

The most common adverse reactions across all docetaxel indications are infections, neutropenia, anemia, febrile neutropenia, hypersensitivity, thrombocytopenia, neuropathy, dysgeusia, dyspnea, constipation, anorexia, nail disorders, fluid retention, asthenia, pain, nausea, diarrhea, vomiting, mucositis, alopecia, skin reactions, and myalgia. Incidence varies depending on the indication.

7.1 Adverse events in Clinical Trials Experience

Breast Cancer

Monotherapy with docetaxel for locally advanced or metastatic breast cancer after failure of prior chemotherapy.

Table 2: Summary of Adverse Reactions in Patients Receiving Docetaxel at 100 mg/m²

Adverse Reaction	All Tumor Types Normal LFTs* n=2045	All Tumor Types Elevated LFTs† n=61%	Breast Cancer Normal LFTs* n=965 %
Hematologic			
Neutropenia			
<2000 cells/mm³	96	96	99
<500 cells/mm³	75	88	86
Leukopenia			
<4000 cells/mm³	96	98	99
<1000 cells/mm³	32	47	44
Thrombocytopenia			
<100,000 cells/mm³	8	25	9
Anemia			
<11 g/dL	90	92	94
<8 g/dL	9	31	8
Febrile Neutropenia‡	11	26	12
Septic Death	2	5	1
Non-Septic Death	1	7	1
Infections			
Any	22	41	22
Severe	6	8	6
Fever in Absence of Infection			
Any	31	41	35
Severe	2	8	2
Hypersensitivity Reactions			
Regardless of Premedication			
Any	21	20	18
Severe	4	10	3
With 3-day Premedication	n=92	n=3	n=92
Any	47	39	60
Severe	7	8	9
With 3-day Premedication	n=92	n=3	n=92
Any	64	67	64
Severe	7	33	7
Neurosensory			
Any	49	34	58
Severe	4	0	6
Nail Changes			
Any	31	23	41
Severe	3	5	4
Gastrointestinal			
Nausea	39	38	42
Vomiting	22	23	23
Diarrhea	39	33	43
Severe	5	5	6
Stomatitis			
Any	42	49	52
Severe	6	13	7
Alopecia	76	62	74
Asthenia			
Any	62	53	66
Severe	13	25	15
Myalgia			
Any	19	16	21
Severe	2	2	2
Arthralgia	9	7	8
Infusion Site Reactions	4	3	4

*Normal Baseline LFTs: Transaminases ≤1.5 times ULN or alkaline phosphatase ≤2.5 times ULN or isolated elevations of transaminases or alkaline phosphatase up to 5 times ULN

†Elevated Baseline LFTs: AST and/or ALT >1.5 times ULN concurrent with alkaline phosphatase >2.5 times ULN

‡Febrile neutropenia missing: ANC grade 4 with fever > 38°C with intravenous antibiotics and /or hospitalization

§Febrile Neutropenia: ANC grade 4 with fever >38°C with intravenous antibiotics and/or hospitalization

Hematologic reactions

Table 3: Hematologic Adverse Reactions in Breast Cancer Patients Previously Treated with Chemotherapy Treated at Docetaxel 100 mg/m² with Normal or Elevated Liver Function Tests or 60 mg/m² with Normal Liver Function Tests.

Adverse Reaction	Docetaxel 100mg/m²		Docetaxel 60mg/m²
	Normal LFTs* n=730 %	Elevated LFTs† n=18 %	Normal LFTs* n=174 %
Neutropenia			
Any <2000 cells/mm³	98	100	95
Grade 4 <500 cells/mm³	84	94	75
Thrombocytopenia			
Any <100,000 cells/mm³	11	44	14
Grade 4 <20,000 cells/mm³	1	17	1
Anemia <11 g/dL	95	94	65
Infection‡			
Any	23	39	1
Grade 3 and 4	7	33	0
Febrile Neutropenia§			
By Patient	12	33	0
By Course	2	9	0
Septic Death	2	6	1
Non-Septic Death	1	11	0

*Normal Baseline LFTs: Transaminases ≤1.5 times ULN or alkaline phosphatase ≤2.5 times ULN or isolated elevations of transaminases or alkaline phosphatase up to 5 times ULN

†Elevated Baseline LFTs: AST and/or ALT >1.5 times ULN concurrent with alkaline phosphatase >2.5 times ULN

‡Incidence of infection requiring hospitalization and/or intravenous antibiotics was 8.5% (n=62) among the 730 patients with normal LFTs at baseline; 7 patients had concurrent grade 3 neutropenia, and 46 patients had grade 4 neutropenia.

