ໂພດາໂດ 15
PHODACO 15

ສ່ວນປະກອບ:

ໃນ 1 ເມັດ ປະກອບດ້ວຍ Dacomitinib 15 mg.

ຂໍ້ບ່ງຊີ:

ສຳລັບປິ່ນປົວ ມະເຮັງປອດ ທີ່ບໍ່ແມ່ນເຊວຂະໜາດນ້ອຍ (NCLC) ໃນໄລຍະແຜ່ລາມ ໂດຍມີການປ່ຽນແປງຂອງ EGFR exon 19 deletion ຫຼື exon 21 L858R substitution mutations.

ຂະໜາດ, ວິທີໃຊ້ ແລະ ຄຳເຕືອນ:

-ປະລິມານປະຈຳວັນທີ່ແນະນຳແມ່ນ ວັນລະ 1 ຄັ້ງ, ຄັ້ງລະ 45 mg, ຮັບປະທານຮ່ວມ ຫຼື ບໍ່ຮ່ວມກັບອາຫານ;
-ຄວນຮັບປະທານ ໃນເວລາດຽວກັນຂອງທຸກໆວັນ;
-ຫ້າມຫຍໍ້, ບົດ ຫຼື ຫ້ັກເມັດຢາ.

ຜົນຂ້າງຄຽງເມື່ອໃຊ້ຢາ:

ໃນເວລາໃຊ້ຢາ ຈະພົບເຫັນອາການດັ່ງລຸ່ມນີ້:
-ປາກເປັນແຜ, ຜິວໜັງແຫ້ງ, ຜົມຫຼົ່ນ;
-ບໍ່ຢາກອາຫານ, ນ້ຳໜັກຫຼຸດ;
-ເຈັບຫົວ, ປວດກ້ຳມເນື້ອ;
-ຖອກທ້ອງ, ອ່ອນເພຍ.

ຂະໜາດການບັນຈຸ:

ບັນຈຸໃນຂວດພລາສຕິກ ຈຳນວນ 30 ເມັດ, ໃສ່ໃນກັບເຈ້ຍ ກັບລະ 1 ຂວດ.

ການເກັບຮັກສາ:

ເກັບມ້ຽນບ່ອນແຫ້ງບໍ່ມີແສງແດດສ່ອງເຖິງ ແລະ ໃນອຸນຫະພູມ 15-30 ອົງສາ, ເກັບໄວ້ໃນທີ່ຫ່າງໄກຈາກມືເດັກນ້ອຍ.

ຜະລິດ ແລະ ຈຳໜ່າຍໂດຍ:

ໂຮງງານຜະລິດຢາເລກ 2 ວຽງຈັນ
ຕູ້ ປ.ນ 2580, ຖະໜົນລາວໄທ, ໂສກປ່າໝາກເຜັດ, ນະຄອນຫຼວງວຽງຈັນ, ສປປ ລາວ.
ໂທ: (856-21) 315 293, 351 586, 030 526 4122.
ແຟກ: (856-21) 314 722, 263 246, 351 866.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

PHODACO is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations.

2 DOSAGE AND ADMINISTRATION

2.1Patient Selection

Select patients for the first-line treatment of metastatic NSCLC with PHODACO based on the presence of an EGFR exon 19 deletion or exon 21 L858R substitution mutation in tumor specimens.

2.2Recommended Dosage

The recommended dosage of PHODACO is 45 mg taken orally once daily, until disease progression or unacceptable toxicity occurs. PHODACO can be taken with or without food.

Take PHODACO the same time each day. If the patient vomits or misses a dose, do not take an additional dose or make up a missed dose but continue with the next scheduled dose.

2.3Dosage Modifications for Adverse Reactions

Reduce the dose of PHODACO for adverse reactions as described in Table 1. Dosage modifications for specific adverse reactions are provided in Table 2.

Table 1. PHODACO Recommended Dose Reductions for Adverse Reactions

Dose Level	Dose (Once Daily)
First dose reduction	30 mg
Second dose reduction	15 mg

Table 2. PHODACO Dosage Modifications for Adverse Reactions

Adverse Reaction	Severity	Dosage Modification
Interstitial lung disease (ILD)	Any Grade	● Permanently discontinue PHODACO.
Diarrhea	Grade 2	● Withhold PHODACO until recovery to less than or equal to Grade 1; then resume PHODACO at the same dose level. ● For recurrent Grade 2 diarrhea, withhold until recovery to less than or equal to Grade 1; then resume PHODACO at a reduced dose.
	Grade 3 or 4	● Withhold PHODACO until recovery to less than or equal to Grade 1; then resume PHODACO at a reduced dose.
Dermatologic Adverse Reactions	Grade 2	● Withhold PHODACO for persistent dermatologic adverse reactions; upon recovery to less than or equal to Grade 1, resume PHODACO at the same dose level. ● For recurrent persistent Grade 2 dermatologic adverse reactions, withhold until recovery to less than or equal to Grade 1; then resume PHODACO at a reduced dose.
	Grade 3 or 4	● Withhold PHODACO until recovery to less than or equal to Grade 1; then resume PHODACO at a reduced dose.
Other	Grade 3 or 4	● Withhold PHODACO until recovery to less than or equal to Grade 2; then resume PHODACO at a reduced dose.

