

NILOTYK

Important note: Before prescribing, consult full prescribing information.
Presentation: Hard capsules containing 200 mg of nilotinib.
Indications: Treatment of adult patients with newly diagnosed philadelphia chromosome positivechronic myeloidleukemia (Ph+ CML) in chronic phase (CP). Patients who have been treated with Nilotinib for at least 3 years and have achieved a sustained deep molecular response may beeligible for treatment discontinuation; treatment of adult patients with chronic or accelerated phase (AP) Ph+ CML resistant to or intolerant of at least one prior therapy including imatinib. Ph+ CMLpatients in chronic phase, who have been previously treated with imatinib and whose treatment hasbeen switched to Nilotinib for at least 3 years and have achieved a sustained deep molecularresponsemay be eligible for treatment discontinuation.

Dosage and Administration: For newly diagnosed Ph+ CML-CP, the recommended dosage is 300mgtwice daily. For patients with CP and AP Ph+ CML resistant to or intolerant to at least one prior therapy, includingimatinib, the recommended dosage is 400 mg twice daily. Treatmentdiscontinuation may be considered in patients who have sustained deep molecular response for atleast 1 year after 3 years of treatment. Nilotinib must be taken twice daily, at 12-hour intervals, andshould not be taken with food. A 2-hour fasting period before and 1 hour after the dose is required.If the patient cannot swallow capsules, the contents can be mixed with a teaspoon of applesauce. If a dose is missed, do not take a double dose. Skip the missed dose and take the next dose at the usual time.

Monitoring and Laboratory Tests: Patients on Nilotinib should have regular monitoring of theircomplete bloodcount (CBC) every two weeks for the first two months, and monthly thereafter.Blood glucose levels and lipidprofiles should be assessed prior to starting treatment and monitoredduring therapy. A baseline ECG should beobtained, and repeated as clinically indicated to monitorQTc interval. Hepatitis B screening is essential beforeinitiating therapy, and any hepatitis Breactivation must be closely monitored.

Contraindications: Hypersensitivity to nilotinib or to any of the excipients.

Warnings and precautions: Nilotinib can cause myelosuppression, including thrombocytopenia, neutropenia, andanemia, which aregenerally reversible with dose modifications. QT prolongation has beenobserved, so caution is advisedin patients with a history of cardiac conditions orelectrolyte disturbances such as hypokalemia orhypomagnesemia. Patients withsignificant cardiac risk factors or comorbidities should be closelymonitored for signs ofcardiovascular events. Fluid retention and unexpected weight gain should beevaluated,as they may indicate a more serious condition. Monitoring liver function (e.g., ALT, AST,bilirubin) and lipid levels is also recommended. In patients with hepatic impairment, doseadjustments orcaution should be considered.

Pregnancy: Women of child-bearing potential must use highly effective method of contraceptionwhilereceivingNilotinib and for up to 2 weeks after ending treatment. Should not be usedduring pregnancy unless clearly necessary.

Breast-feeding: Breast-feeding is not recommended.

Interactions:Nilotinib should not be used with CYP3A4 inhibitors, such as ketoconazole, ritonavir, or itraconazole, as they may increase nilotinib levels. Caution is needed when using it with CYP3A4 inducers (e.g., phenytoin, rifampicin), as these may reduce its effectiveness. Co-administration with QT-prolonging drugs or anti-arrhythmic medicines should be avoided, as this may increase the risk of cardiac arrhythmias. H2 blockers should be administered 10 hours before or 2 hours after NILOTYK, and antacids should be administered 2 hours before or after NILOTYK

Adverse drug reactions:
Very common: Nilotinib therapy may lead to several common adverse effects including headache, nausea, constipation, vomiting, abdominal pain (upper), rash, pruritus, alopecia, myalgia, arthralgia, fatigue, and myelosuppression (such as thrombocytopenia, neutropenia, and anaemia). Metabolic and laboratory abnormalities like hypophosphataemia, hyperbilirubinaemia, increased alanine aminotransferase, aspartate aminotransferase, lipase, and lipoprotein cholesterol (including low-density and high-density lipoproteins), total cholesterol, and triglycerides are also commonly observed. Musculoskeletal issues such as musculoskeletal pain, bone pain, and spinal pain may also occur upon discontinuation of Nilotinib.

Common: Other common side effects include folliculitis, upper respiratory tract infection (e.g., pharyngitis, nasopharyngitis), skin papilloma, leukopenia, eosinophilia, and conditions like febrile neutropenia, pancytopenia, and lymphopenia. Metabolic disturbances such as diabetes mellitus, hyperglycaemia, and hyperlipidaemia (including increased cholesterol and triglycerides) have been noted. Electrolyte imbalances (including hypomagnesaemia, hypokalaemia, hyponatraemia, and hyperphosphataemia) are common. Neurological symptoms like depression, insomnia, dizziness, peripheral neuropathy, and vertigo have also been reported. Cardiovascular adverse effects include arrhythmias, palpitations, hypertension, and prolonged QT interval. Gastrointestinal issues such as diarrhoea, abdominal pain, pancreatitis, and dyspepsia may also occur.

