ABBREVIATED PRODUCT INFORMATION

TAGRISSO®

▼ This medicinal product is subject to additional monitoring.

Name of the medicinal product: TAGRISSO 40 mg film-coated tablets, TAGRISSO 80 mg film-coated tablets. **Composition and pharmaceutical form:** Each tablet contains 40 mg osimertinib (as mesylate) or 80 mg osimertinib (as mesylate).

Posology and method of administration: The recommended dose is 80 mg osimertinib once a day. The dose may be adjusted for adverse reactions toxicities: dosing interruption and/or dose reduction to 40 mg osimertinib once daily (see SmPC). Use of TAGRISSO in patients with severe hepatic impairment is not recommended. Caution should be exercised when treating patients with severe and end-stage renal impairment. The safety and efficacy of TAGRISSO in children or adolescents aged less than 18 years have not been established. TAGRISSO is for oral use.

Therapeutic indications: 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.

- the treatment of adult patients with locally advanced or metastatic EGFR T790M mutation-positive NSCLC.*

Contraindications: Hypersensitivity to the active substance or to any of the excipients. St. John's Wort should not be used together with TAGRISSO.

Special warnings and precautions for use: *Assessment of mutation status:* When considering the use of TAGRISSO, it is important that the EGFR mutation positive status is determined using either tumour DNA derived from a tissue sample or circulating tumour DNA (ctDNA) obtained from a plasma sample. *Interstitial Lung Disease (ILD):* Treatment with TAGRISSO should be interrupted pending investigation of these symptoms in patients with an acute onset and/or unexplained worsening of pulmonary symptoms (dyspnoea, cough, fever). If ILD is diagnosed, TAGRISSO should be discontinued. *QTc interval prolongation:* The use of TAGRISSO in patients with congenital long QT syndrome should be avoided. Periodic monitoring with ECG 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, then resume based on recommended dose modifications. 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. 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. Patients presenting with signs and symptoms suggestive of keratitis should be referred promptly to an ophthalmology specialist.

Effects on ability to drive and use machines: TAGRISSO has no or negligible influence on the ability to drive and use machines.

Interactions: CYP3A4 inhibitors are not likely to affect the exposure of osimertinib. Strong CYP3A inducers (e.g. Phenytoin, rifampicin and carbamazepine) may decrease osimertinib plasma concentrations, it is recommended that concomitant use with TAGRISSO should be avoided. Moderate CYP3A4 inducers (e.g. bosentan, efavirenz, etravirine, modafinil) may also decrease osimertinib exposure and should be used with caution, or avoided when possible. Gastric pH modifying agents can be concomitantly used with TAGRISSO without any restrictions. Based on *in vitro* studies, osimertinib is a competitive inhibitor of BCRP transporters and may increase BCRP substrates exposure. Patients taking concomitant medications with disposition dependent upon BCRP and with narrow therapeutic index should be closely monitored for signs of changed tolerability of the concomitant medication. A risk for decreased exposure of hormonal contraceptives cannot be excluded.

Pregnancy and lactation: Women of childbearing potential should be advised to avoid becoming pregnant while receiving TAGRISSO. Females and males should be advised to use effective contraception for the required period after completion of treatment. TAGRISSO should not be used during pregnancy unless the clinical condition of the woman requires treatment with osimertinib. Breast-feeding should be discontinued during treatment with TAGRISSO.

Undesirable effects: Most adverse reactions were Grade 1 or 2 in severity. The most commonly reported adverse drug reactions were diarrhoea and rash. *Very common:* diarrhoea, stomatitis, rash, dry skin, paronychia, pruritus, platelet count decreased, leucocytes decreased, lymphocytes decreased, neutrophils decreased. *Common:* interstitial lung disease. *Uncommon:* QTc interval prolongation, keratitis, erythema multiforme and cutaneous vasculitis. *Rare:* Stevens-Johnson syndrome.

Storage: This medicinal product does not require any special storage conditions.

Marketing authorisation holder: AstraZeneca AB, Gärtunavägen, SE-151 85 Södertälje, Sweden

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Medicinal product is subject to medical prescription. The product is covered by public health insurance for the treatment of adult patients with locally advanced or metastatic NSCLC with EGFR T790M mutation. The product is not covered by public health insurance in other indications. Before prescribing this medicine, please read carefully the full product information at: AstraZeneca Czech Republic s. r. o., U Trezorky 921/2, 15800 Praha 5, tel.: +420 222 807 111, on the website www.astrazeneca.cz or on the website of the European Medicines Agency http://www.ema.europa.eu/.

*Please notice the changes in Summary of Product Characteristics.