

**ANNEX I**  
**SUMMARY OF PRODUCT CHARACTERISTICS**

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

## 1. NAME OF THE MEDICINAL PRODUCT

Vizimpro 15 mg film-coated tablets  
Vizimpro 30 mg film-coated tablets  
Vizimpro 45 mg film-coated tablets

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

### Vizimpro 15 mg film-coated tablets

Each film-coated tablet contains dacomitinib monohydrate equivalent to 15 mg dacomitinib.

### *Excipients with known effect*

Each film-coated tablet contains 40 mg of lactose monohydrate.

### Vizimpro 30 mg film-coated tablets

Each film-coated tablet contains dacomitinib monohydrate equivalent to 30 mg dacomitinib.

### *Excipients with known effect*

Each film-coated tablet contains 81 mg of lactose monohydrate.

### Vizimpro 45 mg film-coated tablets

Each film-coated tablet contains dacomitinib monohydrate equivalent to 45 mg dacomitinib.

### *Excipients with known effect*

Each film-coated tablet contains 121 mg of lactose monohydrate.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Film-coated tablet (tablet).

### Vizimpro 15 mg film-coated tablets

Blue film-coated, 6.35 mm, round biconvex tablet, debossed with “Pfizer” on one side and “DCB15” on the other.

### Vizimpro 30 mg film-coated tablets

Blue film-coated, 7.5 mm, round biconvex tablet, debossed with “Pfizer” on one side and “DCB30” on the other.

### Vizimpro 45 mg film-coated tablets

Blue film-coated, 9.0 mm, round biconvex tablet, debossed with “Pfizer” on one side and “DCB45” on the other.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

Vizimpro, as monotherapy, is indicated for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR)-activating mutations.

### 4.2 Posology and method of administration

Treatment with Vizimpro should be initiated and supervised by a physician experienced in the use of anticancer medicinal products.

EGFR mutation status should be established prior to initiation of dacomitinib therapy (see section 4.4).

#### Posology

The recommended dose of Vizimpro is 45 mg taken orally once daily, until disease progression or unacceptable toxicity occurs.

Patients should be encouraged to take their dose at approximately the same time each day. If the patient vomits or misses a dose, an additional dose should not be taken and the next prescribed dose should be taken at the usual time the next day.

#### *Dose modifications*

Dose modifications may be required based on individual safety and tolerability. If dose reduction is necessary, then the dose of Vizimpro should be reduced as described in Table 1. Dose modification and management guidelines for specific adverse reactions are provided in Table 2 (see sections 4.4 and 4.8).

**Table 1. Recommended dose modifications for Vizimpro adverse reactions**

| <b>Dose level</b>         | <b>Dose (once daily)</b> |
|---------------------------|--------------------------|
| Recommended starting dose | 45 mg                    |
| First dose reduction      | 30 mg                    |
| Second dose reduction     | 15 mg                    |

**Table 2. Dose modification and management for Vizimpro adverse reactions**

| Adverse reactions                           | Dose modification   |
|---|---|
| Interstitial lung disease (ILD/Pneumonitis) | <ul style="list-style-type: none"> <li>• Withhold dacomitinib during ILD/Pneumonitis diagnostic evaluation.</li> <li>• Permanently discontinue dacomitinib if ILD/Pneumonitis is confirmed.</li> </ul>  |
| Diarrhoea                                   | <ul style="list-style-type: none"> <li>• For Grade 1 diarrhoea, no dose modification is required. Initiate treatment with anti-diarrhoeal medicinal products (e.g., loperamide) at first onset of diarrhoea. Encourage adequate oral fluid intake during diarrhoea.</li> <li>• For Grade 2 diarrhoea, if not improved to Grade <math>\leq 1</math> within 24 hours while using anti-diarrhoeal medicinal products (e.g., loperamide) and adequate oral fluid intake, withhold dacomitinib. Upon recovery to Grade <math>\leq 1</math>, resume dacomitinib at the same dose level or consider a reduction of 1 dose level.</li> <li>• For Grade <math>\geq 3</math> diarrhoea, withhold dacomitinib. Treat with anti-diarrhoeal medicinal products (e.g., loperamide), and adequate oral fluid intake or intravenous fluids or electrolytes as appropriate. Upon recovery to Grade <math>\leq 1</math>, resume dacomitinib with a reduction of 1 dose level.</li> </ul>  |
| Skin-related adverse reactions              | <ul style="list-style-type: none"> <li>• For Grade 1 rash or erythematous skin conditions, no dose modification is required. Initiate treatment (e.g., antibiotics, topical steroids, and emollients).</li> <li>• For Grade 1 exfoliative skin conditions, no dose modification is required. Initiate treatment (e.g., oral antibiotics and topical steroids).</li> <li>• For Grade 2 rash, erythematous or exfoliative skin conditions, no dose modification is required. Initiate treatment or provide additional treatment (e.g., oral antibiotics and topical steroids).</li> <li>• If Grade 2 rash, erythematous or exfoliative skin conditions persist for 72 hours despite treatment, withhold dacomitinib. Upon recovery to Grade <math>\leq 1</math>, resume dacomitinib at the same dose level or consider a reduction of 1 dose level.</li> <li>• For Grade <math>\geq 3</math> rash, erythematous or exfoliative skin conditions, withhold dacomitinib. Initiate or continue treatment and/or provide additional treatment (e.g., broad spectrum oral or intravenous antibiotics and topical steroids). Upon recovery to Grade <math>\leq 1</math>, resume dacomitinib with a reduction of 1 dose level.</li> </ul> |
| Other                                       | <ul style="list-style-type: none"> <li>• For Grade 1 or 2 toxicity, no dose modification is required.</li> <li>• For Grade <math>\geq 3</math> toxicity, withhold dacomitinib until symptoms resolve to Grade <math>\leq 2</math>. Upon recovery, resume dacomitinib with a reduction of 1 dose level.</li> </ul>   |

Special populations*Hepatic impairment*

No starting dose adjustments are required when administering Vizimpro to patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment. The starting dose of Vizimpro should be adjusted to 30 mg once daily in patients with severe (Child-Pugh class C) hepatic impairment. The dose may be increased to 45 mg once daily based on individual safety and tolerability after at least 4 weeks of treatment (see section 5.2).

*Renal impairment*

No starting dose adjustments are required when administering Vizimpro to patients with mild or moderate renal impairment (creatinine clearance [CrCl]  $\geq 30$  mL/min). Limited data are available in patients with severe renal impairment (CrCl  $< 30$  mL/min). No data are available in patients requiring

haemodialysis. Thus no dosing recommendations can be made for either patient population (see section 5.2).

#### *Elderly population*

No starting dose adjustment of Vizimpro in elderly ( $\geq 65$  years of age) patients is required (see section 5.2).

#### *Paediatric population*

The safety and efficacy of Vizimpro in the paediatric population ( $< 18$  years of age) have not been established. No data are available.

#### Method of administration

Vizimpro is for oral use. The tablets should be swallowed with water and can be taken with or without meals.

### **4.3 Contraindications**

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

### **4.4 Special warnings and precautions for use**

#### Assessment of EGFR mutation status

When assessing the EGFR mutation status of a patient, it is important that a well-validated and robust methodology is chosen to avoid false negative or false positive determinations.

#### Interstitial lung disease (ILD)/Pneumonitis

ILD/pneumonitis, which could be fatal, has been reported in patients receiving Vizimpro (see section 4.8). Patients with a history of ILD have not been studied.

Careful assessment of all patients with an acute onset or unexplained worsening of pulmonary symptoms (e.g., dyspnoea, cough, fever) should be performed to exclude ILD/pneumonitis. Treatment with dacomitinib should be withheld pending investigation of these symptoms. If ILD/pneumonitis is confirmed, dacomitinib should be permanently discontinued and appropriate treatment instituted as necessary (see section 4.2).

