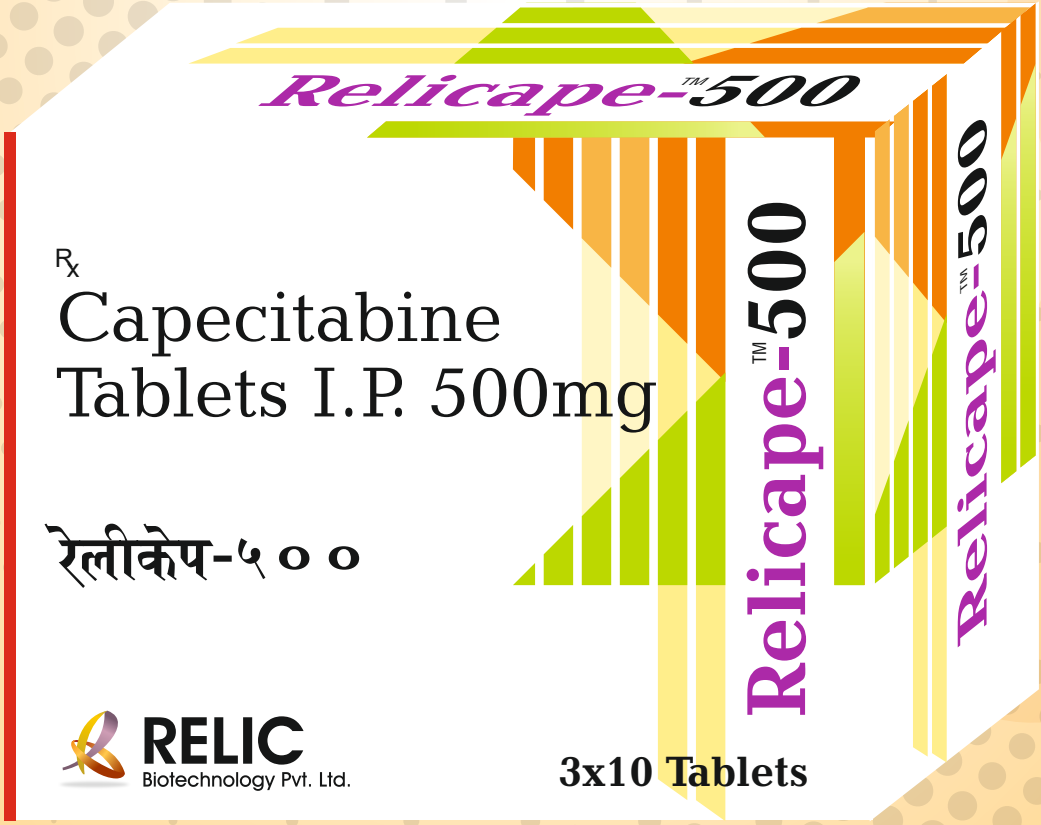
Relicape™



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

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

For the use of Registered Medical Practitioner or a Hospital or a Laboratory only

RELICAPE

Capecitabine Tablets I.P. 500mg /150mg.

Composition

RELICAPE -500

Each film coated tablet contains:

Capecitabine I.P. 500 mg.

RELICAPE -150

Each film coated tablet contains:

Capecitabine I.P. 150 mg.

Description Capecitabine is a fluoropyrimidine Carbamate with antineoplastic activity. It is an orally administered systemic prodrug of 5'-deoxy-5-fluorourdine (5' DFUR), which is converted to 5-Fluorouracil (5-FU) in vivo.

INDICATIONS

Capecitabine is indicated for the treatment of patients with metastatic breast cancer resistant to both paclitaxel and an anthracycline-containing chemotherapy regimen or resistant to paclitaxel end for whom further anthracycline therapy is not indicated.

Dosage and Administration: The recommended dose of capecitabine is 2500 mg/m^2 administered orally daily with food for 2 weeks followed by a 1-week rest period given as 3 week cycles. The Capecitabine daily dose should be given orally in two divided doses (approximately 12 hours apart) at the end of a meal. Capecitabine tablets should be swallowed with water. The following table displays the total daily dose by body surface area and the number of tablets to be taken at each dose.