2.4Dosage Modifications for Acid-Reducing Agents

Avoid the concomitant use of proton pump inhibitors (PPIs) while taking PHODACO. As an alternative to PPIs, use locally-acting antacids or if using an histamine 2 (H2)-receptor antagonist, administer PHODACO at least 6 hours before or 10 hours after taking an H2-receptor antagonist.

3 DOSAGE FORMS AND STRENGTHS

Tablets:
- 45 mg: film-coated, round biconvex tablet.
- 30 mg: film-coated, round biconvex tablet.
- 15 mg: film-coated, round biconvex tablet.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1Interstitial Lung Disease (ILD)

Severe and fatal ILD/pneumonitis occurred in patients treated with PHODACO and occurred in 0.5% of the 394 PHODACO-treated patients; 0.3% of cases were fatal.

Monitor patients for pulmonary symptoms indicative of ILD/pneumonitis. Withhold PHODACO and promptly investigate for ILD in patients who present with worsening of respiratory symptoms which may be indicative of ILD (e.g., dyspnea, cough, and fever). Permanently discontinue PHODACO if ILD is confirmed.

5.2Diarrhea

Severe and fatal diarrhea occurred in patients treated with PHODACO. Diarrhea occurred in 86% of the 394 PHODACO-treated patients; Grade 3 or 4 diarrhea was reported in 11% of patients and 0.3% of cases were fatal.

Withhold PHODACO for Grade 2 or greater diarrhea until recovery to less than or equal to Grade 1 severity, then resume PHODACO at the same or a reduced dose depending on the severity of diarrhea. Promptly initiate anti-diarrheal treatment (loperamide or diphenoxylate hydrochloride with atropine sulfate) for diarrhea.

5.3Dermatologic Adverse Reactions

Rash and exfoliative skin reactions occurred in patients treated with PHODACO. Rash occurred in 78% of the 394 PHODACO-treated patients; Grade 3 or 4 rash was reported in 21% of patients. Exfoliative skin reactions of any severity were reported in 7% of patients. Grade 3 or 4 exfoliative skin reactions were reported in 1.8% of patients.

Withhold PHODACO for persistent Grade 2 or any Grade 3 or 4 dermatologic adverse reaction until recovery to less than or equal to Grade 1 severity, then resume PHODACO at the same or a reduced dose depending on the severity of the dermatologic adverse reaction.

The incidence and severity of rash and exfoliative skin reactions may increase with sun exposure. At the time of initiation of PHODACO, initiate use of moisturizers and appropriate measures to limit sun exposure.

Upon development of Grade 1 rash, initiate treatment with topical antibiotics and topical steroids. Initiate oral antibiotics for Grade 2 or more severe dermatologic adverse reactions.

5.4Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, PHODACO can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, oral administration of dacomitinib to pregnant rats during the period of organogenesis resulted in an increased incidence of post-implantation loss and reduced fetal body weight at doses resulting in exposures near the exposure at the 45 mg human dose. The absence of EGFR signaling has been shown to result in embryolethality as well as post-natal death in animals. Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with PHODACO and for at least 17 days after the final dose.

6 ADVERSE REACTIONS

The following adverse drug reactions are described elsewhere in the labeling:
- Interstitial Lung Disease
- Diarrhea
- Dermatologic Adverse Reactions

7 DRUG INTERACTIONS

7.1Effect of Other Drugs on PHODACO

Concomitant use with a PPI decreases dacomitinib concentrations, which may reduce PHODACO efficacy. Avoid the concomitant use of PPIs with PHODACO. As an alternative to PPIs, use locally-acting antacids or an H2-receptor antagonist. Administer PHODACO at least 6 hours before or 10 hours after taking an H2-receptor antagonist.

7.2Effect of PHODACO on CYP2D6 Substrates

Concomitant use of PHODACO increases the concentration of drugs that are CYP2D6 substrates which may increase the risk of toxicities of these drugs. Avoid concomitant use of PHODACO with CYP2D6 substrates where minimal increases in concentration of the CYP2D6 substrate may lead to serious or life-threatening toxicities.

