NOVARTIS

TYKERB®, (lapatinib ditosylate)
250 mg Film-coated tablets

Basic Succinct Statement (BSS)

CODE: BSS RD 27 AUG 18; APPR 3 AUG 20

This material is only meant for Healthcare Professionals

TYKERB®

Important note: Before prescribing, consult full prescribing information.

Presentation: Film-coated tablets: contains 405 mg of lapatinib ditosylate corresponding to 250 mg lapatinib

Indications: ♦ TYKERB is indicated in combination with:

- capecitabine for the treatment of patients with advanced or metastatic breast cancer whose tumors overexpress HER2 and who have received prior therapy including an anthracycline, a taxane, and trastuzumab.
  Limitation of Use: Patients should have disease progression on trastuzumab prior to initiation of treatment with TYKERB in combination with capecitabine.
- letrozole for the treatment of postmenopausal women with hormone receptor-positive metastatic breast cancer that overexpresses the HER2 receptor for whom hormonal therapy is indicated.

TYKERB in combination with an aromatase inhibitor has not been compared to a trastuzumab-containing chemotherapy regimen for the treatment of metastatic breast cancer.

Dosage and administration: ♦HER2-Positive Metastatic Breast Cancer: 1,250 mg once daily with capecitabine 2,000 mg/m^2/day in 2 doses 12 hour apart on days 1 to 14 in a 21 day cycle. ♦Hormone Receptor-Positive, HER2-Positive Metastatic Breast Cancer: 1,500 mg once daily, letrozole 2.5 mg once daily. ♦Take at least one hour before or one hour after food. ♦Management of adverse reactions may require treatment interruption, dose reduction or treatment discontinuation.

Special populations: ♦ **Pediatric patients (aged below 18 years):** Safety and efficacy not established**.** ♦ **Geriatric patients (>65 years):** Limited data. No overall differences in the safety or efficacy on the basis of age were observed. ♦**Renal impairment**: No dose adjustment required. ♦**Severe hepatic impairment**: Caution and dose reduction.

Contraindications: ♦Hypersensitivity to any of the ingredients**.**

Warnings and precautions: ♦**Cardiac toxicity**: Caution in patients with conditions that could impair left ventricular function. Baseline and on treatment monitoring of LVEF. LVEF within the institutionals normal limits prior to treatment initiation. Caution in patients who have or may develop prolongation of QTc. Correction of hypokalemia or hypomagnesemia prior to Tykerb administration. ♦**Interstitial Lung Disease (ILD) and Pneumonitis**: Monitoring for pulmonary symptoms indicative of ILD/pneumonitis. ♦**Hepatotoxicity**: Liver function tests monitoring before initiation of treatment, every four to six weeks during treatment, and as clinically indicated. Dose reduction in patients with severe pre-existing hepatic impairment. Treatment discontinuation in patients who develop severe hepatotoxicity. No retreatment with Tykerb. Caution in patients carrying HLA alleles DQA1*02:01 and DRB1*07:01, due to increased risk of hepatotoxicity. ♦**Diarrhea**: Early identification and prompt treatment recommended. Treatment interruption or discontinuation and institution of appropriate treatment if diarrhea persists beyond 24 hours with fever or Grade 3 or 4 neutropenia. ♦**Severe**

cutaneous reactions: Treatment discontinuation if erythema multiform or life-threatening reactions such as Stevens-Johnson syndrome (SJS), or toxic epidermal necrolysis (TEN) suspected. ♦**Interactions with CYP3A4 inhibitors or inducers:** Caution in co-administration with inhibitors or inducers of CYP3A4 (risk of increased or decreased exposure to Tykerb).

Adverse drug reactions:

When lapatinib is used in combination with: ♦*Capecitabine*: ♦Very common (≥10%): diarrhea, nausea, vomiting, stomatitis, dyspepsia, palmar-plantar erythrodysesthesia, rash, dry skin, mucosal inflammation, pain in extremity, back pain, dyspnea, insomnia. ♦***Letrozole*: ♦Very common (≥10%)**: diarrhea, nausea, vomiting, anorexia, rash, dry skin, alopecia, pruritis, nail disorder, fatigue, asthenia, headache, epistaxis.

Adverse reactions from spontaneous reports (frequency not known):

Hypersensivity reactions including anaphylaxis nail disorders including paronychia. Severe cutaneous adverse reactions including SJS and TEN. Ventricular arrhythmias/TdP and electrocardiogram QT prolongation

For a complete list of ADRs, consult full prescribing information.

Interactions: ♦Caution in combination with known inhibitors of CYP3A4, e.g. ketoconazole, itraconazole, clarithromycin, atazanir, indinavir, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin, voriconazole and grapefruit. ♦Caution in combination with known inducers of CYP3A4, e.g. dexamethasone, phenytoin, carbamazepine, rifampicin, rifabutin, rifapentin, phenobarbital and St. John's wort. ♦Caution in patients pre-treated with a proton pump inhibitor (esomeprazole). ♦Caution in combination with orally administered medications with narrow therapeutic windows that are substrates of CYP3A4, CYP2C8, Pgp and BCRP, e.g. midazolam, paclitaxel or digoxin. ♦Tykerb might affect the PK of BCRP and OATP1B1 substrates. ♦ Food interaction, take at least one hour before or one hour after food.