Erlova®

Erlotinib

F.C.Tablet

CATEGORY
Antineoplastic

INDICATIONS
Accepted
►Treatment of non- small cell lung carcinoma; Erlova® is indicated for the treatment of patients with locally advanced or metastatic non–small cell lung caner after failure of at least one prior chemotherapy regimen.
►First-line treatment of pancreatic carcinoma; Erlova® in combination with Gemcitabine is indicated for the first–line treatment of patients with locally advanced, unrespectable or metastatic pancreatic cancer.
Unaccepted
►Erlova® is not recommended for concurrent administration with platinum based chemotherapy (Carboplation and Paclitaxel or Gemcitabine and Cisplatin) for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer.

DOSAGE & ADMINISTRATION
General dosing information:
►Treatment of non- small cell lung carcinoma: oral, 150 mg daily.
►Pancreatic carcinoma: oral, 100mg daily in combination with Gemcitabine.
►When dose reduction is necessary Erlova® should be reduced in 50 mg decrements.
►For patients pretreated with a CYP3A4 inducer a dose of Erlova® greater than 150 mg should be considered.
Proper use of this medication:
►Take tablet at least one hour before or at least two hours after the ingestion of food.
►In case of missed dose, take the missed tablet as soon as possible. Do not take it if it is almost time for next scheduled dose. Do not double dose and check with physicians for instruction.
►Erlova® therapy should continue until disease progression or unacceptable toxicity occurs.

PATIENT MONITORING
The followings may be especially important in patient monitoring:
►Alanine aminotransferase (ALT) or Aspartate aminotransferase (AST) or Bilirubin; Periodic liver function testing should be considered; dose reduction or interruption of Erlova® should be considered if changes in liver function are severe.
►Prothrombin time (or INR); Patients concomitantly receiving warfarin or other coumarin–derivative anti coagulants should be monitored regularly for changes in prothrombin time or INR. INR elevation and bleeding including gastrointestinal bleeding have been reported.

MECHANISM OF ACTION
Erlova® is a human epidermal growth factor receptor type 1/ epidermal growth factor receptor (HER1/EGFR) tyrosine kinase inhibitor. The antitumor action of Erlova® has not been fully characterized. However Erlova® inhibits the intracellular phosphorylation of tyrosine kinase associated with the epidermal growth factor receptor (EGFR) which is expressed on the surface of normal cells and center cells.

PHARMACOKINETICS
Erlova® is 60% absorbed following oral administration and its bioavailability is increased to almost 100% when given with food. Its volume of distribution (volD) is 232 liters. It highly (approximately 93%) binds to albumin and alpha-1 acid glycoprotein (AAG) of plasma. Erlova® is metabolized primarily by CYP3A2 and to a lesser extent by CYP1A2 and the extra hepatic isoform CYP1A1. Its elimination half life is approximated 36 hours. Peak plasma levels occur 4 hours after dosing. It is eliminated through feces and urine 89% (1% as intact parent) and 8% (0.3% as intact parent) respectively. Smokers had a 24% higher rate of Erlova® clearance.

CONTRAINDICATION
Except under special circumstances, this medication should not be used when the following medical problem exists:
►Hypersensitivity to Erlotinib or any of its components.

WARNING & PRECAUTIONS
Risk–benefit should be considered when the following medical problems exist:
►Hepatic function impairment; Erlova® exposure may be increased; a dose reduction or interruption of Erlova® should be considered if changes in liver function are severe.
Precautions while using this medication:
►Seek prompt medical attention in cases of sever or persistent diarrhea, nausea, anorexia, or vomiting occur.
►Seek prompt medical attention if onset or worsening of unexplained shortness of breath or cough occurs.
►Contact your physician if you develop eye irritation.
Caution if adverse effects occur:
►Erlova® treatment should be interrupted if developments of acute onset of new progressive pulmonary symptoms such as dyspnea, Cough, or fever occur until after an evaluation for interstitial lung disease (ILD) has been done. If ILD is diagnosed, Erlova® treatment should be discontinued and appropriate treatment be given.
►If diarrhea develops it can usually be managed with Loperamide. Patients who are unresponsive to Loperamide or who become dehydrated may require dosage reduction or temporary interruption of Erlova® therapy.
►If patients develop severe skin reactions a dosage reduction or temporary interruption of Erlova® therapy may be required.
Pediatrics:
Safety and efficacy have not been established.

PREGNANCY
FDA pregnancy category D
Adequate and well controlled studies with Erlova® in pregnant woman have not been done. Women of childbearing potential should be advised to avoid pregnancy while receiving Erlova® therapy. Adequate contraceptive methods should be use during therapy and for at least two weeks following completion of therapy. Erlova® crosses the placenta and has shown to cause death in the fetus in animal studies.

LACTATION
It is not known whether Erlova® is distributed into breast milk. Women should be advised against breast feeding while receiving Erlova® therapy.