Table 4: Non-hematologic Adverse Reactions in Breast Cancer Patients Previously Treated with Chemotherapy Treated at Docetaxel 100 mg/m² with Normal or Elevated Liver Function Tests or 60 mg/m² with Normal Liver Function Tests.

Adverse Reaction	Docetaxel 100mg/m²		Docetaxel 60mg/m²
	Normal LFTs* n=730 %	Elevated LFTs† n=18 %	Normal LFTs* n=174 %
Acute Hypersensitivity Reaction Regardless of Premedication			
Any	13	6	1
Severe	1	0	0
Fluid Retention‡ Regardless of Premedication			
Any	56	61	13
Severe	8	17	0
Neurosensory			
Any	57	50	20
Severe	6	0	0
Myalgia	23	33	3
Cutaneous			
Any	45	61	31
Severe	5	17	0
Asthenia			
Any	65	44	66
Severe	17	22	0
Diarrhea			
Any	42	28	NA
Severe	6	11	
Stomatitis			
Any	53	67	19
Severe	8	39	1

NA = not available

*Normal Baseline LFTs: Transaminases ≤1.5 times ULN or alkaline phosphatase ≤2.5 times ULN or isolated elevations of transaminases or alkaline phosphatase up to 5 times ULN. †Elevated Baseline Liver Function: AST and/or ALT >1.5 times ULN concurrent with alkaline phosphatase>2.5 times ULN.

‡Fluid Retention includes (by CONSTART):edema and effusion ; no pre medication given with 60mg/m2 dose

Combination therapy with docetaxel in the adjuvant treatment of breast cancer.

The following table presents treatment-emergent adverse reactions observed in 744 patients, who were treated with docetaxel 75 mg/m² every 3 weeks in combination with doxorubicin and cyclophosphamide.

Table 5: Clinically Important Treatment-Emergent Adverse Reactions Regardless of Causal Relationship in Patients Receiving Docetaxel in Combination with Doxorubicin and Cyclophosphamide (TAX316)

Adverse Reaction	Docetaxel 75 mg/m² + Doxorubicin 50 mg/m² + Cyclophosphamide 500 mg/m² (TAC) n=744 %		Fluorouracil 500 mg/m² + Doxorubicin 50 mg/m² + Cyclophosphamide 500 mg/m² (FAC) n=736 %	
	Any	Grade 3/4	Any	Grade 3/4
Anemia	92	4	72	2
Neutropenia	71	66	82	49
Fever in absence of infection	47	1	17	0
Infection	39	4	36	2
Thrombocytopenia	39	2	28	1
Febrile neutropenia	25	N/A	3	N/A
Neutropenic infection	12	N/A	6	N/A
Hypersensitivity reactions	13	1	4	0
Lymphedema	4	0	1	0
Fluid Retention*	35	1	15	0
Peripheral edema	27	0	7	0
Weight gain	13	0	9	0
Neuropathy sensory	26	0	10	0
Neuro-cortical	5	1	6	1
Neuropathy motor	4	0	2	0
Neuro-cerebellar	2	0	2	0
Syncope	2	1	1	0
Alopecia	98	N/A	97	N/A
Skin toxicity	27	1	18	0
Nail disorders	19	0	14	0
Nausea	81	5	88	10
Stomatitis	69	7	53	2
Vomiting	45	4	59	7
Diarrhea	35	4	28	2
Constipation	34	1	32	1
Taste perversion	28	1	15	0
Anorexia	22	2	18	1
Abdominal Pain	11	1	5	0
Amenorrhea	62	N/A	52	N/A
Cough	14	0	10	0
Cardiac dysrhythmias	8	0	6	0
Vasodilatation	27	1	21	1
Hypotension	2	0	1	0
Phlebitis	1	0	1	0
Asthenia	81	11	71	6
Myalgia	27	1	10	0
Arthralgia	19	1	9	0
Lacrimation disorder	11	0	7	0
Conjunctivitis	5	0	7	0

*COSTART term and grading system for events related to treatment.

