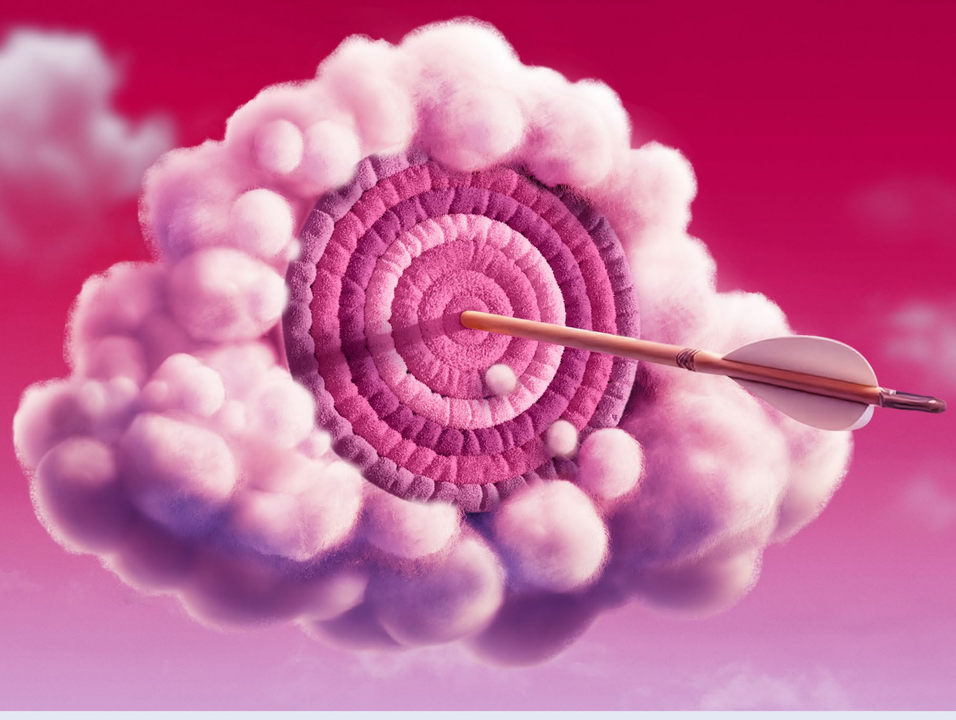
LYTGOBI
(futibatinib) tablets

LYTGOBI® (futibatinib): dosing guide

TAIHO ONCOLOGY

LYT-PM-UK-0016 | June 2026
Marketing Authorization Holder: Taiho Pharma Netherlands B.V., Netherlands.
Intended for Healthcare Professionals only.



