For the use of registered oncologist only

Olaparib Tablets
LYNPARZA® 100 mg and 150 mg
Abbreviated Prescribing Information

QUALITATIVE AND QUANTITATIVE COMPOSITION
Each 150 mg film-coated tablet contains 150 mg of olaparib.
Each 100 mg film-coated tablet contains 100 mg of olaparib.

INDICATIONS
LYNPARZA is indicated in:

- **Ovarian Cancer:**
  - for the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic BRCA-mutated (gBRCAm or sBRCAm) advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy
  - for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in a complete or partial response to platinum-based chemotherapy
  - for the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy
- **Breast Cancer:**
  - In patients with deleterious or suspected deleterious gBRCAm, human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer who have previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine treatment
- **Adenocarcinoma of the pancreas:**
  - for the maintenance treatment of adult patients with germline BRCA-mutated metastatic adenocarcinoma of the pancreas whose disease has not progressed on first-line platinum-based chemotherapy

DOSAGE & ADMINISTRATION:
The recommended dose of LYNPARZA is 300 mg (two 150 mg tablets) taken twice daily, equivalent to a total daily dose of 600 mg. The 100 mg tablet is available for dose reduction.

Duration of treatment

Maintenance treatment of newly diagnosed advanced ovarian cancer: can continue treatment for 2 years or until disease progression. Patients with a complete response (no radiological evidence of disease) at 2 years should stop treatment. Patients with evidence of disease at 2 years, who in the opinion of the treating physician can derive further benefit from continuous treatment, can be treated beyond 2 years.

Platinum-sensitive relapsed ovarian cancer and metastatic HER2-negative breast cancer: It is recommended that treatment be continued until progression of the underlying disease.

Maintenance following first-line treatment of metastatic adenocarcinoma of the pancreas: Patients must have confirmation of a BRCA mutation (identified by germline testing) before Lynparza treatment is initiated. It is recommended that treatment be continued until progression of the underlying disease

CONTRAINDICATIONS:

None.

WARNINGS & PRECAUTIONS:

Haematological toxicity: Haematological toxicity has been reported in patients treated with LYNPARZA including generally mild or moderate anaemia, neutropenia, thrombocytopenia and lymphopenia. If a patient develops severe haematological toxicity or blood transfusion dependence, treatment with LYNPARZA should be interrupted.

Myelodysplastic Syndrome/Acute Myeloid Leukaemia: The incidence of MDS/AML in patients treated in clinical trials with LYNPARZA monotherapy was <1.5% and majority of events had a fatal outcome. If MDS and/or AML are confirmed while on treatment with LYNPARZA, it is recommended that LYNPARZA should be discontinued and the patient be treated appropriately.

Pneumonitis: Pneumonitis has been reported in <1.0% patients treated with LYNPARZA monotherapy in clinical studies. If pneumonitis is confirmed, LYNPARZA treatment should be discontinued and the patient treated appropriately.

Embryofoetal toxicity: Based on its mechanism of action (PARP inhibition), LYNPARZA could cause foetal harm when administered to a pregnant woman. LYNPARZA should not be taken during pregnancy.

Breast-feeding: The excretion of olaparib in milk has not been studied in animals or in breast-feeding mothers.

Interactions with other medicinal products: Co-administration of LYNPARZA with strong or moderate CYP3A inhibitors is not recommended. If a strong or moderate CYP3A inhibitor must be co-administered, the dose of LYNPARZA should be reduced. Co-administration of LYNPARZA with strong or moderate CYP3A inducers is not recommended.

UNDESIRABLE EFFECTS

The most commonly reported adverse drug reactions (ADRs), reported in more than 10% of the patients and greater than placebo/ active comparator were: Anemia, Neutropenia and/or Leukopenia, Decreased apetite, Dizzyness, Headache, Cough, Dysguesia, Vomiting, Nausea and Diarrhoea, Fatigue.

INTERACTIONS:

Concomitant use of itraconazole as well as other strong CYP3A inhibitors is not recommended with LYNPARZA due to an increase in C_{max} and AUC.

CYP3A inducers could substantially diminish the clinical efficacy of LYNPARZA and concomitant use of strong inducers is not recommended.

PHARMACOLOGICAL PROPERTIES:

Mechanism of action

Olaparib is a potent inhibitor of human poly (ADP ribose) polymerase enzymes (PARP 1, PARP 2, and PARP 3), and has been shown to inhibit the growth of selected tumour cell lines in vitro and tumour growth in vivo either as a standalone treatment or in combination with established chemotherapies

Pharmacokinetic properties

The pharmacokinetics of olaparib at the 300 mg tablet dose is characterized by an apparent plasma clearance of ~7 L/h, an apparent volume of distribution of ~158 L and a terminal half-life of 15 hours. The *in vitro* plasma protein binding is approximately 82% at 10 µg/mL. CYP3A4/5 were shown to be the enzymes primarily responsible for the metabolism of olaparib. Post administration, ~86% of the dose was recovered within a 7-day collection period, ~44% via the urine and ~42% via the faeces. Majority of the material was excreted as metabolites.

PHARMACEUTICAL PARTICULARS

PRESENTATION & STORAGE:

LYNPARZA 150 mg tablet is a green to green/grey, oval, bi-convex tablet debossed with 'OP150' on one side and plain on the reverse.

LYNPARZA 100 mg tablet is a yellow to dark yellow, oval, bi-convex tablet debossed with 'OP100' on one side and plain on the reverse.

This medicinal product does not require any special temperature storage conditions.

SHELF LIFE:

Please refer outer carton.

LYNPARZA® is a trademark of AstraZeneca group of companies.

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For more information, refer full prescribing information Version 4, dated 27th Aug 2019.