#### Diarrhoea

Diarrhoea, including severe diarrhoea, has been very commonly reported during treatment with Vizimpro (see section 4.8). Diarrhoea may result in dehydration with or without renal impairment, which could be fatal if not adequately treated.

Proactive management of diarrhoea should start at the first sign of diarrhoea especially within the first 2 weeks of starting dacomitinib, including adequate hydration combined with anti-diarrhoeal medicinal products and continued until loose bowel movements cease for 12 hours. Anti-diarrhoeal medicinal products (e.g., loperamide) should be used and, if necessary, escalated to the highest recommended approved dose. Patients may require dosing interruption and/or dose reduction of therapy with dacomitinib. Patients should maintain adequate oral hydration and patients who become dehydrated may require administration of intravenous fluids and electrolytes (see section 4.2).

#### Skin-related adverse reactions

Rash, erythematous and exfoliative skin conditions have been reported in patients treated with Vizimpro (see section 4.8).

For prevention of dry skin, initiate treatment with moisturizers, and upon development of rash, initiate treatment with topical antibiotics, emollients, and topical steroids. Start oral antibiotics and topical steroids in patients who develop exfoliative skin conditions. Consider adding broad spectrum oral or intravenous antibiotics if any of these conditions worsen to greater than or equal to Grade 2 severity. Rash, erythematous and exfoliative skin conditions may occur or worsen in areas exposed to the sun. Advise patients to use protective clothing and sunscreen before exposure to the sun. Patients may require dosing interruption and/or dose reduction of therapy with dacomitinib (see section 4.2).

#### Hepatotoxicity and transaminases increased

Transaminases increased (alanine aminotransferase increased, aspartate aminotransferase increased, transaminases increased) have been reported during treatment with Vizimpro (see section 4.8). Among NSCLC patients treated with dacomitinib 45 mg daily, there have been isolated reports of hepatotoxicity in 4 (1.6%) patients. Across the dacomitinib program, hepatic failure led to a fatal outcome in 1 patient. Therefore, periodic liver function testing is recommended. In patients who develop severe elevations in transaminases while taking dacomitinib, treatment should be interrupted (see section 4.2).

#### Medicinal products metabolised by cytochrome P450 (CYP)2D6

Vizimpro may increase exposure (or decrease exposure of active metabolites) of other medicinal products metabolised by CYP2D6. Concomitant use of medicinal products predominantly metabolised by CYP2D6 should be avoided unless such products are considered necessary (see section 4.5).

#### Other forms of interactions

Concomitant use of proton pump inhibitors (PPIs) with dacomitinib should be avoided (see section 4.5).

#### Lactose

This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption should not take this medicinal product.

#### Sodium

This medicinal product contains < 1 mmol sodium (23 mg) per tablet, that is to say essentially “sodium-free”.

### **4.5 Interaction with other medicinal products and other forms of interaction**

#### Co-administration of dacomitinib with agents that increase gastric pH

The aqueous solubility of dacomitinib is pH dependent, with low (acidic) pH resulting in higher solubility. Data from a study in 24 healthy subjects indicated that co-administration of a single 45 mg dacomitinib dose with the PPI rabeprazole 40 mg once daily for 7 days decreased dacomitinib  $C_{max}$ ,  $AUC_{0-96h}$  (area under the concentration-time curve from time 0 to 96 hours), and  $AUC_{inf}$  (AUC from time 0 to infinity) (n=14) by approximately 51%, 39%, and 29%, respectively, when compared to a single 45 mg dose of dacomitinib administered alone. PPIs should be avoided while receiving treatment with dacomitinib (see section 4.4).

Based on data from observations in 8 patients from Study A7471001, there was no apparent effect of local antacid administration on  $C_{max}$  and  $AUC_{inf}$  of dacomitinib. Based on pooled data in patients, there was no apparent effect of histamine-2 (H2) receptor antagonists on steady-state trough concentration of dacomitinib (geometric mean ratio of 86% (90% CI: 73; 101)). Local antacids and H2 receptor antagonists may be used if needed. Dacomitinib should be administered 2 hours before or at least

10 hours after taking H2 receptor antagonists.

#### Co-administration of dacomitinib and CYP2D6 substrates

Co-administration of single 45 mg oral dose of dacomitinib increased the mean exposure ( $AUC_{last}$  and  $C_{max}$ ) of dextromethorphan, a probe CYP2D6 substrate, 855% and 874%, respectively, compared with administration of dextromethorphan alone. These results suggest that dacomitinib may increase exposure of other medicinal products (or decrease exposure to active metabolites) primarily metabolised by CYP2D6. Concomitant use of medicinal products predominantly metabolised by CYP2D6 should be avoided (see section 4.4). If concomitant use of such medicinal products is considered necessary, they should follow their respective labels for dose recommendation regarding co-administration with strong CYP2D6 inhibitors.

#### Effect of dacomitinib on drug transporters

Based on *in vitro* data, dacomitinib may have the potential to inhibit the activity of P-glycoprotein (P-gp) (in the gastrointestinal [GI] tract), Breast Cancer Resistance Protein (BCRP) (systemically and GI tract), and organic cation transporter (OCT)1 at clinically relevant concentrations (see section 5.2).

### **4.6 Fertility, pregnancy and lactation**

#### Woman of childbearing potential/Contraception

Women of childbearing potential should be advised to avoid becoming pregnant while receiving Vizimpro. Women of childbearing potential who are receiving this medicinal product should use adequate contraceptive methods during therapy and for at least 17 days (5 half-lives) after completing therapy.

#### Pregnancy

There are no data on the use of dacomitinib in pregnant women. Studies in animals have shown limited effects on reproductive toxicity (lower maternal body weight gain and food consumption in rats and rabbits, and lower foetal body weight and higher incidence of unossified metatarsals in rats only) (see section 5.3). Based on its mechanism of action, dacomitinib may cause foetal harm when administered to a pregnant woman. Dacomitinib should not be used during pregnancy. Female patients taking dacomitinib during pregnancy or who become pregnant while taking dacomitinib should be apprised of the potential hazard to the foetus.

#### Breast-feeding

It is not known whether dacomitinib and its metabolites are excreted in human milk. Because many medicinal products are excreted in human milk, and because of the potential for serious adverse reactions in breast-fed infants from exposure to dacomitinib, mothers should be advised against breast-feeding while receiving this medicinal product.

#### Fertility

Fertility studies have not been performed with dacomitinib. Non-clinical safety studies showed reversible epithelial atrophy in the cervix and vagina of rats (see section 5.3).

### **4.7 Effects on ability to drive and use machines**

Vizimpro has minor influence on the ability to drive and use machines. Patients experiencing fatigue or ocular adverse reactions while taking dacomitinib should exercise caution when driving or operating machinery.

## 4.8 Undesirable effects

### Summary of safety profile

The median duration of treatment with Vizimpro across the pooled data set was 66.7 weeks.

The most common (> 20%) adverse reactions in patients receiving dacomitinib were diarrhoea (88.6%), rash (79.2%), stomatitis (71.8%), nail disorder (65.5%), dry skin (33.3%), decreased appetite (31.8%), conjunctivitis (24.7%), weight decreased (24.3%), alopecia (23.1%), pruritus (22.4%), transaminases increased (22.0%), and nausea (20.4%).

Serious adverse reactions were reported in 6.7% of patients treated with dacomitinib. The most frequently ( $\geq 1\%$ ) reported serious adverse reactions in patients receiving dacomitinib were diarrhoea (2.0%), interstitial lung disease (1.2%), rash (1.2%), and decreased appetite (1.2%).

