HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use AFINITOR safely and effectively. See full prescribing information for AFINITOR.

AFINITOR® (everolimus) tablets for oral administration
AFINITOR® DISPERZ (everolimus tablets for oral suspension)
Initial U.S. Approval: 2009

----------RECENT MAJOR CHANGES----------

Dosage and Administration (2.2, 2.5)	9/2017
Warnings and Precautions, Stomatitis (5.4)	9/2017
Warnings and Precautions, Embryo-Fetal Toxicity (5.12)	9/2017

----------INDICATIONS AND USAGE----------

AFINITOR is a kinase inhibitor indicated for the treatment of:

- Postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer (advanced HR+ BC) in combination with exemestane after failure of treatment with letrozole or anastrozole. (1.1)
- Adults with progressive neuroendocrine tumors of pancreatic origin (PNET) and adults with progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal (GI) or lung origin that are unresectable, locally advanced or metastatic. AFINITOR is not indicated for the treatment of patients with functional carcinoid tumors. (1.2)
- Adults with advanced renal cell carcinoma (RCC) after failure of treatment with sunitinib or sorafenib. (1.3)
- Adults with renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery. (1.4)

AFINITOR and AFINITOR DISPERZ are kinase inhibitors indicated for the treatment of:

- Pediatric and adult patients with tuberous sclerosis complex (TSC) who have subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected. (1.5)

----------DOSAGE AND ADMINISTRATION----------

Advanced HR+ BC, advanced NET, advanced RCC, or renal angiomyolipoma with TSC:

- 10 mg once daily with or without food. (2.1)
- For patients with hepatic impairment, reduce the AFINITOR dose. (2.2)
- If moderate inhibitors of CYP3A4/P-glycoprotein (PgP) are required, reduce the AFINITOR dose to 2.5 mg once daily; if tolerated, consider increasing to 5 mg once daily. (2.2)
- If strong inducers of CYP3A4 are required, consider doubling the daily dose of AFINITOR using increments of 5 mg or less. (2.2)

SEGA with TSC:

- 4.5 mg/m^2 once daily; adjust dose to attain trough concentrations of 5-15 ng/mL. (2.3)
- Assess trough concentrations approximately 2 weeks after initiation of treatment, a change in dose, a change in co-administration of CYP3A4/PgP inducers or inhibitors, a change in hepatic function, or a change in dosage form between AFINITOR Tablets and AFINITOR DISPERZ. (2.3, 2.4)
- For patients with severe hepatic impairment reduce the starting dose of AFINITOR Tablets or AFINITOR DISPERZ. (2.3, 2.5)
- If concomitant use of moderate inhibitors of CYP3A4/PgP is required, reduce the dose of AFINITOR Tablets or AFINITOR DISPERZ by 50%. (2.3, 2.5)
- If concomitant use of strong inducers of CYP3A4/PgP is required, double the dose of AFINITOR Tablets or AFINITOR DISPERZ. (2.3, 2.5)

----------DOSAGE FORMS AND STRENGTHS----------

AFINITOR Tablets: 2.5 mg, 5 mg, 7.5 mg, and 10 mg tablets (3.1)
AFINITOR DISPERZ Tablets, for oral suspension: 2 mg, 3 mg, and 5 mg tablets (3.2)

----------CONTRAINDICATIONS----------

Hypersensitivity to everolimus, to other rapamycin derivatives, or to any of the excipients (4)

----------WARNINGS AND PRECAUTIONS----------

- Non-infectious pneumonitis: Monitor for clinical symptoms or radiological changes; fatal cases have occurred. Manage by dose reduction or discontinuation until symptoms resolve, and consider use of corticosteroids. (5.1)
- Infections: Increased risk of infections, some fatal. Monitor for signs and symptoms, and treat promptly. (5.2)
- Angioedema: Patients taking concomitant ACE inhibitor therapy may be at increased risk for angioedema. (5.3)
- Stomatitis: Stomatitis, including mouth ulcers and oral mucositis, occurs in most patients treated with AFINITOR. Initiation of topical treatment with dexamethasone mouthwash when starting AFINITOR reduces the incidence and severity of stomatitis. (5.4, 6.1)
- Renal failure: Cases of renal failure (including acute renal failure), some with a fatal outcome, have been observed. (5.5)
- Impaired wound healing: Increased risk of wound-related complications. Monitor signs and symptoms. Exercise caution in the peri-surgical period. (5.6)
- Laboratory test alterations: Elevations of serum creatinine, urinary protein, blood glucose, and lipids may occur. Decreases in hemoglobin, neutrophils, and platelets may also occur. Monitor renal function, blood glucose, lipids, and hematologic parameters prior to treatment and periodically thereafter. (5.8)
- Vaccinations: Avoid live vaccines and close contact with those who have received live vaccines. (5.11)
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise patients of reproductive potential of the potential risk to a fetus and to use effective contraception. (5.12, 8.1, 8.3)