Uncommon: Uncommon effects include pneumonia, urinary tract infections, gastroenteritis, bronchitis, herpes virus infections, candidiasis, and thyroid issues (hyperthyroidism, hypothyroidism). Cardiac issues, such as myocardial infarction, coronary artery disease, and cardiac failure, have been observed, as well as cerebrovascular events (including stroke and transient ischaemic attack). Gastrointestinal haemorrhage, melena, and issues related to liver function like hepatotoxicity, toxic hepatitis, and jaundice can occur. Dermatological side effects such as exfoliative rash, skin ulcer, palmar-plantar erythrodsaesthesia syndrome, and photosensitivity are reported in a smaller subset of patients.

Frequency not known: Severe reactions may include sepsis, abscesses, hypersensitivity, thrombocytopenia, and leukocytosis. Neurological issues like disorientation, amnesia, cerebrovascular accidents, and vision impairment can occur. Cardiovascular events such as shock, thrombosis, hypotension, and pulmonary hypertension have been reported. Rare gastrointestinal complications include gastric ulcers and oesophagitis. Hepatic effects like hepatomegaly, psoriasis, erythema multiforme, and photosensitivity may occur. Renal issues such as renal failure, haematuria, urinary incontinence and hepatitis B reactivation have also been observed

Adverse event reporting

This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.
Please report suspected adverse drug reactions (ADRs) to The National Pharmacovigilance Centre (NPC);

SFDA Call Centre: 19999
E-mail:npc.drug@sfd.gov.sa Website: https://ade.sfd.gov.sa/

For further copies of this guide please contact Al-Hobail Pharmaceutical
For Medical information, please contact:

920006647 Ext (110)

Or email

mousa@al-hobail.com



NilotyK (nilotinib)

Important Information About How to Take Your Medication

(This Document is approved by the Executive Directorate Pharmacovigilance, at SFDA)

What is Nilotinib used for?

Nilotinib is a prescription medicine used to treat a type of leukemia called Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in adult patients who either:

- Are newly diagnosed
- Are no longer benefiting from previous other treatments, including imatinib
- Have taken other treatments, including imatinib, and cannot tolerate them

The Do's and Don'ts of taking Nilotinib

What to do

- Take 2 capsules twice every day, around the same time each day, as prescribed by your doctor. This is different from imatinib, which is taken once daily by most patients. Please keep this in mind.
- Swallow the capsules whole, followed by a full glass of water. Do not chew the capsules
- Take each dose about 12 hours apart. For example, if you take the first dose at 10 am, wait until 10 pm before you take the second dose.
- Take Nilotinib when it is first prescribed. Whatever is left of your previous medication should be discarded. If a dose is missed, patients should not make up the dose, but take the next dose as scheduled.
- Under the supervision of a doctor, in case you have achieved a long-lasting deep molecular response (e.g. at least MR4.5), you may perhaps be eligible to discontinue Nilotinib. If you do discontinue Nilotinib, you will need to have frequent blood and molecular testing to monitor your CML disease status, and see if you need to restart Nilotinib treatment.

What NOT to do

- Do NOT take Nilotinib with food. Taking food with Nilotinib will increase the amount of Nilotinib circulating in your blood, and can cause severe side effects such as QT prolongation.
- No food should be eaten for 2 hours before and at least 1 hour after taking a dose.
- Do NOT consume grapefruit or grapefruit juice at any time during treatment with Nilotinib.
- Grapefruit interacts with an enzyme in the body that may increase the amount of Nilotinib circulating in your blood, possibly to a harmful level.
- Please ask your doctor about any other foods that should be avoided with Nilotinib
- Do NOT take any other medicines without talking to your doctor or pharmacist. This includes over-the-counter and herbal remedies (e.g. St. John's wort). The doctor will decide if any changes need to be made to the medicines that you are taking.
- Do not stop taking Nilotinib unless your doctor tells you to do so.

What should I do if I take more Nilotinib than I should?

- If you have taken more Nilotinib than prescribed, or if someone else accidentally takes your medication, contact a doctor or the hospital for advice right away. Show them the pack of capsules. Medical treatment may be necessary.

What to do if you feel sick

- If you are sick and experience vomiting after taking Nilotinib, you should NOT take another dose. Speak to your doctor immediately.

Tell your doctor if:

- You have QT prolongation or a family history of it.
- You experience fainting or have an irregular heartbeat while taking Nilotinib.
— These can be signs of QT prolongation.
- You know that you suffer from low blood levels of electrolytes, such as potassium or magnesium.
- You develop swelling of feet or hands, generalized swelling or rapid weight gain, as these may be signs of severe fluid retention. Uncommon cases of severe fluid retention have been reported.
- You have a heart disorder, liver disorder, high cholesterol, or diabetes or are taking medicines for these conditions.
- You are pregnant, breast-feeding
- If You are lactose intolerant.
- You have any side effects during treatment with Nilotinib.
- You develop chest pain or discomfort, numbness or weakness, problems with walking or with your speech, pain, discoloration or a cool feeling in a limb, tell your doctor immediately, as these may be signs of a cardiovascular event. Serious cardiovascular events, including problems with the blood flow to the leg (peripheral arterial occlusive disease), ischemic heart disease, and problems with blood supply to the brain (ischemic cerebrovascular disease) have been reported. Your doctor should assess the level of fats (lipids) and sugar in your blood before initiating treatment and during Nilotinib treatment.
- If you get pain in muscles, joints, limbs or your back after Nilotinib has been discontinued.

For further information, refer to PIL