Adverse reactions leading to dose reductions were reported in 52.2% of patients treated with dacomitinib. The most frequently reported (> 5%) reasons for dose reductions due to any adverse reactions in patients receiving dacomitinib were rash (32.2%), nail disorder (16.5%), and diarrhoea (7.5%).

Adverse reactions leading to permanent discontinuation were reported in 6.7% of patients treated with dacomitinib. The most common (> 0.5%) reasons for permanent discontinuations associated with adverse reactions in patients receiving dacomitinib were: rash (2.4%), interstitial lung disease (2.0%), and diarrhoea (0.8%).

### Tabulated list of adverse reactions

Table 3 presents adverse reactions for Vizimpro. Adverse reactions are listed according to system organ class (SOC). Within each SOC, the adverse reactions are ranked by frequency, with the most frequent reactions first, using the following convention: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.



**Table 3. Adverse reactions reported in dacomitinib clinical studies (N=255)**

| System organ class                                   | Very common  | Common  |
|--|--|---|
| Metabolism and nutrition disorders                   | Decreased appetite<br>Hypokalaemia <sup>a</sup>  | Dehydration                                     |
| Nervous system disorders                             |  | Dysgeusia                                       |
| Eye disorders  | Conjunctivitis <sup>b</sup>  | Keratitis                                       |
| Respiratory, thoracic and mediastinal disorders      |  | Interstitial lung disease* <sup>c</sup>         |
| Gastrointestinal disorders                           | Diarrhoea*<br>Stomatitis <sup>d</sup><br>Vomiting<br>Nausea  |   |
| Skin and subcutaneous tissue disorders               | Rash <sup>e</sup><br>Palmar-plantar erythrodysesthesia syndrome<br>Skin fissures<br>Dry skin <sup>f</sup><br>Pruritus <sup>g</sup><br>Nail disorder <sup>h</sup><br>Alopecia | Skin exfoliation <sup>i</sup><br>Hypertrichosis |
| General disorders and administration site conditions | Fatigue<br>Asthenia  |   |
| Investigations                                       | Transaminases increased <sup>j</sup><br>Weight decreased   |   |

Data based on pool of 255 patients who received Vizimpro 45 mg once daily as starting dose for first-line treatment of NSCLC with EGFR-activating mutations across clinical studies.

\* Fatal events were reported.

<sup>a</sup> Hypokalaemia includes the following preferred terms (PTs): Blood potassium decreased, Hypokalaemia.

<sup>b</sup> Conjunctivitis includes the following PTs: Blepharitis, Conjunctivitis, Dry eye, Noninfective conjunctivitis.

<sup>c</sup> Interstitial lung disease includes the following PTs: Interstitial lung disease, Pneumonitis.

<sup>d</sup> Stomatitis includes the following PTs: Aphthous ulcer, Cheilitis, Dry mouth, Mucosal inflammation, Mouth ulceration, Oral pain, Oropharyngeal pain, Stomatitis.

<sup>e</sup> Rash (also referred to as Rash and erythematous skin conditions) includes the following PTs: Acne, Dermatitis acneiform, Erythema, Erythema multiforme, Rash, Rash erythematous, Rash generalised, Rash macular, Rash maculo-papular, Rash papular.

<sup>f</sup> Dry skin includes the following PTs: Dry skin, Xerosis.

<sup>g</sup> Pruritus includes the following PTs: Pruritus, Rash pruritic.

<sup>h</sup> Nail disorder includes the following PTs: Ingrowing nail, Nail bed bleeding, Nail bed inflammation, Nail discolouration, Nail disorder, Nail infection, Nail toxicity, Onychoclasia, Onycholysis, Onychomadesis, Paronychia.

<sup>i</sup> Skin exfoliation (also referred to as Exfoliative skin conditions) includes the following PTs: Exfoliative rash, Skin exfoliation.

<sup>j</sup> Transaminases increased includes the following PTs: Alanine aminotransferase increased, Aspartate aminotransferase increased, Transaminases increased.

#### Description of selected adverse reactions

Very common adverse reactions in patients occurring in at least 10% of patients in Study ARCHER 1050 are summarised by National Cancer Institute-Common Toxicity Criteria (NCI-CTC) Grade in Table 4.

**Table 4. Very common adverse reactions in Phase 3 Study ARCHER 1050 (N=451)**

| Adverse Reactions <sup>a</sup>                              | Dacomitinib<br>(N=227) |              |              | Gefitinib<br>(N=224) |              |              |
|---|------------------------|--------------|--------------|----------------------|--------------|--------------|
|   | All Grades<br>%        | Grade 3<br>% | Grade 4<br>% | All Grades<br>%      | Grade 3<br>% | Grade 4<br>% |
| <i>Metabolism and nutrition disorders</i>                   |                        |              |              |                      |              |              |
| Decreased appetite  | 30.8                   | 3.1          | 0.0          | 25.0                 | 0.4          | 0.0          |
| Hypokalaemia <sup>b</sup>                                   | 10.1                   | 4.0          | 0.9          | 5.8                  | 1.8          | 0.0          |
| <i>Eye disorders</i>  |                        |              |              |                      |              |              |
| Conjunctivitis <sup>c</sup>                                 | 23.3                   | 0.0          | 0.0          | 8.9                  | 0.0          | 0.0          |
| <i>Gastrointestinal disorders</i>                           |                        |              |              |                      |              |              |
| Diarrhoea <sup>d</sup>                                      | 87.2                   | 8.4          | 0.0          | 55.8                 | 0.9          | 0.0          |
| Stomatitis <sup>e</sup>                                     | 69.6                   | 4.4          | 0.4          | 33.5                 | 0.4          | 0.0          |
| Nausea  | 18.9                   | 1.3          | 0.0          | 21.9                 | 0.4          | 0.0          |
| <i>Skin and subcutaneous tissue disorders</i>               |                        |              |              |                      |              |              |
| Rash <sup>f</sup>   | 77.1                   | 24.2         | 0.0          | 57.6                 | 0.9          | 0.0          |
| Palmar-plantar erythrodysesthesia syndrome                  | 14.5                   | 0.9          | 0.0          | 3.1                  | 0.0          | 0.0          |
| Dry skin <sup>g</sup>                                       | 29.5                   | 1.8          | 0.0          | 18.8                 | 0.4          | 0.0          |
| Pruritus <sup>h</sup>                                       | 20.3                   | 0.9          | 0.0          | 14.3                 | 1.3          | 0.0          |
| Nail disorder <sup>i</sup>                                  | 65.6                   | 7.9          | 0.0          | 21.4                 | 1.3          | 0.0          |
| Alopecia  | 23.3                   | 0.4          | 0.0          | 12.5                 | 0.0          | 0.0          |
| <i>General disorders and administration site conditions</i> |                        |              |              |                      |              |              |
| Asthenia  | 12.8                   | 2.2          | 0.0          | 12.5                 | 1.3          | 0.0          |
| <i>Investigations</i>                                       |                        |              |              |                      |              |              |
| Transaminases increased <sup>j</sup>                        | 23.8                   | 0.9          | 0.0          | 40.2                 | 9.8          | 0.0          |
| Weight decreased  | 25.6                   | 2.2          | 0.0          | 16.5                 | 0.4          | 0.0          |

<sup>a</sup> Only adverse reactions with  $\geq 10\%$  incidence in the dacomitinib arm are included.

<sup>b</sup> Hypokalaemia includes the following preferred terms (PTs): Blood potassium decreased, Hypokalaemia.

<sup>c</sup> Conjunctivitis includes the following PTs: Blepharitis, Conjunctivitis, Dry eye, Noninfective conjunctivitis.