Capecitabine Dose Calculation According to Body Surface Area.			
Dose level 2500 mg/m^2 day		Number of tablets to be taken at each Dose (morning and evening)	
Surface Area(m^2)	Total Daily Dose (mg)	150 mg	500 mg
</=1.24	3000	0	3
1.25-1.36	3300	1	3
1.37-1.51	3600	2	3
1.52-1.64	4000	0	4
1.65 -1.76	4300	1	4
1.65 -1.76	4600	2	4
1.92-2.04	5000	0	5
2.05-2.17	5300	1	5
>/=2.18	5600	2	5
* Total Daily Dose divided by 2 to allow equal morning and evening doses.			

Dose Modification Guidelines : Patients should be carefully monitored for toxicity. Toxicity due to capecitabine administration may be managed by symptomatic treatment, dose interruptions and adjustment of Capecitabine dose. Once the dose has been reduced it should not be increased at a later time.

Recommended Dose Modifications		
Toxicity NCIC Grades*	During a Course of Therapy	Dose Adjustment for Next Cycle (% of starting dose)
Grade 1	Maintain dose level	Maintain Dose Level
Grade 2		
*1st appearence	Interrupt until resolved to grade 0-1	100%
*2nd appearence	Interrupt until resolved to grade 0-1	75%
*3rd appearence	Interrupt until resolved to grade 0-1	50%
*4th appearence	Discontinue treatment permanently	
Grade 3		
*1st appearence	Interrupt until resolved to grade 0-1	75%
*2nd appearence	Interrupt until resolved to grade 0-1	50%
*3rd appearence	Discontinue treatment permanently	
Grade 4		
*1st appearence	Discontinue permanently or If physician deems it to be in the patient best interest to continue, interrupt until resolved to grade 0-1	50%
*National Cancer Institute of Canada Common Toxicity Criteria were used except for the Hand-and-Foot Syndrome.		

Adjustment of Starting Dose in Special Populations:

Hepatic Impairment: In patients with mild to moderate hepatic dysfunction due to liver metastases, no starting dose adjustment is necessary; however, patient should be carefully monitored. Patients with severe hepatic dysfunction have not been studied.

Renal Impairment: Insufficient data are available in patients with renal Impairment to provide a dosage recommendation.

Geriatric Population: The elderly may be pharmacodynamically more senstitive to the toxic effects of 5-FU and therefore, physicians should exercise caution in morning the effects of Capecitabine in the elderly insufficient data are available to provide a dosage recommendation.

RELICAPE

should exercise caution in morning the effects of Capecitabine in the elderly insufficient data are available to provide a dosage recommendation.

Contraindications

Capecitabine is contraindicated in patients who have a known hypersensitivity to 5-fluorouracil.

Warnings

Coagulopathy: Altered coagulation parameters and/or bleeding have been reported in patient taking Capecitabine concomitantly with coumarin-derivative anticoagulants such as warfarin and pheriprocoumon.

Diarrhea: Capecitabine can induce diarrhea, sometimes sevare Necrotizing enterocotitis has been reported with capecitabine usage,

Pregnancy Capecitabine may cause fetal harm when given to a pregnant woman. If the drug is used during pregnancy on if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus women of childbearing potential should be advised to avoid becoming pregnant while receiving treatment with capecitabine.

Precautions:

A Physician experienced in the use of cancer chemotherapeutic agents should monitor patients receiving therapy with Capecitabine Most adverse events are reversible and do not need to result in discontinuation, although dose may need to be with held or reduced.

Hand-and -Foot Syndrome : Hand-and-Foot syndrome (palmar-plantar erythrodysesthesia or chemotherapy induced acral erythema) may occur.

If grade 2 or 3 hand-and-foot syndrome occurs, administration of Capecitabine should be interrupted until the event resolves or decreases in intensity to grade 1 Following grade 3 hand-and-foot syndrome, subsequent doses of Capecitabine should be decreased.