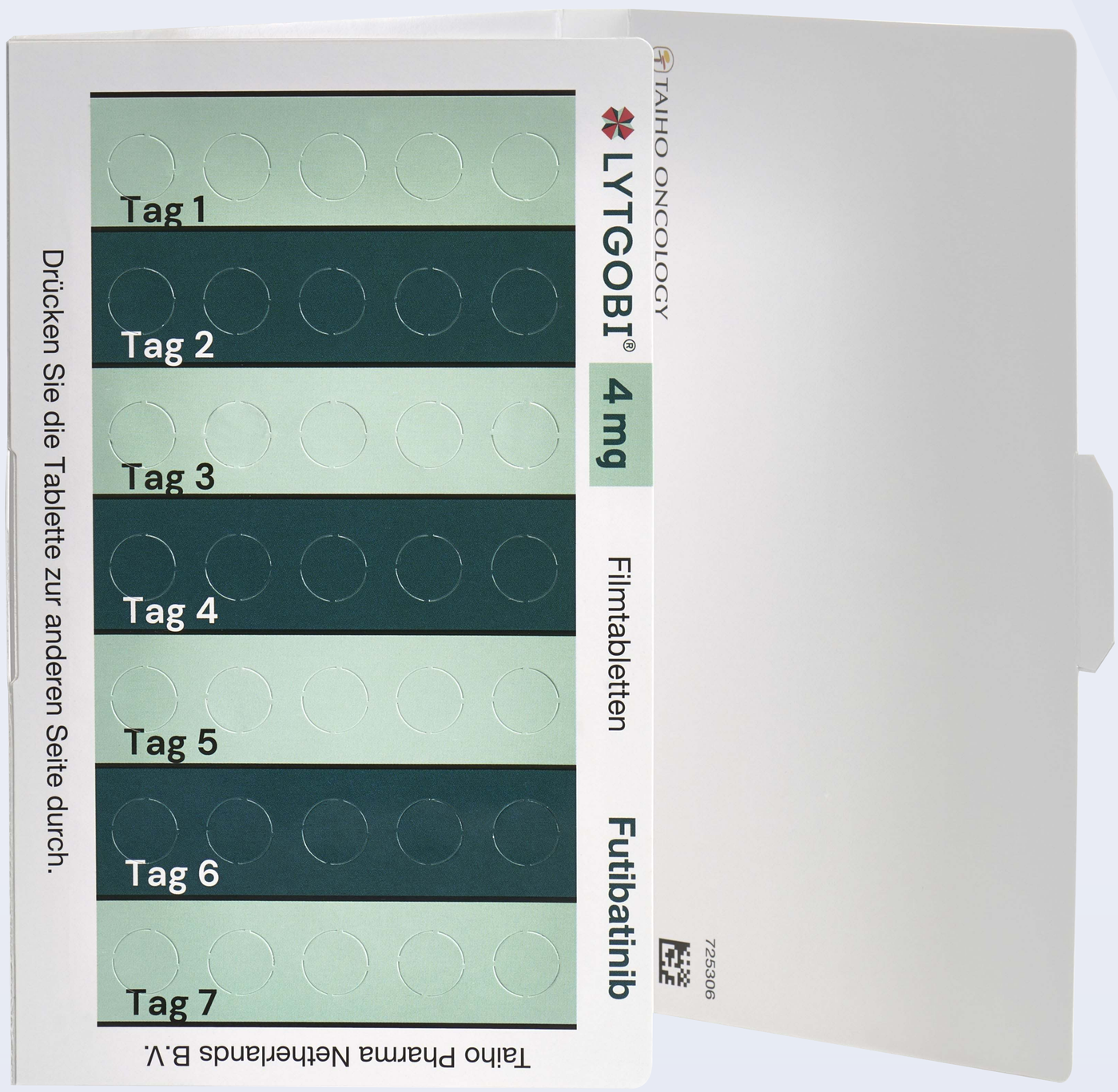
LYTGOBI
(futibatinib) tablets

LYTGOBI offers once-daily oral dosing[1]

LYTGOBI is taken:[1]

- Orally at a recommended starting dose of 20 mg (five 4 mg tablets) once daily
- Swallowed whole with a glass of water at the same time every day, with or without food
- Without pre-planned treatment breaks until disease progression or unacceptable toxicity

LYTGOBI is packaged for patient convenience:[1]



Day 1 is row 1.

Each row of tablets equals one daily dose.

Each card contains one week's worth of LYTGOBI tablets.

