NOVARTIS

TAF MEK Lung cancer - Dosing and administration - HCP

Prescribing information

Image

Image

Dosing and administration of TAFINLAR® (dabrafenib) + MEKINIST® (trametinib)

TAFINLAR in combination with MEKINIST is indicated in adult patients with advanced non-small cell lung cancer (NSCLC) with a *BRAF* V600 mutation.[1,2]

For the full safety profile, please refer to the Summary of Product Characteristics (SmPC) for TAFINLAR and MEKINIST.

Adverse event reporting: Details of how to report adverse events are available at

the bottom of the page. Please refer to the respective SmPC for all licensed indications.

TAFINLAR + MEKINIST offers oral dosing[1-4]

The key information on dosing and administration of TAFINLAR + MEKINIST provided below may be helpful when discussing treatment management with your patients.

- What to do in situations when taking TAFINLAR + MEKINIST[3,4]

- Dose modifications

- Dose adjustments in special populations[1][2]

- Administration of TAFINLAR + MEKINIST

TAFINLAR **MEKINIST**

If a patient forgets to take TAFINLAR or MEKINIST	If the missed dose is less than 6 hours late, the patient must take it as soon as they remember. If the missed dose is more than 6 hours late, the patient should skip that dose and take the next dose at the usual time. Then carry on taking the capsules at regular times as usual. The patient must not take a double dose to make up for a missed dose.	If the missed dose is less than 12 hours late, the patient must take it as soon as they remember. If the missed dose is more than 12 hours late, the patient should skip that dose and take the next dose at the usual time. Then carry on taking the capsules at regular times as usual. The patient must not take a double dose to make up for a missed dose.
If a patient vomits after taking TAFINLAR or MEKINIST	The patient must not take the capsules or tablet again but wait until next dose is due and take it at the normal time.[1,2]	
If a patient has taken more than the prescribed number of TAFINLAR capsules, MEKINIST tablets, or other medicines	The patient must consult a doctor, pharmacist or nurse immediately, and take the medicine(s) and its packaging with them if seeing them face to face.	

- What to do in situations when taking TAFINLAR + MEKINIST[3,4]

- Dose modifications

- Dose adjustments in special populations[1][2]

- Administration of TAFINLAR + MEKINIST

The management of adverse events (AEs) associated with TAFINLAR + MEKINIST treatment may require dose reduction, treatment interruption or treatment discontinuation.[1,2]

Image

Two TAFINLAR capsule strengths (50 mg and 75 mg) and two MEKINIST tablet strengths (0.5 mg and 2 mg) are available to manage dose modifications[3,4]

Dose modification schedule based on the grade of any AEs[1,2]

Pyrexia

If a patient's temperature is ≥38 °C therapy should be interrupted. Treatment with antipyretics should be initiated. The use of oral corticosteroids should be considered in those instances in which antipyretics are insufficient.

If the patient is symptom free for at least 24 hours, therapy should be restarted, either:

1. At the same dose level, or

2. Reduced by one dose level if the pyrexia is recurrent and/or was accompanied by other severe symptoms, including dehydration, hypotension or renal failure

Grade (CTC-AE)*	**Recommended TAFINLAR dose modification**	**Recommended MEKINIST dose modification**
Grade 1 or Grade 2 (tolerable)	Continue treatment and monitor as clinically indicated	Continue treatment and monitor as clinically indicated
Grade 2 (intolerable) or Grade 3	Interrupt therapy until toxicity is Grade 0–1 and reduce by one dose level when resuming therapy	Interrupt therapy until toxicity is Grade 0–1 and reduce by one dose level when resuming therapy
Grade 4	Discontinue permanently, or interrupt therapy until Grade 0–1 and reduce by one dose level when resuming therapy	Discontinue permanently, or interrupt therapy until Grade 0–1 and reduce by one dose level when resuming therapy

*The intensity of clinical adverse events graded by the Common Terminology Criteria for Adverse Events v4.0 (CTC-AE): Grade 1: Mild; intervention not indicated. Grade 2: Moderate; minimal, local or non-invasive intervention indicated. Grade 3: Severe or medically significant but not immediately life-threatening; hospitalisation or prolongation of hospitalisation indicated. Grade 4: Life-threatening consequences; urgent intervention indicated.[1,2]

Dose level	**TAFINLAR dose**	**MEKINIST dose**
Starting dose	150 mg twice daily	2 mg once daily
1st dose reduction	100 mg twice daily	1.5 mg once daily
2nd dose reduction	75 mg twice daily	1 mg once daily

3rd dose reduction	50 mg twice daily	1 mg once daily
	Dose adjustment of TAFINLAR <50 mg twice daily is not recommended	Dose adjustment of MEKINIST <1 mg once daily is not recommended

Recommended dose level reductions

TAFINLAR and MEKINIST should be simultaneously dose reduced, interrupted or discontinued. Exceptions, where dose modifications are necessary for only one of the two treatments, are shown in the table below.[3,4]

Cases where dose modifications are necessary for only one of the two treatments[1,2]

Please refer to the SmPCs and Patient Information Leaflets (PILs) for advice on administration, dose modifications, storage and handling of TAFINLAR and MEKINIST.

