

# Start Xofigo<sup>®</sup> or refer to a treating site when your patient...



## HAS the following:

- ✓ Rising PSA on ADT with testosterone  $\leq 50$  ng/dL, indicating CRPC<sup>1,a</sup>
- ✓  $\geq 2$  bone metastases<sup>2</sup>
- ✓ No known visceral metastases<sup>2</sup>
- ✓ Symptom(s) attributable to bone metastases

## Also consider in patients who:

- Have lymphadenopathy up to 3 cm<sup>2</sup>
- Are referred for EBRT as part of best standard of care<sup>b</sup>

## Indication

Xofigo is indicated for the treatment of patients with castration-resistant prostate cancer (CRPC), symptomatic bone metastases, and no known visceral metastatic disease.

## To order Xofigo OR for coverage information,

 Call 1-855-6XOFIGO (1-855-696-3446)

 Visit <https://www.xofigoaccessonline.com/>

## To find a list of sites where Xofigo is administered, visit

 <https://hcp.xofigo-us.com/locate-administering-site/>

ADT, androgen deprivation therapy; EBRT, external beam radiation therapy.

<sup>a</sup>Serum PSA progression defined as two consecutive increases in PSA over a previous reference.

<sup>b</sup>In the ALSYMPCA clinical trial, Xofigo was given with best standard of care, which included antiandrogens, ketoconazole, local EBRT, estrogens, estramustine, or treatment with glucocorticoids.

**XOFIGO IS RECOMMENDED IN MAJOR PROSTATE CANCER GUIDELINES**

**SEE REVERSE SIDE FOR DETAILS**

## 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  $\geq 1.5 \times 10^9/L$ , the platelet count  $\geq 100 \times 10^9/L$ , and hemoglobin  $\geq 10$  g/dL. Prior to subsequent administrations, the ANC should be  $\geq 1 \times 10^9/L$  and the platelet count  $\geq 50 \times 10^9/L$ . 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.

Please see additional Important Safety Information on next page.

[Click here](#) for full Prescribing Information.

 **Xofigo<sup>®</sup>**  
radium Ra 223 dichloride  
INJECTION

## XOFIGO® IS RECOMMENDED IN MAJOR PROSTATE CANCER GUIDELINES

<b>NCCN</b>	Recommended as a <b>Category 1</b> first-line treatment option for patients with symptomatic CRPC with bone metastases and no visceral metastases <sup>3</sup>
<b>AUA</b>	<b>Standard, Evidence Level Grade B</b> recommendation for patients with symptoms from bone metastases from mCRPC and no known visceral disease <sup>4</sup>
<b>ASCO</b>	“ <b>Strong</b> ” recommendation for men with CRPC and bone metastases <sup>5</sup>

ASCO, American Society of Clinical Oncology; AUA, American Urological Association; CRPC, castration-resistant prostate cancer; NCCN, National Comprehensive Cancer Network.

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### Important Safety Information (cont)

#### Warnings and Precautions (cont):

- **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 ( $\geq 10\%$ ) 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 ( $\geq 10\%$ ) 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%).

**For important risk and use information about Xofigo, [click here](#) for the full Prescribing Information.**

**References:** 1. Scher HI et al. *J Clin Oncol.* 2016;34(12):1402-1418. 2. Xofigo® (radium Ra 223 dichloride) injection [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; December 2019. 3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Prostate cancer. Version 1.2019. 2019:1-149. 4. Cookson MS et al. Castration-resistant prostate cancer. AUA Guideline. 2013 (amended 2018). [www.auanet.org/guidelines/prostate-cancer-castration-resistant-\(2013-amended-2018\)](http://www.auanet.org/guidelines/prostate-cancer-castration-resistant-(2013-amended-2018)). Accessed February 1, 2019. 5. Basch E et al. *J Clin Oncol.* 2014;32(30):2436-2448.

