

## MOBOCERTINIB (Exkivity)

### INDICATION (ICD10) C34

Check the most recent Blumetq eligibility criteria before prescribing. Blumetq registration required. ([www.england.nhs.uk/publication/national-cancer-drugs-fund-list/](http://www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)) (MOB1)

1. Mobocertinib monotherapy for the treatment of adult patients who have previously received platinum-based chemotherapy for locally advanced or metastatic non-small cell lung cancer (NSCLC) that is positive for an EGFR exon 20 insertion mutation. Previously received platinum-based chemotherapy for the locally advanced or metastatic NSCLC indication. Has no known brain metastases or if the patient does have brain metastases then the patient is symptomatically stable before starting mobocertinib. PS 0 or 1. (TA855)

### REGIMEN

MOBOCERTINIB 160mg capsule orally once daily continuously

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression. A formal medical review as to how mobocertinib is being tolerated will be done before the start of the second month of treatment and the next review to determine whether treatment with mobocertinib should continue or not will be scheduled to occur at least by the end of the second month of therapy.

### ADMINISTRATION

Available as 40mg capsules

Swallowed whole with water once daily with or without food

### ANTI-EMETICS

Minimal to low risk

### CONCURRENT MEDICATION REQUIRED

Mobocertinib	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 may be required
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### EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle, may be less frequently once patients are stable

Neutrophils x 10<sup>9</sup>/L ≥1.0

Platelets x 10<sup>9</sup>/L ≥50

Chest x-ray

ECG at baseline, after 2 weeks of treatment and for patients with ongoing risk of other QT prolonging medication or cardiac failure

Baseline weight and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Mobocertinib	<p>Amylase / lipase elevation</p> <p>Skin rash – initial rash may be severe. If infected may require oral antibiotics</p> <p>Diarrhoea - dose reduction may be required. Moderate or severe diarrhoea may require loperamide .</p> <p>Interstitial lung disease/pneumonitis</p> <p>Cardiomyopathy</p> <p>QTc interval prolongation</p>
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## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Mobocertinib	<p>Strong CYP3A inducers eg rifampicin and clarithromycin is contraindicated.</p> <p>Drugs that prolong QTc interval.</p>
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## DOSE MODIFICATIONS

First dose reduction	120mg once daily
Second dose reduction	80mg once daily

## Haematological

Mobocertinib

Other haematological toxicity

Grade 3 or 4	<ul style="list-style-type: none"> <li>• Withhold mobocertinib until recovery to grade 2 or lower; then resume mobocertinib at the same dose or at the next lower dose.</li> <li>• For grade 4 toxicity, consider permanent discontinuation of mobocertinib.</li> </ul>
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## Non-haematological

Mobocertinib

Amylase / lipase elevation

Asymptomatic grade 3 (>5.0×ULN)	<ul style="list-style-type: none"> <li>• Withhold mobocertinib until recovery to ≤grade 1</li> <li>• If recovered within 2 weeks, resume mobocertinib at the same dose or at the next lower dose.</li> <li>• If not recovered to ≤grade 1 within 2 weeks, permanently discontinue mobocertinib.</li> </ul>
Symptomatic grade 3 and grade 4	<ul style="list-style-type: none"> <li>• Withhold mobocertinib until recovery to ≤grade 1.</li> <li>• If recovered within 2 weeks, resume mobocertinib at the next lower dose.</li> <li>• If not recovered to ≤grade 1 within 2 weeks, permanently discontinue mobocertinib.</li> </ul>

