

# Summary of Product Characteristics

## 1 NAME OF THE MEDICINAL PRODUCT

Nolvadex D 20 mg Film-coated Tablets

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Tablets containing 20 mg tamoxifen present as Tamoxifen Citrate.

Excipient with known effect: each tablet contains 234mg lactose monohydrate.

For the full list of excipients, see section 6.1.

## 3 PHARMACEUTICAL FORM

Film coated tablet.

Octaganol, white, film-coated tablet marked 'Nolvadex' D on one face and plain on the reverse.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic Indications

'Nolvadex' is indicated in the treatment of breast cancer.

### 4.2 Posology and method of administration

#### Posology

**Breast Cancer:** Adults (including the elderly): The dosage range is 20 to 40 mg daily, given either in divided doses twice daily or as a single dose once daily. In early disease, it is currently recommended that treatment is given for not less than 5 years. The optimal duration of Nolvadex therapy remains to be determined.

*Paediatric population:* The use of Nolvadex is not recommended in children, as safety and efficacy have not been established (see sections 5.1 and 5.2).

#### Method of administration

For administration by the oral route.

### 4.3 Contraindications

Nolvadex should not be used in the following:

- pregnancy. There have been a small number of reports of spontaneous abortions, birth defects and foetal deaths after women have taken Nolvadex, although no causal relationship has been established (see also section 4.6).
- hypersensitivity to the active substance, or to any of the excipients listed in section 6.1.

### 4.4 Special warnings and precautions for use

Menstruation is suppressed in a proportion of premenopausal women receiving Nolvadex for the treatment of breast cancer.

An increased incidence of endometrial cancer and uterine sarcoma (mostly malignant mixed Mullerian tumours) has been reported in association with Nolvadex treatment.

The underlying mechanism is unknown, but may be related to the oestrogen-like effect of Nolvadex. Any patients receiving or having previously received Nolvadex, who report abnormal gynaecological symptoms, especially vaginal bleeding, should be promptly investigated.

Nonetheless, the possibility that Nolvadex may affect the development of endometrial pathology, including neoplasia, should be kept in mind when designing treatment regimens.

Investigations in different in vivo and in vitro systems have shown that tamoxifen has a genotoxic potential following hepatic activation. Gonadal tumours in mice and liver tumours in rats receiving tamoxifen have been reported in long-term studies. The clinical relevance of these findings has not been established.

A number of second primary tumours, occurring at sites other than the endometrium and the opposite breast, have been reported in clinical trials, following the treatment of breast cancer patients with tamoxifen. No causal link has been established and the clinical significance of these observations remains unclear.

In delayed microsurgical breast reconstruction Nolvadex may increase the risk of microvascular flap complications.

In an uncontrolled trial in 28 girls aged 2–10 years with McCune Albright Syndrome (MAS), who received 20 mg once day for up to 12 months duration, mean uterine volume increased after 6 months of treatment and doubled at the end of the one-year study. While this finding is in line with the pharmacodynamic properties of tamoxifen, a causal relationship has not been established (see section 5.1).

Nolvadex contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

In the literature it has been shown that CYP2D6 poor metabolisers have a lowered plasma level of endoxifen, one of the most important active metabolites of tamoxifen (see section 5.2).

Concomitant medications that inhibit CYP2D6 may lead to reduced concentrations of the active metabolite endoxifen. Therefore, potent inhibitors of CYP2D6 (e.g. paroxetine, fluoxetine, quinidine, cinacalcet or bupropion) should whenever possible be avoided during tamoxifen treatment (see section 4.5 and 5.2).

## **4.5 Interaction with other medicinal products and other forms of interaction**

When 'Nolvadex' is used in combination with coumarin-type anticoagulants, a significant increase in anticoagulant effect may occur. Where such co-administration is initiated, careful monitoring of the patient is recommended.

When 'Nolvadex' is used in combination with cytotoxic agents, there is increased risk of thromboembolic events occurring (see also section 4.8).

The use of tamoxifen in combination with anastrozole as adjuvant therapy has not shown improved efficacy compared with tamoxifen alone.

The known principal pathway for tamoxifen metabolism in humans is demethylation, catalysed by CYP3A4 enzymes. Pharmacokinetic interaction with the CYP3A4 inducing agent rifampicin, showing a reduction in tamoxifen plasma levels have been reported in the literature. The relevance of this finding is not known.

