/mL
- **PSA doubling time:** 4 months
- **PET/MRI results:** no evidence of bone or visceral metastasis
- Diagnosis of nmCSPC with high-risk BCR

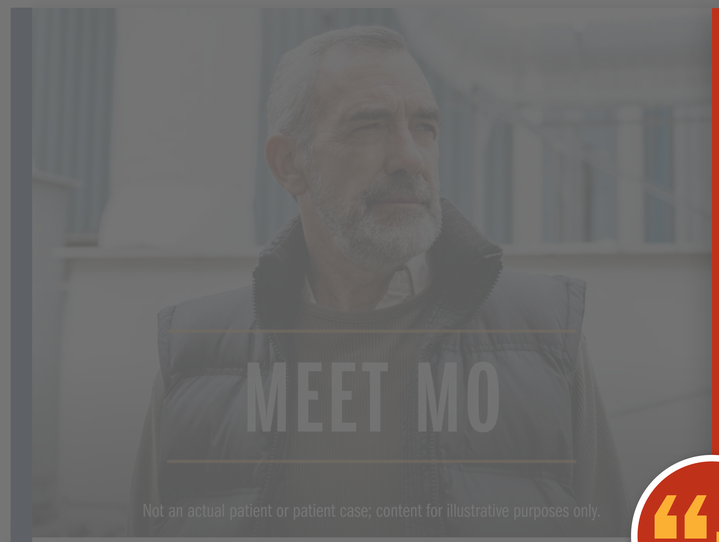
Select Safety Information

Falls and Fractures occurred in patients receiving XTANDI. Evaluate patients for fracture and fall risk. Monitor and manage patients at risk for fractures according to established treatment guidelines and consider use of bone-targeted agents. In the combined data of five randomized, placebo-controlled clinical studies, falls occurred in 12% of patients treated with XTANDI compared to 6% of patients treated with placebo. Fractures occurred in 13% of patients treated with XTANDI and in 6% of patients treated with placebo.

Embryo-Fetal Toxicity The safety and efficacy of XTANDI have not been established in females. XTANDI can cause fetal harm and loss of pregnancy when administered to a pregnant female. Advise males with female partners of reproductive potential to use effective contraception during treatment with XTANDI and for 3 months after the last dose of XTANDI.

Please see Important Safety Information and Full Prescribing Information.

HIGH-RISK BCR
POST RADIATION THERAPY ONLY



MEET MO

Not an actual patient or patient case; content for illustrative purposes only.

NAME Mo
AGE 64
OCCUPATION Engineer
LIFESTYLE I love painting and spending time with my grandkids
MARITAL STATUS Married
SUPPORT My oldest son is my caregiver

BELIEFS *"I'm grateful that the condition was identified and treated in a timely manner by my doctor. I appreciate and trust my doctor for keeping a close watch on my health, and I believe he will provide appropriate guidance on next steps."*

ATTITUDES *"I do my research and like to discuss what I find with my doctor for validation. I prefer to try oral therapies versus radiation."*

GOAL *"I'm determined to stay on top of my next steps with a treatment that may help delay disease progression."*

Not an actual patient testimonial; testimonial based on research of patients with similar disease states and stages discussed on page.

Select Safety Information

Falls and Fractures occurred in patients receiving XTANDI. Evaluate patients for fracture and fall risk. Monitor and manage patients at risk for fractures according to established treatment guidelines and consider use of bone-targeted agents. In the combined data of five randomized, placebo-controlled clinical studies, falls occurred in 12% of patients treated with XTANDI compared to 6% of patients treated with placebo. Fractures occurred in 13% of patients treated with XTANDI and in 6% of patients treated with placebo.

Embryo-Fetal Toxicity The safety and efficacy of XTANDI have not been established in females. XTANDI can cause fetal harm and loss of pregnancy when administered to a pregnant female. Advise males with female partners of reproductive potential to use effective contraception during treatment with XTANDI and for 3 months after the last dose of XTANDI.

Please see Important Safety Information and Full Prescribing Information.

HIGH-RISK BCR
POST PROSTATECTOMY

Xtandi® (enzalutamide)
40 mg tablets | 80 mg tablets

MEET RAY

Not an actual patient or patient case; content for illustrative purposes only.