Lung Cancer

Monotherapy with docetaxel for unresectable, locally advanced or metastatic NSCLC previously treated with platinum-based chemotherapy.

Table 6: Treatment-Emergent Adverse Reactions Regardless of Relationship to Treatment in Patients Receiving Docetaxel as Monotherapy for Non-small Cell Lung Cancer Previously Treated with Platinum-Based Chemotherapy*.

Adverse Reaction	Docetaxel 75mg/m² n=176 %	Best Supportive Care n=49 %	Vinorelbine /Ifosfamide n=119 %
Neutropenia			
Any	84	14	83
Grade 3/4	65	12	57
Leukopenia			
Any	84	6	89
Grade 3/4	49	0	43
Thrombocytopenia			
Any	8	0	8
Grade 3/4	3	0	2
Anemia			
Any	91	55	91
Grade 3/4	9	12	14
Febrile Neutropenia†	6	NA ‡	1
Infection			
Any	34	29	30
Grade 3/4	10	6	9
Treatment Related Mortality	3	NA ‡	3
Hypersensitivity Reactions			
Any	6	0	1
Grade 3/4	3	0	0
Fluid Retention			
Any	34		23
Severe	3	ND§	3
Neurosensory			
Any	23	14	29
Grade 3/4	2	6	5
Neuromotor			
Any	16	8	10
Grade 3/4	5	6	3
Skin			
Any	20	6	17
Grade 3/4	1	2	1
Gastrointestinal			
Nausea			
Any	34	31	31
Grade 3/4	5	4	8
Vomiting			
Any	22	27	22
Grade 3/4	3	2	6
Diarrhea			
Any	23	6	12
Grade 3/4	3	0	4
Alopecia	56	35	50
Asthenia			
Any	53	57	54
Severe¶	18	39	23
Stomatitis			
Any	26	6	8
Grade 3/4	2	0	1
Pulmonary			
Any	41	49	45
Grade 3/4	21	29	19
Nail Disorder			
Any	11	0	2
Severe¶	1	0	0
Myalgia			
Any	6	0	3
Severe¶	0	0	0
Arthralgia			
Any	3	2	2
Severe¶	0	0	1
Taste Perversion			
Any	6	0	0
Severe¶	1	0	0

Normal Baseline LFTs: Transaminases ≤1.5 times ULN or alkaline phosphatase ≤2.5 times ULN or isolated elevations of transaminases or alkaline phosphatase up to 5 times ULN. †Febrile Neutropenia: ANC grade 4 with fever >38°C with intravenous antibiotics and/or hospitalization, ‡Not Applicable, §Not Done, ¶COSTART term and grading system

Combination therapy with docetaxel in chemotherapy-naïve advanced unresectable or metastatic NSCLC
Table 7 presents safety data from two arms of an open label, randomized controlled trial (TAX326) that enrolled patients with unresectable stage IIIB or IV non-small cell lung cancer and no history of prior chemotherapy. Adverse reactions were described using the NCI Common Toxicity Criteria except where otherwise noted.

Table 7: Adverse Reactions Regardless of Relationship to Treatment in Chemotherapy-Naïve Advanced Non-small Cell Lung Cancer Patients Receiving Docetaxel in Combination with Cisplatin

Adverse Reaction	Docetaxel 75 mg/m ² + Cisplatin 75 mg/m ² n=406 %	Vinorelbine 25 mg/m ² + Cisplatin 100 mg/m ² n=396 %
Neutropenia Any Grade 3/4	91 74	90 78
Febrile Neutropenia	5	5
Thrombocytopenia Any Grade 3/4	15 3	15 4
Anemia Any Grade 3/4	89 7	94 25
Infection Any Grade 3/4	35 8	37 8
Fever in absence of infection Any Grade 3/4	33 <1	29 1
Hypersensitivity Reaction* Any Grade 3/4	12 3	4 <1
Fluid Retention† Any	54	42
All severe or life-threatening Events	2	2
Pleural effusion Any	23	22
All severe or life-threatening events	2	2
Peripheral edema Any	34	18
All severe or life-threatening events	<1	<1
Weight gain Any	15	9
All severe or life-threatening events	<1	<1
Neurosensory Any Grade 3/4	47 4	42 4
Neuromotor Any Grade 3/4	19 2	16 6
Skin Any Grade 3/4	16 <1	14 1
Nausea Any Grade 3/4	72 10	76 17
Vomiting Any Grade 3/4	55 8	61 16
Diarrhea Any Grade 3/4	47 7	25 3
Anorexia‡ Any	42	40
All severe or life-threatening events	5	5
Stomatitis Any Grade 3/4	24 2	21 2
Alopecia Any Grade 3	75 <1	42 0
Asthenia† Any	74 12	75 14
All severe or life-threatening events		
Nail Disorder† Any	14	<1
All severe events	<1	0

