PRESCRIBING INFORMATION

*For Patient information only

ANASTROZOLE TABLETS IP

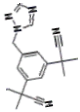
ANZAKAST®

GENERIC NAME

ANASTROZOLE TABLETS IP

Composition:
Each film coated tablet contains:
Anastrozole IP 1mg
Excipients q.s.
Colour: Titanium Dioxide IP

Anastrozole tablets for oral administration contain 1 mg of anastrozole, a non -steroldal aromatase Inhibitor. It is chemically described as 1,3-Benzenediacetonitrile, a, a, a' a'-tetramenthy -5 (1H-1,2,4,-triazol 1-ylmethy) .Its molecular formula is C17H19N5 and Its stuctural formula is :



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Anastrozole is an off - white powder with a molecular of 293. 4. Anastrozole has moderate aqueos solubility (0.5 mg/ml at 25 C) : solubility is Independent of pH in the physiological range.Anastrozole is freely souble in methnol, acetone ethanol, and tatrahydrofuran and soluble in acetonitrile.

acetonitrile.

PHARMACOLOGICAL CLASSIFCATION:
Hormone inhibitors

PHARMACOLOGICALACTION :

Pnarrnaeoaynamic properties:
Anastrozole ts a selective non-steroidal aromatase inhibitor. It inhibits the conversionof androstenedione to oestrone through the aromatase enzyme complex in peripheral tissues where oestror subsequently converted to oestradiol. In postmenopausal women, Anastrozole at a daily close of mg produced oestradiol suppression of greater than 80%.
Anastrozole does not possess any progestogenic, andrgenic or oestrogenic activity. Anastrozole does not have any effect on cortisol or aldosterone secretion, measured before or after standardACTH challenge testing.
Pharmacokinetic properties:
Absorption of anastrozole is rapid and maximum plasma concentrations occur after 2 hours of dosing under tasted conditions. Anastrozoie is eliminated slowly with a plasma elimination half-life of 40 to 50 hours. Food decreases the rate but not the extent of absorption. Approximately 90 to 95% of plasma anastrozole steady-state concentrations are attained after 7 daily doses. There is no evidence of time or dose-dependency of anastrozole pharmacokinelic parameters.
Anastrozole pharmacokinetics are independent of age in postmenopausal women. Pharmacokinetics have not been studied in children. Anastrozole is only 40% bound to plasma proteins. Anastrozole is extensively metabolisedby postmenopausat women with less than 10%of the---- dose excreted in the urine unchanged within 72 hours of dosing. Metabolism of anastrozole occurs by N-dealkylation, hydroxylation and glucuronidation. The metabolites are excreted primarily via the urine. Triazole, a major metabolite in plasma and urine, does not inhibit aromatase. The apparent oral clearance of anastrozole in volunteers with mild stable hepatic cirrhosis or mild renal impairment was in the range observed in healthy volunteers.

INDICATIONS:
Treatment of early breast cancer in postmenopausal women.Treatment of advanced breazst cancer in postmenopausal women. Efficacy has not been demonstrated in oestrogen receptor negative patients unless they have had a previous positive clinical response to tamoxifen. CONTRA-INDICATIONS:
Anastrozole is contra-indicated in:
•patients with hypersensitivity to any of the ingredients
•pre-menopausal women
•Pregnant lactating women
•Patients with severe renal impairment (creatinine clearance less than 20 patients with moderate or severe hepatic disease.

WARNINGS:
As Anastrozole lowers circulating oestrogen levels it may cause a reduction in bone mineral density with a consequent increased risk of fracture. INTERACTIONS:
Antipyrine and cimetidine clinical interaction studies indicate that the co- administration of Anastrozole with other drugs is unlikely to result in clinically significant drug interactions mediated by cytochrome P450. A review of the clinical trial safety database did not reveal evidence of clinically significant interaction in patients treated withAnastrozole who also received other commonly prescribed drugs. There were no clinically significant interactions with biphosphonatesThere is no clinical information to date onthe use of Anastrozole in combination with other anticancer agents. Tamoxifen and/or oestrogen-containing therapies should not be co-administered with Anastrozole as they would diminish its pharmacological action.

