

רופא/ה, רוקח/ת נכבד/ה,  
שלום רב,

**הנדון: עדכון עלוני התכשיר**

**Tabrecta 150 mg & Tabrecta 200 mg**

**טברקטה 150 מ"ג וטברקטה 200 מ"ג**

Film coated tablets / טבליות מצופות

חברת נוברטיס ישראל בע"מ מבקשת להודיע על עדכון בעלון לרופא ובעלון לצרכן של התכשיר.

**התכשירים מתווים להתוויה הבאה:**

TABRECTA is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an approved test.

**המרכיב הפעיל:**

CAPMATINIB (AS DIHYDROCHLORIDE MONOHYDRATE)

בהודעה זו מפורטים העדכונים המהותיים בלבד (ללא שינוי נוסח, עריכה, אדמיניסטרציה וכו'). למידע מלא על התרופה יש לעיין בעלון לרופא ובעלון לצרכן העדכניים של התכשיר.

העלון לרופא והעלון לצרכן נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלם מודפסים על-ידי פניה לבעל הרישום נוברטיס ישראל בע"מ.

בברכה,

אסתר תירוש  
רוקחת ממונה  
נוברטיס ישראל בע"מ

...

**WARNINGS AND PRECAUTIONS****5.1 Interstitial Lung Disease (ILD)/Pneumonitis**

ILD/pneumonitis, which can be fatal, occurred in patients treated with TABRECTA [see *Adverse Reactions (6.1)*].  
ILD/pneumonitis occurred in 4.58% of patients treated with TABRECTA in GEOMETRY mono-1, with 1.89% of patients experiencing Grade 3 ILD/pneumonitis and one patient experiencing death (0.3%). ~~Eight~~Nine patients (2.4%) discontinued TABRECTA due to ILD/pneumonitis. The median time-to-onset of Grade 3 or higher ILD/pneumonitis was 1.48 months (range: 0.2 months to 1.27 years).

Monitor for new or worsening pulmonary symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever). Immediately withhold TABRECTA in patients with suspected ILD/pneumonitis and permanently discontinue if no other potential causes of ILD/pneumonitis are identified [see *Dosage and Administration (2.3)*].

**5.2 Hepatotoxicity**

Hepatotoxicity occurred in patients treated with TABRECTA [see *Adverse Reactions (6.1)*]. Increased alanine aminotransferase (ALT)/aspartate aminotransferase (AST) occurred in 13.15% of patients treated with TABRECTA in GEOMETRY mono-1. Grade 3 or 4 increased ALT/AST occurred in 67% of patients. Three patients (0.98%) discontinued TABRECTA due to increased ALT/AST. The median time-to-onset of Grade 3 or higher increased ALT/AST was 1.48 months (range: 0.5 to 46.4 months).

Monitor liver function tests (including ALT, AST, and total bilirubin) prior to the start of TABRECTA, every 2 weeks during the first 3 months of treatment, then once a month or as clinically indicated, with more frequent testing in patients who develop increased transaminases or bilirubin. Based on the severity of the adverse reaction, withhold, dose reduce, or permanently discontinue TABRECTA [see *Dosage and Administration (2.3)*].

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**6.1 Clinical Trials Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

**Metastatic Non-Small Cell Lung Cancer**

The safety of TABRECTA was evaluated in GEOMETRY mono-1 [see *Clinical Studies (14)*]. Patients received TABRECTA 400 mg orally twice daily until disease progression or unacceptable toxicity (N = 334373). Among patients who received TABRECTA, 31.37% were exposed for at least 6 months and 16.22% were exposed for at least one year.

Serious adverse reactions occurred in 54.53% of patients who received TABRECTA. Serious adverse reactions in  $\geq 2\%$  of patients included dyspnea (7%), pneumonia (4.87%), pleural effusion (4.3-6%), musculoskeletal pain (3.8%), general physical health deterioration (3%), 2.9%, ILD/pneumonitis (2.7%), and vomiting (2.4%), and nausea (2.1%). ~~A fatal~~Fatal adverse ~~reaction~~reactions occurred in ~~one patient~~0.5% of patients who received TABRECTA, including pneumonitis (0.3%) due to pneumonitis and death, not otherwise specified (0.3%).

Permanent discontinuation of TABRECTA due to an adverse reaction occurred in 16.17% of patients. The most frequent adverse reactions ( $\geq 1\%$ ) leading to permanent discontinuation of TABRECTA were ~~peripheral edema (1.8%)~~, ILD/pneumonitis (1.8%), and 2.4%, edema (2.4%), fatigue (1.53%), and pneumonia (1.1%).