Modification of TAFINLAR dose only	Modification of MEKINIST dose only

• Uveitis: If uveitis does not respond to local ocular therapy, dabrafenib should be withheld until resolution of ocular inflammation and then dabrafenib should be restarted reduced by one dose level • RAS-associated non cutaneous malignancies: The benefits and risks should be considered before continuing treatment with TAFINLAR in patients with a non-cutaneous malignancy that has a RAS mutation	• RVO and RPED: In patients who are diagnosed with RVO, treatment with MEKINIST should be permanently discontinued • LVEF reduction: MEKINIST should be interrupted in patients who have an asymptomatic, absolute decrease of >10% in LVEF compared to baseline and the ejection fraction is below the institution's lower limit of normal (LLN). If the LVEF recovers, treatment with MEKINIST may be restarted, but the dose should be reduced by one dose level with careful monitoring. MEKINIST should be permanently discontinued in patients with Grade 3 or 4 left ventricular cardiac dysfunction or clinically significant LVEF reduction that does not recover within 4 weeks • Interstitial lung disease (ILD)/pneumonitis: MEKINIST must be withheld in patients with suspected ILD or pneumonitis, including patients presenting with new or progressive pulmonary symptoms and findings including cough, dyspnoea, hypoxia, pleural effusion, or infiltrates, pending clinical investigations. MEKINIST must be permanently discontinued in patients diagnosed with treatment-related ILD or pneumonitis

See the TAFINLAR and MEKINIST SmPCs for further information on dose adjustments.

Recommended dose modifications for MEKINIST for RPED[1,2]

Grade 1	Continue treatment with retinal evaluation monthly until resolution. If RPED worsens follow instructions below and withhold MEKINIST for up to 3 weeks.
Grade 2–3	Withhold MEKINIST for up to 3 weeks.
Grade 2–3 (improves to Grade 0–1 within 3 weeks)	Resume MEKINIST at a lower dose (reduced by 0.5 mg) or discontinue trametinib in patients taking trametinib 1 mg daily.
Grade 2–3 (does not improve to Grade 0–1 within 3 weeks)	Permanently discontinue MEKINIST.

- What to do in situations when taking TAFINLAR + MEKINIST[3,4]

- Dose modifications

- Dose adjustments in special populations[1][2]

- Administration of TAFINLAR + MEKINIST

Image

Children and adolescents (<18 years)

- The safety and efficacy of TAFINLAR + MEKINIST have not yet been established in children and adolescents (<18 years)

Image

Elderly

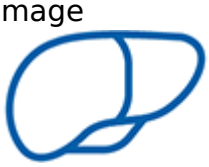
- No adjustment of the initial dose of TAFINLAR or MEKINIST is required in patients >65 years of age
- More frequent dose adjustments of MEKINIST may be required in patients >65 years of age

Image

Renal impairment

- Mild to moderate: No dose adjustment of TAFINLAR or MEKINIST is required
- Severe: Use with caution when administered as monotherapy or in combination therapy. There are no clinical data for TAFINLAR or MEKINIST in patients with severe renal impairment and the potential need for dose adjustment cannot be determined

Image



Hepatic impairment

- Mild: No dose adjustment of TAFINLAR or MEKINIST is required
- Moderate to severe: TAFINLAR + MEKINIST should be used with caution in patients with moderate or severe hepatic impairment when administered as monotherapy or in combination

- What to do in situations when taking TAFINLAR + MEKINIST[3][4]

