SORANEX® F.C. Tablet
Sorafenib

Composition
Each F.C. Tablet SORANEX® 200mg contains: Sorafenib(as tosylate) 200mg.

Description
Sorafenib is a kinase inhibitor that decreases tumor cell proliferation. Sorafenib inhibited tumor growth and angiogenesis of human hepatocellular carcinoma and renal cell carcinoma, and differentiated thyroid carcinoma.

Pharmacokinetic
Absorption–Rapid
Peak plasma: 3 hour after an oral dose.
Distribution
Protein binding: Approximately 99.5%
Metabolism
Liver By CYP3A4.
Excretion
Faces and urine.
Half-life elimination: 25-48 hours.

Dosage and Administration
Adult

1. Advanced Renal Cell and hepatocellular Carcinoma

Indicated for advanced renal cell carcinoma 400 mg twice daily without food.
Continue therapy until unacceptable toxicity occurs.
Dosage Adjustment:
Sorafenib may be reduced to 400 mg once daily, if additional dosage reduction is required, it may be reduced to a single 400 mg dose every other day.

2. Thyroid Cancer

Indicated for or metastatic, progressive, differentiated thyroid cancer (DTC) that is refractory to radioactive iodine treatment.
400 mg twice daily without food.
Dosage modification for DTC
- First dose reduction: 600 mg/day (divided as 2 doses of 400 mg and 200 mg 12 hr. apart).
- Second dose reduction: 200 mg q12hr
- Third dose reduction: 200 mg qDay

• Off-label dosing
GI stromal tumors (resident to imatinib and sunitinib): 400 mg twice daily.

Dosage Modifications
Sorafenib dosage adjustment based on Renal Impairment:
- If CrCl ≥ 40mL/min: Dose adjustment not necessary, 400mg twice daily.
- If CrCl 20-39 mL/min: 200 mg twice daily.
- If CrCl ≤ 20mL/min: use is not recommended.
- Hemodialysis: 200 mg once Daily.

Sorafenib dosage adjustment based on Hepatic Impairment:
- None and mild hepatic impairment degree: Dose adjustment not necessary, 400mg twice daily.
- Moderate hepatic impairment degree: 200 mg twice daily.
- Severe hepatic impairment degree: use is not recommended.
- Very severe hepatic impairment degree: 200 mg once daily.

Sorafenib Dosage Adjustment based on dermatologic toxicities in DTC:
Dose reduction for dermatologic toxicities grade 2 with painful erythema and swelling of the hands or feet.
- First dose reduction: 600 mg/day (divided as 2 doses of 400 mg and 200 mg 12 hr. apart).

If no improvement within 7 days:
- Second dose reduction: interrupt treatment until toxicity resolves, and if resuming treatment, decrease dose by 1 dose level 200mg daily.
- Third dose reduction: resuming treatment, decrease dose by 1 dose level 200mg daily.
- Fourth dose reduction: Discontinue treatment permanently.

Dose reduction for dermatologic toxicities grade 3 with moist desquamation, ulceration, blistering of hands and feet is like Grade 2 second dose reduction.

Monitor
Complete Blood cell count with differential Liver function test Blood Pressure; baseline, Weekly for the first 6 weeks then periodically.
Monitor for hand-foot syndrome and other dermatologic toxicities.
Monitor ECG in patient with risk of prolonged QT interval Monitor TSH monthly.

Cautions
Cardiac ischemia. Major surgical procedures.
potential risk of bleeding–treat tracheal, bronchial, or esophageal infiltration with localized therapy before initiating sorafenib in patients with differentiated thyroid carcinoma (DTC) and consider permanent withdrawal of sorafenib in any patient that requires medical Intervention for bleeding. susceptibility to QT-interval prolongation.

Contraindication
Hypersensitivity Coadministration with carboplatin and paclitaxel is contraindicated in patients with squamous cell lung cancer.

Adverse Effects
Thrombocytopenia, Anemia, Diarrhea, Rash/desquamation, Fatigue, Abdominal pain, Hand-foot, skin reaction, Weight loss, Anorexia, Alopecia, Nausea,Lymphopenia, Neutropenia, Hemorrhage, Hypertension, Vomiting, Constipation, Neuropathy, Dry skin.

Pregnancy & Lactation
Pregnancy: Category D.

Lactation
It is not known whether sorafenib is excreted in human milk.

Patient information
Inform woman that sorafenib may cause birth defects or fetal loss. Advise woman of childbrearing potential to avoid becoming pregnant while on sorafenib.
Counsel men and women to use effective birth control during treatment and for at least 2 weeks after stopping treatment. Advise woman against breast-feeding while receiving sorafenib.
Advise patients of the possible occurrence of hand-foot skin reaction and rash during treatment and appropriate countermeasures.
Inform patients that hypertension may develop during treatment, especially during the first 6 weeks of therapy, and to monitor blood pressure regularly during treatment.

How to Use
Take this medicine when your stomach is empty. This Means an hour before food or 2 hours after food.

Missed Dose
Instruct patients that if a dose is missed, to take the next dose at the regularly scheduled time and to not double the dose.

Storage
keep away from light and moisture, Store below 30°C temperature. Do not store in the bathroom. Keep all medications away from children and pets.

Presentation Soranex
Bottle of 30 F.C. Tablets

References
Malignant disease, BNF 70, 816-817
Kinase inhibitor, Drug Fact 2015 version, 3851-3857
Anti Neoplastics, Martindale, 857-858

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