Myalgia† Any	18	12
All severe events	<1	<1

Replaces NCI term "Allergy"
†COSTART term and grading system
‡Prostate Cancer

Combination therapy with docetaxel in patients with prostate cancer

The following data are based on the experience of 332 patients, who were treated with docetaxel 75 mg/m² every 3 weeks in combination with prednisone 5 mg orally twice daily .

Table 8: Clinically Important Treatment-Emergent Adverse Reactions (Regardless of Relationship) in Patients with Prostate Cancer Who Received Docetaxel in Combination with Prednisone (TAX327)

	Docetaxel 75 mg/m ² every 3 weeks + prednisone 5 mg twice daily n=332 %		Mitoxantrone 12 mg/m ² every 3 weeks + prednisone 5 mg twice daily n=335 %	
Adverse Reaction	Any	Grade 3/4	Any	Grade 3/4
Anemia	67	5	58	2
Neutropenia	41	32	48	22
Thrombocytopenia	3	1	8	1
Febrile neutropenia	3	N/A	2	N/A
Infection	32	6	20	4
Epistaxis	6	0	2	0
Allergic Reactions	8	1	1	0
Fluid Retention*	24	1	5	0
Weight Gain*	8	0	3	0
Peripheral Edema*	18	0	2	0
Neuropathy Sensory	30	2	7	0
Neuropathy Motor	7	2	3	1
Rash/Desquamation	6	0	3	1
Alopecia	65	N/A	13	N/A
Nail Changes	30	0	8	0
Nausea	41	3	36	2
Diarrhea	32	2	10	1
Stomatitis/Pharyngitis	20	1	8	0
Taste Disturbance	18	0	7	0
Vomiting	17	2	14	2
Anorexia	17	1	14	0
Cough	12	0	8	0
Dyspnea	15	3	9	1
Cardiac left ventricular function	10	0	22	1
Fatigue	53	5	35	5
Myalgia	15	0	13	1
Tearing	10	1	2	0
Arthralgia	8	1	5	1

*Related to treatment

Gastric Cancer

Combination therapy with docetaxel in gastric adenocarcinoma

Data in the following table are based on the experience of 221 patients with advanced gastric adenocarcinoma and no history of prior chemotherapy for advanced disease who were treated with docetaxel 75mg/m² in combination with cisplatin and fluorouracil.

Table 9: Clinically Important Treatment-Emergent Adverse Reactions Regardless of Relationship to Treatment in the Gastric Cancer Study

	Docetaxel 75 mg/m ² + cisplatin 75 mg/m ² + fluorouracil 750mg/m ² twice daily n=221 %		Cisplatin 100 mg/m ² + fluorouracil 1000 mg/m ² n=224 %	
Adverse Reaction	Any	Grade 3/4	Any	Grade 3/4
Anemia	97	18	93	26
Neutropenia	96	82	83	57
Fever in the absence of infection	36	2	23	1
Thrombocytopenia	26	8	39	14
Infection	29	16	23	10
Febrile neutropenia	16	N/A	5	N/A

Neutropenic infection	16	N/A	10	N/A
Allergic reactions	10	2	6	0
Fluid retention*	15	0	4	0
Edema*	13	0	3	0
Lethargy	63	21	58	18
Neurosensory	38	8	25	3
Neuromotor	9	3	8	3
Dizziness	16	5	8	2
Alopecia	67	5	41	1
Rash/itch	12	1	9	0
Nail changes	8	0	0	0
Skin desquamation	2	0	0	0
Nausea	73	16	76	19
Vomiting	67	15	73	19
Anorexia	51	13	54	12
Stomatitis	59	21	61	27
Diarrhea	78	20	50	8
Constipation	25	2	34	3
Esophagitis/dysphagia/odynophagia	16	2	14	5
Gastrointestinal pain/cramping	11	2	7	3
Cardiac dysrhythmias	5	2	2	1
Myocardial ischemia	1	0	3	2
Tearing	8	0	2	0
Altered hearing	6	0	13	2