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Dose interruptions due to an adverse reaction occurred in ~~54~~57% of patients who received TABRECTA. Adverse reactions requiring dosage interruption in > 2% of patients who received TABRECTA included ~~peripheral~~ edema, increased blood creatinine, nausea, ~~increased lipase~~, vomiting, increased ~~lipase~~, ~~increased~~ ALT, dyspnea, ~~pneumonia~~, ~~fatigue~~, increased amylase, increased AST, ~~musculoskeletal pain~~, ~~abdominal pain~~, and increased blood bilirubin, ~~fatigue~~, and ~~pneumonia~~.

Dose reductions due to an adverse reaction occurred in ~~23~~26% of patients who received TABRECTA. Adverse reactions requiring dosage reductions in > 2% of patients who received TABRECTA included ~~peripheral~~ edema, increased ALT, and increased blood creatinine, and ~~nausea~~.

The most common adverse reactions ( $\geq 20\%$ ) in patients who received TABRECTA were ~~peripheral~~ edema, nausea, ~~musculoskeletal pain~~, fatigue, vomiting, dyspnea, ~~cough~~, and decreased appetite.

Table 3 summarizes the adverse reactions in GEOMETRY mono-1.

**Table 3: Adverse Reactions ( $\geq 10\%$ ) in Patients Who Received TABRECTA in GEOMETRY mono-1**

Adverse <del>Reactions</del> <u>reactions</u>	TABRECTA (N = <del>334</del> <u>373</u> )	
	Grades 1 to 4 (%)	Grades 3 to <del>4</del> <u>4</u> (%)
<b>General disorders and administration-site conditions</b>		
<del>Peripheral edema</del> <sup>b</sup> Edema <sup>a</sup>	<del>52</del> <u>59</u>	<del>9</del> <u>13</u>
<del>Musculoskeletal pain</del> <sup>b</sup>	<del>4</del> <u>4</u>	<del>0.3</del> <u>4.3</u>
Fatigue <sup>c</sup>	<del>32</del> <u>34</u>	<del>8</del> <u>8</u>
<del>Non-cardiac chest pain</del> <sup>d</sup>	<del>15</del> <u>14</u>	<del>2.1</del> <u>0.98</u>
<del>Back pain</del> Pyrexia <sup>d</sup>	<del>14</del> <u>14</u>	<del>0.6</del> <u>0.6</u>
Pyrexia <sup>e</sup>	<del>14</del> <u>11</u>	<del>0.65</del> <u>0.65</u>
Weight decreased	<del>10</del> <u>11</u>	<del>0.65</del> <u>0.65</u>
<b>Gastrointestinal disorders</b>		
Nausea	<del>44</del> <u>46</u>	<del>2.74</del> <u>2.74</u>
Vomiting	<del>28</del> <u>28</u>	<del>2.4</del> <u>2.4</u>
Constipation	<del>18</del> <u>19</u>	<del>0.98</del> <u>0.98</u>
Diarrhea	<del>18</del> <u>19</u>	<del>0.35</del> <u>0.35</u>
<b>Respiratory, thoracic, and mediastinal disorders</b>		
Dyspnea	<del>24</del> <u>25</u>	<del>7*7</del> <u>7*7</u>
<del>Cough</del> Cough <sup>c</sup>	<del>16</del> <u>21</u>	<del>0.65</del> <u>0.65</u>
<del>Pneumonia</del> <sup>f</sup>	<del>13</del> <u>13</u>	<del>6</del> <u>6</u>
<b>Metabolism and nutrition disorders</b>		
Decreased appetite	<del>21</del> <u>21</u>	<del>0.91.1</del> <u>0.91.1</u>
<b>Skin and subcutaneous tissue disorders</b>		
<del>Rash</del> <sup>g</sup>	<del>12</del> <u>12</u>	<del>0.5</del> <u>0.5</u>
<b>Nervous system disorders</b>		
<del>Dizziness</del> <sup>h</sup>	<del>13</del> <u>13</u>	<del>0.5</del> <u>0.5</u>

<sup>a</sup>Only<sup>a</sup>Edema includes Grade 3 adverse reactions with exception of dyspnea. Grade 4 dyspnea was reported in 0.6% of patients.

<sup>b</sup>Peripheral edema includes peripheral swelling, generalized edema, face edema, edema, localized edema, edema genital, eyelid edema, peripheral swelling, scrotal edema, and fluid overload/penile edema.

<sup>c</sup>Fatigue includes fatigue and asthenia.

<sup>d</sup>Non-cardiac chest<sup>b</sup>Musculoskeletal pain includes chest discomfort, arthralgia, back pain, bone pain, musculoskeletal chest pain, musculoskeletal pain, myalgia, neck pain, non-cardiac chest pain, and chest pain in extremity, pain in jaw, spinal pain.

<sup>e</sup>Pyrexia<sup>c</sup>Fatigue includes fatigue and asthenia.

<sup>d</sup>Pyrexia includes pyrexia and body temperature increased.