NAME Ray

AGE 69

OCCUPATION Consultant

LIFESTYLE I love hiking, biking, and camping

MARITAL STATUS Married

SUPPORT My wife is my caregiver

CLINICAL PROFILE

PROSTATE CANCER CLINICAL HISTORY

2 YEARS AGO

- Visited urologist due to complaint of erectile dysfunction and difficulty with urination
- **Comorbidity:** type 2 diabetes
- **PSA:** 20 ng/mL
- **Gleason score:** 7 (3 + 4)
- **ECOG Performance Status:** 0
- **Prostate-specific membrane antigen PET results:** no evidence of bone or visceral metastasis
- Treated with RP

6 MONTHS AGO

- **Follow-up PSA:** undetectable

3 MONTHS AGO

- **Follow-up PSA:** 1.5 ng/mL
- **PET/CT results:** no evidence of bone or visceral metastasis

CURRENT CLINICAL EVALUATION

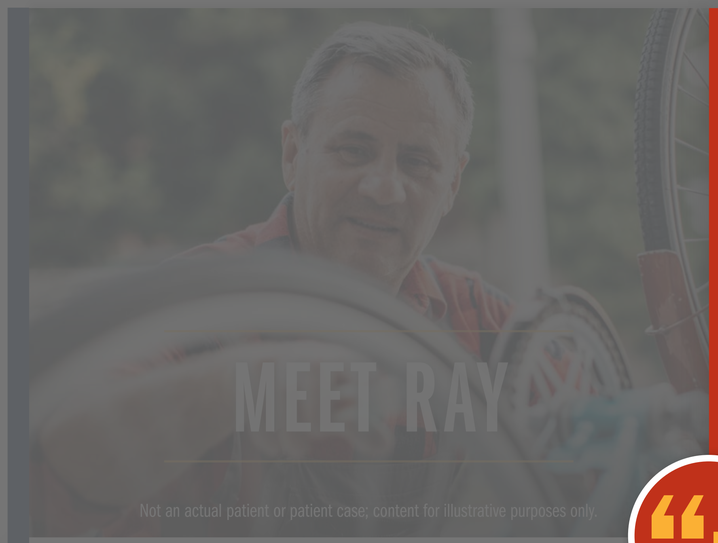
- **PSA:** 3.1 ng/mL
- **PSA doubling time:** 6 months
- **Bone scan results:** no evidence of bone or visceral metastasis
- Diagnosis of nmCSPC with high-risk BCR

Select Safety Information

Dysphagia or Choking Severe dysphagia or choking, including events that could be life-threatening requiring medical intervention or fatal, can occur due to XTANDI product size. Advise patients to take each capsule or tablet whole with a sufficient amount of water to ensure that all medication is successfully swallowed. Consider use of a smaller tablet size of XTANDI in patients who have difficulty swallowing. Discontinue XTANDI for patients who cannot swallow capsules or tablets.

Please see Important Safety Information and Full Prescribing Information.

HIGH-RISK BCR
POST PROSTATECTOMY



BELIEFS *"I'm surprised that the disease progressed after radical prostatectomy and saddened by the quick PSA level rise. I'm determined to take action for an effective treatment and learn about next steps."*

ATTITUDES *"I actively self-educate through online forums and support groups to learn about treatment options."*

GOAL *"I want a treatment option that may help delay disease progression."*

Not an actual patient testimonial; testimonial based on research of patients with similar disease states and stages discussed on page.

Select Safety Information

Dysphagia or Choking Severe dysphagia or choking, including events that could be life-threatening requiring medical intervention or fatal, can occur due to XTANDI product size. Advise patients to take each capsule or tablet whole with a sufficient amount of water to ensure that all medication is successfully swallowed. Consider use of a smaller tablet size of XTANDI in patients who have difficulty swallowing. Discontinue XTANDI for patients who cannot swallow capsules or tablets.

Please see Important Safety Information and Full Prescribing Information.

XTANDI SUPPORT SOLUTIONS®

XTANDI has broad formulary coverage, and **XTANDI Support Solutions** provides access and reimbursement support for your eligible patients prescribed **XTANDI**

Xtandi® (enzalutamide) 40 mg tablets | 80 mg tablets

SUPPORT FOR PATIENTS, REGARDLESS OF COVERAGE

Medicare Part D

- ~99% of Medicare Part D patients with mCSPC or CRPC can access XTANDI without delays due to step-therapy restrictions*[4]
- **XTANDI Support Solutions** can provide information about other resources that might be able to help†
- Formulary status does not imply safety or efficacy of any product. No comparisons should be made

Assistance for Commercial Insurance Patients

Xtandi® (enzalutamide) 40 mg tablets | 80 mg tablets SUPPORT SOLUTIONS®

ELIGIBLE PATIENTS
MAY PAY AS LITTLE AS $0

PATIENTS WITH QUESTIONS, PLEASE CALL 1-855-217-8311
Eligibility restrictions, terms and conditions apply.

Eligibility restrictions, terms, and conditions apply.