Clinically important treatment-emergent adverse reactions were determined based upon frequency, severity, and clinical impact of the adverse reaction.*Related to treatment

Head and Neck Cancer

Combination therapy with docetaxel in head and neck cancer

Table 10 summarizes the safety data obtained from patients that received induction chemotherapy with docetaxel 75 mg/m² in combination with cisplatin and fluorouracil followed by radiotherapy (TAX323; 174 patients) or chemoradiotherapy (TAX324; 251 patients)

Table 10: Clinically Important Treatment-Emergent Adverse Reactions (Regardless of Relationship) in Patients with SCCHN Receiving Induction Chemotherapy with Docetaxel in Combination with Cisplatin and Fluorouracil Followed by Radiotherapy (TAX323) or Chemoradiotherapy (TAX324)

	TAX323 (n=355)				TAX324 (n=494)			
	Docetaxel arm (n=174)		Comparator arm (n=181)		Docetaxel arm (n=251)		Comparator arm (n=243)	
Adverse Reaction (by Body System)	Any %	Grade 3/4 %	Any %	Grade 3/4 %	Any %	Grade 3/4 %	Any %	Grade 3/4 %
Neutropenia	93	76	87	53	95	84	84	56
Anemia	89	9	88	14	90	12	86	10
Thrombocytopenia	24	5	47	18	28	4	31	11
Infection	27	9	26	8	23	6	28	5
Febrile neutropenia*	5	N/A	2	N/A	12	N/A	7	N/A
Neutropenic infection	14	N/A	8	N/A	12	N/A	8	N/A
Cancer pain	21	5	16	3	17	9	20	11
Lethargy	41	3	38	3	61	5	56	10
Fever in the absence of infection	32	1	37	0	30	4	28	3
Myalgia	10	1	7	0	7	0	7	2
Weight loss	21	1	27	1	14	2	14	2
Allergy	6	0	3	0	2	0	0	0
Fluid retention†	20	0	14	1	13	1	7	2
Edema only	13	0	7	0	12	1	6	1
Weight gain only	6	0	6	0	0	0	1	0
Dizziness	2	0	5	1	16	4	15	2
Neurosensory	18	1	11	1	14	1	14	0
Altered hearing	6	0	10	3	13	1	19	3
Neuromotor	2	1	4	1	9	0	10	2
Alopecia	81	11	43	0	68	4	44	1
Rash/itch	12	0	6	0	20	0	16	1

Desquamation	4	1	6	0	2	0	5	0
Nausea	47	1	51	7	77	14	80	14
Stomatitis	43	4	47	11	66	21	68	27
Vomiting	26	1	39	5	56	8	63	10
Diarrhea	33	3	24	4	48	7	40	3
Constipation	17	1	16	1	27	1	38	1
Anorexia	16	1	25	3	40	12	34	12
Esophagitis/dysphagia/Odynophagia	13	1	18	3	25	13	26	10
Taste, sense of smell altered	10	0	5	0	20	0	17	1
Gastrointestinal pain/cramping	8	1	9	1	15	5	10	2
Heartburn	6	0	6	0	13	2	13	1
Gastrointestinal bleeding	4	2	0	0	5	1	2	1
Cardiac dysrhythmia	2	2	2	1	6	3	5	3
Venous‡	3	2	6	2	4	2	5	4
Ischemia myocardial	2	2	1	0	2	1	1	1
Tearing	2	0	1	0	2	0	2	0
Conjunctivitis	1	0	1	0	1	0	0.4	0

Clinically important treatment-emergent adverse reactions based upon frequency, severity, and clinical impact.
*Febrile neutropenia: grade ≥ 2 fever concomitant with grade 4 neutropenia requiring intravenous antibiotics and/or hospitalization.
†Related to treatment.
‡Includes superficial and deep vein thrombosis and pulmonary embolism

8.DRUG INTERACTIONS

Docetaxel is a CYP3A4 substrate. In vitro studies have shown that the metabolism of docetaxel may be modified by the concomitant administration of compounds that induce, inhibit, or are metabolized by cytochrome P450 3A4. In vivo studies showed that the exposure of docetaxel increased 2.2-fold when it was co administered with ketoconazole, a potent inhibitor of CYP3A4. Protease inhibitors, particularly ritonavir, may increase the exposure of docetaxel. Concomitant use of docetaxel and drugs that inhibit CYP3A4 may increase exposure to docetaxel and should be avoided. In patients receiving treatment with docetaxel, close monitoring for toxicity and a docetaxel dose reduction could be considered if systemic administration of a potent CYP3A4 inhibitor cannot be avoided.