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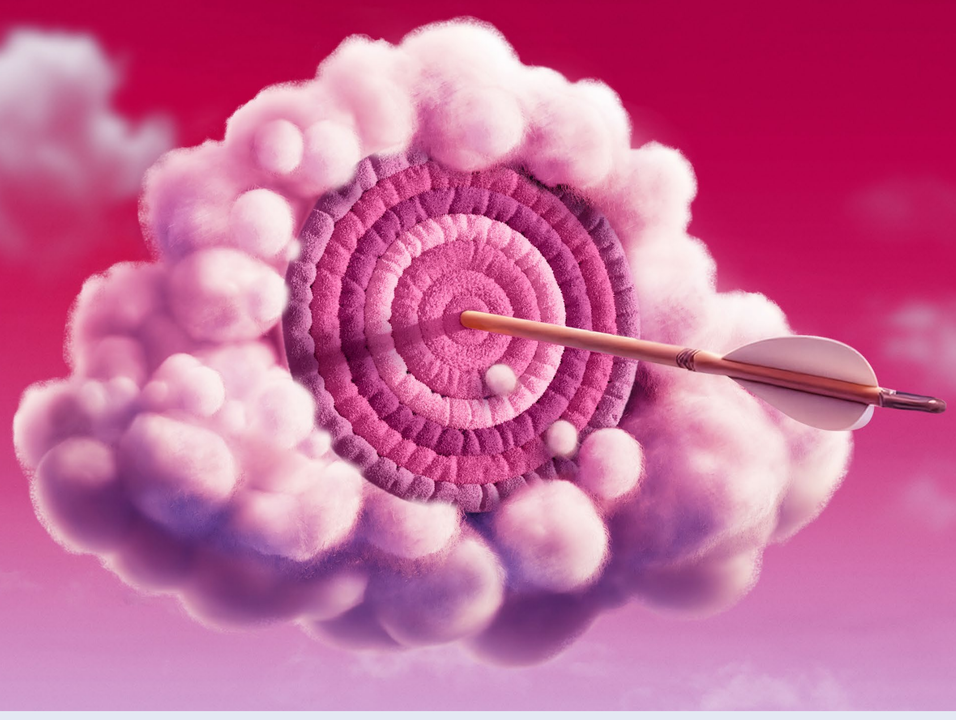

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LYTGOBI offers the flexibility to adjust dosing as required[1]

Dose	Dose reduction levels	
	First	**Second**
20 mg taken orally once daily	16 mg taken orally once daily	12 mg taken orally once daily

Dose adjustments may be required due to certain drug interactions:[1]

- **Strong CYP3A inhibitors** (e.g. itraconazole) should be avoided. If this is not possible, consider **reducing the futibatinib dose** to the next lowest level based on careful monitoring of tolerability
- **Strong or moderate CYP3A inducers** (e.g. rifampicin) should be avoided. If avoidance is not possible, consider gradually **increasing the futibatinib dose**, with close monitoring of tolerability

Dose modifications or interruption of dosing can also be considered for the management of adverse reactions:[1]

Hyperphosphataemia	LYTGOBI dose modifications
Serum phosphate ≥5.5 mg/dL to ≤7 mg/dL	• **Initiate** phosphate-lowering therapy and **monitor** serum phosphate weekly • LYTGOBI should be **continued** at current dose
Serum phosphate >7 mg/dL to ≤10 mg/dL	• **Initiate/intensify** phosphate-lowering therapy and **monitor** serum phosphate weekly **AND** • **Dose-reduce** LYTGOBI to next lower dose – If the serum phosphate resolves to ≤7.0 mg/dL within 2 weeks after dose reduction, **continue** at this reduced dose – If serum phosphate is not ≤7.0 mg/dL within 2 weeks, **further reduce** LYTGOBI to the next lower dose – If serum phosphate is not ≤7.0 mg/dL within 2 weeks after the second dose reduction, withhold LYTGOBI until serum phosphate is ≤7.0 mg/dL and **resume** at the dose prior to suspending
Serum phosphate >10 mg/dL	• **Initiate/intensify** phosphate-lowering therapy and **monitor** serum phosphate weekly **AND** • **Suspend** LYTGOBI until phosphate is ≤7.0 mg/dL and resume LYTGOBI at the next lower dose • **Permanently** discontinue LYTGOBI if serum phosphate is not ≤7.0 mg/dL within 2 weeks following 2 dose reductions

