**ABBREVIATED PRESCRIBING INFORMATION**

**Product Name:** Lenalidomide Rowex 5 mg, 10 mg, 15 mg & 25 mg hard capsules

**Composition:** Each hard capsule contains 5 mg, 10 mg, 15 mg & 25 mg of lenalidomide respectively.

**Description:** Hard capsules. Opaque white body. **5 mg:** Opaque white cap; length of approx. 18.0 mm, marked "L9NL" and "5". **15 mg**: Opaque blue to light blue cap; length of approx. 21.7 mm, marked "L9NL" and "15". **25 mg:** Opaque white cap; length of approx. 21.7 mm, marked “L9NL” and “25”. **10 mg:** Opaque yellow body and opaque green to light green cap; length of approx. 21.7 mm, marked "L9NL" and "10".

**Indication(s): Multiple myeloma:** Monotherapy or in combination with dexamethasone, or bortezomib and dexamethasone, or melphalan and prednisone. **Follicular lymphoma:** In combination with rituximab (anti-CD20 antibody). Refer to the SPC for detailed indications. Should be supervised by a physician experienced in the use of anti-cancer therapies.

**Dosage:** See SPC for detailed dosage information.Take orally at about the same time on the scheduled days. Do not open, break or chew. Swallow whole preferably with water, either with or without food.It is recommended to press only on one end of the capsule to remove it from the blister thereby reducing the risk of capsule deformation or breakage. For all indications: Dose is modified based upon clinical and laboratory findings. Dose adjustments, during treatment and restart of treatment, are recommended to manage Grade 3 or 4 thrombocytopenia, neutropenia, or other Grade 3 or 4 toxicity judged to be related to lenalidomide. In case of neutropenia, the use of growth factors in patient management should be considered. If less than 12 hours has elapsed since missing a dose, the patient can take the dose. If more than 12 hours has elapsed since missing a dose at the normal time, the patient should not take the dose, but take the next dose at the normal time on the following day. Taken once daily for 21 days in a 28-day cycle and 14 days in a 21-day cycle. Also, once daily continuously (on days 1 to 28 of repeated 28-day cycles). Up to 8 cycles (24 weeks of initial treatment) are recommended.

*Paediatric population:* Do not use in children and adolescents from birth to less than 18 years because of safety concerns.

*Elderly:* Has been used in clinical trials in multiple myeloma patients up to 91 years of age*. Renal impairment:* Lenalidomide is primarily excreted by the kidney; Monitor renal function and take care in dose selection, especially in the elderly, as the elderly are more likely to have decreased renal function. *Hepatic impairment:* No specific dose recommendations. Not studied.

**Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Women who are pregnant and of childbearing potential unless all of the conditions of the Pregnancy Prevention Programme (PPP) are met.

**Warnings and Precautions for Use:** When lenalidomide is given in combination with other medicinal products, the corresponding SPC must be consulted prior to initiation of treatment. Lenalidomide is structurally related to thalidomide, a known human teratogenic active substance that causes severe life-threatening birth defects. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans is expected. The prescriber must counsel patients according to educational materials and PPP, depending on risk. *Women of non-childbearing potential*: A female patient or a female partner of a male patient is considered to have childbearing potential unless she meets at least one of the following criteria: Age ≥ 50 years and naturally amenorrhoeic for ≥ 1 year (amenorrhoea following cancer therapy or during breast-feeding does not rule out childbearing potential); Premature ovarian failure confirmed by a specialist gynaecologist; Previous bilateral salpingo-oophorectomy, or hysterectomy; XY genotype, Turner syndrome, uterine agenesis.

*Women of childbearing potential*: Contraindicated unless all of the following are met: She understands the expected teratogenic risk to the unborn child; She understands the need for effective contraception, without interruption, at least 4 weeks before starting treatment, throughout the entire duration of treatment, and at least 4 weeks after the end of treatment; Even if a woman of childbearing potential has amenorrhoea, she must follow all the advice on effective contraception; She should be capable of complying with effective contraceptive measures; She is informed and understands the potential consequences of pregnancy and the need to rapidly consult if there is a risk of pregnancy; She understands the need to commence the treatment as soon as lenalidomide is dispensed following a negative pregnancy test; She understands the need and accepts to undergo pregnancy testing at least every 4 weeks except in case of confirmed tubal sterilisation; She acknowledges that she understands the hazards and necessary precautions associated with the use of lenalidomide. *Male patients*: As a precaution and taking into account special populations with prolonged elimination time such as renal impairment, all male patients taking lenalidomide must meet the following conditions: Understand the expected teratogenic risk if engaged in sexual activity with a pregnant woman or a woman of childbearing potential; Understand the need for the use of a condom if engaged in sexual activity with a pregnant woman or a woman of childbearing potential not using effective contraception (even if the man has had a vasectomy), during treatment and for at least 7 days after dose interruptions and/or cessation of treatment; Understand that if his female partner becomes pregnant whilst he is taking lenalidomide or shortly after he has stopped taking lenalidomide he should inform his treating physician immediately and that it is recommended to refer the female partner to a physician specialised or experienced in teratology for evaluation and advice. The prescriber must ensure that for women of childbearing potential: The patient complies with the conditions of the PPP, including confirmation that she has an adequate level of understanding. The patient has acknowledged the aforementioned conditions. Refer to the SPC for information on contraception, cataracts, educational materials, prescribing and dispensing restrictions, myocardial infarction, venous and arterial thromboembolic events, pulmonary hypertension, neutropenia and thrombocytopenia, tumour flare reaction and tumour lysis syndrome. Contains lactose.

