Xofigo®
radium Ra 223 dichloride
INJECTION

Lookup Table: Prescribed Ra 223 Activity (µCi)

Prescribed Activity (µCi) = 1.49 (55 kBq) x Patient Weight (kg)

Patient Weight (kg)	Prescribed Activity (µCi)	Patient Weight (kg)	Prescribed Activity (µCi)	Patient Weight (kg)	Prescribed Activity (µCi)	Patient Weight (kg)	Prescribed Activity (µCi)	Patient Weight (kg)	Prescribed Activity (µCi)
40	59.6	60	89.4	80	119.2	100	149.0	120	178.8
40.5	60.3	60.5	90.1	80.5	119.9	100.5	149.7	120.5	179.5
41	61.1	61	90.9	81	120.7	101	150.5	121	180.3
41.5	61.8	61.5	91.6	81.5	121.4	101.5	151.2	121.5	181.0
42	62.6	62	92.4	82	122.2	102	152.0	122	181.8
42.5	63.3	62.5	93.1	82.5	122.9	102.5	152.7	122.5	182.5
43	64.1	63	93.9	83	123.7	103	153.5	123	183.3
43.5	64.8	63.5	94.6	83.5	124.4	103.5	154.2	123.5	184.0
44	65.6	64	95.4	84	125.2	104	155.0	124	184.8
44.5	66.3	64.5	96.1	84.5	125.9	104.5	155.7	124.5	185.5
45	67.1	65	96.9	85	126.7	105	156.5	125	186.3
45.5	67.8	65.5	97.6	85.5	127.4	105.5	157.2	125.5	187.0
46	68.5	66	98.3	86	128.1	106	157.9	126	187.7
46.5	69.3	66.5	99.1	86.5	128.9	106.5	158.7	126.5	188.5
47	70.0	67	99.8	87	129.6	107	159.4	127	189.2
47.5	70.8	67.5	100.6	87.5	130.4	107.5	160.2	127.5	190.0
48	71.5	68	101.3	88	131.1	108	160.9	128	190.7
48.5	72.3	68.5	102.1	88.5	131.9	108.5	161.7	128.5	191.5
49	73.0	69	102.8	89	132.6	109	162.4	129	192.2
49.5	73.8	69.5	103.6	89.5	133.4	109.5	163.2	129.5	193.0
50	74.5	70	104.3	90	134.1	110	163.9	130	193.7
50.5	75.2	70.5	105.0	90.5	134.8	110.5	164.6	130.5	194.4
51	76.0	71	105.8	91	135.6	111	165.4	131	195.2
51.5	76.7	71.5	106.5	91.5	136.3	111.5	166.1	131.5	195.9
52	77.5	72	107.3	92	137.1	112	166.9	132	196.7
52.5	78.2	72.5	108.0	92.5	137.8	112.5	167.6	132.5	197.4
53	79.0	73	108.8	93	138.6	113	168.4	133	198.2
53.5	79.7	73.5	109.5	93.5	139.3	113.5	169.1	133.5	198.9
54	80.5	74	110.3	94	140.1	114	169.9	134	199.7
54.5	81.2	74.5	111.0	94.5	140.8	114.5	170.6	134.5	200.4
55	82.0	75	111.8	95	141.6	115	171.4	135	201.2
55.5	82.7	75.5	112.5	95.5	142.3	115.5	172.1	135.5	201.9
56	83.4	76	113.2	96	143.0	116	172.8	136	202.6
56.5	84.2	76.5	114.0	96.5	143.8	116.5	173.6	136.5	203.4
57	84.9	77	114.7	97	144.5	117	174.3	137	204.1
57.5	85.7	77.5	115.5	97.5	145.3	117.5	175.1	137.5	204.9
58	86.4	78	116.2	98	146.0	118	175.8	138	205.6
58.5	87.2	78.5	117.0	98.5	146.8	118.5	176.6	138.5	206.4
59	87.9	79	117.7	99	147.5	119	177.3	139	207.1
59.5	88.7	79.5	118.5	99.5	148.3	119.5	178.1	139.5	207.9

Based on the 2015 standard set by National Institute of Standards and Technology (NIST), the numerical description of the patient dose has been adjusted from 1.35 to 1.49 µCi/kg body weight.[1]

For patient weights of 140 kg and greater: Prescribed Activity (µCi) = 1.49 (55 kBq) x Patient Weight (kg)

XOFIGO® IS INDICATED for the treatment of patients with castration-resistant prostate cancer (CRPC), symptomatic bone metastases and no known visceral metastatic disease.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions:

- **Bone Marrow Suppression:** In the phase 3 ALSYMPCA trial, 2% of patients in the Xofigo arm experienced bone marrow failure or ongoing pancytopenia, compared to no patients treated with placebo. There were two deaths due to bone marrow failure. For 7 of 13 patients treated with Xofigo bone marrow failure was ongoing at the time of death. Among the 13 patients who experienced bone marrow failure, 54% required blood transfusions. Four percent (4%) of patients in the Xofigo arm and 2% in the placebo arm permanently discontinued therapy due to bone marrow suppression. In the randomized trial, deaths related to vascular hemorrhage in association with myelosuppression were observed in 1% of Xofigo-treated patients compared to 0.3% of patients treated with placebo. The incidence of infection-related deaths (2%), serious infections (10%), and febrile neutropenia (<1%) was similar for patients treated with Xofigo and placebo. Myelosuppression–notably thrombocytopenia, neutropenia, pancytopenia, and leukopenia–has been reported in patients treated with Xofigo.