- Dose modifications

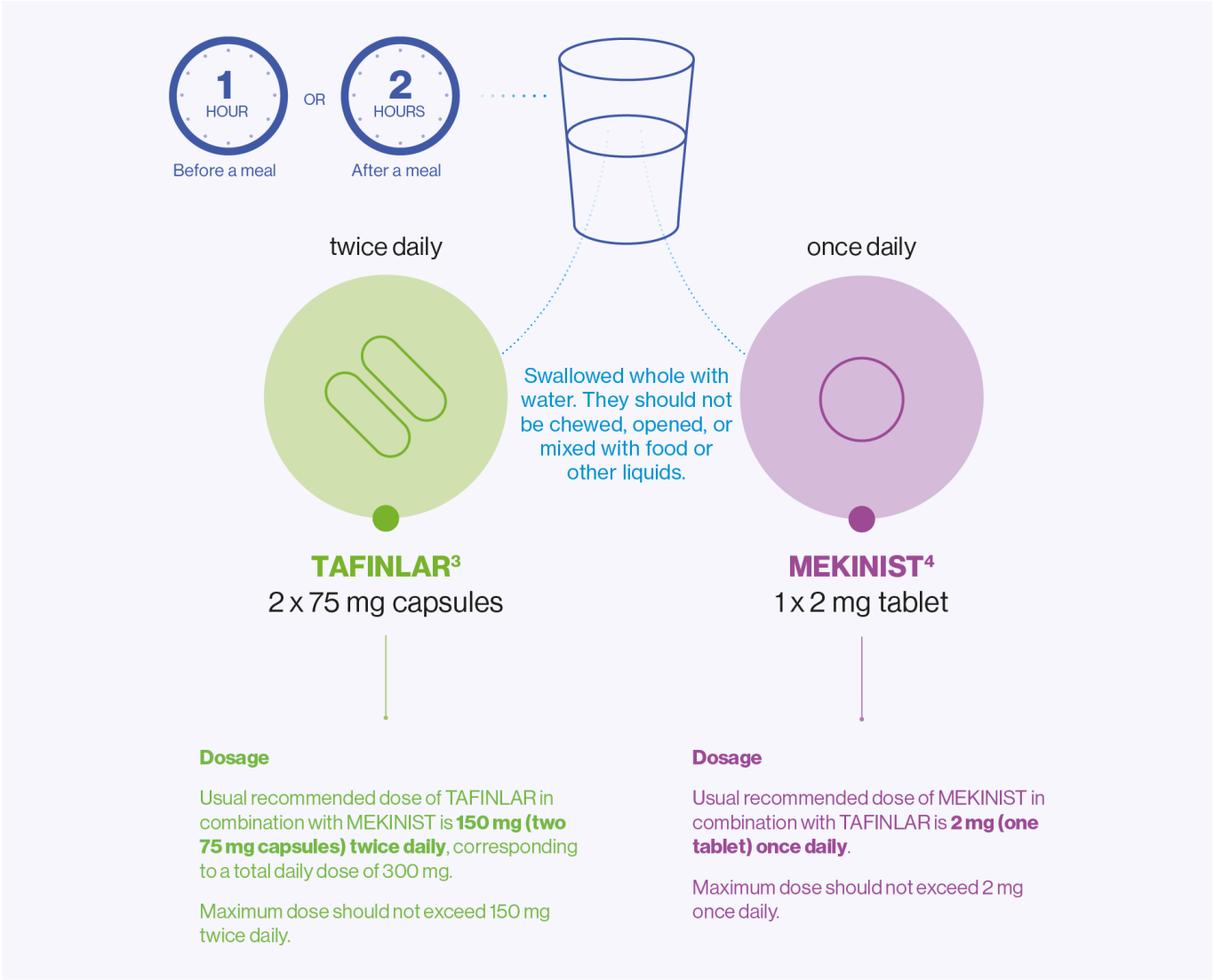
- Dose adjustments in special populations[1][2]

- Administration of TAFINLAR + MEKINIST

Administration of TAFINLAR + MEKINIST

The diagram below provides an overview on how to take TAFINLAR + MEKINIST.[3,4]

Image



Please do not share this page directly with patients.

Always encourage your patients to carefully read the PILs in their TAFINLAR and MEKINIST packs before starting treatment, as they contain important information for them.

	TAFINLAR	**MEKINIST**
How much to take	The usual dose is 150 mg (two 75 mg capsules) twice daily.	The usual dose is 2 mg (one tablet) once a day.
When to take	TAFINLAR should be taken twice a day, in the morning and in the evening, about 12 hours apart. The morning and evening doses of TAFINLAR should be taken at similar times every day.	MEKINIST should be taken once a day, at about the same time each day, either with the morning or with the evening dose of TAFINLAR.

How to take	TAFINLAR capsules should be swallowed whole with water. They should not be chewed or opened and should not be mixed with food or liquids due to chemical instability of dabrafenib. TAFINLAR should be taken on an empty stomach, either 1 hour before, or 2 hours after, a meal.	TAFINLAR capsules should be swallowed whole with water. They should not be chewed or opened and should not be mixed with food or liquids due to chemical instability of TAFINLAR. TAFINLAR should be taken on an empty stomach, either 1 hour before, or 2 hours after, a meal.

AE, adverse event; *BRAF* V600, mutation of the *BRAF* gene at valine (V) 600; CTC-AE, Common Terminology Criteria for Adverse Events; ILD, interstitial lung disease; LLN, lower limit of normal; LVEF, left ventricular ejection fraction; NSCLC, non-small cell lung cancer; PIL, patient information leaflet; RAS, rat sarcoma; RPED, retinal pigment epithelial detachment; RVO, retinal vein occlusion; SmPC, summary of product characteristics.

References

1. TAFINLAR (dabrafenib) Summary of Product Characteristics.
2. MEKINIST (trametinib) Summary of Product Characteristics.
3. TAFINLAR (dabrafenib) Patient Information Leaflet.
4. MEKINIST (trametinib) Patient Information Leaflet.

BRAF mutation and mechanism of action for TAFINLAR + MEKINIST

BRAF mutation and mechanism of action for TAFINLAR + MEKINIST

See more details

Hide details

Efficacy

Efficacy

See more details

Hide details

Safety profile

Safety profile

See more details

Hide details

UK | March 2025 | FA-11220646

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report, or alternatively email medinfo.uk@novartis.com or call 01276 698370.