8 USE IN SPECIFIC POPULATIONS

8.1Pregnancy

Risk Summary

Based on findings from animal studies and its mechanism of action, PHODACO can cause fetal harm when administered to a pregnant woman. There are no available data on PHODACO use in pregnant women. In animal reproduction studies, oral administration of dacomitinib to pregnant rats during the period of organogenesis resulted in an increased incidence of post-implantation loss and reduced fetal body weight at doses resulting in exposures near the exposure at the 45 mg human dose. The absence of EGFR signaling has been shown to result in embryolethality as well as post-natal death in animals. Advise pregnant women of the potential risk to a fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

8.2Lactation

Risk Summary

There is no information regarding the presence of dacomitinib or its metabolites in human milk or their effects on the breastfed infant or on milk production. Because of the potential for serious adverse reactions in breastfed infants from PHODACO, advise women not to breastfeed during treatment with PHODACO and for at least 17 days after the last dose.

8.3Females and Males of Reproductive Potential

Pregnancy Testing

Verify the pregnancy status of females of reproductive potential prior to initiating PHODACO.

Contraception

PHODACO can cause fetal harm when administered to a pregnant woman.

Females

Advise females of reproductive potential to use effective contraception during treatment with PHODACO and for at least 17 days after the final dose.

8.4Pediatric Use

The safety and effectiveness of PHODACO in pediatrics have not been established.

8.5Geriatric Use

Of the total number of patients (N=394) in five clinical studies with EGFR mutation-positive NSCLC who received PHODACO at a dose of 45 mg orally once daily [ARCHER 1050 (N=227), Study A7471009 (N=38), Study A7471011 (N=83), Study A7471028 (N=16), and Study A7471017 (N=30)] 40% were 65 years of age and older.

Exploratory analyses across this population suggest a higher incidence of Grade 3 and 4 adverse reactions (67% versus 56%, respectively), more frequent dose interruptions (53% versus 45%, respectively), and more frequent discontinuations (24% versus 10%, respectively) for adverse reactions in patients 65 years or older as compared to those younger than 65 years.

8.6Renal Impairment

No dose adjustment is recommended for patients with mild or moderate renal impairment (creatinine clearance [CLcr] 30 to 89 mL/min estimated by Cockcroft-Gault). The recommended dose of PHODACO has not been established for patients with severe renal impairment (CLcr <30 mL/min).

8.7Hepatic Impairment

No dose adjustment is recommended in patients with mild (total bilirubin ≤ upper limit of normal [ULN] with AST > ULN or total bilirubin > 1 to 1.5 × ULN with any AST) or moderate (total bilirubin > 1.5 to 3 × ULN and any AST) hepatic impairment. The recommended dose of PHODACO has not been established for patients with severe hepatic impairment (total bilirubin > 3 to 10 × ULN and any AST).

9 HOW SUPPLIED/STORAGE AND HANDLING

PHODACO is supplied in HDPE bottles,30tablets/bottle.

Store at 20 °C to 25 °C (68 °F to 77 °F); excursions permitted between 15 °C to 30 °C (59 °F to 86 °F). [see USP Controlled Room Temperature].

10 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Interstitial Lung Disease (ILD)

●Advise patients of the risks of severe or fatal ILD, including pneumonitis. Advise patients to contact their healthcare provider immediately to report new or worsening respiratory symptoms.

Diarrhea

●Advise patients to contact their healthcare provider at the first signs of diarrhea. Advise patients that intravenous hydration and/or anti-diarrheal medication (e.g., loperamide) may be required to manage diarrhea.

Dermatologic Adverse Reactions

●Advise patients to initiate use of moisturizers and to minimize sun exposure with protective clothing and use of sunscreen at the time of initiation of PHODACO. Advise patients to contact their healthcare provider immediately to report new or worsening rash, erythematous and exfoliative reactions.

Drug Interactions

●Advise patients to avoid use of PPIs while taking PHODACO. Short-acting antacids or H2 receptor antagonists may be used if needed. Advise patients to take PHODACO at least 6 hours before or 10 hours after taking an H2-receptor antagonist.

Embryo-Fetal Toxicity

●Advise females of reproductive potential that PHODACO can result in fetal harm and to use effective contraception during treatment with PHODACO and for 17 days after the last dose of PHODACO. Advise females of reproductive potential to contact their healthcare provider with a known or suspected pregnancy.

Lactation

●Advise women not to breastfeed during treatment with PHODACO and for 17 days after the last dose of PHODACO.

