Patient Information Leaflet (PIL)

FOSAP (Fosaprepitant Dimeglumine for Injection 150 mg/vial)

PACKAGE LEAFLET: INFORMATION FOR THE USER

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

Keep this leaflet. You may need to read it again.

If you have any further questions, please ask your doctor or pharmacist.

This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.

If any of the side effects get serious, or you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist

This includes any possible side effects not listed in this leaflet. See section 4.

In this leaflet:

1. WHAT FOSAPREPITANT IS AND WHAT IT IS USED FOR

Injection

A white to off white lyophilized cake or powder contained in a clear glass vial.

Prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in adults and paediatric patients aged 6 months and older.

Fosaprepitant 150 mg is given as part of a combination therapy.

2. WHAT YOU NEED TO KNOW BEFORE YOU TAKE FOSAPREPITANT

Fosaprepitant is contraindicated in patients with hypersensitivity (not including local reactions) to Fosaprepitant, Edetate Disodium, Lactose anhydrous (DTHV), Polysorbate 80, Sodium hydroxide, Hydrochloric acid.

Immediate hypersensitivity reactions including flushing, erythema, dyspnoea, and anaphylaxis/anaphylactic shock have occurred during or soon after infusion of Fosaprepitant. These hypersensitivity reactions have generally responded to discontinuation of the infusion and administration of appropriate therapy. It is not recommended to reinitiate the infusion in patients who experience hypersensitivity reactions.

CYP3A4 interactions

Fosaprepitant should be used with caution in patients receiving concomitant active substances that are metabolized primarily through CYP3A4 and with a narrow therapeutic range, such as ciclosporin, tacrolimus, sirolimus, everolimus alfentanil, ergot alkaloid derivatives, fentanyl, and quinidine. Additionally, concomitant administration with irinotecan should be approached with particular caution as the combination might result in increased toxicity.

Co-administration with warfarin (a CYP2C9 substrate)

In patients on chronic warfarin therapy, the International Normalized Ratio (INR) should be monitored closely for 14 days following the use of Fosaprepitant.

Co-administration with hormonal contraceptives

The efficacy of hormonal contraceptives may be reduced during and for 28 days after administration of Fosaprepitant. Alternative non-hormonal back-up methods of contraception should be used during treatment with Fosaprepitant and for 2months following the use of Fosaprepitant.

3. HOW TO TAKE FOSAPREPITANT

Fosaprepitant 150 mg should be administered intravenously and should not be given by the intramuscular or subcutaneous route. Intravenous administration in adults occurs preferably through a running intravenous infusion over 20-30 minutes. Intravenous administration in paediatric patients aged 6 months and older recommended through a central venous catheter and should be administered over 30 minutes in patients aged 12 years and older or over 60 minutes in

patients less than 12 years of age. Do not administer Fosaprepitant as a bolus injection or undiluted solution.

Adults

The recommended dose is 150 mg administered as an infusion **over 20-30 minutes** on Day 1, initiated approximately 30 minutes prior to chemotherapy. Fosaprepitant should be administered in conjunction with a corticosteroid and a 5-HT3 antagonist as specified in the tables below.

The following regimens are recommended for the prevention of nausea and vomiting associated with emetogenic cancer chemotherapy.

Table 1: Recommended dosing for the prevention of nausea and vomiting associated with highly emetogenic chemotherapy regimen in adults

	Day 1	**Day 2**	**Day 3**	**Day 4**
Fosaprepitant	150 mg intravenously	none	none	none
Dexamethasone	12 mg orally	8 mg orally	8 mg orally twice daily	8 mg orally twice daily
5-HT3 antagonists	Standard dose of 5-HT3 antagonists. See the product information for the selected 5-HT3 antagonist for appropriate dosing information	none	none	none

Dexamethasone should be administered 30 minutes prior to chemotherapy treatment on Day 1 and in the morning on Days 2 to 4. Dexamethasone should also be administered in the evenings on Days 3 and 4. The dose of dexamethasone accounts for active substance interactions.

Table 2: Recommended dosing for the prevention of nausea and vomiting associated with moderately emetogenic chemotherapy regimen in adults

	Day 1
Fosaprepitant	150 mg intravenously
Dexamethasone	12 mg orally
5-HT3 antagonists	Standard dose of 5-HT3 antagonists. See the product information for the selected 5-HT3 antagonist for appropriate dosing information

Dexamethasone should be administered 30 minutes prior to chemotherapy treatment on Day 1.

The dose of dexamethasone accounts for active substance interactions.

Paediatric population

Paediatric patients aged 6 months and older and not less than 6 kg

The recommended dose regimen of Fosaprepitant, to be administered with a 5-HT3 antagonist, with or without a corticosteroid, for the prevention of nausea and vomiting associated with administration of single or multi-day chemo therapy regimens of Highly Emetogenic Chemotherapy (HEC) or Moderately Emetogenic Chemotherapy (MEC). Single day chemotherapy regimens include those regimens in which HEC or MEC is administered for a single day only. Multi-day chemotherapy regimens include chemotherapy regimens in which HEC or MEC is administered for 2 or more days.