9.USE IN SPECIFIC POPULATIONS

9.1 Pregnancy

Risk Summary

Docetaxel has been shown to be genotoxic by an aneugenic mechanism. Docetaxel has also been shown to be both embryotoxic and fetotoxic in rabbits and rats, and to reduce fertility in rats.

Docetaxel may cause fetal harm when administered to pregnant woman. Therefore, docetaxel must not be used during pregnancy.

Women of child bearing age receiving docetaxel should be advised to avoid becoming pregnant, and to inform the treating physician immediately if pregnancy occurs.

An effective method of contraception should be used by females and males during treatment and for 4 months after cessation of docetaxel therapy.

9.2 Lactation

Risk Summary

It is not known whether docetaxel is excreted in human milk. Because of the potential for adverse reactions in nursing infants, breast feeding must be discontinued for the duration of docetaxel therapy.

9.3 Fertility

Risk Summary

In non-clinical studies, docetaxel has genotoxic effects by aneugenic mechanism and may alter male fertility. Therefore, males being treated with docetaxel must not father a child during and for 4 months after cessation of docetaxel and to seek advice on conservation of sperm prior to treatment with docetaxel.

9.4 Pediatric Use

The alcohol content of Docetaxel injection should be taken into account when given to pediatric patients. The efficacy of docetaxel in pediatric patients as monotherapy or in combination has not been established. The overall safety profile of docetaxel in pediatric patients receiving monotherapy or TCF was consistent with the known safety profile in adults.

9.5 Geriatric Use

In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function and of concomitant disease or other drug therapy in elderly patients.

10. CLINICAL PHARMACOLOGY

10.1 Mechanism of Action

Docetaxel is an antineoplastic agent that disrupts the microtubular network, essential for cellular functions, by binding to free tubulin. It promotes tubulin assembly into stable microtubules while preventing disassembly, leading to dysfunctional microtubule bundles and inhibited mitosis. Unlike most spindle poisons, it doesn't alter the protofilament count in microtubules.

10.2 Pharmacokinetics

Absorption

Docetaxel's pharmacokinetic profile is consistent with a three-compartment pharmacokinetic model, with initial rapid distribution phase and the late (terminal) phase.

Distribution

Mean steady state volume of distribution was 113 L. Docetaxel is approximately 94% protein bound *in vitro*, mainly to α 1-acid glycoprotein, albumin, and lipoproteins. Dexamethasone does not affect the protein binding of docetaxel.

Elimination

With extended plasma sampling up to 8 to 22 days post infusion, the estimated mean total body clearance was 18 L/h/m² (range of means: 14 to 23) and mean terminal elimination half-life was 116 hours (range of means: 92 to 135).

Metabolism

Docetaxel is metabolized by the CYP3A4 isoenzyme *in vitro*

Excretion

About 80% of the radioactivity recovered in feces was excreted during the first 48 hours as 1 major and 3 minor metabolites with less than 8% as unchanged drug.

11. PHARMACEUTICAL PARTICULARS

11.1 Pack Sizes

For 20mg/mL and 80mg/4mL

Single Vial is packed in unit carton with leaflet.

11.2 Storage Conditions

Store below 25°C. Don't Freeze.

Protect from light.

11.3 Instructions

To be sold on the prescription of registered medical practitioner only.

Keep out of reach of children.

خوراک : ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔

ہدایت : دوا کو ۲۵ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔

روشنی سے بچائیں۔ منجمد نہ کریں۔

صرف رجسٹرڈ ڈاکٹر کے نسخے کے مطابق فروخت کریں۔

بچوں کی پہنچ سے دور رکھیں۔

For adverse event reporting, kindly email us at

pharmacovigilance@oncogenpharma.com.pk

12. MANUFACTURER

oncogen

Oncogen Pharma (Pvt.) Limited.

Plot No: WH-26 & 27-A3, Korangi Creek Industrial Park (KCIP), Karachi 75190, Pakistan.

www.oncogenpharma.com.pk