The **XTANDI Patient Savings Program**‡ is for eligible commercially insured patients taking XTANDI tablets. The Program parameters are as follows:

- Patients can pay as little as $0 per prescription
- Patients will be enrolled in the Program for a 12-month period
- There are no income requirements
- Patients have a maximum copay assistance limit of $7000 per calendar year§

Uninsured

- The **Astellas Patient Assistance Program** provides XTANDI at no cost to patients who meet the program eligibility requirements||

Xtandi® (enzalutamide) 40 mg tablets | 80 mg tablets SUPPORT SOLUTIONS®

XTANDISupportSolutions.com
1-855-8XTANDI (1-855-898-2634)
Monday – Friday, 8 AM – 8 PM ET

XTANDI Support Solutions can help your patients obtain XTANDI through our network of specialty pharmacies, help problem-solve financial assistance, and provide educational resources included with prescription delivery

*XTANDI national Medicare coverage status as of February 2023.[4] Percentage is rounded to the nearest whole number and represents the percentage of patients with access to XTANDI as a first-line or a preferred option for the treatment of mCSPC or CRPC. First line indicates that XTANDI is covered without prior indication-specific therapy requirements. Preferred indicates that XTANDI is covered without prior indication-specific therapy requirements, and prior trial with XTANDI may be required before other therapies are covered. Prior authorization may be required. Please check with the health plan to verify coverage details. **FORMULARY STATUS DOES NOT IMPLY SAFETY OR EFFICACY OF ANY PRODUCT. NO COMPARISONS SHOULD BE MADE. A product's placement on a plan formulary involves a variety of factors known only to the applicable plan and is subject to eligibility. Provider communication only—not approved for prescription drug plan member distribution.** Formulary status is not a guarantee. Please verify co-pay, coinsurance, coverage, and updated information with the plan's sponsors. Information subject to change without notice. Astellas and Pfizer do not endorse any individual plans.

†XTANDI Support Solutions has no control over the decisions made by, and does not guarantee support from, independent third parties.

‡By enrolling in the XTANDI Patient Savings Program ("Program"), the patient acknowledges that they currently meet the eligibility criteria and will comply with the following terms and conditions: The Program is for eligible patients with commercial prescription insurance coverage for XTANDI® (enzalutamide) and is good for use only with a valid prescription for the XTANDI tablet formulation. **The Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program.** Patients who move from commercial insurance to federal or state health insurance will no longer be eligible, and agree to notify the Program of any such change. Patients agree not to seek reimbursement from any health insurance or third party for all or any part of the benefit received by the patient through the Program. This offer is not conditioned on any past, present, or future purchase of XTANDI. This offer is not transferrable and cannot be combined with any other offer, free trial, prescription savings card, or discount. The full value of the Program benefits is intended to pass entirely to the eligible patient. **This offer is not health insurance** and is only valid for patients in the 50 United States, Washington DC, Puerto Rico, Guam, and Virgin Islands. This offer is not valid for cash paying patients. This Program is void where prohibited by law. No membership fees. It is illegal to sell, purchase, trade, counterfeit, duplicate, or reproduce, or offer to sell, purchase, trade, counterfeit, duplicate, or reproduce the card. This offer will be accepted only at participating pharmacies. Certain rules and restrictions apply. Astellas reserves the right to revoke, rescind, or amend this offer without notice.

The Program has a maximum copay assistance limit of $7,000 per calendar year. After the annual maximum on copay assistance is reached, patient will be responsible for the remaining out-of-pocket costs for XTANDI. Astellas may reduce or discontinue the copay assistance available under the Program if it determines an enrolled patient is subject to a program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patients' out-of-pocket cost-sharing obligations based on the copay assistance provided by this Program, or excludes the copay assistance provided under this Program from counting towards an enrolled patient's out-of-pocket cost-sharing obligations ("maximizer" or "accumulator" program). The Program uses advanced logic to identify whether a claim for an enrolled patient is subject to a "maximizer" or "accumulator" program. Unless prohibited by law, Astellas may reduce the cost-sharing assistance available under the Program to a per claim maximum of $25 if it determines a claim for an enrolled patient is subject to a "maximizer" or "accumulator" program.

§Subject to a maximum copay assistance limit of $7,000 per calendar year. Unless prohibited by law, Astellas may reduce the cost-sharing assistance available under the Program to a per claim maximum of $25 if it determines a claim for an enrolled patient is subject to a "maximizer" or "accumulator" program.

||Program subject to eligibility requirements. Void where prohibited by law.

ASK YOUR SALES REPRESENTATIVE ABOUT SAMPLING AND VOUCHER PROGRAMS TO START NEW PATIENTS ON XTANDI

Please see **Important Safety Information** and **Full Prescribing Information**.

