07/08/2026

Direct Healthcare Professional Communication (DHPC)

ALECENSA® (alectinib): Guidance for Management of Severe Hypertriglyceridaemia

Dear Healthcare professional,

Roche Products Ltd, in agreement with the Medicines and Healthcare products Regulatory Agency (MHRA), 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 has been added to the Alecensa Summary of Product Characteristics.
- 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) is indicated for:

Adjuvant Treatment of Resected Non-Small Cell Lung Cancer

- Alecensa as monotherapy is indicated as adjuvant treatment for adult patients with Stage IB (tumours ≥4cm) to IIIA (7th edition of the UICC/AJCC-staging system) anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) following complete tumour resection.

Treatment of Advanced Non-Small Cell Lung Cancer

- Alecensa as monotherapy is indicated for the first-line treatment of adult patients with ALK-positive advanced NSCLC.
- Alecensa as monotherapy is indicated for the treatment of adult 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- 300mg/dL; 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 has been 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 Summary of Product Characteristics has been updated to include Hypertriglyceridaemia in the 'Undesirable Effects' section, as well as to include above recommendations in 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

Please continue to report suspected adverse drug reactions (ADRs) to the MHRA through the Yellow Card scheme.

Please report:

1. All suspected ADRs that are serious or result in harm. Serious reactions are those that are fatal, life-threatening, disabling or incapacitating, those that cause a congenital abnormality or result in hospitalisation, and those that are considered medically significant for any other reason
2. All suspected ADRs associated with new drugs and vaccines identified by the black triangle ▼

You can report via:

- The Yellow Card website (https://yellowcard.mhra.gov.uk/)
- The free Yellow Card app available from the Apple App Store or Google Play Store
- Some clinical IT systems (EMIS/SystmOne/Vision/MiDatabank) for healthcare professionals

Alternatively, you can report a suspected side effect to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm.

When reporting please provide as much information as possible, including information about medical history, any concomitant medication, timing onset, treatment dates, and product brand name.

Adverse events related to Roche medicines 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.

Company contact point

Should you have any questions about the information in this letter or require any further assistance, please contact Roche Medical Information by phone on +44(0)800 328 1629 or via e-mail medinfo.uk@roche.com.

Yours faithfully,

Roche Products Limited

Dr Marius Scholtz

Chief Medical Officer

Annex

1. Alecensa Summary of Product Characteristics (SmPC), available at www.medicines.org.uk/emc