<sup>d</sup> 1 fatal event was reported in the dacomitinib arm.

<sup>e</sup> Stomatitis includes the following PTs: Aphthous ulcer, Cheilitis, Dry mouth, Mucosal inflammation, Mouth ulceration, Oral pain, Oropharyngeal pain, Stomatitis.

<sup>f</sup> Rash includes the following PTs: Acne, Dermatitis acneiform, Erythema, Rash, Rash erythematous, Rash generalised, Rash macular, Rash maculo-papular, Rash papular.

<sup>g</sup> Dry skin includes the following PTs: Dry skin, Xerosis.

<sup>h</sup> Pruritus includes the following PTs: Pruritus, Rash pruritic.

<sup>i</sup> Nail disorder includes the following PTs: Ingrowing nail, Nail discolouration, Nail disorder, Nail infection, Nail toxicity, Onychoclasia, Onycholysis, Onychomadesis, Paronychia.

<sup>j</sup> Transaminases increased includes the following PTs: Alanine aminotransferase increased, Aspartate aminotransferase increased, Transaminases increased.

#### *Interstitial lung disease (ILD)/Pneumonitis*

ILD/pneumonitis adverse reactions were reported in 2.7% of patients receiving Vizimpro, and Grade  $\geq 3$  ILD/pneumonitis adverse reactions were reported in 0.8%, including a fatal event (0.4%) (see section 4.4).

The median time to the first episode of any grade ILD/pneumonitis was 16 weeks and the median time to the worst episode of ILD/pneumonitis was 16 weeks in patients receiving dacomitinib. The median duration of any grade and Grade  $\geq 3$  ILD/pneumonitis was 13 weeks and 1.5 weeks, respectively (see section 4.4).

### *Diarrhoea*

Diarrhoea was the most frequently reported adverse reaction in patients receiving Vizimpro (88.6%) and Grade  $\geq 3$  diarrhoea adverse reactions were reported in 9.4% of patients. In a clinical study, one patient (0.4%) had a fatal outcome (see section 4.4).

The median time to the first episode of any grade diarrhoea was 1 week and the median time to the worst episode of diarrhoea was 2 weeks in patients receiving dacomitinib. The median duration of any grade and Grade  $\geq 3$  diarrhoea was 20 weeks and 1 week, respectively (see section 4.4).

### *Skin-related adverse reactions*

Rash, erythematous and exfoliative skin condition adverse reactions were reported in 79.2% and 5.5%, respectively, of patients receiving Vizimpro. Skin-related adverse reactions were Grades 1 to 3. Grade 3 rash and erythematous skin condition adverse reactions were the most frequently reported Grade 3 adverse reactions (25.5%). Grade 3 exfoliative skin conditions were reported in 0.8% of patients (see section 4.4).

The median time to the first episode of any grade rash and erythematous skin conditions was approximately 2 weeks and the median time to the worst episode of rash and erythematous skin conditions was 7 weeks in patients receiving dacomitinib. The median duration of any grade and Grade  $\geq 3$  rash and erythematous skin conditions was 53 weeks and 2 weeks, respectively. The median time to the first episode of any grade exfoliative skin conditions was 6 weeks and the median time to the worst episode of exfoliative skin conditions was 6 weeks. The median duration of any grade and Grade  $\geq 3$  exfoliative skin conditions was 10 weeks and approximately 2 weeks, respectively.

### *Transaminases increased*

Transaminases increased (alanine aminotransferase increased, aspartate aminotransferase increased, transaminases increased) were reported in 22.0% of patients receiving Vizimpro and were Grades 1 to 3, with the majority Grade 1 (18.4%) (see section 4.4).

The median time to the first episode of any grade of transaminases increased was approximately 12 weeks and the median time to the worst episode of transaminases increased was 12 weeks in patients receiving dacomitinib. The median duration of any grade and Grade  $\geq 3$  transaminases increased was 11 weeks and 1 week, respectively.

### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in [Appendix V](#).

## **4.9 Overdose**

The adverse reactions observed at doses greater than 45 mg once daily were primarily gastrointestinal, dermatological, and constitutional (e.g., fatigue, malaise, and weight loss).

There is no known antidote for dacomitinib. The treatment of dacomitinib overdose should consist of symptomatic treatment and general supportive measures.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Anti-neoplastic agents, protein kinase inhibitors, ATC code: L01EB07

#### Mechanism of action

Dacomitinib is a pan-human epidermal growth factor receptor (HER) (EGFR/HER1, HER2, and HER4) inhibitor, with activity against mutated EGFR with deletions in exon 19 or the L858R substitution in exon 21. Dacomitinib binds selectively and irreversibly to its HER family targets thereby providing prolonged inhibition.

#### Clinical efficacy

*Vizimpro in first-line treatment of NSCLC patients with EGFR-activating mutations (ARCHER 1050)*  
The efficacy and safety of Vizimpro was studied in a Phase 3 trial (ARCHER 1050) conducted in patients with locally advanced, not amenable to curative surgery or radiotherapy, or metastatic NSCLC harbouring activating mutations of EGFR, to demonstrate the superiority of dacomitinib versus gefitinib. A total of 452 patients were randomised 1:1 to dacomitinib or gefitinib in a multicentre, multinational, randomised, open-label Phase 3 study.

Treatment was administered orally on a continuous daily basis until disease progression, institution of new anticancer therapy, intolerable toxicity, withdrawal of consent, death, or investigator decision dictated by protocol compliance, whichever occurred first. Stratification factors at randomisation were race (Japanese versus mainland Chinese versus other East Asian versus non-East Asian, as stated by the patient), and EGFR mutation status (exon 19 deletion versus the L858R mutation in exon 21). EGFR mutation status was determined by a standardised and commercially available test kit.

The primary endpoint of the study was progression-free survival (PFS) as determined by blinded Independent Radiology Central (IRC) review. Key secondary endpoints included objective response rate (ORR), duration of response (DoR), and overall survival (OS).

The demographic characteristics of the overall study population were 60% female; median age at enrolment was 62 years with 10.8% being  $\geq 75$  years old. Thirty percent had baseline Eastern Cooperative Oncology Group (ECOG) performance status (PS) 0 and 70% had ECOG PS 1; 59% had an exon 19 deletion, and 41% had a L858R mutation in exon 21. Race was 23% White, 77% Asian, and  $< 1\%$  Black. Patients with brain metastases or leptomeningeal disease or ECOG PS  $\geq 2$  were excluded from the trial.

A statistically significant improvement in PFS as determined by the IRC was demonstrated for patients randomised to dacomitinib compared with those randomised to gefitinib, see Table 5 and Figure 1. Subgroup analyses of PFS per IRC review based on baseline characteristics were consistent with those from the primary analysis of PFS. In particular, the hazard ratios (HRs) for PFS per IRC review in Asian and non-Asian patients were 0.509 (95% CI: 0.391, 0.662) and 0.889 (95% CI: 0.568, 1.391), respectively. In Asian patients, median PFS was 16.5 months for dacomitinib arm and 9.3 months for gefitinib arm. In non-Asian patients, median PFS was 9.3 months for dacomitinib arm and 9.2 months for gefitinib arm.

OS results from the final analysis (data cut-off date of 17-Feb-2017) when 48.7% of events had occurred showed a HR of 0.760 (95% CI: 0.582, 0.993) and a gain of 7.3 months in median OS (median OS: 34.1 months [95% CI: 29.5, 37.7] and 26.8 months [95% CI: 23.7, 32.1] in the dacomitinib and gefitinib arm, respectively). However, according to the hierarchical testing approach, the analysis was stopped with the testing of ORR as the statistical significance was not reached. Therefore, the statistical significance of OS improvement could not be formally assessed.

