

## Dose Modification Schedule & Management of adverse reactions to Nintedanib ( Vargatef®)

**Table 1 :** Recommended dose adjustments for Nintedanib ( Vargatef®) in case of diarrhoea, vomiting and other non-haematological or haematological adverse reactions.

<b>CTCAE* Adverse reaction</b>	<b>Dose adjustment</b>
Diarrhoea $\geq$ grade 2 for more than 7 consecutive days despite anti-diarrhoeal treatment <b>OR</b> Diarrhoea $\geq$ grade 3 despite anti-diarrhoeal treatment	After treatment interruption and recovery to grade 1 or baseline, dose reduction from 200 mg twice daily to 150 mg twice daily and - if a 2 <sup>nd</sup> dose reduction is considered necessary - from 150 mg twice daily to 100 mg twice daily.
Vomiting $\geq$ grade 2 <b>AND/OR</b> Nausea $\geq$ grade 3 despite anti-emetic treatment	
Other non-haematological or haematological adverse reaction of $\geq$ grade 3	

\* CTCAE: Common Terminology Criteria for Adverse Events

**Table 2:** Recommended dose adjustments for Nintedanib (Vargatef®) in case of AST and/or ALT and bilirubin elevations

<b>AST / ALT and bilirubin elevations</b>	<b>Dose adjustment</b>
Elevation of AST and/or ALT values to $> 2.5 \times$ ULN in conjunction with total bilirubin elevation to $\geq 1.5 \times$ ULN <b>OR</b> Elevation of AST and/or ALT values to $> 5 \times$ ULN	After treatment interruption and recovery of transaminase-values to $\leq 2.5 \times$ ULN in conjunction with bilirubin to normal, dose reduction from 200 mg twice daily to 150 mg twice daily and - if a 2 <sup>nd</sup> dose reduction is considered necessary - from 150 mg twice daily to 100 mg twice daily.
Elevation of AST and/or ALT values to $> 3 \times$ ULN in conjunction with an increase of total bilirubin to $\geq 2 \times$ ULN and ALKP $< 2 \times$ ULN	Unless there is an alternative cause established, Nintedanib should be permanently discontinued

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N.B. Version numbers re-started from 1 when adverse reaction information separated from proforma