**Interactions:** Multiple myeloma patients receiving lenalidomide with dexamethasone: Caution with **erythropoietic agents,** or other agents that may increase the risk of thrombosis, such as hormone replacement therapy. **Oral contraceptives:** No interaction studies performed**.** Lenalidomide is not an enzyme inducer. Therefore, induction leading to reduced efficacy of medicinal products, including hormonal contraceptives, is not expected if lenalidomide is administered alone. However, dexamethasone is known to be a weak to moderate inducer of CYP3A4 and is likely to also affect other enzymes as well as transporters. It may not be excluded that the efficacy of oral contraceptives may be reduced during treatment. Effective measures to avoid pregnancy must be taken. **Warfarin:** Monitor warfarin concentration if dexamethasone is used. No effect with lenalidomide as monotherapy. **Digoxin:** Advised to monitor digoxin concentration. **Statins**: Increased risk of rhabdomyolysis when statins are administered with lenalidomide, which may be simply additive. **Dexamethasone:** Co-administration of single or multiple doses of dexamethasone (40 mg/ once daily) has no clinically relevant effect on the multiple dose pharmacokinetics of lenalidomide (25 mg/ once daily). **P-glycoprotein (P-gp) inhibitors:** In vitro, lenalidomide is a substrate of P-gp, but is not a P-gp inhibitor. No clinically relevant effect.

**Pregnancy and Lactation:** Teratogenic potential. Prescribe under a PPP, unless there is reliable evidence that the patient does not have childbearing potential. *Women of childbearing potential / Contraception in males and females:* Should use effective method of contraception. If pregnancy occurs, stop treatment and refer the patient to a physician specialised or experienced in teratology for evaluation and advice. Lenalidomide is present in human semen at extremely low levels during treatment and is undetectable in human semen 3 days after stopping the substance in the healthy subject. As a precaution and taking into account special populations with prolonged elimination time such as renal impairment, all male patients taking lenalidomide should use condoms throughout treatment duration, during dose interruption and for 1 week after cessation of treatment if their partner is pregnant or of childbearing potential and has no contraception.

*Pregnancy*: Contraindicated*.* Lenalidomide is structurally related to thalidomide. Thalidomide is a known human teratogenic

active substance that causes severe life-threatening birth defects. *Breast-feeding:* Discontinue due to lack of information.

*Fertility:* A fertility study in rats produced no adverse effects on fertility and no parental toxicity.

**Ability to Drive and Use Machinery:** Caution. Minor or moderate influence. Fatigue, dizziness, somnolence, vertigo and blurred vision have been reported.

**Undesirable Effects:** *Very Common:* Pneumonias, a; Upper respiratory tract infection; Neutropenic infection; Bronchitis; Influenza; Gastroenteritis; Sinusitis; Nasopharyngitis; Rhinitis; Neutropenia; Febrile neutropenia; Thrombocytopenia; Anaemia; Leucopenia; Lymphopenia; Hypokalaemia; Paraesthesia; Cough; Diarrhoea; Constipation; Abdominal pain; Nausea; Abnormal liver function tests; Rash; Dry skin; Muscle spasms; Fatigue; Asthenia; Pyrexia. Refer to the SPC for other undesirable effects and those experienced in combination therapy.

**Marketing Authorisation Holder:** Rowex Ltd., Bantry, Co. Cork.

**Marketing Authorisation Number:** PA0711/302/002, 004, 005, 007. Further information and SPC are available from: Rowex Ltd., Bantry, Co. Cork. Freephone: 1800 304 400 Fax: 027 50417

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**Legal Category:** *Subject to restricted medical prescription.*

**Date of Preparation:** November 2021

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| Adverse events should be reported. Reporting forms and information can be found on the HPRA website ([www.hpra.ie](http://www.hpra.ie)) or by emailing Rowex [pv@rowa-pharma.ie](mailto:pv@rowa-pharma.ie) |