**Table 5. Efficacy results from ARCHER 1050 in patients with previously untreated NSCLC with EGFR-activating mutations – ITT population\***

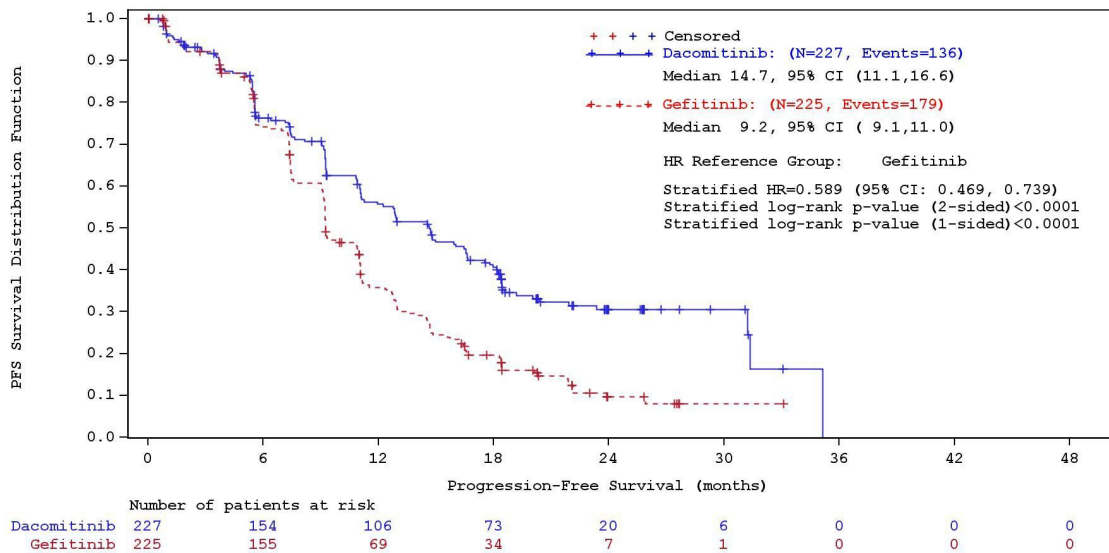
|   | <b>Dacomitinib<br/>N=227</b> | <b>Gefitinib<br/>N=225</b> |
|---|------------------------------|----------------------------|
| <b>Progression-Free Survival (per IRC)</b>          |                              |                            |
| Number of patients with event, n (%)                | 136 (59.9%)                  | 179 (79.6%)                |
| Median PFS in months (95% CI)                       | 14.7 (11.1, 16.6)            | 9.2 (9.1, 11.0)            |
| HR (95% CI) <sup>a</sup>                            | 0.589 (0.469, 0.739)         |                            |
| 2-sided p-value <sup>b</sup>                        | < 0.0001                     |                            |
| <b>Objective Response Rate (per IRC)</b>            |                              |                            |
| Objective Response Rate % (95% CI)                  | 74.9% (68.7, 80.4)           | 71.6% (65.2, 77.4)         |
| 2-sided p-value <sup>c</sup>                        | 0.3883                       |                            |
| <b>Duration of Response in Responders (per IRC)</b> |                              |                            |
| Number of responders per IRC review, n (%)          | 170 (74.9)                   | 161 (71.6)                 |
| Median DoR in months (95% CI)                       | 14.8 (12.0, 17.4)            | 8.3 (7.4, 9.2)             |
| HR (95% CI) <sup>a</sup>                            | 0.403 (0.307, 0.529)         |                            |
| 2-sided p-value <sup>b</sup>                        | < 0.0001                     |                            |

\*Data based on data cut-off date of 29 July 2016.

Abbreviations: CI=confidence interval; EGFR=epidermal growth factor receptor; HR=hazard ratio; IRC=independent radiologic central; ITT=Intent-to-treat; IWRS=interactive web response system; N/n=total number; NSCLC=non-small cell lung cancer; PFS=progression-free survival; DoR=Duration of Response.

- From stratified Cox Regression. The stratification factors were Race (Japanese vs mainland Chinese and other East Asian vs non-East Asian) and EGFR mutation status (exon 19 deletion vs the L858R mutation in exon 21) at randomisation per IWRS.
- Based on the stratified log-rank test. The stratification factors were Race (Japanese vs mainland Chinese and other East Asian vs non-East Asian) and EGFR mutation status (exon 19 deletion vs the L858R mutation in exon 21) at randomisation per IWRS.
- Based on the stratified Cochran-Mantel-Haenszel test. The stratification factors were Race (Japanese vs mainland Chinese and other East Asian vs non-East Asian) and EGFR mutation status (exon 19 deletion vs the L858R mutation in exon 21) at randomisation per IWRS.

**Figure 1. ARCHER 1050 - Kaplan-Meier curve for PFS per IRC review – ITT population**



Abbreviations: CI=confidence interval; HR=hazard ratio; IRC=independent radiologic central; ITT=Intent-To-Treat; N=total number; PFS=progression-free survival.

## Paediatric population

The European Medicines Agency has waived the obligation to submit the results of studies with dacomitinib in all subsets of the paediatric population in NSCLC indication (see section 4.2 for information on paediatric use).

## **5.2 Pharmacokinetic properties**

### Absorption

Following the administration of a single 45 mg dose of dacomitinib tablets, the mean oral bioavailability of dacomitinib is 80% (range: 65% to 100%) compared to intravenous administration, with  $C_{max}$  occurring 5 to 6 hours after oral dosing. Following dacomitinib 45 mg daily dosing, steady-state was reached within 14 days. Food does not alter bioavailability to a clinically meaningful extent. Dacomitinib is a substrate for the membrane transport proteins P-gp and BCRP. However, based on the oral bioavailability of 80%, these membrane transport proteins are unlikely to have any impact on dacomitinib absorption.

### Distribution

Dacomitinib is extensively distributed throughout the body with a mean steady-state volume of distribution of 27 L/kg (patient of 70 kg) [coefficient of variation (CV%): 18%] following intravenous administration. In plasma, dacomitinib binds to albumin and  $\alpha_1$ -acid glycoprotein and the fraction unbound is approximately 2% *in vitro* and *ex vivo* in healthy volunteers.

### Biotransformation

In humans, dacomitinib undergoes oxidation and glutathione conjugation as the major metabolic pathways. Following oral administration of a single 45-mg dose of [ $^{14}$ C] dacomitinib, the most abundant circulating metabolite was O-desmethyl dacomitinib. This metabolite exhibited *in vitro* pharmacologic activity that was similar to that of dacomitinib in the *in vitro* biochemical assays. In faeces, dacomitinib, O-desmethyl dacomitinib, a cysteine conjugate of dacomitinib, and a mono-oxygenated metabolite of dacomitinib were the major drug-related components. *In vitro* studies indicated that CYP2D6 was the major CYP isozyme involved in the formation of O-desmethyl dacomitinib, while CYP3A4 contributed to the formation of other minor oxidative metabolites. O-desmethyl dacomitinib accounted for 16% of human plasma radioactivity and is formed mainly by CYP2D6 and to a lesser extent CYP2C9. The inhibition of CYP2D6 translated into approximately a 90% reduction in metabolite exposure and an approximate 37% increase in dacomitinib exposure.

### Other information on drug-drug interactions

#### *Effect of dacomitinib and O-desmethyl dacomitinib on CYP enzymes*

*In vitro*, dacomitinib and its metabolite O-desmethyl dacomitinib have a low potential to inhibit the activities of CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, or CYP3A4/5 at clinically relevant concentrations. *In vitro*, dacomitinib has a low potential to induce CYP1A2, CYP2B6, or CYP3A4 at clinically relevant concentrations.