Indications and Important Safety Information

Xtandi® (enzalutamide)
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Indications

XTANDI is indicated for the treatment of patients with:

- castration-resistant prostate cancer (CRPC)
- metastatic castration-sensitive prostate cancer (mCSPC)
- nonmetastatic castration-sensitive prostate cancer (nmCSPC) with biochemical recurrence at high risk for metastasis (high-risk BCR)

Indications

Warnings and Precautions

Seizure occurred in 0.6% of patients receiving XTANDI in eight randomized clinical trials. In a study of patients with predisposing factors for seizure, 2.2% of XTANDI-treated patients experienced a seizure. It is unknown whether anti-epileptic medications will prevent seizures with XTANDI. Patients in the study had one or more of the following predisposing factors: use of medications that may lower the seizure threshold, history of traumatic brain or head injury, history of cerebrovascular accident or transient ischemic attack, and Alzheimer's disease, meningioma, or leptomeningeal disease from prostate cancer, unexplained loss of consciousness within the last 12 months, history of seizure, presence of a space occupying lesion of the brain, history of arteriovenous malformation, or history of brain infection. Advise patients of the risk of developing a seizure while taking XTANDI and of engaging in any activity where sudden loss of consciousness could cause serious harm to themselves or others. Permanently discontinue XTANDI in patients who develop a seizure during treatment.

Posterior Reversible Encephalopathy Syndrome (PRES) There have been reports of PRES in patients receiving XTANDI. PRES is a neurological disorder that can present with rapidly evolving symptoms including seizure, headache, lethargy, confusion, blindness, and other visual and neurological disturbances, with or without associated hypertension. A diagnosis of PRES requires confirmation by brain imaging, preferably MRI. Discontinue XTANDI in patients who develop PRES.

Hypersensitivity reactions, including edema of the face (0.5%), tongue (0.1%), or lip (0.1%) have been observed with XTANDI in eight randomized clinical trials. Pharyngeal edema has been reported in post-marketing cases. Advise patients who experience any symptoms of hypersensitivity to temporarily discontinue XTANDI and promptly seek medical care. Permanently discontinue XTANDI for serious hypersensitivity reactions.

Ischemic Heart Disease In the combined data of five randomized, placebo-controlled clinical studies, ischemic heart disease occurred more commonly in patients on the XTANDI arm compared to patients on the placebo arm (3.5% vs 2%). Grade 3-4 ischemic events occurred in 1.8% of patients on XTANDI versus 1.1% on placebo. Ischemic events led to death in 0.4% of patients on XTANDI compared to 0.1% on placebo. Monitor for signs and symptoms of ischemic heart disease. Optimize management of cardiovascular risk factors, such as hypertension, diabetes, or dyslipidemia. Discontinue XTANDI for Grade 3-4 ischemic heart disease.

Falls and Fractures occurred in patients receiving XTANDI. Evaluate patients for fracture and fall risk. Monitor and manage patients at risk for fractures according to established treatment guidelines and consider use of bone-targeted agents. In the combined data of five randomized, placebo-controlled clinical studies, falls occurred in 12% of patients treated with XTANDI compared to 6% of patients treated with placebo. Fractures occurred in 13% of patients treated with XTANDI and in 6% of patients treated with placebo.

Embryo-Fetal Toxicity The safety and efficacy of XTANDI have not been established in females. XTANDI can cause fetal harm and loss of pregnancy when administered to a pregnant female. Advise males with female partners of reproductive potential to use effective contraception during treatment with XTANDI and for 3 months after the last dose of XTANDI.

Dysphagia or Choking Severe dysphagia or choking, including events that could be life-threatening requiring medical intervention or fatal, can occur due to XTANDI product size. Advise patients to take each capsule or tablet whole with a sufficient amount of water to ensure that all medication is successfully swallowed. Consider use of a smaller tablet size of XTANDI in patients who have difficulty swallowing. Discontinue XTANDI for patients who cannot swallow capsules or tablets.

(Continued on next page)

Please see Important Safety Information and Full Prescribing Information.

Important Safety Information (cont'd)

Adverse Reactions (ARs)

In the data from the five randomized placebo-controlled trials, the most common ARs (≥ 10%) that occurred more frequently (≥ 2% over placebo) in XTANDI-treated patients were musculoskeletal pain, fatigue, hot flush, constipation, decreased appetite, diarrhea, hypertension, hemorrhage, fall, fracture, and headache. In the bicalutamide-controlled study, the most common ARs (≥ 10%) reported in XTANDI-treated patients were asthenia/fatigue, back pain, musculoskeletal pain, hot flush, hypertension, nausea, constipation, diarrhea, upper respiratory tract infection, and weight loss.