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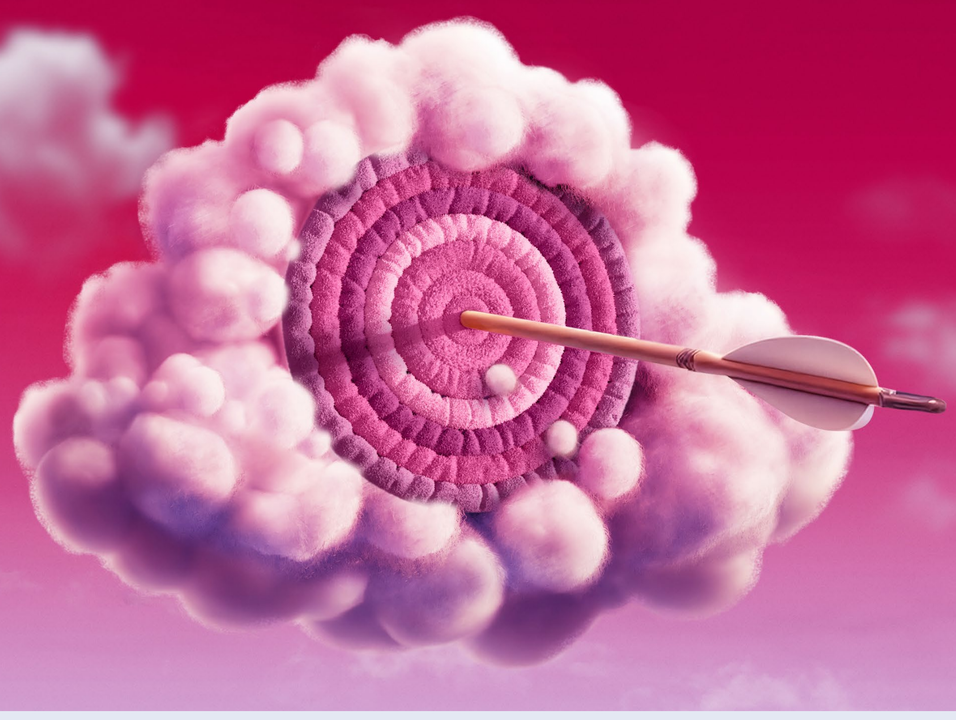

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Serous retinal detachment	LYTGOBI dose modifications
Asymptomatic	• **Continue** LYTGOBI at current dose. Monitoring should be performed as described in section 4.4 of the SmPC
Moderate decrease in visual acuity (best corrected visual acuity 20/40 or better or ≤3 lines of decreased vision from baseline); limiting instrumental activities of daily living	• **Withhold** LYTGOBI. If improved on subsequent examination, LYTGOBI should be **resumed** at the next lower dose level • If symptoms recur or persist, or examination does not improve, **permanent discontinuation** of LYTGOBI should be considered based on clinical status
Marked decrease in visual acuity (best corrected visual acuity worse than 20/40 or >3 lines decreased vision from baseline up to 20/200); limiting activities of daily living	• **Withhold** LYTGOBI until resolution. If improved on subsequent examination, LYTGOBI may be **resumed** at 2 dose levels lower • If symptoms recur, persist or examination does not improve, **permanent discontinuation** of LYTGOBI should be considered based on clinical status
Visual acuity worse than 20/200 in affected eye; limiting activities of daily living	• **Permanent discontinuation** of LYTGOBI should be considered based on clinical status

Other adverse reactions	LYTGOBI dose modifications
Other adverse reactions	Grade 3* • **Withhold** LYTGOBI until toxicity resolves to Grade 1 or baseline, then **resume** LYTGOBI – or haematological toxicities resolving within 1 week, at the dose prior to suspending – for other adverse reactions, at next lower dose Grade 4* • Permanently discontinue LYTGOBI *Severity as defined by National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE version 4.03).

Treatment should be permanently discontinued if the patient is unable to tolerate LYTGOBI 12 mg once daily.[1]

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The efficacy and safety of LYTGOBI were reported in the FOENIX-CCA2 study.[2]

Find out more:

Please refer to the SmPC for full Prescribing Information:

LYTGOBI® (futibatinib) monotherapy is indicated for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.[1]

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme, website: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to 0800 04 89 461 or medicalinformation@taihoeurope.com.

This medicinal product has been authorised under a so-called 'conditional approval' scheme. This means that further evidence on this medicinal product is awaited. The Medicines and Healthcare products Regulatory Agency will review new information on this medicinal product at least every year and the Summary of Product Characteristics will be updated as necessary.[1]

References: 1. LYTGOBI® (futibatinib) Summary of Product Characteristics;
2. Goyal L, et al. *N Engl J Med*. 2023;388(3):228–239.

Abbreviations
CTCAE, Common Terminology Criteria for Adverse Events; CYP3A4, cytochrome P450

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