REGNANCY AND LACTATION: Anastrozole is contra-indicated in pregnant or lactating women. Adults USAGE AND DIRECTIONS FOR USE: including the elderly:
1 mg tablet to be taken orally once a day. Children:Not recommended for use in children. Renal impairment: Nodose change is recommended in patients with mild or moderate renal impairment. Hepatic impairment: No dose change is recommended in patients with mild hepatic disease. SIDE-EFFECTS AND SPECIAL PRECAUTIONS: Side-effects. The pharmacological action of Anastrozole may give rise to certain expected effects. Renal impairment: Nodose change is recommended in patents with mild or moderate renal impairment. Hepatic impairment: No dose change is recommended in patients with mild hepatic disease.

Frequency	System Cletoī Class	
Very common (? 10%)	*Vascular*	Hot Flushes
Common	*Genera'.'*	4591en.
C7 1% and < i 0%)	*Musculo Skeletal Connective tissue*	lam: painstittness
	ana bone.	
	Reptoductive system a Mbreast	Vaginal tryness
	Skin and subcutaneous tissue	Hair %inning Rash
	Gastro-Intestinal	*Nausea* Diarrhoea
	Nervous system	Headache
Uncommon	*Reproductive system and breast.*	Vaginal Bleeding
I? 0.1% and < 1%)	*iletalroksat end Nutrition:*	Anorexia
		Hycercholesteroleerma
	Gaslro-Intestinal	Vornibng
	Nervous system	Somnolence
Very rare p oi/iki	*Skin and subcutaneous* tissue	Erythema moltiloo .,.
		Stevens-Johnson .1N:tome
		Allergic reactans bincluding
		anon:edema trticanal and
		analphyteos

• Vaginal bleeding has been reported uncommonly (a 0,1% and < 1%), mainly in patients with advanced breast cancer, who had previously received other hormonal therapy and reflects changes in oestrogen status. If bleeding persists, further evaluation should be considered.
Hepatic changes (elevated gamma-GT and alkaline phosphatase) have been reported uncommonly (a 0,1% and < 1%) in patents with advanced breast cancer, many of whom had liver and/or bone metastases. Acausal relationship for these changes has not been established.
Thromboembolism, fluid retention and dizziness have also been observed in clinical trials with Anastrozole Special precautions:
Anastrozole is not recommended for use in children or in pre-menopausal women as safety
and efficacy have not been established in this group of patients. The menopause should be defined biochemically in any patient where there is doubt about hormonal status. There are no data to support the safe use of Anastrozole in patents with moderate or severe hepatic impairment, or patents with severe impairment of renal function (creatinine clearance less than 20 ml/min).
Effects on abilitylo drive and use machines:
Asthenia and somnolence have been reported with the use of Anastrozole and caution should be observed when driving or operating machinery while such symptoms persist. KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT: There is limited clinical experience of overdose of Anastrozole There are no reports where a patient has taken a dose excessing 60 mg. No toxicity was observed and no clinically relevant adverse effects have been seen. Acute toxicity was seen in animals at a dose greater than 45 mg/kg (equivalent to 2,7 g).
Clinical trials have been conducted with various dosages of Anastrozole up to 60 mg ina single dose given to healthy male volunteers and up to 10 mg daily given to postmenopausal women with advanced breast cancer; these dosages were well tolerated. A single dose of Anastrozole that results in life threatening symptoms has not been established.
There is no specific antidote to over dosage and treatment must be symptomatic. In the management of an overdose, consideration should be given to the possibility that multiple agents may have been taken. Vomiting may be induced if the patient is alert. Dialysis may behelpful because Anastrozole is not highly protein bound. General supportive care, including
frequent monitoring of vital signs and close _ observation of the patient, is indicated.

STORAGE INSTRUCTIONS: Store Protected from light & moisture ,at a temperature not exceeding 30°.

PACKING: 10x10 Tablets.

Mfg. Lic. No. : L/20/2499/MNB

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