An alternative dose regimen that may be used with single-day chemotherapy regimens is shown in Table 3.

Dosing for Single or Multi-Day Chemotherapy Regimens

For paediatric patients receiving single or multi-day regimens of HEC or MEC, administer Fosaprepitant as an intravenous infusion through a central venous catheter on Days 1, 2, and 3.

Table 3: Alternative dosing for the prevention of nausea and vomiting associated with single day regimens of HEC or MEC in paediatric patients

	Population	**Day 1**
Fosaprepitant *	Paediatric patients 12 years and older	150 mg intravenously
	Paediatric patients 2 to less than 12 years	4 mg/kg intravenously Maximum dose 150 mg
	Paediatric patients 6 months to less than 2 years and not less than 6 kg	5 mg/kg intravenously Maximum dose 150 mg
Dexamethasone**	All paediatric patients	If a corticosteroid, such as dexamethasone, is co-administered, administer 50% of the recommended corticosteroid dose on days 1 and 2.
5-HT3 antagonist	All paediatric patients	See selected 5-HT3 antagonist

		prescribing information for the recommended dosage

* For paediatric patients 12 years and older, administer Fosaprepitant intravenously over 30 minutes, completing the infusion approximately 30 minutes prior to chemotherapy. For paediatric patients less than 12 years, administer Fosaprepitant intravenously over 60 minutes, completing the infusion approximately 30 minutes prior to chemotherapy.

** **Dexamethasone** should be administered 30 minutes prior to chemotherapy treatment on Day 1.

The safety and efficacy of Fosaprepitant in infants below 6 months of age have not been established. No data are available.

General

Efficacy data in combination with other corticosteroids and 5-HT3 antagonists are limited. For additional information on the co-administration with corticosteroids.

Refer to the Summary of Product Characteristics of co-administered 5-HT3 antagonist medicinal products.

Special populations

Elderly (≥65 years)

No dose adjustment is necessary for the elderly.

Gender

No dose adjustment is necessary based on gender.

- *Renal impairment*

No dose adjustment is necessary for patients with renal impairment or for patients with end stage renal disease undergoing haemodialysis.

- *Hepatic impairment*

No dose adjustment is necessary for patients with mild hepatic impairment. There are limited data in patients with moderate hepatic impairment and no data in patients with severe hepatic impairment. Fosaprepitant should be used with caution in these patients.

4. POSSIBLE SIDE EFFECTS

The following are adverse reactions reported in adult patients receiving Fosaprepitant in clinical studies or post-marketing that have not been reported with aprepitant as described above. The frequency categories in the table are based on studies in adults; the observed frequencies in the pediatric studies were similar or lower. Some adverse reactions that are commonly observed in the adult population were not observed in the pediatric studies. Infusion site reactions (ISRs) have been reported with the use of Fosaprepitant.

Frequencies are defined as: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000) and very rare (<1/10,000), not known (cannot be estimated from the available data).

System organ class	Adverse reaction	Frequency
Vascular disorders	flushing, thrombophlebitis (predominantly, infusion- site thrombophlebitis)	uncommon
Skin and subcutaneous tissue disorders	erythema	uncommon
General disorders and administration site conditions	infusion site erythema, infusion site pain, infusion site pruritus	uncommon
	infusion site induration	rare
	immediate hypersensitivity reactions including flushing, erythema, dyspnoea, anaphylactic reactions/anaphylactic shock	not known
Investigations	blood pressure increased	uncommon

5. HOW TO STORE FOSAPREPITANT

Fosaprepitant Dimeglumine for injection vials must be refrigerated, store at 2°C-8°C (36°F-46°F).

The reconstituted final drug solution is stable for 24 hours at ambient room temperature [at or below 25°C (77°F)].

6. CONTENTS OF THE PACK AND OTHER INFORMATION

What Fosaprepitant contains

Each Vial contains 245.3 mg Fosaprepitant Dimeglumine is equivalent to 150 mg Fosaprepitant.

The ingredients are:

Edetate Disodium, Lactose anhydrous (DTHV), Polysorbate 80, Sodium hydroxide, Hydrochloric acid.

What Fosaprepitant looks like and contents of the pack

White to off white cake or powder contained in a clear glass vial.

1x1 vial (150mg/vial)

Marketing Authorization Holder and Manufacturer

Marketing Authorisation Holder:

Name: **Hetero Labs Limited**

Business Address: 7-2-A2, Hetero Corporate,
Industrial Estates,
Sanath Nagar,
Hyderabad-500 018
Telangana.

Country: INDIA

Manufacturer:

Name **:** ASPIRO PHARMA LIMITED

Address **:** Survey No. 321, Biotech Park,
Phase-III, Karkapatla Village,
Markook Mandal, Siddipet Dist.,
Telangana State- 502281, INDIA