FUTIBATINIB (Lytgobi)

INDICATION (ICD10) C22

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (FUT1)

1. Futibatinib monotherapy for the treatment of patients for unresectable locally advanced or metastatic cholangiocarcinoma which has a fibroblast growth factor receptor 2 gene fusion/rearrangement in patients with disease progression during or after previous systemic therapy. Has not previously received any specifically FGFR2-targeted therapy. Has no known brain metastases or if the patient has brain metastases, the patient is symptomatically stable prior to starting treatment with futibatinib. PS 0 or 1. (TA1005)

REGIMEN

Futibatinib 20mg once daily continuously

CYCLE FREQUENCY AND NUMBER OF CYCLES

until disease progression.

ADMINISTRATION

Available as 4mg tablets
Swallowed whole.

ANTI-EMETICS

Low emetic risk

CONCURRENT MEDICATION REQUIRED

Futibatinib	-

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC and U&E, Ca^{++} and PO_4^{3+} every cycle
LFTs every cycle
Neutrophils x 10^9/L ≥1.0
Platelets x 10^9/L ≥50
Creatinine every cycle
Baseline weight and every cycle
Ophthalmological examination, including optical coherence tomography (OCT) should be performed prior to initiation of therapy and every 2 months for the first 6 months of treatment, every 3 months afterwards, and urgently at any time for visual symptoms.

MAIN TOXICITES AND ADVERSE REACTIONS

Futibatinib	Abdominal pain, constipation, diarrhoea Dry eye Hyperphosphataemia Hyponatraemia Hypophosphataemia Mucositis Serous retinal detachment

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Futibatinib	Strong CYP3A/P-gp inhibitors (e.g. clarithromycin, itraconazole) may increase futibatinib plasma concentration and should be avoided. Strong and moderate CYP3A/P-gp inducers (e.g. carbamazepine, phenytoin, phenobarbital, efavirenz, rifampin) may decrease futibatinib plasma concentration and should be avoided.

DOSE MODIFICATIONS
Futibatinib

Recommended dose	20mg once daily
First dose adjustment	16mg once daily
Second dose adjustment	12mg once daily

Non-haematological

Hyperphosphataemia

Serum phosphate ≥5.5mg/dL-≤7mg/dL	•Initiate phosphate lowering therapy and monitor serum phosphate weekly. •Futibatinib should be continued at current dose.
Serum phosphate >7mg/dL-≤10mg/dL	•Initiate/intensify phosphate lowering therapy and monitor serum phosphate weekly AND •Dose reduce futibatinib to next lower dose. -If the serum phosphate resolves to ≤7.0mg/dL within 2 weeks after dose reduction, continue at this reduced dose. – If serum phosphate is not ≤7.0mg/dL within 2 weeks, further reduce futibatinib to the next lower dose. – If serum phosphate is not ≤7.0mg/dL within 2 weeks after the second dose reduction, withhold futibatinib until serum phosphate is ≤7.0mg/dL and resume at the dose prior to suspending.
Serum phosphate >10mg/dL	Initiate/intensify phosphate lowering therapy and monitor serum phosphate weekly AND suspend futibatinib until phosphate is ≤7.0mg/dL and resume futibatinib at the next lower dose Permanently discontinue futibatinib if serum phosphate is not ≤7.0mg/dL within 2 weeks following 2 dose reduction

Serous retinal detachment

Asymptomatic	Continue futibatinib at current dose. Monitoring should be performed.
Moderate decrease in visual acuity (best corrected visual acuity 20/40 or better or ≤3 lines of decreased vision from baseline); limiting instrumental activities of daily living	-Withhold futibatinib. If improved on subsequent examination, futibatinib should be resumed at the next lower dose level. -If symptoms recur, persist or examination does not improve, permanent discontinuation of futibatinib should be considered based on clinical status.
Marked decrease in visual acuity (best corrected visual acuity worse than 20/40 or >3 lines decreased vision from baseline up to 20/200); limiting activities of daily living	-Withhold futibatinib until resolution. If improved on subsequent examination, futibatinib may be resumed at 2 dose levels lower. -If symptoms recur, persist or examination does not improve, permanent discontinuation of futibatinib should be considered based on clinical status.
Visual acuity worse than 20/200 in affected eye; limiting activities of daily living	Permanent discontinuation of futibatinib should be considered based on clinical status.

Other adverse reactions

Grade 3	Withhold futibatinib until toxicity resolves to grade 1 or baseline, then resume futibatinib – for hematological toxicities resolving within 1 week, at the dose prior to suspending. – for other adverse reactions, at next lower dose.
Grade 4	Permanently discontinue futibatinib.

Hepatic impairment

Futibatinib

No dose adjustment is required when administering futibatinib to patients with mild (Child-Pugh class A), moderate (Child-Pugh class B), or severe (Child-Pugh class C) hepatic impairment. However, there is no safety data in patients with severe hepatic impairment. No dose adjustment is required when administering futibatinib to patients with mild (Child-Pugh class A), moderate (Child-Pugh class B), or severe (Child-Pugh class C) hepatic impairment. However, there is no safety data in patients with severe hepatic impairment.

Renal impairment

Futibatinib

Dose adjustment is not required for patients with mild and moderate renal impairment (creatinine clearance [CrCl] 30-89mL/min estimated by Cockcroft-Gault). There are no data in patients with severe renal impairment (CrCl <30mL/min) or for patients with end stage renal disease receiving intermittent haemodialysis and therefore no dosing recommendation can be made.

REFERENCES

1. CDF