PATIENT INFORMATION
PHODACO® (vih-ZIM-pro)
(dacomitinib)
tablets

What is PHODACO?

PHODACO is a prescription medicine used to treat non-small cell lung cancer (NSCLC) that has spread to other parts of the body (metastatic):

●As your first treatment if your tumor has certain types of abnormal epidermal growth factor receptor (EGFR) gene(s).

Your healthcare provider will perform a test to make sure that PHODACO is right for you.

It is not known if PHODACO is safe and effective in children.

Before taking PHODACO, tell your healthcare provider about all your medical conditions, including if you:

●have frequent diarrhea.

●have a history of lung or breathing problems other than lung cancer.

●are pregnant, or plan to become pregnant. PHODACO can harm your unborn baby.

Females who are able to become pregnant:

◎Your healthcare provider should do a pregnancy test before you start treatment with PHODACO.

◎You should use effective birth control (contraception) during treatment and for at least 17 days after your last dose of PHODACO. Talk to your healthcare provider about birth control methods that may be right for you during this time.

◎Tell your healthcare provider right away if you become pregnant during your treatment with PHODACO.

●are breastfeeding or plan to breastfeed. It is not known if PHODACO passes into your breast milk. Do not breastfeed during treatment and for at least 17 days after your last dose of PHODACO. Talk to your healthcare provider about the best way to feed your baby during this time.

Tell your healthcare provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. PHODACO and other medicines or supplements may affect each other causing side effects.

How should I take PHODACO?

●Take PHODACO exactly as your healthcare provider tells you.

●Take your dose at approximately the same time each day.

●Your healthcare provider may change your dose, temporarily stop, or permanently stop treatment with PHODACO if you have side effects.

●Take PHODACO 1 time each day with or without food.

●If you take an antacid or H2 blocker medicine during treatment with PHODACO, take your dose of PHODACO **at least 6 hours before or 10 hours after** taking the antacid or H2 blocker medicine. Do not change your dose or stop taking PHODACO unless your healthcare provider tells you.

●If you vomit or miss a dose of PHODACO, do not take another dose or make up for the missed dose. Take your next dose at your regular time.

What should I avoid during treatment with PHODACO?

●Minimize exposure to sunlight. PHODACO can cause skin reactions. See **"What are the possible side effects of PHODACO?"**

What are the possible side effects of PHODACO?

PHODACO may cause serious side effects, including:

●**Lung or breathing problems.** PHODACO may cause severe inflammation of the lung that may lead to death. Symptoms may be similar to those symptoms from lung cancer. Tell your healthcare provider right away if you have any new or worsening lung symptoms, including trouble breathing or shortness of breath, cough, or fever.

●**Diarrhea.** Diarrhea is common during treatment with PHODACO, and can be severe and lead to death. Diarrhea can cause you to lose too much body fluid (dehydration). Your healthcare provider may tell you to start drinking more fluids or start taking your anti-diarrheal medicines. Tell your healthcare provider right away, if you have any loose stools or have stools more often than is normal for you.

●**Skin reactions.** Skin reactions are common with PHODACO and can be severe. These skin reactions may include: dry skin, redness, rash, acne, itching, and peeling or blistering of your skin. Use moisturizers every day when taking PHODACO. Use sunscreen and wear protective clothing that covers your skin, while exposed to sunlight, while you are taking PHODACO. Your healthcare provider may prescribe other medicines to help skin reactions. Tell your healthcare provider right away about any worsening skin reactions.

The most common side effects of PHODACO include:

●rash
●diarrhea
●mouth pain and sores
●nail inflammation
●common cold
●itching
●dry skin
●decreased appetite
●decreased weight
●dry, red, itchy eyes
●hair loss

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store PHODACO?

●Store PHODACO at 20 °C to 25 °C (68 °F to 77 °F).

Keep PHODACO and all medicines out of the reach of children.

General information about the safe and effective use of PHODACO.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use PHODACO for a condition for which it was not prescribed. Do not give PHODACO to other people, even if they have the same symptoms you have. It may harm them.

You can ask your pharmacist or healthcare provider for more information about PHODACO that is written for health professionals.

What are the ingredients in PHODACO?

Active ingredient:

dacomitinib

Inactive ingredients: lactose monohydrate, microcrystalline cellulose, sodium starch glycolate, and magnesium stearate.

Film coating contains: Opadry II® Blue 85F30716 containing: Polyvinyl alcohol – partially hydrolyzed, Talc, Titanium dioxide, Macrogol/PEG 3350, and FD&C Blue #2/Indigo Carmine Aluminum Lake.