Kisqali

(ribociclib)

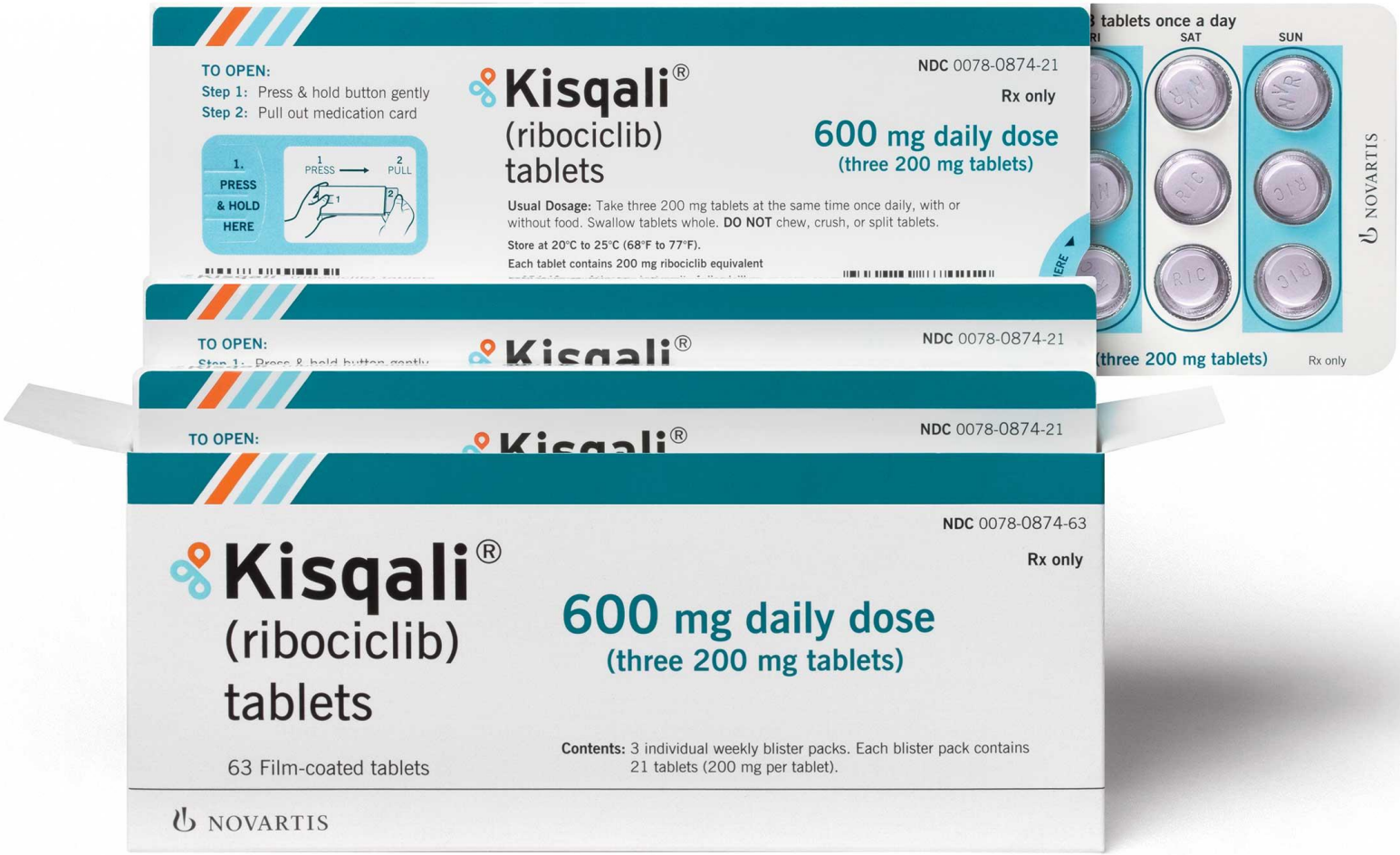
New Product Slideshow

MPR

Introduction

- **Brand name:** Kisqali
- **Generic name:** Ribociclib
- **Pharmacological class:** Kinase inhibitor
- **Strength and Formulation:** 200mg; tablets
- **Manufacturer:** Novartis
- **How supplied:** Blister pack—14, 21
- **Legal Classification:** Rx

KISQALI


TO OPEN:
Step 1: Press & hold button gently
Step 2: Pull out medication card
1. PRESS & HOLD HERE
1 PRESS
2 PULL
Kisqali®
(ribociclib)
tablets
NDC 0078-0874-21
Rx only
600 mg daily dose
(three 200 mg tablets)
Usual Dosage: Take three 200 mg tablets at the same time once daily, with or without food. Swallow tablets whole. DO NOT chew, crush, or split tablets.
Store at 20°C to 25°C (68°F to 77°F).
Each tablet contains 200 mg ribociclib equivalent
tablets once a day
SAT
SUN
NOVARTIS
(three 200 mg tablets)
Rx only
TO OPEN:
NDC 0078-0874-21
TO OPEN:
NDC 0078-0874-21
Kisqali®
(ribociclib)
tablets
NDC 0078-0874-63
Rx only
600 mg daily dose
(three 200 mg tablets)
63 Film-coated tablets
Contents: 3 individual weekly blister packs. Each blister pack contains 21 tablets (200 mg per tablet).
NOVARTIS

Indications

- In combination with an aromatase inhibitor, as initial endocrine-based therapy for the treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative **advanced or metastatic breast cancer**