#### *Effect of dacomitinib on drug transporters*

*In vitro*, dacomitinib has a low potential to inhibit the activities of drug transporters P-gp (systemically), organic anion transporters (OAT)1 and OAT3, OCT2, organic anion transporting polypeptide (OATP)1B1, and OATP1B3, but may inhibit the activity of P-gp (in the GI tract), BCRP (systemically and GI tract), and OCT1 at clinically relevant concentrations.

#### *Effect of Dacomitinib on UGT Enzymes*

*In vitro*, dacomitinib has a low potential to inhibit uridine-diphosphate glucuronosyltransferase (UGT)1A4, UGT1A6, UGT1A9, UGT2B7, and UGT2B15.

## Elimination

The plasma half-life of dacomitinib ranges from 54 to 80 hours. Dacomitinib showed a clearance of 20.0 L/hr with an inter-individual variability of 32% (CV%). In 6 healthy male subjects given a single-oral dose of [<sup>14</sup>C] radiolabeled dacomitinib, a median of 82% of the total administered radioactivity was recovered in 552 hours; faeces (79% of dose) was the major route of excretion, with 3% of the dose recovered in urine, of which < 1% of the administered dose was unchanged dacomitinib.

## Special populations

### *Age, race, gender, body weight*

Based on population pharmacokinetic analyses, patient age, race (Asian and non-Asian), gender, and body weight do not have a clinically relevant effect on predicted steady-state exposure of dacomitinib. Approximately 90% of patients included in this analysis were Asian or White.

### *Hepatic impairment*

In a dedicated hepatic impairment trial, following a single-oral dose of 30 mg Vizimpro, dacomitinib exposure (AUC<sub>inf</sub> and C<sub>max</sub>) was unchanged in mild hepatic impairment (Child-Pugh class A; N=8) and decreased by 15% and 20%, respectively in moderate hepatic impairment (Child-Pugh class B; N=9) when compared to subjects with normal hepatic function (N=8). In a second dedicated hepatic impairment trial, following a single-oral dose of 30 mg Vizimpro, dacomitinib exposure was unchanged for AUC<sub>inf</sub> and increased by 31% for C<sub>max</sub> in subjects with severe hepatic impairment (Child-Pugh class C; N=8), when compared to subjects with normal hepatic function (N=8). In addition, based on a population pharmacokinetic analysis using data from 1381 patients, that included 158 patients with mild hepatic impairment defined by National Cancer Institute (NCI) criteria [total bilirubin ≤ Upper Limit of Normal (ULN) and Aspartate Aminotransferase (AST) > ULN, or total bilirubin > 1.0 to 1.5 × ULN and any AST; N=158], mild hepatic impairment had no effect on the pharmacokinetics of dacomitinib. From the small number of patients in the moderate group [total bilirubin > 1.5 to 3 × ULN and any AST; N=5], there is no evidence for a change in dacomitinib pharmacokinetics.

### *Renal impairment*

No clinical studies have been conducted in patients with impaired renal function. Based on population pharmacokinetic analyses, mild (60 mL/min ≤ CrCl < 90 mL/min; N=590) and moderate (30 mL/min ≤ CrCl < 60 mL/min; N=218) renal impairment, did not alter dacomitinib pharmacokinetics, relative to subjects with normal (CrCl ≥ 90 mL/min; N=567) renal function. Limited pharmacokinetic data are available in patients with severe renal impairment (CrCl < 30 mL/min) (N=4). The pharmacokinetics in patients requiring haemodialysis have not been studied.

### *Exposure response relationships*

No clear relationship between dacomitinib exposure and efficacy could be characterised over the exposure range studied. Significant exposure-safety relationship was defined for Grade ≥ 3 rash/dermatitis acneiform, other skin toxicities, diarrhoea and Grade ≥ 1 stomatitis.

## **5.3 Preclinical safety data**

### Repeated-dose toxicity

In oral repeated-dose toxicity studies for up to 6 months in rats and 9 months in dogs, the primary toxicities were identified in the skin/hair (dermal changes in rats and dogs, atrophy/dysplasia of hair follicles in rats), kidney (papillary necrosis often accompanied by tubular degeneration, regeneration, dilatation and/or atrophy and changes in urinary markers indicative of renal injury in rats, erosion or ulceration of the pelvic epithelium with associated inflammation without changes indicative of renal dysfunction in dogs), eye (cornea epithelial atrophy in rats and dogs, corneal ulcers/erosions with red/swollen conjunctiva(e), conjunctivitis, elevated third eyelid, increased squinting, partially closed

eyes, lacrimation, and/or ocular discharge in dogs), and digestive system (enteropathy in rats and dogs, erosions/ulcers of the mouth with reddened mucous membranes in dogs), and atrophy of epithelial cells of other organs in rats. In addition, hepatocellular necrosis with transaminase increases and hepatocellular vacuolation were observed in rats only. These effects were reversible with the exception of hair follicles and kidney changes. All effects occurred at systemic exposure below that in humans at the recommended dose of 45 mg once daily.

#### Genotoxicity

Dacomitinib was tested using a series of genetic toxicology assays. Dacomitinib was not mutagenic in a bacterial reverse mutation (Ames) assay, and not clastogenic or aneugenic in the *in vivo* bone marrow micronucleus assay in male and female rats. Dacomitinib was clastogenic in the *in vitro* human lymphocyte chromosome aberration assay at cytotoxic concentrations. Dacomitinib is not directly reactive toward DNA as evidenced by the negative response in the bacterial reverse mutation assay and did not induce chromosome damage in a bone marrow micronucleus assay at concentrations up to approximately 60-70 times the unbound AUC or C<sub>max</sub> at the recommended human dose. Thus, dacomitinib is not expected to be genotoxic at clinically relevant exposure concentrations.

#### Carcinogenicity

Carcinogenicity studies have not been performed with dacomitinib.

#### Impairment of fertility

Fertility studies have not been performed with dacomitinib. In repeat-dose toxicity studies with dacomitinib, effects on reproductive organs were observed in female rats given approximately 0.3 times the unbound AUC at the recommended human dose (for 6 months) and were limited to reversible epithelial atrophy in the cervix and vagina. There was no effect on reproductive organs in male rats given  $\leq 2$  mg/kg/day for 6 months (approximately 1.1 times the unbound AUC at the recommended human dose), or in dogs given  $\leq 1$  mg/kg/day for 9 months (approximately 0.3 times the unbound AUC at the recommended human dose).

#### Developmental toxicity

In embryo-foetal development studies in rats and rabbits, pregnant animals received oral doses up to approximately 2.4 times and 0.3 times, respectively, the unbound AUC at the recommended human dose during the period of organogenesis. Maternal body weight gain and food intake were lower in pregnant rats and rabbits. The maternally toxic dose was foetotoxic in rats, resulting in reduced foetal body weights and higher incidence of unossified metatarsals.

#### Phototoxicity

A phototoxicity study with dacomitinib in pigmented rats showed no phototoxicity potential.

#### Environmental risk assessment

Environmental risk assessment studies have shown that dacomitinib has the potential to be very persistent, bioaccumulative and toxic to the environment (see section 6.6).

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### Tablet core

Lactose monohydrate



Microcrystalline cellulose  
Sodium starch glycolate  
Magnesium stearate

#### Film coating

Opadry II Blue 85F30716 containing:  
Polyvinyl alcohol – partially hydrolysed (E1203)  
Talc (E553b)  
Titanium dioxide (E171)  
Macrogol (E1521)  
Indigo Carmine Aluminium Lake (E132)

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

5 years.

### **6.4 Special precautions for storage**

This medicinal product does not require any special storage conditions.

### **6.5 Nature and contents of container**

Aluminium/aluminium blister containing 10 film-coated tablets. Each pack contains 30 film-coated tablets.

