VOTRIENT®

Presentation: Film-coated tablet: contains 200 or 400 mg pazopanib.

Indications: ♦Treatment of advanced and/or metastatic renal cell carcinoma (RCC). Treatment of patients with advanced soft tissue sarcoma (STS) who have received prior chemotherapy.

Dosage and administration: The recommended maximum daily dose is 800 mg.

Special populations: ♦Children and Adolescents (below 18 years): Not recommended to use.

Elderly (>65 years): No dose adjustment required. **♦Renal impairment:** No dose adjustment required in patients with creatinine clearance ≥30 mL/minutes. Not recommended in patients with severe renal impairment or in patients undergoing peritoneal dialysis or hemodialysis.

Hepatic impairment: Mild: No dose adjustment required. Moderate: Max 200 mg/day. Severe: Not recommended.

Contraindications: ♦None.

Warnings and precautions: ♦Hepatic effects: Monitor liver enzymes. Concomitant use of Votrient® and simvastatin increases the risk of ALT elevations. **♦Hypertension:** Discontinue in case of hypertensive crisis or if hypertension is severe and persists despite anti-hypertensive therapy and Votrient dose reduction. **♦Posterior reversible encephalopathy syndrome (PRES)/Reversible posterior leukoencephalopathy syndrome (RPLS):** Permanently discontinue Votrient in patients developing PRES/RPLS **♦Interstitial lung disease (ILD)/Pneumonitis:** Discontinue Votrient in patients developing ILD or pneumonitis.

Cardiac dysfunction: Monitoring of blood pressure and clinical signs or symptoms of congestive heart failure. Baseline and periodic evaluation of left ventricular ejection fraction (LVEF) in patients at risk of cardiac dysfunction. **♦QT prolongation and torsade de pointes:** Caution in patients with a history of QT interval prolongation, patients taking antiarrhythmics or drugs that prolong QT interval, or those with relevant pre-existing cardiac disease. Baseline and periodic monitoring of electrocardiograms and electrolytes. **♦Arterial/Venous thrombotic events:** Caution in patients at increased risk of thrombotic events or with history of thrombotic events. **♦Thrombotic microangiopathy (TMA):** Discontinue permanently in patients developing TMA. **♦Hemorrhagic events:** Caution in patients with significant risk of hemorrhage. **♦Aneurysms and artery dissections:** Use of Votrient in patients with or without hypertension may promote formation of aneurysm and/or artery dissection. Caution when initiating Votrient in patients with risk factors such as hypertension or history of aneurysm.

Gastrointestinal perforations and fistula: Use with caution in patients at risk for gastrointestinal (GI) perforation or fistula. **♦Wound healing:** Discontinue in patients with wound dehiscence. **♦Hypothyroidism:** Proactive monitoring of thyroid function.

Proteinuria: Baseline and periodic urinalyses recommended and monitor for worsening proteinuria. Discontinue if patient develops nephrotic syndrome. **♦Tumor lysis syndrome (TLS):** Preventative measures, close monitoring and treatment as clinically indicated in patients at risk for TLS. **♦Infections**: Cases of serious infections reported. **♦Combination with other systemic anti-cancer therapies:** Not indicated for use in combination with other anti-cancer agents. **♦Juvenile animal toxicity:** Not recommended in patients below 2 years of age.

Pregnancy, lactation, females and males of reproductive potential:

Pregnancy: Votrient should not be used during pregnancy unless the clinical condition of the woman requires treatment with Votrient. Pregnant women or females of reproductive potential should be advised of the potential risk to a fetus.

Lactation: Breast-feeding not recommended during treatment.

Females and males of reproductive potential: ♦Females of reproductive potential should be advised to use effective contraception during treatment and for at least 2 weeks after the last dose. ♦Male patients (including those who have had vasectomies) with female partners who are pregnant, possibly pregnant, or who could become pregnant should use condoms while taking Votrient and for at least 2 weeks after the last dose.

Infertility: May impair fertility.