<sup>c</sup>Cough includes upper airway cough syndrome, and productive cough.

<sup>f</sup>Pneumonia includes pneumonia aspiration, pneumonia, pneumonia influenzal, pneumonia bacterial, lower respiratory tract infection, and lung abscess.

<sup>g</sup>Rash includes rash, dermatitis acneiform, rash maculo-papular, eczema, erythema multiforme, rash macular, dermatitis, rash erythematous, rash pustular, dermatitis bullous, and rash vesicular.

<sup>h</sup>Dizziness includes dizziness, vertigo, and vertigo positional.

Clinically relevant adverse reactions occurring in < 10% of patients treated with TABRECTA included pruritus (including allergic and generalized pruritus), ILD/pneumonitis, cellulitis, acute kidney injury (including renal failure), urticaria, and acute pancreatitis.

Table 4 summarizes the laboratory abnormalities in GEOMETRY mono-1.

**Table 4: Select Laboratory Abnormalities (≥ 20%) Worsening F from Baseline in Patients Who Received TABRECTA in GEOMETRY mono-1**

Laboratory <del>Abnormalities</del> abnormalities	TABRECTA <sup>a</sup>	
	Grades 1 to 4 (%)	Grades 3 to 4 (%)
<b>Chemistry</b>		
Decreased albumin	6872	1.89
Increased creatinine	6265	0.35
Increased alanine aminotransferase	3739	89
Increased <del>alkaline phosphatase</del> amylase	3234	0.34.7
Increased <del>amylase</del> alkaline phosphatase	3132	4.40.6
Increased gamma-glutamyltransferase	2930	76
Increased lipase	2629	79
Increased aspartate aminotransferase	2528	4.96
Decreased <del>sodium</del> phosphate	2326	64.4
Increased <del>potassium</del> Decreased phosphate	2325	4.61
Decreased <del>sodium</del> Increased potassium	2324	3.16
Decreased glucose	2123	0.3
<b>Hematology</b>		
Decreased lymphocytes	4445	14
Decreased leukocytes	25	1.7
Decreased hemoglobin	24	2.8
Decreased leukocytes	23	0.9

<sup>a</sup>The<sup>a</sup>The denominator used to calculate the rate varied from 320359 to 325364 based on the number of patients with a baseline value and at least one post-treatment value.

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## 8.2 Geriatric Use

In GEOMETRY mono-1, 5761% of the 334373 patients were 65 years or older and 4618% were 75 years or older. No overall differences in the safety or effectiveness were observed between these patients and younger patients.

**שינויים בעלון לצרכן:****תופעות לוואי**

כמו בכל תרופה, השימוש בטברקטה עלול לגרום לתופעות לוואי בחלק מהמשתמשים. אל תיבהל למקרא רשימת תופעות הלוואי. ייתכן שלא תסבול מאף אחת מהן.

**תופעות לוואי שכיחות מאוד (very common) (עשויות להשפיע על יותר ממשתמש אחד מתוך 10 משתמשים):**

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- נפיחות בידיים או בכפות הרגליים
- הקאות
- בחילות
- כאב בשריר או בעצם
- אובדן תיאבון
- עייפות וחולשה
- קושי בנשימה
- קוצר נשימה
- דלקת ריאות
- כאב בחזה שמקורו אינו בלב
- כאב גב
- עליית חום הגוף
- ירידה במשקל
- עצירות
- שלשול
- שיעול
- פריחה בעור
- סחרחורות
- שינויים בבדיקות דם מסוימות:
  - כימיה
  - רמה נמוכה של אלבומין
  - רמה גבוהה של קריאטינין
  - רמה גבוהה של אלקליין פוספטאז
  - רמה גבוהה של עמילאז
  - רמה גבוהה של גמא-גלוטמיל טרנספראז
  - רמה גבוהה של ליפאז
  - רמה נמוכה של נתרן
  - רמה נמוכה של זרחן
  - רמה גבוהה של אשלגן
  - רמה נמוכה של גלוקוז
- המטולוגיה
- רמה נמוכה של לימפוציטים
- רמה נמוכה של המוגלובין
- רמה נמוכה של ליקוציטים

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**כיצד נראית התרופה ומה תוכן האריזה**

טברקטה 150 מ"ג: טבליה מצופה בצבע כתום-חום בהיר, אליפטית, מקומרת עם קצוות משופעים, עם הטבעה של DU בצד אחד ו-NVR בצד השני. כל אריזה מכילה 120 טבליות מצופות.  
טברקטה 200 מ"ג: טבליה מצופה בצבע צהוב, אליפטית, מקומרת עם קצוות משופעים, עם הטבעה של LO בצד אחד ו-NVR בצד השני. כל אריזה מכילה 120 טבליות מצופות.

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