℞ ERLOKINASE™

RELIC
Biotechnology Pvt. Ltd.
An ISO 9001:2008 Certified Company

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For the use only of register medical practitioner or a Hospital or a Laboratory.

ERLOTINIB TABLETS I.P.
ERLOKINASE

COMPOSITION:

Each film coated tablet contains:

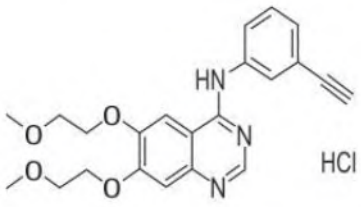
Erlotinib hydrochloride I.P.	
equivalent to Erlotinib	100mg
Exciplents	q.s.
Colour: Titanium dioxide	
Red Oxide of Iron	
Yellow Oxide of Iron	

Each film coated tablet contains,

Erlotinib hydrochloride I.P.	
equivalent to Erlotinib	150mg
Exciplents	q.s.
Colour: Titanium dioxide	
Red Oxide of Iron	
Yellow Oxide of Iron	

DISCRIPTION:

Erlotinib is a Human Epidermal Growth Receptor Type 1/epidermal Growth Factor Receptor (HER1/EGFR) tyrosine kinase inhibitor is a quinazolinamine with the chemical name N-(3ethynylphenyl) -6,7 -bis02-methoxyth quinazolinamine. Erlotonib contains Erlotinib as the hydrochloride salt has the following structural formula:



PHARMACOLOGICAL PROPERTIES

Pharmacodynamics

Erlotinib inhibits the intracellular phosphorylation of tyrosine kinase associated with the epidermal growth factor (EGFR). Specificity of inhibition with regard to other tyrosine kinase receptors has not been fully characterized. EGFR is expressed on the cell surface of normal cells and cancer cells.

Pharmacokinetics

Erlotinib is about 60 % absorbed after administration and its bio availability is substantially increased by food to almost 100% Its halt-lite is about 36 hours and it is cleared predominantly by CYP3A4 metabolism and to a lesser extent by CYP1A2.

Absorption and Distribution

Bioavailability oi erlotinib following a 150 mg oral dose of erlotonib is about 60% and peak plasma levels occur 4 hrs after dosing Food increases bioavailability substantially, to almost 100%.

Following absorption, erlotinib is approximately 93% protein bound to albumin an3 alpha-1 acid glycoprotein (AAG) Erlotinib has an apparent volume of distibution of 232 liters.

Metabolism and Elimination

Erlotinib is metabolized primarily by CYP3A4 and to a lesser extent by CYP1A2, and tile extra hepatic isoform CYP1A1. Following a 100 mg oral dose, 91% of the dose was recovered: 83% in feces (1 % of the dose as intact parent) and 8% in urine (0.3% of the dose as intact parent)

INDICATIONS

Non-Small Cell Lung Cancer

Erlotonib is indicated for the treatment of patients with locally advanced or metastatic non-small cell lung cancer after failure of at least one prior chemotherapy regimen.

Pancreatic Cancer

Erlotonib in combination with gemcitabine is indicated for the firsl-line treatment bf patients with locally advanced, unresectable or metastatic pancreatic cancer.

CONTRAINDICATIONS

Erlotinib is contraindicated in paients with severe hypersensltivity to erlotinib or to any component of Erlotinib.

DOSAGE AND ADMINISTRATION

Non-Small Cell Lung Cancer

The recommended daily dose of erlotonib is 150 mg taken at least one hour before or two hours after the ingestion of food. Treatment should continue until disease progression or unacceptable toxicity occurs.

Pancreatic Cancer

The recommended daily dose of erlotonib is 100 mg taken at least one hour before or two hours after the ingesion of food, in combination with gemcltabine

ADVERSE EFFECT

Gastrointestinal disorders gastrointestinal bleeding have been commonly associated Hepatobillary disorders: These were mainly mild or moderate in severity, transient in nature or associated with liver metastases. Rare cases of hepatic failure (including fatalities) have been associated.

