AROMATT 1 (Anastrozole Tablets 1 mg) Leaflet_Camber Malaysia

PHARMA CODE

℞ AROMATT 1
(Anastrozole
Tablets 1 mg)
2XXXXXX

1. NAME OF THE MEDICINAL PRODUCT
AROMATT 1 (Anastrozole Tablets 1mg)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM
3.1 Product description
White coloured, round shaped biconvex, film coated tablets debossed with '1' on one side and 'H' on the other side.

4. CLINICAL PARTICULARS
4.1 Therapeutic indications
Adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer.
Treatment of advance breast cancer in post-menopausal women.
Efficacy has not been demonstrated in oestrogen receptor negative patients unless they had a previous positive clinical response to tamoxifen.

4.2 Posology and method of administration
Mode of administration
Oral.

Adults including the elderly: One 1mg tablet to be taken orally once a day.
Children: Not recommended for use in children.
Renal impairment: No dose change is recommended in patients with mild or moderate renal impairment.
Hepatic impairment: No dose change is recommended in patients with mild hepatic disease.

For early disease, the recommended duration of treatment should be 5 years.

4.3 Contraindications
Anastrozole is contraindicated in:
- Pregnant or lactating women.
- Patients with revere renal impairment (creatinine clearance less than 20ml/min).
- Patients with moderate or severe hepatic disease.
- Patients with known hypersensitivity to anastrozole or to any of the excipients as referenced in the list of excipients.
- Oestrogen-containing therapies should not be co-administered with anastrozole as they would negate its pharmacological action.
- Concurrent tamoxifen therapy.

4.4 Special warning and precautions for use
Anastrozole is not recommended for use in children or in 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 patients with moderate or severe hepatic impairment, or patients with severe impairment of renal function (creatinine clearance less than 20 ml/min).
Women with osteoporosis or at risk of osteoporosis, should have their bone mineral density formally assessed by bone densitometry e.g. DEXA scanning at the commencement of treatment and at regular intervals thereafter. Treatment or prophylaxis for osteoporosis should be initiated as appropriate and carefully monitored.
As anastrozole lowers circulating oestrogen levels it may cause a reduction in bone mineral density with a possible consequent increased risk of fracture. The use of bisphosphonates may stop further bone mineral loss caused by anastrozole in postmenopausal women and could be considered.

4.5 Interaction with other medicinal products and other forms of interaction
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.
Oestrogen-containing therapies should not be co-administered with anastrozole as they would negate its pharmacological action.
Tamoxifen should not be co-administered with anastrozole as this may diminish its pharmacological action.

4.6 Fertility, pregnancy and lactation
Anastrozole is contraindicated in pregnant and lactating women.

4.7 Effect on ability to drive and use machines
Anastrozole is unlikely to impair the ability of patients to drive and operate machinery. However, asthenia and somnolence have been reported with the use of caution should be observed when driving or operating machinery while such symptoms persist.

4.8 Side effects

Frequency	System Organ Class	Side Effects
Very common (≥ 10%)	Vascular	Hot flushes, mainly mild or moderate in nature
	General	Asthenia, mainly mild or moderate in nature
	Musculoskeletal and connective tissue disorders	Arthralgia/Joint stiffness Arthritis Osteoporosis
	Nervous system	Headache, mainly mild or moderate in nature
	Gastrointestinal	Nausea, mainly mild or moderate in nature
	Skin and subcutaneous tissue	Rash, mainly mild or moderate in nature
	Psychiatric disorders	Depression
Common (≥ 1% and <10%)	Skin and subcutaneous tissue	Hair thinning (Alopecia), mainly mild or moderate in nature Allergic reactions
	Gastrointestinal	Diarrhoea, mainly mild or moderate in nature Vomiting, mainly mild or moderate in nature
	Nervous system	Somnolence, mainly mild or moderate in nature Carpal Tunnel Syndrome* Sensory disturbances (including paraesthesia, taste loss and tase pervension)
	Hepatobiliary disorders	Increases in alkaline phosphatase, alanine aminotransferase and aspartate aminotransferase
	Reproductive system and breast	Vaginal dryness, mainly mild or moderate in nature Vaginal bleeding. mainly mild or moderate in nature**
	Metabolism and nutrition	Anorexia, mainly mild or moderate in nature Hypercholesterolemia, mainly mild or moderate in nature
	Musculoskeletal and connective tissue disorders	Bone pain Myalgia

Size: 300 x 350 mm
Pharma Code: XXXX, Folding Size: 30 x 50 mm
Spec: Printed on 40 GSM Bible paper, front & back side printing.
Note: Pharma code position and Orientation are tentative, will be changed according to printers requirement to suit pharma code position at centre after folding.
Colour (01): Black

Uncommon (≥ 0.1% and <1%)	Metabolism and nutrition	Hypercalcaemia (with or without an increase in parathyroid hormone)
	Hepatobiliary disorders	Increases in gamma-GT and bilirubin Hepatitis
	Skin and subcutaneous tissue	Urticaria
	Musculoskeletal and connective tissue disorders	Trigger finger
Very rare (<0.01%)	Skin and subcutaneous tissue	Stevens-Johnson syndrome Angioedema

*Events of Carpal Tunnel Syndrome have been reported in patients receiving anastrozole treatment in
greater numbers than those receiving treatment with tamoxifen.
However, the majority of these events occurred in patients with identifiable risk factors for the development of the condition.

