NOVARTIS

KRYXANA®(ribociclib)
200 mg Film-coated tablets

Basic Succinct Statement (BSS)

Code: BSS RD 25 Nov 19; APPR 13 Jun 20

This material is only meant for Healthcare Professionals

KRYXANA®

Important note: Before prescribing, consult full prescribing information.

Presentation: Film-coated tablets (FCT) containing 200 mg of ribociclib.

Indications: Kryxana is indicated in combination with:

- an aromatase inhibitor for the treatment of pre/perimenopausal or postmenopausal women, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer as initial endocrine-based therapy; or
- fulvestrant for the treatment of postmenopausal women with HR-positive, HER2-negative advanced or metastatic breast cancer, as initial endocrine based therapy or following disease progression on endocrine therapy.

Dosage and administration:

Adults: The recommended dose of Kryxana is 600 mg (3 x 200 mg FCT) orally, once daily for 21 consecutive days followed by 7 days off treatment resulting in a complete cycle of 28 days.

Special populations: ♦*Renal impairment:* Mild or moderate: No dose adjustment. Severe: Starting dose of 200 mg is recommended ♦*Hepatic impairment:* Mild: No dose adjustment. Moderate or severe: Starting dose of 400 mg is recommended. ♦*Pediatrics:* Safety and efficacy have not been established.

Contraindications: ♦Hypersensitivity to the active substance or to peanut, soya or any of the excipients.

Warnings and precautions: ♦ **Neutropenia** was most frequently reported ADR with Kryxana**.** Febrile neutropenia was reported in 1% of patients receiving Kryxana plus an aromatase inhibitor or fulvestrant. Based on the severity of the neutropenia, Kryxana may require dose interruption, reduction, or discontinuation. A complete blood count should be performed before initiating therapy and should be monitored every 2 weeks for the first 2 cycles, at the beginning of each of the subsequent 4 cycles and then as clinically indicated ♦ **Increases in ALT and AST** have been reported. Concurrent elevations of ALT or AST >3 x ULN and of total bilirubin >2 x ULN, with normal alkaline phosphatase, in absence of cholestasis occurred in 6 (1%) patients and all patients recovered after discontinuation of Kryxana. Liver function tests (LFTs) should be performed before initiating therapy with Kryxana, LFTs should be monitored every 2 weeks for the first 2 cycles, at the beginning of each of the subsequent 4 cycles, then as clinically indicated. Based on the severity of transaminase elevations, Kryxana may require dose interruption, reduction, or discontinuation. ♦ **QT interval prolongation** has been reported with Kryxana. Kryxana should be avoided in patients who have already or who are at significant risk of developing QTc prolongation. The ECG should be assessed prior treatment. Treatment with Kryxana should be initiated only in patients with QTcF values <450 ms. An ECG should be repeated at approximately Day 14 of the first cycle, at the beginning of the second cycle, then as clinically indicated. Monitoring of serum electrolytes including potassium, calcium, phosphorous, and magnesium should be

performed prior to treatment initiation, at the beginning of the first 6 cycles, and then as clinically indicated. Abnormality should be corrected before the start of Kryxana therapy. Based on the observed QT prolongation during treatment, Kryxana may require dose interruption, reduction, or discontinuation. Kryxana is not recommended in combination with tamoxifen. ♦**Severe cutaneous reactions**: toxic epidermal necrolysis (TEN) has been reported with Kryxana. If signs and symptoms suggestive of severe cutaneous reactions appear, Kryxana should be immediately and permanently discontinued. ♦**Interstitial lung disease (ILD) / Pneumonitis:** ILD/pneumonitis has been reported with CDK4/6 inhibitors including Kryxana. Patients should be monitored for pulmonary symptoms indicative of ILD/pneumonitis. Based on the severity, patients may require treatment interruption, dose reduction, or permanent discontinuation.

Adverse drug reactions:

MONALEESA-2 trial: Kryxana in combination with Letrozole

Very common (≥10%): Urinary tract infection, neutropenia, leukopenia, anaemia, lymphopenia, decreased appetite, headache, insomnia, dyspnoea, back pain, nausea, diarrhoea, vomiting, constipation, stomatitis, abdominal pain, alopecia, rash, pruritus, fatigue, , pyrexia, edema peripheral, abnormal liver function tests, leukocyte count decreased, neutrophil count decreased, haemoglobin decreased, lymphocyte count decreased, platelet count decreased, alanine aminotransferase increased, aspartate aminotransferase increased, creatinine increased, phosphorous decreased, potassium decreased.

MONALEESA-7 trial: Kryxana in combination with an Aromatase Inhibitor

Very common (≥10%): Infections, neutropenia, leukopenia, anaemia, cough, arthralgia, nausea, constipation, stomatitis, alopecia, rash, pruritus, pyrexia, pain in extremity, alanine aminotransferase increased, aspartate aminotransferase increased, leukocyte count decreased, neutrophil count decreased, haemoglobin decreased, lymphocyte count decreased, platelet count decreased, creatinine increased, phosphorous decreased, potassium decreased, gamma-glutamyl transferase increased, glucose serum decreased.

MONALEESA-3 trial: Kryxana in combination with Fulvestrant

Very common (≥10%): Infections, neutropenia, leukopenia, anaemia, decreased appetite, dizziness, cough, dyspnea, nausea, diarrhoea, vomiting, constipation, abdominal pain, alopecia, pruritus, rash, edema peripheral, pyrexia, alanine aminotransferase increased, aspartate aminotransferase increased, leukocyte count decreased, neutrophil count decreased, haemoglobin decreased, lymphocyte count decreased, platelet count decreased, creatinine increased, gamma-glutamyl transferase increased, glucose serum decreased, phosphorous decreased, albumin decreased.

Adverse drug reactions from post-marketing experience (frequency not known): Interstitial lung disease (ILD)/ pneumonitis, toxic epidermal necrolysis (TEN).