Eye disorders: Keratitis and conjunctivitis have been associated

Respiratory, thoracic and medlasllnal disorders: There have been uncommon reports of serious interstitial lung disease (ILD)-llke events (including fatalities) In patients receiving Erloinib for treatment of NSCLC and other advanced solid tumours.

Skin and subcutaneous tissue disorders: Bullous. blistering and exfoliative skin conditions have been reported, including very rare cases suggestive of Stevens-Johnson syndrome/Toxic epidermal nacrolysis, which in some cases were fatal. hair and nail changes, mostly non-serious were associated.

WARNING

Pulmonary Toxicity

There have been infrequent reports serious Interstitial Lung Disease (ILD) in the event of acute onset of new of progressive, unexplained pulmonary symptoms such as dyspnea, cough and fever, Erlotonib therapy should be interrupted pending diagnostic evaluation. If ILD is diagnosed, Erlotonib should be discontinued and appropriate treatment instituted as necessary.

PRECAUTIONS

Renal Failure

Periodic monitoring of renal function and serum electrolytes is recommended in patients at risk of dehydration.

Hepatotoixicity

Erlotonib dosing should be interrupted if changes in liver function are severe.

Patients with Hepatic Impalrment

Erlotonib exposure may be increased in patients with hepatic dysfunction.

Pregnancy

There are no adequate or well controlled studies in pregnant using Erlotinib tablets. The potential risk for humans is unknown. Women of child bearing potential must be advised to avoid pregnancy while on Erlotinib therapy. Adequate contraceptive methods should be used during therapy and for at least 2 weeks after completing therapy. Treatment should be continued in pregnant women if the potential benefit to the mother outweighs the risk to the foetus.

Nursing Mothers

Women should be advised against breast-feeding while receiving Erlotonib therapy.

Geriatric Use

No dosage adjustment are recommended in elderly patients.

Information for Patients

If the following signs or symptoms occur, patients should seek medical advice promptly. Severe or persistent diarrhea, nausea, anorexia, or vomiting Onset or worsening of unexplained shortness of breath or cough, Eye Irritation Women of childbearing potential should be advised to avoid becoming pregnant while taking Erlotinib. Smokers should be advised to stop smoking while taking Erlotonib as plasma concentrations of Erlotinib are reduced due to the effect of cigarette smoking.

DRUG INTERACTIONS

Co-treatment with the potent CYP3A4 inhibitor ketoconazole increase Erlotinib AUC by 2/3. Caution should be used when administering or taking Erlotonib with ketoconazole and other strong CYP3A4 inhibitors such as, but not limited to, ataxanavir, clarithromycin, Indinavir, itraconazole, nefazodone, neltinavir, ritonavir, saquinavir, tellthromycin, troleandomycin(TAO), voriconazole and grapefruit juice.

Pre-tretment with the CYP3A4 inducer rifampicin decreased Erlotinib AUC by about 2/3 to 4/5, which is equivalent to a dose of about 30 to 50mg in NSCLC patients. Use of alternative treatments lacking CYP3A4 inducing activity is strongly recommended. If an alternative treatment is unavailable, adjusting the starting dose should be considered.

OVERDOSE

Single oral doses of Erlotinib up 1000mg in healthy subjects and up to 1600mg given as a single dose once weekly in cancer patients have been tolerated. Repeated twice daily doses of 200mg in healthy subjects were poorly tolerated after only a few days of dosing. Based on the data from these studies, severe adverse events such as diarrhoea, rash and possibly liver transaminase elevation may occur above the recommended dose. In case of suspected overdose Erlotinib should be withheld and symptomatic treatment administered.

Storage

Store below 25°C.
Protect from light and moisture.
Keep out of reach of children.

PRESENTATION

ERLOKINASE (Erlotinib 100 mg and 150mg) Film coated tablets are available in HDPE Bottle Pack of 30 Tablets

ERLOKINASE