Cardiac: There has been carditoxicity associated with fluorinated pyrimidine therepy, including myocardial infaraction, angina, dysrhythmias, cardiogenic shock, sudden death and electrocardiograph changes. These adverse events may be more common in patients with a prior history of coronary artery disease.

Hepatic Insufficiency:

Patients with mild to moderate hepatic dysfunction due to liver metastases should be carefully monitored when capecitabine is administered. The effect of severe hepatic dysfunction on the disposition of Capecitabine is not known.

Hyperbillrubinemia : If drug related grade 2-4 elevations in billrubin occur, administration of Capecitabine should be immediately interrupted until the hyperbillirubinemia resolves or decreases in intensity to grade 1.

Renal Insufficiency: There is little experience in patients with renal impairment. Physicians should exercise caution when Capecitabine is administered.

Hematologic:

Capecitabine can lead neutropenia, thrombocytopenia and decreases in hemoglobin.

Carcinogencis and Mutagenesis : Long -term studies in animals to evaluate the carcinogenic potential of Capecitabine have not been conducted. Capecitabine has not been shown to be mutagenic in vitro or in vivo.

Impairment of Fertility: Capecitabine causes a decrease infertility by disturbing the estrus: In male mice, Capecitabine causes degenerative changes in the testes, including decreases in the number of spermatocytes and spermatids.

RELICAPE

Nursing Women:

It is not known whether the drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potentiel for serious adverse reaction in nursing infants, it is recommended that nursing be discontinued when receiving Capecitabine therapy.

Pediatric use:

The safety and effectiveness of Capecitabine in persons<18 years of age have not been established.

Geriatric use: Patients>/=80 years old may experience a greater incidence of gastrointestinal grade 3 or 4 adverse events. Physicians should pay particular attention to monitoring the adverse effects of Capecitabine in the elderly.

Drug-Food Interaction: Since current safety and efficacy data are based upon administration of Capecitabine with food, it is recommended that Capecitabine be administered with food.

DRUG INTERACTIONS

Antacid: Aluminium hydroxide- and magnesium hydroxide-containing antacid causes a small increase in plasma concentrations of Capecitabine and one metabolite (5-DFCR)

Coumarine Anticoagulatnts: Patients taking coumarine derivative anticoagulants concomitantly with capecitabine should be monitored regularly for alterations in their coagulation parameters

Phenytoin: The level of phenytoin should be carefully monitored in patients taking Capecitabine and phenytoin dose may need to be reduced.

Leucovorin: The concentration of 5-fluorouracil is increased and its toxicity may be enhanced by leucovorin.

SIDE EFFECTS:

Adverse events occurring in >/=5% of patients taking capecitabine are as follows:

Gastrointestinal: Diarrhea, nausea, vomiting, stomatitis, abdominal pain, constipation and dyspepsia.

Skin and subcutaneous: Hand-and-foot syndrome dermatitis and nail disorder.

General: Fatigue, pyrexia, pain in limb

Neurological: Paraesthesia, headache, dizziness and insomnia.

Metabolism: Anorexia and dehydration

Eye: Eye irritation

Musculoskeletal Myalgia

Cardiovascular: Edema, blood, neutropenia, thrombocytopenia, anemia, lymphopenia

Hepatobiliary: Hyperbilirubinemia.

Overdosage

The anticipated manifestations of acute overdose are nausea, vomiting, diarrhea, gastrointestinal Irritaion and bleeding, and bone marrow depression. It should be managed with supportive medical interventions aimed at correcting the presenting clinical manifestations. Although no clinical experience has been reported, dialysis may be of benefit in reducing circulating concentrations of 5 DFUR, a low-molecular weight metabolite of the parent compound.

Storage: Store in a cool dry place. Protect from light.

Presentation:

RELICAPE -500 Blister pack of 10 tablets.

RELICAPE -150 Blister pack of 10 tablets.

RELICAPE