  Monitor patients with evidence of compromised bone marrow reserve closely and provide supportive care measures when clinically indicated. Discontinue Xofigo in patients who experience life-threatening complications despite supportive care for bone marrow failure

- **Hematological Evaluation:** Monitor blood counts at baseline and prior to every dose of Xofigo. Prior to first administering Xofigo, the absolute neutrophil count (ANC) should be ≥1.5 × 10^9/L, the platelet count ≥100 × 10^9/L, and hemoglobin ≥10 g/dL. Prior to subsequent administrations, the ANC should be ≥1 × 10^9/L and the platelet count ≥50 × 10^9/L. Discontinue Xofigo if hematologic values do not recover within 6 to 8 weeks after the last administration despite receiving supportive care

- **Concomitant Use With Chemotherapy:** Safety and efficacy of concomitant chemotherapy with Xofigo have not been established. Outside of a clinical trial, concomitant use of Xofigo in patients on chemotherapy is not recommended due to the potential for additive myelosuppression. If chemotherapy, other systemic radioisotopes, or hemibody external radiotherapy are administered during the treatment period, Xofigo should be discontinued

- **Increased Fractures and Mortality in Combination With Abiraterone Plus Prednisone/Prednisolone:** Xofigo is not recommended for use in combination with abiraterone acetate plus prednisone/prednisolone outside of clinical trials. At the primary analysis of the phase 3 ERA-223 study that evaluated concurrent initiation of Xofigo in combination with abiraterone acetate plus prednisone/prednisolone in 806 asymptomatic or mildly symptomatic mCRPC patients, an increased incidence of fractures (28.6% vs 11.4%) and deaths (38.5% vs 35.5%) have been observed in patients who received Xofigo in combination with abiraterone acetate plus prednisone/prednisolone compared to patients who received placebo in combination with abiraterone acetate plus prednisone/prednisolone. Safety and efficacy with the combination of Xofigo and agents other than gonadotropin-releasing hormone analogues have not been established

- **Embryo-Fetal Toxicity:** The safety and efficacy of Xofigo have not been established in females. Xofigo can cause fetal harm when administered to a pregnant female. Advise pregnant females and females of reproductive potential of the potential risk to a fetus. Advise male patients to use condoms and their female partners of reproductive potential to use effective contraception during and for 6 months after completing treatment with Xofigo

Administration and Radiation Protection: Xofigo should be received, used, and administered only by authorized persons in designated clinical settings. The administration of Xofigo is associated with potential risks to other persons from radiation or contamination from spills of bodily fluids such as urine, feces, or vomit. Therefore, radiation protection precautions must be taken in accordance with national and local regulations

Fluid Status: Dehydration occurred in 3% of patients on Xofigo and 1% of patients on placebo. Xofigo increases adverse reactions such as diarrhea, nausea, and vomiting, which may result in dehydration. Monitor patients' oral intake and fluid status carefully and promptly treat patients who display signs or symptoms of dehydration or hypovolemia

Injection Site Reactions: Erythema, pain, and edema at the injection site were reported in 1% of patients on Xofigo

Secondary Malignant Neoplasms: Xofigo contributes to a patient's overall long-term cumulative radiation exposure. Long-term cumulative radiation exposure may be associated with an increased risk of cancer and hereditary defects. Due to its mechanism of action and neoplastic changes, including osteosarcomas, in rats following administration of radium-223 dichloride, Xofigo may increase the risk of osteosarcoma or other secondary malignant neoplasms. However, the overall incidence of new malignancies in the randomized trial was lower on the Xofigo arm compared to placebo (<1% vs 2%; respectively), but the expected latency period for the development of secondary malignancies exceeds the duration of follow-up for patients on the trial

Subsequent Treatment With Cytotoxic Chemotherapy: In the randomized clinical trial, 16% of patients in the Xofigo group and 18% of patients in the placebo group received cytotoxic chemotherapy after completion of study treatments. Adequate safety monitoring and laboratory testing was not performed to assess how patients treated with Xofigo will tolerate subsequent cytotoxic chemotherapy

Adverse Reactions: The most common adverse reactions (≥10%) in the Xofigo arm vs the placebo arm, respectively, were nausea (36% vs 35%), diarrhea (25% vs 15%), vomiting (19% vs 14%), and peripheral edema (13% vs 10%). Grade 3 and 4 adverse events were reported in 57% of Xofigo-treated patients and 63% of placebo-treated patients. The most common hematologic laboratory abnormalities in the Xofigo arm (≥10%) vs the placebo arm, respectively, were anemia (93% vs 88%), lymphocytopenia (72% vs 53%), leukopenia (35% vs 10%), thrombocytopenia (31% vs 22%), and neutropenia (18% vs 5%)

Please click here for full Prescribing Information.

For further information, please visit www.hcp.xofigo-us.com.

1. US Nuclear Regulatory Commission. Revision to the National Institute of Standards and Technology Standard for Radium-223 and Impact on Dose Calibration for the Medical Use of Radium-223 Dichloride. Washington, DC: US Nuclear Regulatory Commission, Office of Nuclear Materials Safety and Safeguards; 2016.

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