NEXPOVIO® ▼

selinexor 20mg tablets

POCKET GUIDE TO

NEXPOVIO®

Take a new direction for managing multiple myeloma

Introducing XPO1 inhibition: A unique mechanism of action for the treatment of relapsed/refractory multiple myeloma[1–3]

INDICATION

NEXPOVIO® (selinexor) is indicated in combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.[2]

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XPO1, exportin 1.

Prescribing Information can be found on page 20

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Adverse events should be reported.
Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Menarini Stemline via e-mail (adverseevents@menarinistemline.com) or telephone toll-free on +44(0) 800-047-8675.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

This guide provides an overview of NEXPOVIO®, in combination with bortezomib and dexamethasone, for the treatment of multiple myeloma.

Included are:

- Dosing guidelines
- Adverse event monitoring and management

Dosing guidelines

Initiating treatment with NEXPOVIO®

Treatment must be initiated and monitored under supervision of physicians experienced in the management of multiple myeloma.[2]

Based on a **35-day cycle**, the SmPC-recommended **NEXPOVIO®**, **bortezomib** and **dexamethasone** doses are:[2]

NEXPOVIO® + Vd		
Oral NEXPOVIO® 100 mg (should not exceed 70 mg/m² per dose)	**Subcutaneous bortezomib 1.3 mg/m²**	**Oral dexamethasone 20 mg**
Once weekly on Day 1 of each week	**Once weekly on Day 1 of each week for 4 weeks followed by 1 week off**	**Twice weekly on Days 1 and 2 of each week**

Treatment with NEXPOVIO® combined with bortezomib and dexamethasone should be taken at approximately the same time each week and should be continued until disease progression or unacceptable toxicity.[2]

The SmPC recommends prophylactic concomitant treatment with a 5-HT_3 antagonist and/or other anti-nausea agents prior to and during treatment with NEXPOVIO®.[2]

5-HT_3, 5-hydroxytryptamine; SmPC, Summary of Product Characteristics; Vd, bortezomib-dexamethasone.

Dose administration

The tablet should be swallowed whole with water. It should not be crushed, chewed, broken or divided in order to prevent risk of skin irritation from the active substance. It can be taken with or without food.[2]

If a NEXPOVIO® dose is missed or delayed, or a patient vomits after a dose of NEXPOVIO®, the patient should not repeat the dose. Patients should take the next dose on the next regularly scheduled day.[2]

NEXPOVIO® dosing can be adjusted to the individual patient[2,4]

NEXPOVIO® has a flexible dosing regimen where the dose can be reduced three times from the starting dose to help manage adverse events, without compromising efficacy.[2,4,5]

No dose adjustments are required for the elderly, or for patients with mild, moderate or severe renal impairment, or mild hepatic impairment.[2]

Dose modification of NEXPOVIO® in combination with bortezomib and dexamethasone.*[2]

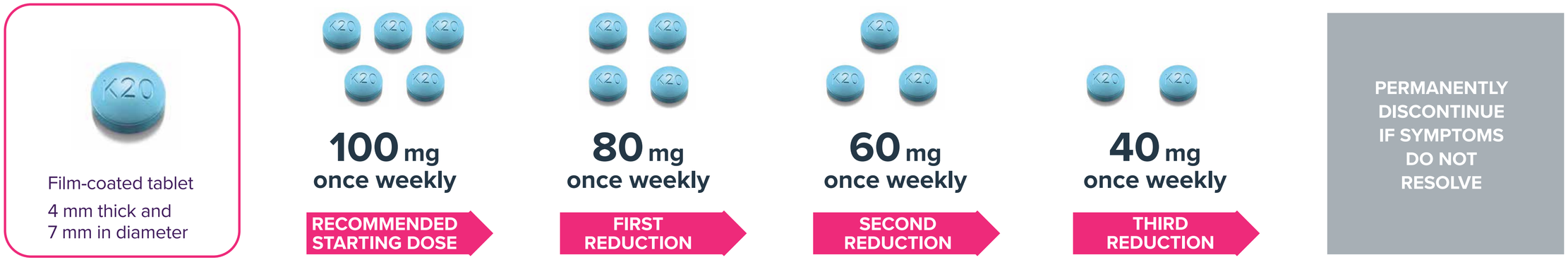

Figure adapted from NEXPOVIO® (selinexor). Summary of Product Characteristics. Menarini Stemline UK. 2024.[2]

In the Phase 3 BOSTON trial of NEXPOVIO® in patients with MM, 65% of patients had their dose reduced in response to adverse events following a starting dose of 100 mg once weekly.[6]
The median dose used in the study was 80 mg once weekly.[6]

*For information regarding the posology of medicinal products administered with NEXPOVIO®, refer to the SmPC for these medicinal products.
MM, multiple myeloma; SmPC, Summary of Product Characteristics.