### **6.6 Special precautions for disposal**

Dacomitinib has the potential to be a very persistent, bioaccumulative and toxic substance (see section 5.3). Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

## **7. MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG  
Boulevard de la Plaine 17  
1050 Bruxelles  
Belgium

## **8. MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1354/001  
EU/1/19/1354/002  
EU/1/19/1354/003

## **9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 02 April 2019

## **10. DATE OF REVISION OF THE TEXT**

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

**ANNEX II**

- A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

## **A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE**

### Name and address of the manufacturer responsible for batch release

Pfizer Manufacturing Deutschland GmbH  
Betriebsstätte Freiburg  
Mooswaldallee 1  
79090 Freiburg  
Germany

## **B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).

## **C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder (MAH) shall submit the first PSUR for this product within 6 months following authorisation.

## **D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

**ANNEX III**  
**LABELLING AND PACKAGE LEAFLET**

## **A. LABELLING**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

Vizimpro 15 mg film-coated tablets  
dacomitinib

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each tablet contains 15 mg dacomitinib (as dacomitinib monohydrate).

**3. LIST OF EXCIPIENTS**

Contains lactose. See leaflet for further information.

**4. PHARMACEUTICAL FORM AND CONTENTS**

30 film-coated tablets

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

Read the package leaflet before use.  
Oral use.

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Dispose unused medicinal product in accordance with local requirements.

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG  
Boulevard de la Plaine 17  
1050 Bruxelles  
Belgium

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1354/001

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

Vizimpro 15 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC  
SN  
NN



**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**BLISTER STRIPS**

**1. NAME OF THE MEDICINAL PRODUCT**

Vizimpro 15 mg tablets  
dacomitinib

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG (as MA holder logo)

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. OTHER**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

Vizimpro 30 mg film-coated tablets  
dacomitinib

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each tablet contains 30 mg dacomitinib (as dacomitinib monohydrate).

**3. LIST OF EXCIPIENTS**

Contains lactose. See leaflet for further information.

**4. PHARMACEUTICAL FORM AND CONTENTS**

30 film-coated tablets

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

Read the package leaflet before use.  
Oral use.

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Dispose unused medicinal product in accordance with local requirements.

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG  
Boulevard de la Plaine 17  
1050 Bruxelles  
Belgium

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1354/002

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

Vizimpro 30 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC  
SN  
NN

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**BLISTER STRIPS**

**1. NAME OF THE MEDICINAL PRODUCT**

Vizimpro 30 mg tablets  
dacomitinib

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG (as MA holder logo)

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. OTHER**

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**OUTER CARTON**

**1. NAME OF THE MEDICINAL PRODUCT**

Vizimpro 45 mg film-coated tablets  
dacomitinib

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

Each tablet contains 45 mg dacomitinib (as dacomitinib monohydrate).

**3. LIST OF EXCIPIENTS**

Contains lactose. See leaflet for further information.

**4. PHARMACEUTICAL FORM AND CONTENTS**

30 film-coated tablets

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

Read the package leaflet before use.  
Oral use.

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

**8. EXPIRY DATE**

EXP

**9. SPECIAL STORAGE CONDITIONS**

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

Dispose unused medicinal product in accordance with local requirements.

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG  
Boulevard de la Plaine 17  
1050 Bruxelles  
Belgium

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/1/19/1354/003

**13. BATCH NUMBER**

Lot

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

Vizimpro 45 mg

**17. UNIQUE IDENTIFIER – 2D BARCODE**

2D barcode carrying the unique identifier included.

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

PC  
SN  
NN

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**BLISTER STRIPS**

**1. NAME OF THE MEDICINAL PRODUCT**

Vizimpro 45 mg tablets  
dacomitinib

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

Pfizer Europe MA EEIG (as MA holder logo)

**3. EXPIRY DATE**

EXP

**4. BATCH NUMBER**

Lot

**5. OTHER**

**B. PACKAGE LEAFLET**



## Package leaflet: Information for the patient

**Vizimpro 15 mg film-coated tablets**  
**Vizimpro 30 mg film-coated tablets**  
**Vizimpro 45 mg film-coated tablets**  
dacomitinib

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

**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, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

### What is in this leaflet

1. What Vizimpro is and what it is used for
2. What you need to know before you take Vizimpro
3. How to take Vizimpro
4. Possible side effects
5. How to store Vizimpro
6. Contents of the pack and other information

#### 1. What Vizimpro is and what it is used for

Vizimpro contains the active substance dacomitinib, which belongs to a group of medicines called protein tyrosine kinase inhibitors which are used to treat cancer.

Vizimpro is used to treat adults with a type of lung cancer called 'non-small cell lung cancer'. If a test has shown that your cancer has certain changes (mutations) in a gene called 'EGFR' (epidermal growth factor receptor) and has spread to your other lung or other organs, your cancer is likely to respond to treatment with Vizimpro.

Vizimpro can be used as your first treatment once your lung cancer has spread to your other lung or other organs.

#### 2. What you need to know before you take Vizimpro

##### Do not take Vizimpro

- if you are allergic to dacomitinib or any of the other ingredients of this medicine (listed in section 6).

##### Warnings and precautions

Talk to your doctor, pharmacist or nurse before taking Vizimpro:

- if you ever had any other lung problems. Some lung problems may get worse during treatment with Vizimpro, as Vizimpro may cause inflammation of the lungs during treatment. Symptoms may be similar to those from lung cancer. Tell your doctor right away if you have

any new or worsening symptoms including difficulty in breathing, shortness of breath, or cough with or without phlegm (mucous), or fever.

- If you are being treated with any of the medicines listed in section *Other medicines and Vizimpro*.

Tell your doctor immediately while taking this medicine:

- if you develop diarrhoea. Immediate treatment of diarrhoea is important.
- if you develop skin rash. Early treatment of skin rash is important.
- if you have any symptoms of a liver problem which may include: yellowing of your skin or the white part of your eyes (jaundice), dark or brown (tea coloured) urine, light-coloured bowel movements (stools).

### **Children and adolescents**

Vizimpro has not been studied in children or adolescents and it must not be given to patients under the age of 18 years.

### **Other medicines and Vizimpro**

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

In particular, the effects of some medicines may increase when taken with Vizimpro. These include, among others:

- Procainamide, used to treat heart arrhythmias
- Pimozide and thioridazine, used to treat schizophrenia and psychosis

You should not take these medicines during your treatment with Vizimpro.

The following medicines may reduce how well Vizimpro works:

- Long-acting medicines for reducing stomach acid, such as proton pump inhibitors (for ulcers, indigestion and heartburn).

You should not take these medicines during your treatment with Vizimpro. As an alternative, you can take a short-acting medicine, such as an antacid, or an H2 blocker medicine. If you take H2 blocker medicine take your dose of Vizimpro at least 2 hours before or 10 hours after taking the H2 blocker medicine.

### **Pregnancy and breast-feeding**

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

#### Pregnancy

You should not become pregnant during treatment with Vizimpro because this medicine could harm the baby. If there is any possibility that you may become pregnant you must use effective contraception during treatment, and for at least 17 days afterwards. If you become pregnant while taking this medicine, you should immediately talk to your doctor.

#### Breast-feeding

Do not breast-feed while taking this medicine because it is not known if it can harm your baby.

### **Driving and using machines**

Tiredness and eye irritation can occur in patients taking Vizimpro. If you feel tired or your eyes are irritated, you should use caution when driving or using machines.

### **Vizimpro contains lactose and sodium**

This medicine contains lactose (found in milk or dairy products). If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially “sodium-free”.