Dosage & Administration

- Swallow whole
- 600mg once daily for 21 consecutive days followed by 7 days off treatment for a complete 28-day cycle
- Take preferably in the AM with letrozole 2.5mg once daily throughout the 28-day cycle (see full labeling of letrozole or for dosing/administration with other aromatase inhibitors)
- Dose modifications: see full labeling

Considerations for Special Populations

- **Pregnancy:** Avoid; exclude status prior to initiation
- **Nursing mothers:** Not recommended (during and for ≥3 weeks after last dose)
- **Pediatric:** Not established
- **Elderly:** No overall differences observed in safety or efficacy
- **Hepatic impairment:** Moderate and severe impairment: initially 400mg once daily

Warnings/Precautions

- **Avoid** in patients with long QT syndrome, uncontrolled or significant cardiac disease including recent MI, CHF, unstable angina and bradyarrhythmias, electrolyte abnormalities
- **Assess ECG** prior to initiation; start therapy only if QTcF values <450 msec
- Repeat ECG at Day 14 of Cycle 1, beginning of Cycle 2, and as clinically indicated; monitor more frequently if any QTcF prolongation occurs

Warnings/Precautions

- **Monitor serum electrolytes** prior to initiation, at the beginning of the first 6 cycles, and as clinically indicated; correct any abnormality before starting
- **Permanently discontinue** if QTcF >500msec or >60msec change from baseline and associated with any of the following: Torsades de Pointes, polymorphic ventricular tachycardia, unexplained syncope, or serious arrhythmia

Warnings/Precautions

- **Perform LFTs** prior to initiation; monitor every 2 weeks for first 2 cycles, at the beginning of each subsequent 4 cycles, and as clinically indicated; monitor more frequently if Grade ≥2 abnormalities noted
- **Discontinue** if AST/ALT >20XULN, Grade 3 (AST/ALT >5 to 20XULN) recurs, or AST/ALT >3XULN with total bilirubin >2XULN

Warnings/Precautions

- **Perform CBCs** prior to initiation; monitor every 2 weeks for first 2 cycles, at the beginning of each subsequent 4 cycles, and as clinically indicated
- **Discontinue** if any other Grade 4 toxicities occur
- Embryo-fetal toxicity
- Females of reproductive potential should use **effective contraception** during and for ≥3 weeks after last dose

Interactions

- **Avoid** concomitant with strong CYP3A inhibitors (eg, boceprevir, clarithromycin, conivaptan, grapefruit juice, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, voriconazole); consider alternatives; if unavoidable, reduce to Kisqali 400mg once daily
- **Avoid** grapefruit, pomegranates, pomegranate juice
- **Avoid** concomitant with strong CYP3A inducers (eg, phenytoin, rifampin, carbamazepine, St. John's wort); consider alternatives

Interactions

- **Caution** with concomitant CYP3A substrates with a narrow therapeutic index (eg, alfentanil, cyclosporine, dihydroergotamine, ergotamine, everolimus, fentanyl, midazolam, pimozide, quinidine, sirolimus, tacrolimus); may need to reduce these doses
- **Avoid** concomitant with drugs known to prolong QT interval (eg, amiodarone, bepridil, chloroquine, clarithromycin, disopyramide, halofantrine, haloperidol, methadone, moxifloxacin, IV ondansetron, pimozide, procainamide, quinidine, sotalol)

Adverse Reactions

- Neutropenia
- Nausea
- Fatigue
- Diarrhea
- Leukopenia
- Alopecia
- Vomiting
- Constipation
- Headache
- Back pain
- QT prolongation
- Hepatobiliary toxicity
- Possible infertility

Mechanism of Action

- Ribociclib is an inhibitor of cyclin-dependent kinase (CDK) 4 and 6
- These kinases are activated upon binding to D-cyclins and play a crucial role in signaling pathways which lead to cell cycle progression and cellular proliferation
- In studies using patient-derived estrogen receptor (+) breast cancer xenograft models, treatment with ribociclib + antiestrogen led to increased tumor growth inhibition vs. each drug alone

Clinical Trials

- **MONALEESA-2** was a randomized, double-blind, placebo-controlled, multicenter study of Kisqali + letrozole vs. placebo + letrozole in postmenopausal women with HR-positive, HER2-negative, advanced breast cancer who received no prior therapy for advanced disease (n=668)

Clinical Trials

- Letrozole 2.5mg was given orally once daily for 28 days with either Kisqali 600mg or placebo once daily for 21 consecutive days followed by 7 days off until disease progression or unacceptable toxicity

- The **major efficacy outcome** was investigator-assessed progression-free survival (PFS) using RECIST v1.1

Clinical Trials

- The **PFS** was not reached (NR) in the Kisqali + letrozole group: median 19.3 months–NR compared to 14.7 months in the placebo + letrozole group (hazard ratio [HR] 0.556, 95% CI: 0.429–0.720; *P*<0.0001)

- Among patients with measurable disease, **overall response rate** was seen in 52.7 patients in the Kisqali + letrozole group vs. 37.1 patients in the placebo + letrozole group

Clinical Trials

- Results were consistent across patient subgroups of prior adjuvant or neoadjuvant chemotherapy or hormonal therapies, liver and/or lung involvement, and bone-only metastases

- For more clinical trial data, see full labeling

New Product Monograph

- For more information view the product monograph available at:

http://www.empr.com/kisqali/drug/34652/