In AFFIRM, the placebo-controlled study of metastatic CRPC (mCRPC) patients who previously received docetaxel, Grade 3 and higher ARs were reported among 47% of XTANDI-treated patients. Discontinuations due to ARs were reported for 16% of XTANDI-treated patients. In PREVAIL, the placebo-controlled study of chemotherapy-naive mCRPC patients, Grade 3-4 ARs were reported in 44% of XTANDI patients and 37% of placebo patients. Discontinuations due to ARs were reported for 6% of XTANDI-treated patients. In TERRAIN, the bicalutamide-controlled study of chemotherapy-naive mCRPC patients, Grade 3-4 ARs were reported in 39% of XTANDI patients and 38% of bicalutamide patients. Discontinuations with an AR as the primary reason were reported for 8% of XTANDI patients and 6% of bicalutamide patients.

In PROSPER, the placebo-controlled study of nonmetastatic CRPC (nmCRPC) patients, Grade 3 or higher ARs were reported in 31% of XTANDI patients and 23% of placebo patients. Discontinuations with an AR as the primary reason were reported for 9% of XTANDI patients and 6% of placebo patients.

In ARCHES, the placebo-controlled study of metastatic CSPC (mCSPC) patients, Grade 3 or higher ARs were reported in 24% of XTANDI-treated patients. Permanent discontinuation due to ARs as the primary reason was reported in 5% of XTANDI patients and 4% of placebo patients.

In EMBARK, the placebo-controlled study of nonmetastatic CSPC (nmCSPC) with high-risk biochemical recurrence (BCR) patients, Grade 3 or higher adverse reactions during the total duration of treatment were reported in 46% of patients treated with XTANDI plus leuprolide, 50% of patients receiving XTANDI as a single agent, and 43% of patients receiving placebo plus leuprolide. Permanent treatment discontinuation due to adverse reactions during the total duration of treatment as the primary reason was reported in 21% of patients treated with XTANDI plus leuprolide, 18% of patients receiving XTANDI as a single agent, and 10% of patients receiving placebo plus leuprolide.

Lab Abnormalities: Lab abnormalities that occurred in ≥ 5% of patients, and more frequently (> 2%) in the XTANDI arm compared to placebo in the pooled, randomized, placebo-controlled studies are hemoglobin decrease, neutrophil count decreased, white blood cell decreased, hyperglycemia, hypermagnesemia, hyponatremia, hypophosphatemia, and hypercalcemia.

Hypertension: In the combined data from five randomized placebo-controlled clinical trials, hypertension was reported in 14.2% of XTANDI patients and 7.4% of placebo patients. Hypertension led to study discontinuation in < 1% of patients in each arm.

Drug Interactions

Effect of Other Drugs on XTANDI Avoid coadministration with strong CYP2C8 inhibitors. If coadministration cannot be avoided, reduce the dosage of XTANDI.

Avoid coadministration with strong CYP3A4 inducers. If coadministration cannot be avoided, increase the dosage of XTANDI.

Effect of XTANDI on Other Drugs Avoid coadministration with certain CYP3A4, CYP2C9, and CYP2C19 substrates for which minimal decrease in concentration may lead to therapeutic failure of the substrate. If coadministration cannot be avoided, increase the dosage of these substrates in accordance with their Prescribing Information. In cases where active metabolites are formed, there may be increased exposure to the active metabolites.

Please see Important Safety Information and Full Prescribing Information.

MEET CALVIN | POST RADIATION AND HORMONAL THERAPY
MEET MO | POST RADIATION THERAPY ONLY
MEET RAY | POST PROSTATECTOMY

Xtandi®
(enzalutamide)
40 mg tablets | 80 mg tablets

Not actual patients or patient cases; content for illustrative purposes only.

References: 1. XTANDI. Package insert. Northbrook, IL: Astellas Pharma US, Inc; 2025. **2.** Freedland SJ, de Almeida Luz M, De Giorgi U, et al. Improved outcomes with enzalutamide in biochemically recurrent prostate cancer. N Engl J Med 2023;389(16):1453-65. **3.** Freedland SJ, De Giorgi U, Gleave M, et al. A phase 3 randomised study of enzalutamide plus leuprolide and enzalutamide monotherapy in high-risk non-metastatic hormone-sensitive prostate cancer with rising PSA after local therapy: EMBARK study design. BMJ Open (Epub) 08-12-2021. **4.** Astellas. XTANDI. Data on File.

Please see Important Safety Information and Full Prescribing Information.

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