Pharmacokinetic interaction with CYP2D6 inhibitors, showing a 65-75% reduction in plasma levels of one of the more active forms of the drug, i.e. endoxifen, has been reported in the literature. Reduced efficacy of tamoxifen has been reported with concomitant usage of some SSRI antidepressants (e.g. paroxetine) in some studies. As a reduced effect of tamoxifen cannot be excluded, co-administration with potent CYP2D6 inhibitors (e.g. paroxetine, fluoxetine, quinidine, cinacalcet or bupropion) should whenever possible be avoided (see section 4.4 and 5.2).

4.6 Fertility, pregnancy and lactation

Pregnancy

Nolvadex must not be administered during pregnancy. There have been a small number of reports of spontaneous abortions, birth defects and foetal deaths after women have taken Nolvadex, although no causal relationship has been established.

Reproductive toxicology studies in rats, rabbits and monkeys have shown no teratogenic potential.

In rodent models of foetal reproductive tract development, tamoxifen was associated with changes similar to those caused by oestradiol, ethynyloestradiol, clomiphene and diethylstilboestrol (DES). Although the clinical relevance of these changes is unknown, some of them, especially vaginal adenosis, are similar to those seen in young women who were exposed to DES in utero and who have a 1 in 1000 risk of developing clear-cell carcinoma of the vagina or cervix. Only a small number of pregnant women have been exposed to tamoxifen. Such exposure has not been reported to cause subsequent vaginal adenosis or clear-cell carcinoma of the vagina or cervix in young women exposed in utero to tamoxifen.

Women should be advised not to become pregnant whilst taking Nolvadex and should use barrier or other non-hormonal contraceptive methods if sexually active. Premenopausal patients must be carefully examined before treatment to exclude pregnancy. Women should be appraised of the potential risks to the foetus, should they become pregnant whilst taking Nolvadex or within two months of cessation of therapy.

Breast-feeding

It is not known if Nolvadex is excreted in human milk and therefore the drug is not recommended during breast-feeding. The decision either to discontinue nursing or discontinue Nolvadex should take into account the importance of the drug to the mother.

4.7 Effects on ability to drive and use machines

Nolvadex is unlikely to impair the ability of patients to drive or use machinery. However, fatigue has been reported with the use of Nolvadex and caution should be observed when driving or using machinery while such symptoms persist.

4.8 Undesirable effects

Tabulated list of adverse reactions

The following definitions apply to the incidence of undesirable effects: Frequencies are defined as: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ); very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data).

Unless specified, the following frequency categories were calculated from the number of adverse events reported in a large phase III study conducted in 9366 postmenopausal women patients with operable breast cancer treated for 5 years and unless specified, no account was taken of the frequency within the comparative treatment group or whether the investigator considered it to be related to study medication.

Adverse drug reactions (ADRs) can be classified as either due to the pharmacological action of the drug, e.g. hot flushes, vaginal bleeding, vaginal discharge and pruritus vulvae, or as more general ADRs e.g. nausea, fluid retention and skin rash. When such side effects are severe, it may be possible to control them by a simple reduction of dosage (within the recommended dose range) without loss of control of the disease.

Table 1 Adverse Drug Reactions (ADR) by System Organ Class (SOC) and Frequency.

| SOC   | Frequency | Adverse Drug Reaction                   |
|---|-----------|---|
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | Common    | Uterine fibroids                        |
|   | Uncommon  | Endometrial cancer                      |
|   | Rare      | Uterine Sarcoma (mostly malignant mixed |

