- **SIDE-EFFECTS**
  - **Common or very common** Alopecia · anxiety · appetite decreased · asthenia · cerebral ischaemia · cholelithiasis · constipation · corneal deposits · cystitis · dehydration · depression · diarrhoea · dizziness · dry eye · dry mouth · dysphagia · electrolyte imbalance · eye disorders · eye inflammation · fever · gastrointestinal discomfort · gastrointestinal disorders · glaucoma · haemorrhage · headache · hyperglycaemia · hypertension · hypothyroidism · increased risk of infection · insomnia · lethargy · loss of consciousness · movement disorders · nail disorder · nausea · nephrolithiasis · oedema · pain · photosensitivity reaction · proteinuria · QT interval prolongation · renal impairment · respiratory disorders · sensation abnormal · sepsis · skin reactions · stomatitis · taste altered · tremor · urinary disorders · vision disorders · vomiting · weight decreased
  - **Uncommon** Arrhythmias · brain oedema · cardiac arrest · cardiac conduction disorder · cataract · healing impaired · heart failure · malnutrition · pancreatitis · posterior reversible encephalopathy syndrome (PRES) · seizure · urine discolouration
  - **Frequency not known** Aneurysm · artery dissection · Stevens-Johnson syndrome
- **CONCEPTION AND CONTRACEPTION** Effective contraception required during and for at least 4 months after treatment.
- **PREGNANCY** Manufacturer advises avoid unless potential benefit outweighs risk. Most cytotoxic drugs are teratogenic and should not be administered during pregnancy, especially during the first trimester. Considerable caution is necessary if a pregnant woman presents with cancer requiring chemotherapy, and specialist advice should always be sought.
- **BREAST FEEDING** Avoid—no information available.
- **HEPATIC IMPAIRMENT** Manufacturer advises avoid if liver function tests exceed specific limits—consult product literature.
- **RENAL IMPAIRMENT** Avoid if creatinine clearance less than 30 mL/minute.
  Dose adjustments Reduce dose to 200 mg if creatinine clearance 30–49 mL/minute.
- **MONITORING REQUIREMENTS** Monitor ECG, serum potassium, calcium, magnesium and thyroid stimulating hormone before treatment, then 1, 3, 6 and 12 weeks after starting treatment and following dose adjustment or interruption, then every 3 months for at least 1 year.
- **DIRECTIONS FOR ADMINISTRATION** Tablets may be dispersed in half a glass of water by stirring until dispersed (approximately 10 minutes), immediately before drinking (do not crush). After solution has been swallowed, any residue must be re-dispersed in the same volume of water and swallowed. The solution can also be administered via nasogastric or gastrostomy tubes.
- **PATIENT AND CARER ADVICE** Patients or carers should be given advice on how to administer vandetanib tablets.
  Phototoxicity reactions Patients should be advised to wear protective clothing and/or sunscreen.
  Alert card An alert card should be provided.
- **NATIONAL FUNDING/ACCESS DECISIONS**

NICE decisions

- **Vandetanib for treating medullary thyroid cancer (December 2018)** NICE TA550
  Vandetanib (*Caprelsa*®) is **not** recommended, within its marketing authorisation, for treating aggressive and symptomatic medullary thyroid cancer in adults with unresectable, locally advanced or metastatic disease.

  Patients whose treatment was started within the NHS before this guidance was published should have the option to continue treatment, without change to their funding arrangements, until they and their NHS clinician consider it appropriate to stop.
  www.nice.org.uk/guidance/ta550

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

- Caprelsa (Genzyme Therapeutics Ltd) ▼
  Vandetanib 100 mg Caprelsa 100mg tablets | 30 tablet PoM £2,500.00
  Vandetanib 300 mg Caprelsa 300mg tablets | 30 tablet PoM £5,000.00

Vemurafenib

13-Dec-2019

- **DRUG ACTION** Vemurafenib is a BRAF kinase inhibitor.

- **INDICATIONS AND DOSE**

Monotherapy for the treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma

- BY MOUTH
- Adult: 960 mg twice daily, for dose adjustment due to side effects—consult product literature

IMPORTANT SAFETY INFORMATION

DRUG RASH WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS SYNDROME)

DRESS syndrome has been reported in patients taking vemurafenib. DRESS syndrome starts with rash, fever, swollen glands, and increased white cell count, and it can affect the liver, kidneys and lungs; DRESS can also be fatal.

Patients should be advised to stop taking vemurafenib and consult their doctor immediately if skin rash develops. Treatment with vemurafenib should not be restarted.

MHRA/CHM ADVICE (NOVEMBER 2015): RISK OF POTENTIATION OF RADIATION TOXICITY

Potentiation of radiation toxicity has been reported in patients treated with vemurafenib before, during, or after radiotherapy— use with caution.

RISKS OF INCORRECT DOSING OF ORAL ANTI-CANCER MEDICINES

See Cytotoxic drugs p. 938.

- **CONTRA-INDICATIONS** Wild-type BRAF malignant melanoma
- **CAUTIONS** Electrolyte disturbances · prior or concurrent cancer associated with RAS mutation—increased risk of tumour progression · susceptibility to QT-prolongation
- **INTERACTIONS** → Appendix 1: vemurafenib
- **SIDE-EFFECTS**
  - **Common or very common** 7th nerve paralysis · alopecia · appetite decreased · arthralgia · arthritis · asthenia · connective tissue disorders · constipation · cough · diarrhoea · dizziness · eye inflammation · fever · folliculitis · headache · myalgia · nausea · neoplasms · pain · panniculitis · peripheral oedema · photosensitivity reaction · QT interval prolongation · radiation injuries · skin reactions · taste altered · vomiting · weight decreased
  - **Uncommon** Liver injury · neutropenia · pancreatitis · peripheral neuropathy · retinal occlusion · severe cutaneous adverse reactions (SCARs) · vasculitis
  - **Rare or very rare** Acute tubular necrosis · nephritis acute interstitial
  - **Frequency not known** Acute kidney injury