----------ADVERSE REACTIONS----------

Advanced HR+ BC, advanced NET, advanced RCC: Most common adverse reactions (incidence ≥ 30%) include stomatitis, infections, rash, fatigue, diarrhea, edema, abdominal pain, nausea, fever, asthenia, cough, headache and decreased appetite. (6.1, 6.2, 6.3)
Renal angiomyolipoma with TSC: Most common adverse reaction (incidence ≥ 30%) is stomatitis. (6.4)
SEGA with TSC: Most common adverse reactions (incidence ≥ 30%) are stomatitis and respiratory tract infection. (6.5)

To report SUSPECTED ADVERSE REACTIONS, contact Novartis Pharmaceuticals Corporation at 1-888-669-6682 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------

- Strong CYP3A4/PgP inhibitors: Avoid concomitant use. (2.2, 2.5, 5.9, 7.1)
- Moderate CYP3A4/PgP inhibitors: If combination is required, use caution and reduce dose of AFINITOR. (2.2, 2.3, 2.5, 5.9, 7.1)
- Strong CYP3A4/PgP inducers: Avoid concomitant use. If combination cannot be avoided, increase dose of AFINITOR. (2.2, 2.3, 2.5, 5.9, 7.2)

----------USE IN SPECIFIC POPULATIONS----------

- Lactation: Advise not to breastfeed. (8.2)
- Females and Males of Reproductive Potential: May impair fertility. (8.3)
- Hepatic impairment: For advanced HR+ BC, advanced NET, advanced RCC, or renal angiomyolipoma with TSC patients with hepatic impairment, reduce AFINITOR dose. For SEGA patients with severe hepatic impairment, reduce the starting dose of AFINITOR Tablets or AFINITOR DISPERZ. (2.2, 2.3, 2.5, 5.10, 8.8)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 9/2017

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Advanced Hormone Receptor-Positive, HER2-Negative Breast Cancer (Advanced HR+ BC)

AFINITOR® is indicated for the treatment of postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer (advanced HR+ BC) in combination with exemestane, after failure of treatment with letrozole or anastrozole.

1.2 Advanced Neuroendocrine Tumors (NET)

AFINITOR® is indicated for the treatment of adult patients with progressive neuroendocrine tumors of pancreatic origin (PNET) with unresectable, locally advanced or metastatic disease.

AFINITOR® is indicated for the treatment of adult patients with progressive, well-differentiated, non-functional neuroendocrine tumors (NET) of gastrointestinal (GI) or lung origin with unresectable, locally advanced or metastatic disease.

AFINITOR® is not indicated for the treatment of patients with functional carcinoid tumors *[see Clinical Studies (14.2)]*.

1.3 Advanced Renal Cell Carcinoma (RCC)

AFINITOR® is indicated for the treatment of adult patients with advanced renal cell carcinoma (RCC) after failure of treatment with sunitinib or sorafenib.

1.4 Renal Angiomyolipoma with Tuberous Sclerosis Complex (TSC)

AFINITOR® is indicated for the treatment of adult patients with renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery.

1.5 Subependymal Giant Cell Astrocytoma (SEGA) with Tuberous Sclerosis Complex (TSC)

AFINITOR® Tablets and AFINITOR® DISPERZ are indicated in pediatric and adult patients with tuberous sclerosis complex (TSC) for the treatment of subependymal giant cell astrocytoma (SEGA) that requires therapeutic intervention but cannot be curatively resected.

2 DOSAGE AND ADMINISTRATION

AFINITOR is available in two dosage forms: tablets (AFINITOR Tablets) and tablets for oral suspension (AFINITOR DISPERZ).

- AFINITOR Tablets may be used for all approved indications.
- AFINITOR DISPERZ is approved for the treatment of patients with subependymal giant cell astrocytoma (SEGA) and tuberous sclerosis complex (TSC).

2.1 Recommended Dose in Advanced Hormone Receptor-Positive, HER2-Negative Breast Cancer, Advanced NET, Advanced RCC, and Renal Angiomyolipoma with TSC

The recommended dose of AFINITOR Tablets is 10 mg, to be taken once daily at the same time every day. Administer either consistently with food or consistently without food *[see Clinical Pharmacology (12.3)]*. AFINITOR Tablets should be swallowed whole with a glass of water. Do not break or crush tablets.

Continue treatment until disease progression or unacceptable toxicity occurs.

2.2 Dose Modifications in Advanced Hormone Receptor-Positive, HER2-Negative Breast Cancer, Advanced NET, Advanced RCC, and Renal Angiomyolipoma with TSC

Adverse Reactions

Management of severe or intolerable adverse reactions may require temporary dose interruption (with or without a dose reduction of AFINITOR therapy) or discontinuation. If dose reduction is required, the suggested dose is approximately 50% lower than the daily dose previously administered *[see Warnings and Precautions (5)]*.

Table 1 summarizes recommendations for dose reduction, interruption or discontinuation of AFINITOR in the management of adverse reactions. General management recommendations are also provided as applicable. Clinical judgment of the treating physician should guide the management plan of each patient based on individual benefit/risk assessment.

