December 2025

Alecensa (alectinib), Guidance for Management of Severe Hypertriglyceridaemia

Dear Healthcare professional,

Roche Servicios S.A. would like to inform you of the following:

Summary

- **Hypertriglyceridaemia, including severe and life-threatening events, has been identified as a new Adverse Drug Reaction of Alecensa.**
- **Severe hypertriglyceridaemia is considered a medical emergency, as it may lead to acute pancreatitis. Hypertriglyceridaemia-induced pancreatitis was reported in the postmarketing period for Alecensa, therefore a new Warning and Precaution will be added in the Alecensa Product Information.**
- **Patients should have a baseline blood triglyceride measurement before starting Alecensa, as well as periodically while on treatment.**
- **Patients should be monitored for symptoms indicative of acute pancreatitis, particularly in patients at increased risk for pancreatitis.**
- **If severe or life-threatening elevations of blood triglycerides occur, Alecensa should be temporarily withheld until recovery to at least moderate hypertriglyceridaemia (blood triglycerides > 300-500 mg/dL or > 3.42 – 5.7 mmol/L).**
- **Risk factors for pancreatitis should be evaluated in such patients, and treatable risk factors should be addressed before starting treatment with Alecensa. Alecensa may be resumed at the same dose, with triglyceride levels monitored regularly in such patients.**

Background on the safety concern

Alecensa (alectinib, RO5424802, CH5424802) is indicated for the first-line treatment of adult patients with ALK-positive locally advanced NSCLC and for the treatment of patients with ALK-positive advanced NSCLC previously treated with crizotinib.

Cumulative data from clinical studies and postmarketing sources identified hypertriglyceridaemia as a new risk for Alecensa, with hypertriglyceridaemia adverse events of any grade severity reported for 4.3% of patients from pivotal clinical trials, and severe hypertriglyceridaemia adverse events reported for 1.5% of patients from pivotal trials.
Triglycerides were not consistently monitored in clinical trials. Laboratory data from 3 clinical trials in which triglycerides were measured showed an increase from baseline, and the majority of shifts from baseline were from normal to grade 1 (150mg/dL- 300mgdL; 1.71mmol/L-3.42mmol/L), however, events of grade ≥ 3 laboratory elevations were also reported in these clinical trials.

Overall, the observed hypertriglyceridaemia cases were mostly of mild and moderate severity, however from postmarketing sources, five severe to life-threatening medically confirmed cases were reported under Alecensa treatment. Three of these cases resulted in the complication of life-threatening pancreatitis, all of which ultimately recovered upon treatment. One of these cases had a positive rechallenge of life-threatening hypertriglyceridemia upon Alecensa resumption. The onset of these serious cases ranged between 6 weeks and 1 year after the start of Alecensa treatment.

In light of these observations, the following guidance will be issued:

- Patients should have a baseline blood triglyceride measurement before starting Alecensa, as well as periodically while on treatment.
- Patients should be monitored for symptoms indicative of acute pancreatitis, particularly in patients at increased risk for pancreatitis.
- If severe (blood triglycerides >500 to 1000 mg/dL or >5.7 to 11.4 mmol/L) or life-threatening (blood triglycerides >1000 mg/dL or >11.4 mmol/L) elevations of blood triglycerides occur, Alecensa should be temporarily withheld until recovery to at least moderate hypertriglyceridaemia (blood triglycerides >300-500 mg/dL or >3.42-5.7 mmol/L).
- Risk factors for pancreatitis should be evaluated in such patients, and treatable risk factors should be treated before starting treatment with Alecensa. Alecensa may be resumed at the same dose, with triglyceride levels monitored regularly in these patients.

Overall, the benefit-risk profile of Alecensa continues to be favourable.

The Product Information will be updated to include Hypertriglyceridaemia into the 'Undesiderable Effects' section, as well as to include above recommendations into the 'Special warnings and precautions for use' and 'Posology and method of administration' sections. No further risk minimisation activities other than the guidance provided in the label are proposed.

Call for reporting
Health care professionals should report any adverse events suspected to be associated with the use of Alecensa® (Alectinib) to: cac.farmacovigilancia@roche.com

Company contact point
Should you have any questions regarding the use of Alecensa® (Alectinib), please feel free to contact us at cac.medical_info@roche.com

Yours sincerely,

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