DRUG INTERACTIONS
The following drug interactions have been selected on the basis of their potential clinical significance and are not inclusive. Inform your physician if you have taken any other medications (possible not necessarily inclusive). Combinations containing any of the following medications, depending on the amount present, may also interact with this medication.
►CYP3A4 inducers, such as Carbamazepine, Phenobarbital, Phenytoin, Rifabutin, Rifampin, Rifapentin and St .John's Wort; interaction may decrease Erlova® AUC. Alternative treatments lacking CYP3A4 inducing activity should be considered. If an alternative is unavailable an increased Erlova® dose should be considered. If Erlova® dose is upward adjusted, the dose will need to be reduced upon discontinuation of the inducer.
►Potent CYP3A4 inhibitors such as Ketoconazole and other strong CYP3A4 inhibitors such as Atazanavir, Clarithromycin, Indinavir, Nefazodone, Nelfinavir, Ritonavir, Saquinavir, Telithromycin, Troleandomycin and Voriconazole; Caution: interaction may increase Erlova® AUC. Reduction in dosage should be considered if sever adverse reaction occur.
►Warfarin and other coumarin–derivative anticoagulants; Gastrointestinal bleeding has been reported with concomitant administration of warfarin and Erlova®. Monitor regularly for changes in prothrombin time or INR.

LABORATORY TEST INTERACTIONS
►Alanine aminotrasferase (ALT), Aspartate aminotransferase (AST) or Bilirubin; Tests' levels may be false-elevated.

SIDE EFFECTS
The Following side/adverse effects have been selected on the basis of their potential clinical significance (possible sign and symptoms in parentheses where appropriate) and are not necessarily inclusive.
Those indicating need for medical attention:
►Incidence more frequent:
Cough; severe diarrhea; dyspnea (shortness of breath; difficult or labored breathing; tightness in chest; wheezing); fever; neuropathy (burning, tingling, numbness or pain in the hands; arms, feet or legs sensation of pins needles; stabbing pain); severe rash
►Incidence rare:
Cerebrovascular accident (blurred vision; headache, sudden and sever; inability to speak; seizures; slurred speech; temporary blindness; weakens in arm and/or leg on one side of the body, sudden and severe); corneal ulceration (eye irritation or redness); gastrointestinal bleeding (bloody or black, tarry stools; vomiting of blood or of material that looks like coffee grounds; severe stomach pain; constipation); interstitial lung disease (cough; difficult breathing; fever; shortness of breath); keratitis (eye redness, irritation ,or pain); microangiopathic hemolytic anemia with thrombocytopenia (sudden weakness in arms or legs; sudden, severe chest pain); myocardial infarction/ischemia (chest pain or discomfort; pain or discomfort in arms, jaw, back or neck; shortness of breath; nausea; sweating; vomiting)
Those indicating need for medical attention only if they continue or are bothersome:
►Incidence more frequent:
Abdominal pain (stomach pain); alopecia (hair loss; thinning of hair); anorexia (loss of appetite; weigh loss); anxiety (fear; nervousness); bone pain; conjunctivitis (redness, pain, swelling of eye, eyelid, or inner lining of eyelids; burning, dry or itching eyes; discharge excessive tearing); constipation (difficulty having a bowel movement [stool]); depression (discouragement; feeling sad or empty; irritability; lack of appetite; loss of interest or pleasure; tiredness; trouble concentrating; trouble sleeping); diarrhea, mild; dizziness; dry skin; dyspepsia (acid or sour stomach; belching; heartburn; indigestion; stomach discomfort, upset or pain); edema (swelling); fatigue (unusual tiredness or weakness); flatulence (bloated full feeling; excess air or gas in stomach or intestines; passing gas); headache; infection (fever or chills; cough or hoarseness; lower back or side pain; painful or difficult urination); insomnia (sleeplessness; trouble sleeping; unable to sleep); keratoconjunctivitis sicca (dryness of the eye); myalgia (joint pain; swollen joints; muscle aching or cramping; muscle pains or stiffness; difficulty in moving) nausea; pruritus (itching skin); pyrexia (fever); rash, mild; rigors (feeling unusually cold; shivering); stomatitis (swelling or inflammation of the mouth); vomiting; weight decreased

OVERDOSE
For more information on the management of the overdose or unintentional ingestion, contact poison control center. Clinical effects of overdose include diarrhea, elevated liver transaminase and rash.

STORAGE:
►Store below 30°C, protect from moisture and light.
►Keep out of the reach of children.
►Keep in the original container until use.

PACKAGING
►30 F.C. tablet of 150 mg Erlotinib (as hydrochloride) in a plastic container with a leaflet in a cardboard box.
►30 F.C. tablet of 100 mg Erlotinib (as hydrochloride) in a plastic container with a leaflet in a cardboard box.
►30 F.C. tablet of 25 mg Erlotinib (as hydrochloride) in a plastic container with a leaflet in a cardboard box.

REFERENCE
USP DI, Drug information for the Healthcare Professional, 2007

AN: Erlova®-205

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ERLOVA Brochure | 297 x 210 mm
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