NOVARTIS

RYDAPT® (midostaurin)
25 mg soft capsules

Basic Succinct Statement (BSS)

Code: BSS RD 14 DEC 17 APPR 4 APR 19
This material is only meant for Healthcare Professionals

Version 2.0

RYDAPT®

Important note: Before prescribing, consult full prescribing information of RYDAPT.

Presentation: Soft capsules containing 25 mg of midostaurin.

Indications: Rydapt® is indicated ♦in combination with standard daunorubicin and cytarabine induction and high-dose cytarabine consolidation chemotherapy, and for patients in complete response followed by Rydapt single agent maintenance therapy, for adult patients with newly diagnosed acute myeloid leukaemia (AML) who are FLT3 mutation-positive ♦ as monotherapy for the treatment of adult patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with associated haematological neoplasm (SM-AHN), or mast cell leukaemia (MCL).

Dosage and administration:

AML Adults: Recommended dose is 50 mg twice daily. Rydapt is dosed on days 8 to 21 of induction and consolidation chemotherapy, and then for patients in complete response every day as single agent maintenance therapy until relapse for up to 12 cycles of 28 days each.

ASM, SM-AHN and MCL: Recommended dose is 100 mg twice daily.

Dose modifications: Management of adverse drug reactions (ADRs) may require treatment interruption, dose reduction or treatment discontinuation

Special populations: ♦*Renal impairment*: Mild or moderate: no dose adjustment required. Severe or end stage renal disease: No data. ♦*Hepatic impairment*: Mild or moderate: no dose adjustment required. Severe: No data. ♦*Geriatrics (≥65 years):* No dose adjustment required ♦*Paediatrics*: Safety and efficacy have not been established.

Contraindications: Patients with hypersensitivity to midostaurin or to any of the excipients.

Warnings and precautions: ♦**Neutropenia and infections**: Rydapt can cause severe neutropenia. Consider treatment interruption. Monitor White Blood Cells counts regularly and especially at treatment initiation. Delay starting therapy with Rydapt until active serious infections have resolved. Observe and promptly manage symptoms of serious infection in patients receiving Rydapt. ♦**Cardiac dysfunction**: Transient decreases in Left Ventricular Ejection Fraction and Congestive Heart Failure were observed in patients treated with Rydapt in Advanced SM studies. Use Rydapt with caution in patients at risk and monitor patients during at baseline and during treatment. ♦**Pulmonary toxicity**: Interstitial Lung Disease (ILD) and pneumonitis have been reported during treatment with Rydapt. Monitor patients for severe pulmonary symptoms of ILD or pneumonitis and discontinue Rydapt if patients experience Grade 3 symptoms. ♦**Embryo-fetal toxicity and lactation:** Pregnant women should be advised of the potential risk to a fetus. Women of reproductive potential should be advised to use effective contraception during treatment and for at least 4 months after stopping treatment with Rydapt. Females using hormonal contraceptives should add a barrier method of contraception. Nursing women should be advised to discontinue breast-feeding during treatment and for at least 4 months after stopping treatment with Rydapt.

Adverse drug reactions:

AML:

The most frequent adverse drug reactions (ADRs) in the Rydapt arm were febrile neutropenia (83.4%), nausea (83.4%), exfoliative dermatitis (61.6%), vomiting (60.7%), headache (45.9%), petechiae (35.8%) and pyrexia (34.5%). The most frequent Grade 3/4 ADRs were febrile neutropenia (83.5%), lymphopenia (20.0%), device-related infection (15.7%), exfoliative dermatitis (13.6%), hyperglycaemia (7.0%) and nausea (5.8%). The most frequent laboratory abnormalities were haemoglobin decreased (97.3%), ANC decreased (86.7%), ALT increased (84.2%), AST increased (73.9%) and hypokalaemia (61.7%). The most frequent Grade 3/4 laboratory abnormalities were ANC decreased (85.8%), haemoglobin decreased (78.5%), ALT increased (19.4%) and hypokalaemia (13.9%).

ASM, SM-AHN and MCL:

The most frequent ADRs were nausea (82%), vomiting (68%), diarrhoea (51%), peripheral oedema (35%) and fatigue (31%). The most frequent Grade 3/4 ADRs were fatigue (8.5%), sepsis (7.7%), pneumonia (7%), febrile neutropenia (7%), and diarrhoea (6.3%). The most frequent non-haematological laboratory abnormalities were hyperglycaemia (93.7%), total bilirubin increased (40.1%), lipase increased (39.4%), aspartate aminotransferase (AST) increased (33.8%), and alanine aminotransferase (ALT) increased (33.1%), while the most frequent haematological laboratory abnormalities were absolute lymphocyte count decreased (73.2%) and ANC decreased (58.5%). The most frequent Grade 3/4 laboratory abnormalities were absolute lymphocyte count decreased (45.8%), ANC decreased (26.8%), hyperglycaemia (19%), and lipase increased (17.6%).