DACOMITINIB (Vizimpro)

INDICATION (ICD10) C34

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (DACO1)

1. Dacomitinib monotherapy for the treatment of untreated EGFR mutation-positive stage IIIB or stage IV non-small-cell lung cancer. No previous cytotoxic chemotherapy for locally advanced or metastatic NSCLC. PS 0 or 1. (TA595)

REGIMEN

DACOMITINIB 45mg orally daily continuously

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression.

ADMINISTRATION

Available as 15mg, 30mg and 45mg tablets
Swallowed whole with or without food.

ANTI-EMETICS

Minimal risk

CONCURRENT MEDICATION REQUIRED

Dacomitinib	Some of the following may be required for treatment of the skin rash: E45 / Diprobase, Hydrocortisone 1%/2.5%, Clindamycin gel 1%, Oxytetracycline 500mg po bd (for 2 weeks) Prednisolone 25mg po od for 7 days then reducing by 5mg per day to stop. Diarrhoea – Loperamide required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Creatinine every cycle
Baseline weight

MAIN TOXICITES AND ADVERSE REACTIONS

Dacomitinib	Diarrhoea dose reduction may be required. Moderate or severe diarrhoea may require loperamide Interstitial lung disease / pneumonitis Hepatotoxicity Skin rash – initial rash may be severe. Palmar-plantar erythrodysaesthesia syndrome

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Dacomitinib	Proton pump inhibitors should be avoided. Dacomitinib should be administered 2 hours before or at least 10 hours after taking H_2 receptor antagonists.

DOSE MODIFICATIONS
Non-haematological
Dacomitinib
Any patient with a grade 3 or 4 toxicity not controlled by optimum supportive care will require a dose reduction as per the table below.

Level	Dacomitinib dose
Starting dose	45mg daily
First dose reduction	30mg daily
Second dose reduction	15mg daily

Diarrhoea

Grade 1	No dose modification is required. Initiate treatment with anti-diarrhoeal medicinal products (eg loperamide) at first onset of diarrhoea. Encourage adequate oral fluid intake during diarrhoea.
Grade 2	If not improved to grade ≤1 within 24 hours while using anti-diarrhoeal medicinal products (eg loperamide) and adequate oral fluid intake, withhold dacomitinib. Upon recovery to grade ≤1, resume dacomitinib at the same dose level or consider a reduction of 1 dose level.
Grade 3	Withhold dacomitinib. Treat with anti-diarrhoeal medicinal products (eg loperamide), and adequate oral fluid intake or intravenous fluids or electrolytes as appropriate. Upon recovery to grade ≤1, resume dacomitinib with a reduction of 1 dose level.

Interstitial lung disease (ILD) / Pneumonitis
Withhold dacomitinib during ILD/Pneumonitis diagnostic evaluation.
Permanently discontinue dacomitinib if ILD/Pneumonitis is confirmed.

Other

Grade 1 or 2 toxicity	No dose modification is required.
Grade ≥3 toxicity	Withhold dacomitinib until symptoms resolve to grade ≤2. Upon recovery, resume dacomitinib with a reduction of 1 dose level

Skin

Grade 1 rash or erythematous skin conditions	No dose modification is required. Initiate treatment (eg antibiotics, topical steroids, and emollients).
Grade 1 exfoliative skin conditions	No dose modification is required. Initiate treatment (eg oral antibiotics and topical steroids).
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). If grade 2 rash, erythematous or exfoliative skin conditions persist for 72 hours despite treatment, withhold dacomitinib. Upon recovery to grade ≤1, resume dacomitinib at the same dose level or consider a reduction of 1 dose level.
Grade ≥3 rash, erythematous or exfoliative skin conditions	Withhold dacomitinib. Initiate or continue treatment and/or provide additional treatment (eg broad spectrum oral or intravenous antibiotics and topical steroids). Upon recovery to grade ≤1, resume dacomitinib with a reduction of 1 dose level.

Hepatic impairment

Dacomitinib

Child-Pugh scores are based on ascites, encephalopathy, INR, albumin, total bilirubin

No starting dose adjustments are required when administering dacomitinib to patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment.

The starting dose of dacomitinib should be adjusted to 30mg once daily in patients with severe (Child-Pugh class C) hepatic impairment. The dose may be increased to 45mg once daily based on individual safety and tolerability after at least 4 weeks of treatment.

Renal impairment

Dacomitinib

Limited data are available in patients with severe renal impairment (CrCl <30mL/min).

No data are available in patients requiring haemodialysis. Thus no dosing recommendations can be made for either patient population.

REFERENCES

1. CDF 8/7/19
2. SPC August 2021