**Vaginal bleeding has been reported commonly, mainly in patients with advanced breast cancer during the first few weeks after changing from existing hormonal therapy to treatment with anastrozole. If bleeding persists, further evaluation should be considered.

In postmenopausal women with operable breast cancer treated for 5 years, ischaemic cardiovascular events were reported more frequently in patients treated with anastrozole compared to those treated with tamoxifen, although the difference was not statistically significant. The observed difference was mainly due to more reports of angina pectoris and was associated with a sub-group of patients with pre-existing
ischaemic heart disease.

As anastrozole lowers circulating oestrogen levels, it may cause a reduction in bone mineral density placing some patients at a higher risk of fracture.

4.1 Symptoms and treatment of overdose
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 be helpful because anastrozole is not highly protein bound. General supportive care, including frequent monitoring of vital signs and close observation of the patients is indicated.

5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Many breast cancers have oestrogen receptors and growth of these tumors can be stimulated by oestrogen. In postmenopausal women, the principal source of circulating oestrogen (primarily oestradiol) is conversion of adrenally generated androstenedione to estrone by aromatase in peripheral tissues with further conversion of oestrone to oestradiol. Many breast cancers also contain aromatase. Treatment of breast cancer has included efforts to decrease oestrogen levels. Anastrozole is a potent and highly selective non-steroidal aromatase inhibitor. As with other aromatase inhibitors, anastrozole lowers oestrogen levels in postmenopausal women by inhibiting conversion of adrenally-generated androstenedione (adrenal androgens) to oesterone by aromatase in peripheral tissues. Oestrone is subsequently converted to oestradiol. Adrenally generated androstenedione is the chief source of circulating oestrogen in postmenopausal women. Reducing circulating oestradiol levels has been shown to produce a beneficial effect in women with breast cancer.

Anastrozole has no significant effects of cortisol or aldosterone (at baseline or in response to adrenocorticotropic hormone (ACTH)) and has not induced increases in thyroid-stimulating hormone (TSH) in patients. There has been no evidence of direct progestogenic, estrogenic or androgenic activity with anastrozole.

5.2 Pharmacokinetic properties
There is no evidence of time or dose-dependency of anastrozole pharmacokinetic parameters. Anastrozole pharmacokinetic is independent of age in postmenopausal women.

Absorption
The bioavailability of anastrozole was 80% after oral administration. Peal plasma concentration occur within about 2 hours.
Food slightly decreases the rate but not the extent of absorption. The small change in the rate of absorption is not expected to result in a clinically significant effect on steady-state plasma concentrations during once daily dosing anastrozole tablets.
Plasma anastrozole steady-state concentrations are attained after 7 daily doses.

Distribution
Anastrozole is 40% bound to plasma proteins.

Metabolism
Hepatic metabolism via N-dealkylation, hydroxylation and glucuronidation, accounts for approximately 85% of the elimination of anastrozole. The major circulating metabolite triazole, a glucuronide conjugate of hydroxy-anastrozole glucuronide, 2 other metabolites with unknown pharmacologic activity have been identified in plasma and urine. It has been hypothesized that differences in metabolism may contribute to the inter-individual variability in the drug's effects.

Elimination
The terminal plasma elimination half-life is about 40 to 50 hours.
85% of anastrozole is recovered in faeces and urine. Renal elimination accounts for approximately 10% of the total clearance; with the approximate remainder of 75% of anastrozole recovered in faeces.

6. PHARMACEUTICALS PARTICULARS
6.1 Shelf life
3 years

6.2 Special precaution for storage
Store below 30°C and protect from moisture.

6.3 Packaging available
10 x 10's blister pack, in a carton box.

7. NAME AND ADDRESS OF MANUFACTURER
HETERO LABS LIMITED
Unit VI, Sy. No. 410 – 411, TSIIC Formulation SEZ,
Polepally Village, Jadcherla Mandal,
Mahabood Nagar District, INDIA.

8. PRODUCT REGISTRATION HOLDER
CAMBER LABORATORIES SDN BHD
Unit E-13A-02, Menara SUEZCAP 2, No.2, KL Gateway,
Jalan Kerinchi, Gerbang Kerinchi Lestari,
59200 Kuala Lumpur, Malaysia.

9. DATE OF REVISION
February 2025

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