### **3. How to take Vizimpro**

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

- The recommended dose is 45 mg taken by mouth each day.
- Take the tablet at about the same time each day.
- Swallow the tablet whole with a glass of water.
- You can take the tablet with or without meals.

Your doctor may decrease the dose of your medicine depending on how well you tolerate it.

#### **If you take more Vizimpro than you should**

If you have taken too much Vizimpro, see a doctor or go to a hospital immediately.

#### **If you forget to take Vizimpro**

If you miss a dose or vomit, take your next dose as scheduled. Do not take a double dose to make up for a forgotten tablet.

#### **If you stop taking Vizimpro**

Do not stop taking Vizimpro unless your doctor tells you to. If you have any further questions on the use of this medicine, ask your doctor, pharmacist or nurse.

### **4. Possible side effects**

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Contact your doctor immediately if you notice any of the following side effects – you may need urgent medical treatment:

- Inflammation of the lungs (common, may affect up to 1 in 10 people)  
Difficulty in breathing, shortness of breath, possibly with a cough or fever. This may mean that you have an inflammation of the lungs called interstitial lung disease and can be fatal.
- Diarrhoea (very common, may affect more than 1 in 10 people)  
Diarrhoea may lead to fluid loss (common), low blood potassium (very common), and worsening kidney function and can be fatal. At first signs of increased frequency of bowel movements, contact your doctor immediately, drink plenty of fluids, and start antidiarrhoea treatment as soon as possible. You should have an anti-diarrhoeal medicine available before you start taking Vizimpro.
- Skin rash (very common)  
It is important to treat the rash early. Tell your doctor if a rash starts. If treatment for rash is not working or the rash is getting worse (for example, you have peeling or cracking of the skin) you should tell your doctor immediately, since your doctor may decide to stop your treatment with Vizimpro. Rash may occur or worsen in areas exposed to sun. Sun protection with protective clothing and sunscreen is recommended.

Tell your doctor as soon as possible if you notice any of the other following side effects:

*Very common (may affect more than 1 in 10 people):*

- Inflammation of the mouth and lips
- Nail problems
- Dry skin
- Loss of appetite
- Dry, red, or itchy eyes
- Weight loss
- Hair loss
- Itching
- Abnormal liver enzyme blood tests
- Nausea or vomiting
- Flushed or painful palms or soles
- Tiredness
- Weakness
- Cracks in the skin

*Common (may affect up to 1 in 10 people):*

- Alteration in taste
- Peeling skin
- Eyes inflammation
- Abnormal amount of body hair growth

### **Reporting of side effects**

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

## **5. How to store Vizimpro**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and the blister after EXP. The expiry date refers to the last day of that month.

This medicine does not require any special storage conditions.

This medicine may pose a risk for the environment. Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

## **6. Contents of the pack and other information**

### **What Vizimpro contains**

- The active substance is dacomitinib (as dacomitinib monohydrate). Vizimpro tablets come in different strengths.
  - Vizimpro 15 mg tablet: each tablet contains 15 mg dacomitinib
  - Vizimpro 30 mg tablet: each tablet contains 30 mg dacomitinib
  - Vizimpro 45 mg tablet: each tablet contains 45 mg dacomitinib

- The other ingredients are:  
*Tablet core:* lactose monohydrate, microcrystalline cellulose, sodium starch glycolate, magnesium stearate (see section 2 *Vizimpro contains lactose and sodium*).  
*Film coating:* Opadry II Blue 85F30716 containing polyvinyl alcohol – partially hydrolysed (E1203), talc (E553b), titanium dioxide (E171), macrogol (E1521), Indigo carmine aluminium lake (E132).

#### **What Vizimpro looks like and contents of the pack**

- Vizimpro 15 mg film-coated tablets are supplied as blue film-coated, round biconvex tablets, debossed with “Pfizer” on one side and “DCB15” on the other.
- Vizimpro 30 mg film-coated tablets are supplied as blue film-coated, round biconvex tablet, debossed with “Pfizer” on one side and “DCB30” on the other.
- Vizimpro 45 mg film-coated tablets are supplied as blue film-coated, round biconvex tablet, debossed with “Pfizer” on one side and “DCB45” on the other.

It is available in blister packs of 30 film-coated tablets (tablets).

#### **Marketing Authorisation Holder**

Pfizer Europe MA EEIG  
Boulevard de la Plaine 17  
1050 Bruxelles  
Belgium

#### **Manufacturer**

Pfizer Manufacturing Deutschland GmbH  
Betriebsstätte Freiburg  
Mooswaldallee 1  
79090 Freiburg  
Germany

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

#### **België/Belgique/Belgien**

**Luxembourg/Luxemburg**  
Pfizer NV/SA  
Tél/Tel: +32 (0)2 554 62 11

#### **Lietuva**

Pfizer Luxembourg SARL filialas Lietuvoje  
Tel. + 370 52 51 4000

#### **България**

Пфайзер Люксембург САРЛ, Клон България  
Тел.: +359 2 970 4333

#### **Magyarország**

Pfizer Kft.  
Tel.: +36-1-488-37-00

#### **Česká republika**

Pfizer, spol. s r.o.  
Tel.: +420 283 004 111

#### **Malta**

Vivian Corporation Ltd.  
Tel: + 35621 344610

#### **Danmark**

Pfizer ApS  
Tlf: +45 44 20 11 00

#### **Nederland**

Pfizer BV  
Tel: +31 (0)10 406 43 01

#### **Deutschland**

PFIZER PHARMA GmbH  
Tel: +49 (0)30 550055-51000

#### **Norge**

Pfizer AS  
Tlf: +47 67 52 61 00

**Eesti**

Pfizer Luxembourg SARL Eesti filiaal  
Tel.: +372 666 7500

**Ελλάδα**

Pfizer Ελλάς A.E.  
Τηλ.: +30 210 6785 800

**España**

Pfizer, S.L.  
Tel: +34 91 490 99 00

**France**

Pfizer  
Tél: +33 (0)1 58 07 34 40

**Hrvatska**

Pfizer Croatia d.o.o.  
Tel: +385 1 3908 777

**Ireland**

Pfizer Healthcare Ireland  
Tel: 1800 633 363 (toll free)  
+44 (0)1304 616161

**Ísland**

Icepharma hf.  
Sími: +354 540 8000

**Italia**

Pfizer S.r.l.  
Tel: +39 06 33 18 21

**Κύπρος**

Pfizer Ελλάς A.E. (Cyprus Branch)  
Τηλ: +357 22 817690

**Latvija**

Pfizer Luxembourg SARL filiāle Latvijā  
Tel.: + 371 670 35 775

**Österreich**

Pfizer Corporation Austria Ges.m.b.H.  
Tel: +43 (0)1 521 15-0

**Polska**

Pfizer Polska Sp. z o.o.  
Tel.:+48 22 335 61 00

**Portugal**

Laboratórios Pfizer, Lda.  
Tel: +351 21 423 5500

**România**

Pfizer Romania S.R.L.  
Tel: +40 (0) 21 207 28 00

**Slovenija**

Pfizer Luxembourg SARL  
Pfizer, podružnica za svetovanje s področja  
farmacevtske dejavnosti, Ljubljana  
Tel.: + 386 (0)1 52 11 400

**Slovenská republika**

Pfizer Luxembourg SARL, organizačná zložka  
Tel.: + 421 2 3355 5500

**Suomi/Finland**

Pfizer Oy  
Puh./Tel: +358 (0)9 43 00 40

**Sverige**

Pfizer AB  
Tel: +46 (0)8 550 520 00

**United Kingdom (Northern Ireland)**

Pfizer Limited  
Tel: +44 (0) 1304 616161

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Detailed information on this medicine is available on the European Medicines Agency web site: <http://www.ema.europa.eu>.