Adverse drug reactions:

RCC:

Very common (≥10%):decreased appetite, headache, bradycardia (asymptomatic), hypertension, abdominal pain, diarrhoea, nausea, vomiting, alanine aminotransferase increased, aspartate aminotransferase increased, hair depigmentation, asthenia, fatigue, lab. abnormalities.

Common (1 to 10%): neutropenia, thrombocytopenia, hypothyroidism, weight decreased, dysgeusia, transient ischaemic attack, myocardial ischaemia, Electrocardiogram QT prolonged, epistaxis, gastrointestinal haemorrhage, haematuria, venous thromboembolic events, dysphonia, dyspepsia, lipase increased, hepatic function abnormal, hyperbilirubinaemia, alopecia, palmar-plantar erythrodysaesthesia syndrome, rash, skin depigmentation, proteinuria, chest pain.

Uncommon (0.1 to 1%): ischaemic stroke, cardiac dysfunction (such as a decrease in ejection fraction and congestive heart failure), myocardial infarction, torsade de pointes, cerebral haemorrhage, pulmonary haemorrhage, gastrointestinal perforation, gastrointestinal fistula.

STS:

Very common (≥10%): tumour pain, anorexia, weight decreased, dizziness, dysgeusia, headache, bradycardia (asymptomatic), hypertension, cough, dyspnoea, abdominal pain, diarrhoea, nausea, stomatitis, vomiting, alopecia, exfoliative rash, hair colour changes, palmar- plantar erythrodysaesthesia syndrome, skin depigmentation, musculoskeletal pain, myalgia, chest pain, fatigue, oedema peripheral, lab. abnormalities.

Common (1 to 10%): hypothyroidism, insomnia, cardiac dysfunction (such as a decrease in ejection fraction and congestive heart failure), QT prolongation, epistaxis, gastrointestinal haemorrhage, pulmonary haemorrhage, myocardial infarction, venous embolism, dysphonia, pneumothorax, dyspepsia, alanine aminotransferase increased, aspartate aminotransferase increased, dry skin, nail disorder, chills, vision blurred.

Uncommon (0.1 to 1%): ischaemic stroke, cerebral haemorrhage, haematuria, gastrointestinal fistula, hyperbilirubinaemia, rash, proteinuria, asthenia.

The following adverse drug reactions have been identified during post-approval use of

Votrient:

Very common (≥10%): Arthralgia.

Common (1 to 10%): Infections (with or without neutropenia), muscle spasms, flatulence, gamma-glutamyl transpeptidase increased.

Uncommon (0.1 to 1%): Thrombotic microangiopathy (TMA) (including thrombotic thrombocytopenic purpura and haemolytic uremic syndrome), pancreatitis, retinal detachment, retinal tear, polycythemia, skin ulcer.

Rare (0.01 to 0.1%): Posterior reversible encephalopathy syndrome (PRES), interstitial lung disease (ILD)/pneumonitis, aneurysms and artery dissections.

Not known: Tumour lysis syndrome (TLS), hepatic failure

For a complete list of ADRS, consult full prescribing information.

Interactions: ♦Avoid concomitant use with a strong CYP3A4 inhibitor. If no medically acceptable alternative to a strong CYP3A4 inhibitor is available, the dose of Votrient should be reduced to 400mg daily during concomitant administration. Combination with strong P-gp or BCRP inhibitor should be avoided. ♦CYP3A4 inducers may decrease pazopanib concentrations. Selection of an alternative medication is recommended. ♦Votrient may increase concentrations of drugs primarily eliminated through UGT1A1 and OATP1B1. ♦Concomitant use of Votrient and simvastatin increases the incidence of ALT elevations. ♦Food interaction. Take at least 1 hour before or 2 hours after food. ♦Co-administration of Votrient with medicines that increase gastric pH should be avoided.

Packs: 400mg and 200 mg film coated tablets: Bottle of 30 tablets.

Before prescribing, please consult full prescribing information available from Novartis Healthcare Private Limited, Inspire BKC, Part of 601 & 701, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051, Maharashtra, India, Tel: 022 5024 3336.

For the use of only registered medical practitioners or a hospital or a laboratory.

India BSS dtd 06 Oct 2021 based on international BSS dtd 03 Jun 2021 effective from 22 Dec 2021.