### Cardiac

Grade 2 (QTc interval 481-500msec)	<p>First occurrence</p> <ul style="list-style-type: none"> <li>• Withhold mobocertinib until <math>\leq</math>grade 1 or baseline.</li> <li>• Upon recovery, resume mobocertinib at the same dose.</li> </ul> <p>Recurrence</p> <ul style="list-style-type: none"> <li>• Withhold mobocertinib until <math>\leq</math>grade 1 or baseline.</li> </ul> <p>Upon recovery, resume mobocertinib at the next lower dose or permanently discontinue mobocertinib.</p>
Grade 3 (QTc interval $\geq$ 501msec or QTc interval $>$ 60msec increase from baseline)	<p>First occurrence</p> <ul style="list-style-type: none"> <li>• Withhold mobocertinib until <math>\leq</math>grade 1 or baseline.</li> <li>• Upon recovery, resume mobocertinib at the next lower dose or permanently discontinue mobocertinib.</li> </ul> <p>Recurrence</p> <ul style="list-style-type: none"> <li>• Permanently discontinue mobocertinib.</li> </ul>
Grade 4 (Torsades de Pointes; polymorphic ventricular tachycardia; signs/symptoms of serious arrhythmia)	Permanently discontinue mobocertinib.

### Decreased ejection fraction or heart failure

Grade 2 decreased ejection fraction	<ul style="list-style-type: none"> <li>• Withhold mobocertinib until <math>\leq</math>grade 1 or baseline.</li> <li>• If recovered to baseline within 2 weeks, resume mobocertinib at the same dose or the next lower dose.</li> <li>• If not recovered to baseline within 2 weeks, permanently discontinue mobocertinib.</li> </ul>
$\geq$ grade 2 heart failure or grade 3 or 4 decreased ejection fraction	• Permanently discontinue mobocertinib.

### Diarrhoea

Grade 1 or first occurrence of tolerable grade 2	No dose modification is required. Initiate treatment with anti-diarrheal medicinal products (e.g., loperamide) at first onset of diarrhoea.
Intolerable or recurrent grade 2 or grade 3	Withhold mobocertinib until recovery to grade 1 or lower; then resume mobocertinib at the next lower dose.
Grade 4	<p>First occurrence</p> <ul style="list-style-type: none"> <li>• Withhold mobocertinib until recovery to grade 1 or lower.</li> <li>• If recovered within 2 weeks, resume mobocertinib at the next lower dose.</li> <li>• If not recovered to grade 1 or lower within 2 weeks, permanently discontinue mobocertinib.</li> </ul> <p>Recurrence</p> <ul style="list-style-type: none"> <li>• Permanently discontinue mobocertinib.</li> </ul>

Interstitial lung disease /pneumonitis

Any grade	<ul style="list-style-type: none"> <li>• Withhold mobocertinib if ILD/pneumonitis is suspected.</li> <li>• Permanently discontinue mobocertinib if ILD/pneumonitis is confirmed.</li> </ul>
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Other non-haematological toxicity

Grade 2	No dose modification is required. For intolerable or recurrent grade 2 toxicity, withhold mobocertinib until symptoms resolve and resume mobocertinib at the next lower dose.
Grade 3 or 4	<ul style="list-style-type: none"> <li>• Withhold mobocertinib until recovery to grade 1 or lower; then resume mobocertinib at the same dose or at the next lower dose.</li> <li>• For grade 4 toxicity, consider permanent discontinuation of mobocertinib.</li> </ul>

**Hepatic impairment**

Mobocertinib

No dose adjustment of mobocertinib is recommended for patients with mild hepatic impairment (total bilirubin  $\leq$ ULN and AST $>$ ULN or total bilirubin  $>1$  to 1.5 times ULN and any AST).

The recommended dosage of mobocertinib in patients with moderate or severe hepatic impairment has not been established.

Use in patients with moderate or severe hepatic impairment is not recommended.

**Renal impairment**

Mobocertinib

No dose adjustment of mobocertinib is recommended for patients with mild or moderate renal impairment (estimated glomerular filtration rate  $\geq 30$ mL/min).

The recommended dosage of mobocertinib in patients with severe renal impairment (estimated glomerular filtration rate  $<30$ mL/min) has not been established.

Use in patients with severe renal impairment is not recommended.

**REFERENCES**

1. SPC July 2023