Table 1: AFINITOR Dose Adjustment and Management Recommendation for Adverse Reactions

Adverse Reaction	Severity[a]	AFINITOR Dose Adjustment[b] and Management Recommendations
Non-infectious pneumonitis	Grade 1 Asymptomatic, clinical or diagnostic observations only; intervention not indicated	No dose adjustment required. Initiate appropriate monitoring.
	Grade 2 Symptomatic, medical intervention indicated; limiting instrumental ADL[c]	Consider interruption of therapy, rule out infection and consider treatment with corticosteroids until symptoms improve to Grade ≤ 1. Re-initiate treatment at a lower dose. Discontinue treatment if failure to recover within 4 weeks.
	Grade 3 Severe symptoms; limiting self-care ADL[c]; O_2 indicated	Interrupt treatment until symptoms resolve to Grade ≤ 1. Rule out infection and consider treatment with corticosteroids. Consider re-initiating treatment at a lower dose. If toxicity recurs at Grade 3, consider discontinuation.
	Grade 4 Life-threatening respiratory compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Discontinue treatment, rule out infection, and consider treatment with corticosteroids.
Stomatitis	Grade 1 Asymptomatic or mild symptoms	No dose adjustment required. Manage with non-alcoholic or salt water (0.9%) mouthwash several times a day.
	Grade 2 Moderate pain; not interfering with oral intake; modified diet indicated	Temporary dose interruption until recovery to Grade ≤ 1. Re-initiate treatment at the same dose. If stomatitis recurs at Grade 2, interrupt dose until recovery to Grade ≤1. Re-initiate treatment at a lower dose. Manage with topical analgesic mouth treatments (e.g., benzocaine, butyl aminobenzoate, tetracaine hydrochloride, menthol or phenol) with or without topical corticosteroids (i.e., triamcinolone oral paste).[d]
	Grade 3 Severe pain; interfering with oral intake	Temporary dose interruption until recovery to Grade ≤ 1. Re-initiate treatment at a lower dose. Manage with topical analgesic mouth treatments (i.e., benzocaine, butyl aminobenzoate, tetracaine hydrochloride, menthol or phenol) with or without topical corticosteroids (i.e., triamcinolone oral paste).[d]

	Grade 4 Life-threatening consequences; urgent intervention indicated	Discontinue treatment and treat with appropriate medical therapy.
Other non-hematologic toxicities (excluding metabolic events)	Grade 1	If toxicity is tolerable, no dose adjustment required. Initiate appropriate medical therapy and monitor.
	Grade 2	If toxicity is tolerable, no dose adjustment required. Initiate appropriate medical therapy and monitor. If toxicity becomes intolerable, temporary dose interruption until recovery to Grade ≤ 1. Re-initiate treatment at the same dose. If toxicity recurs at Grade 2, interrupt treatment until recovery to Grade ≤ 1. Re-initiate treatment at a lower dose.
	Grade 3	Temporary dose interruption until recovery to Grade ≤ 1. Initiate appropriate medical therapy and monitor. Consider re-initiating treatment at a lower dose. If toxicity recurs at Grade 3, consider discontinuation.
	Grade 4	Discontinue treatment and treat with appropriate medical therapy.
Metabolic events (e.g. hyperglycemia, dyslipidemia)	Grade 1	No dose adjustment required. Initiate appropriate medical therapy and monitor.
	Grade 2	No dose adjustment required. Manage with appropriate medical therapy and monitor.
	Grade 3	Temporary dose interruption. Re-initiate treatment at a lower dose. Manage with appropriate medical therapy and monitor.
	Grade 4	Discontinue treatment and treat with appropriate medical therapy.
Thrombocytopenia (platelet count decreased)	Grade 1 (< LLN[e] - 75,000/mm^3; < LLN[e] - 75.0 x 10^9/L)	No dose adjustment required.
	Grade 2 (< 75,000 - 50,000/mm^3; < 75.0 - 50.0 x 10^9/L)	Temporary dose interruption until recovery to Grade ≤ 1. Re-initiate treatment at the same dose.
	Grade 3 (< 50,000 - 25,000/mm^3; < 50.0 - 25.0 x 10^9/L) **OR** Grade 4 (< 25,000/mm^3; < 25.0 x 10^9/L)	Temporary dose interruption until recovery to Grade ≤ 1. Re-initiate treatment at a lower dose.
Neutropenia (neutrophil count decreased)	Grade 1 (< LLN[e] – 1,500/mm^3; < LLN[e] – 1.5 x 10^9/L) **OR** Grade 2 (< 1,500 – 1,000/mm^3; < 1.5 – 1.0 x 10^9/L)	No dose adjustment required.
	Grade 3 (< 1,000 - 500/mm^3; < 1.0 - 0.5 x 10^9/L)	Temporary dose interruption until recovery to Grade ≤ 2. Re-initiate treatment at the same dose.

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