PRESCRIBING INFORMATION

TAGRISSTM ▼ (osimertinib) 40mg and 80mg FILM-COATED TABLETS

Consult Summary of Product Characteristics before prescribing.

**Indication:** TAGRISSO as monotherapy is indicated for: the first-line treatment of adult patients with locally advanced or metastatic non-small-cell lung cancer (NSCLC) with activating epidermal growth factor receptor (EGFR) mutations and the treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive NSCLC.

**Presentation:** 40mg and 80mg osimertinib (as mesylate) film-coated tablets.

**Dosage and Administration:** Treatment should be initiated by a physician experienced in the use of anticancer therapies. When considering the use of TAGRISSO, EGFR mutation status in tumour or plasma specimens should be determined using a validated test method. The recommended dose is 80mg once a day, taken with or without food at the same time each day until disease progression or unacceptable toxicity. If a dose is missed, the dose should be made up unless the next dose is due within 12 hours. Should be swallowed whole with water and it should not be crushed, split or chewed. If patients are unable to swallow, the tablet may be dispersed in water (non-carbonated). No other liquids should be used. The dispersion can also be administered through a nasogastric tube. Refer to SmPC for full instructions.

**Dose adjustments:** If required to manage safety and tolerability, then dose should be reduced to 40mg taken once daily.

**Special populations: Hepatic impairment:** No dose adjustments are necessary in patients with mild hepatic impairment (Child Pugh A) (total bilirubin ≤ upper limit of normal (ULN) and aspartate aminotransferase (AST) >ULN or total bilirubin >1.0 to 1.5x ULN and any AST) or moderate hepatic impairment (Child Pugh B) (total bilirubin between 1.5 to 3 times ULN and any AST). Use in patients with severe hepatic impairment is not recommended.

**Renal impairment:** No dose adjustments are necessary in patients with mild, moderate, or severe renal impairment. Caution should be exercised when treating patients with severe and end-stage renal impairment.

**Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Should not be used with St. John’s Wort.

**Warnings and Precautions:** Interstitial Lung Disease (ILD): Patients with acute onset and/or unexplained worsening of pulmonary symptoms (dyspnoea, cough, fever) should have their treatment interrupted while investigations are performed to exclude ILD. If ILD is diagnosed, TAGRISSO should be discontinued and appropriate treatment initiated as necessary. Reintroduction should be considered only after careful consideration of the individual patient’s benefits and risk.

**Stevens-Johnson syndrome (SJS):** Before initiating treatment, patients should be advised of signs and symptoms of SJS. If suggestive, TAGRISSO should be interrupted or discontinued immediately. **QTc interval prolongation:** May lead to an increased risk for ventricular tachyarrhythmias (e.g. torsade de pointes) or sudden death. When possible, osimertinib should be avoided in patients with congenital long QT syndrome. Periodic monitoring with electrocardiograms and electrolytes should be considered in patients with congestive heart failure, electrolyte abnormalities, or those who are taking medicinal products that are known to prolong the QTc interval. Treatment should be withheld in patients who develop a QTc interval greater than 500 msec on at least 2 separate ECGs until the QTc interval is less than 481 msec or recovery to baseline if...
the QTc interval is greater than or equal to 481 msec then resume TAGRISSO at a reduced dose. TAGRISSO should be permanently discontinued in patients who develop QTc interval prolongation in combination with any of the following: torsade de pointes, polymorphic ventricular tachycardia, signs/symptoms of serious arrhythmia. **Changes in cardiac contractility:** In patients with cardiac risk factors and those with conditions that can affect LVEF, cardiac monitoring, including an assessment of LVEF at baseline and during treatment, should be considered. In patients who develop relevant cardiac signs/symptoms during treatment, cardiac monitoring including LVEF assessment should be considered. **Keratitis:** Patients with signs and symptoms suggestive of keratitis such as acute or worsening: eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye should be referred promptly to an ophthalmology specialist. **Age and body weight:** Elderly patients (>65 years) or patients with low body weight (<50 kg) may be at increased risk of developing adverse events of Grade 3 or higher. Close monitoring is recommended.

**Drug Interactions:** Concomitant use of strong CYP3A inducers (e.g. phenytoin, rifampicin and carbamazepine) should be avoided. Moderate CYP3A4 inducers (e.g. bosentan, efavirenz, etravirine, modafinil) should be used with caution, or avoided when possible. Closely monitor patients taking concomitant medications with disposition dependent upon breast cancer resistant protein (BCRP) and P-glycoprotein (P-gb) and with narrow therapeutic index.

**Pregnancy and Lactation:** TAGRISSO should not be used during pregnancy unless the clinical condition of the woman requires treatment with TAGRISSO. Discontinue breast-feeding during treatment with TAGRISSO. Women of childbearing potential should be advised to avoid becoming pregnant if they or their partner are being treated with TAGRISSO.

**Undesirable Events:** Consult SmPC for full list of adverse events. **Very common (all grades):** Diarrhoea, stomatitis, rash, dry skin, paronychia, pruritus, platelet count decreased, leucocytes decreased, lymphocytes decreased, neutrophils decreased. **Common (all grades):** Interstitial lung disease. **Uncommon (all grades):** Keratitis, QTc interval prolongation, erythema multiforme. **Rare (all grades):** Stevens-Johnson syndrome.

**Legal Category:** POM.

**Marketing Authorisation Number:** EU/1/16/1086/001 and EU/1/16/1086/002.

**Presentation & Basic NHS Cost:** 30 Film-Coated Tablets: £5,770.00 (40mg and 80mg packs).

**Marketing Authorisation Holder:** AstraZeneca AB, SE-151 85, Södertälje, Sweden.

**Further information is available from:** AstraZeneca UK Ltd, 600 Capability Green, Luton, LU1 3LU, UK.

TAGRISSO is a trade mark of the AstraZeneca group of companies.

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Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to AstraZeneca by visiting [https://aereporting.astrazeneca.com](https://aereporting.astrazeneca.com) or by calling 0800 783 0033.