|   |             |   |
|---|-------------|---|
|   |             | Mullerian tumours) <sup>a</sup><br>Tumour Flare <sup>a</sup>  |
| Blood and lymphatic system disorders            | Common      | Anaemia   |
|   | Uncommon    | Thrombocytopenia<br>Leukopenia  |
|   | Rare        | Neutropenia <sup>a</sup><br>Agranulocytosis <sup>a</sup>  |
| Immune system disorders                         | Common      | Hypersensitivity reactions  |
| Metabolism and nutrition disorders              | Very common | Fluid retention   |
|   | Uncommon    | Hypercalcaemia (in patients with bony metastases)   |
| Nervous system disorders                        | Common      | Ischaemic cerebrovascular events<br>Headache<br>Light headedness<br>Sensory disturbances (including paraesthesia and dysgeusia)                                 |
|   | Rare        | Optic neuritis  |
| Eye disorders                                   | Common      | Cataracts<br>Retinopathy  |
|   | Uncommon    | Visual disturbances   |
|   | Rare        | Corneal changes<br>Optic neuropathy <sup>a</sup>  |
| Vascular disorders                              | Very Common | Hot flushes   |
|   | Common      | Thromboembolic events (including deep vein thrombosis, microvascular thrombosis and pulmonary embolism)   |
| Respiratory, thoracic and mediastinal disorders | Uncommon    | Interstitial pneumonitis  |
| Gastrointestinal disorders                      | Very common | Nausea  |
|   | Common      | Vomiting<br>Diarrhoea<br>Constipation   |
|   | Uncommon    | Pancreatitis  |
| Hepatobiliary disorders                         | Common      | Changes in liver enzymes<br>Fatty liver   |
|   | Uncommon    | Cirrhosis of the liver  |
|   | Rare        | Hepatitis<br>Cholestasis <sup>a</sup><br>Hepatic failure <sup>a</sup><br>Hepatocellular injury <sup>a</sup><br>Hepatic necrosis <sup>a</sup>                    |
| Skin and subcutaneous tissue disorders          | Very common | Skin Rash   |
|   | Common      | Alopecia  |
|   | Rare        | Angioedema<br>Steven-Johnsons syndrome <sup>a</sup><br>Cutaneous vasculitis <sup>a</sup><br>Bullous pemphigoid <sup>a</sup><br>Erythema multiforme <sup>a</sup> |
|   |             |   |
|   |             |   |
|   | Very rare   | Cutaneous lupus erythematosus <sup>b</sup>  |
| Musculoskeletal and connective tissue disorders | Common      | Leg cramp<br>Myalgia  |
|   |             |   |

|  |             |  |
|--|-------------|--|
| Reproductive system and breast disorders             | Very common | Vaginal bleeding<br>Vaginal discharge  |
|  | Common      | Pruritus vulvae<br>Endometrial changes (including hyperplasia and polyps)            |
|  | Rare        | Endometriosis <sup>a</sup><br>Cystic ovarian swelling <sup>a</sup><br>Vaginal polyps |
| Congenital, familial and genetic disorders           | Very rare   | Porphyria cutanea tarda <sup>b</sup>   |
| General disorders and administration site conditions | Very common | Fatigue  |
| Investigations                                       | Common      | Elevated triglycerides   |
| Injury, poisoning and procedural complications       | Very rare   | Radiation Recall <sup>b</sup>  |

- <sup>a</sup> This adverse drug reaction was not reported in the tamoxifen arm (n= 3094) of the above study; however, it has been reported in other trials or from other sources. The frequency has been calculated using the upper limit of the 95% confidence interval for the point estimate (based on 3/X, where X represents the total sample size e.g. 3094). This is calculated as 3/3094 which equates to a frequency category of ‘rare’.
- <sup>b</sup> The event was not observed in other major clinical studies. The frequency has been calculated using the upper limit of the 95% confidence interval for the point estimate (based on 3/X, where X represents the total sample size of 13,357 patients in the major clinical studies). This is calculated as 3/13,357 which equates to a frequency category of ‘very rare’.

Cases of optic neuropathy and optic neuritis have been reported in patients receiving tamoxifen and, in a small number of cases, blindness has occurred.

Falls in platelet count, usually only to 80,000 - 90,000 per cu mm but occasionally lower, have been reported in patients taking Nolvadex for breast cancer.

When Nolvadex is used in combination with cytotoxic agents, there is increased risk of thromboembolic events occurring.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via:

HPRA Pharmacovigilance  
Earlsfort Terrace  
IRL - Dublin 2  
Tel: +353 1 6764971  
Fax: +353 1 6762517  
Website: [www.hpra.ie](http://www.hpra.ie)  
e-mail: [medsafety@hpra.ie](mailto:medsafety@hpra.ie)

**4.9 Overdose**

On theoretical grounds, overdosage would be expected to cause enhancement of the anti-oestrogenic side effects mentioned above. Observations in animals show that extreme overdosage (100 - 200 times recommended daily dose) may produce oestrogenic effects.

There have been reports in the literature that ‘Nolvadex’ given at several times the standard dose may be associated with prolongation of the QT interval of the ECG.

There is no specific antidote to overdosage and treatment must be symptomatic.

## 5 PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Anti-estrogens. ATC Code: L02BA01

‘Nolvadex’ (tamoxifen) is a non-steroidal, triphenylethylene-based drug which displays a complex spectrum of oestrogen antagonist and oestrogen agonist-like pharmacological effects in different tissues. In breast cancer patients, at the tumour level, tamoxifen acts primarily as an antioestrogen, preventing oestrogen binding to the oestrogen receptor. In women with oestrogen receptor-positive/unknown breast tumours, adjuvant tamoxifen has been shown to significantly reduce recurrence of the disease and improve 10-year survival, achieving a significantly greater effect with 5 years treatment than with 1 or 2 years treatment. These benefits appear to be largely irrespective of age, menopausal status, tamoxifen dose and additional chemotherapy.

In the clinical situation, it is recognised that tamoxifen leads to reduction in levels of blood total cholesterol and low density lipoproteins in postmenopausal women of the order of 10 – 20%. Additionally tamoxifen has been reported to lead to maintenance of bone mineral density in postmenopausal women.

An uncontrolled trial was undertaken in a heterogeneous group of 28 girls aged 2 to 10 years with McCune Albright Syndrome (MAS), who received 20 mg once a day for up to 12 months duration. Among the patients who reported vaginal bleeding during the pre-study period, 62% (13 out of 21 patients) reported no bleeding for a 6 month period and 33% (7 out of 21) reported no vaginal bleeding for the duration of the trial. Mean uterine volume increased after 6 months of treatment and doubled at the end of the one-year study. While this finding is in line with the pharmacodynamic properties of tamoxifen, a causal relationship has not been established (see section 4.4). There are no long-term safety data in children. In particular, the long term effects of tamoxifen on growth, puberty, and general development have not been studied.

CYP2D6 polymorphism status may be associated with variability in clinical response to tamoxifen. The poor metaboliser status may be associated with reduced response. The consequences of the findings for the treatment of CYP2D6 poor metabolisers have not been fully elucidated (see sections 4.4, 4.5 and 5.2)

#### CYP2D6 genotype

Available clinical data suggest that patients who are homozygote for non-functional CYP2D6 alleles, may experience reduced effect of tamoxifen in the treatment of breast cancer.

The available studies have mainly been performed in postmenopausal women (see sections 4.4 and 5.2).

### 5.2 Pharmacokinetic properties

After oral administration, ‘Nolvadex’ is absorbed rapidly with maximum serum concentrations attained within 4 - 7 hours. Steady state concentrations (about 300 ng/ml) are achieved after four weeks treatment with 40 mg daily. The drug is highly protein bound to serum albumin (>99%). Metabolism is by hydroxylation, demethylation and conjugation, giving rise to several metabolites which have a similar pharmacological profile to the parent compound and thus contribute to the therapeutic effect. Excretion occurs primarily via the faeces and an elimination half - life of approximately seven days has been calculated for the drug itself, whereas that for N-desmethyltamoxifen, the principal circulating metabolite, is 14 days.

In a clinical study where girls between 2 and 10 years with McCune Albright Syndrome (MAS) received 20 mg tamoxifen once a day for up to 12 months duration, there was an age-dependent decrease in clearance and an increase in exposure (AUC), (with values up to 50% higher in the youngest patients) compared with adults.

Tamoxifen is metabolised mainly via CYP3A4 to N-desmethyl-tamoxifen, which is further metabolised by CYP2D6 to another active metabolite endoxifen. In patients who lack the enzyme CYP2D6 endoxifen concentrations are approximately 75% lower than in patients with normal CYP2D6 activity. Administration of strong CYP2D6 inhibitors reduces endoxifen circulating levels to a similar extent.

### 5.3 Preclinical safety data

Investigations in different in-vivo and in-vitro systems have shown that tamoxifen has a genotoxic potential following hepatic activation. Gonadal tumours in mice and liver tumours in rats receiving tamoxifen have been reported in long-term studies. The clinical relevance of these findings has not been established.

Tamoxifen is a drug on which extensive clinical experience has been obtained. Relevant information for the prescriber is provided elsewhere in the Summary of Product Characteristics (*Section 4.6*).

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Croscarmellose Sodium  
Gelatin  
Lactose monohydrate  
Macrogol 300  
Magnesium Stearate  
Maize Starch  
Hypromellose  
Titanium Dioxide

### 6.2 Incompatibilities

Not applicable.

### 6.3 Shelf life

5 years.

### 6.4 Special precautions for storage

Store in the original container in order to protect from light.  
Do not store above 30°C.

### 6.5 Nature and contents of container

Aluminium blister pack (30).

### 6.6 Special precautions for disposal

No special requirements.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

**7 MARKETING AUTHORISATION HOLDER**

AstraZeneca UK Ltd.  
600 Capability Green  
Luton, LU1 3LU  
United Kingdom

**8 MARKETING AUTHORISATION NUMBER**

PA0970/015/002

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

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Date of last renewal: 10 May 2008

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