Adverse event monitoring and management

This section provides guidance on appropriate steps to manage specific adverse events during treatment with NEXPOVIO®.

Adverse events should be managed according to the recommended supportive care and dose interruption and/or reduction steps in the NEXPOVIO® SmPC.[2]

SmPC, Summary of Product Characteristics.

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Nausea	Grade 1 or 2	Oral intake decreased without significant weight loss, dehydration or malnutrition	**Maintain dose** of NEXPOVIO® and initiate additional anti-nausea medicinal products.[2]	Prophylactic concomitant treatment with a 5-HT_3 antagonist and/or other anti-nausea agents should be provided prior to and during treatment with NEXPOVIO®.[2] Patients should be advised to maintain adequate fluid and caloric intake throughout treatment.[2] Fluids with electrolytes should be administered to prevent dehydration in patients at risk.[2]	Consider additional anti-nausea medicinal products, including: • Neurokinin 1 receptor antagonists (e.g. aprepitant, fosaprepitant or netupitant/palonosetron)[7–9] • Cannabinoid receptor agonists (e.g. nabilone)[8]
	Grade ≥3*	Inadequate oral caloric or fluid intake	**Interrupt dose** of NEXPOVIO® and **monitor** until nausea has resolved to ≤Grade 2. Initiate additional anti-nausea medicinal products and **restart NEXPOVIO® at one dose level lower.**[2]		

*Menarini Stemline encourages NHS hospitals to apply their local antiemetic protocol treatment choices to selinexor-containing regimens, for the prevention of nausea and vomiting and to use a regime that is consistent with selinexor being a medicine at the high end of 'high-moderate' emetic potential.

5-HT_3, 5-hydroxytryptamine.

Adverse event monitoring and management

Adverse event			Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Vomiting	Grade 1 or 2	≤5 episodes per day	**Maintain dose** of NEXPOVIO® and initiate additional anti-nausea medicinal products.[2]	Prophylactic concomitant treatment with a 5-HT_3 antagonist and/or other anti-nausea agents should be provided prior to and during treatment with NEXPOVIO®.[2] Patients should be advised to maintain adequate fluid and caloric intake throughout treatment.[2] Fluids with electrolytes should be administered to prevent dehydration in patients at risk.[2]	Consider additional anti-nausea medicinal products, including: • Neurokinin 1 receptor antagonists (e.g. aprepitant, fosaprepitant or netupitant/palonosetron)[7–9] • Cannabinoid receptor agonists (e.g. nabilone)[8]
	Grade ≥3	≥6 episodes per day	**Interrupt dose** of NEXPOVIO® and **monitor** until nausea has resolved to ≤Grade 2. Initiate additional anti-nausea medicinal products and **restart NEXPOVIO® at one dose level lower.**[2]		

5-HT_3, 5-hydroxytryptamine.

Adverse event monitoring and management

Adverse event			Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Diarrhoea	Grade 2	Increase of 4–6 stools per day over baseline	First occurrence: **Maintain dose** of NEXPOVIO® and implement supportive care.[2] Second or subsequent occurrence: **Reduce dose of NEXPOVIO® by one dose level** and implement supportive care.[2]	Patients should be advised to maintain adequate fluid and caloric intake throughout treatment.[2] Fluids with electrolytes should be administered to prevent dehydration in patients at risk.[2]	Oral hydration may be maintained with at least 8 x 250 ml glasses of fluid per day.[7] Consider weekly saline infusions for the first month to maintain hydration and serum sodium levels.[7] Consider anti-diarrhoea medicinal products, including: • Loperamide[8] • Bismuth subsalicylate[8]
	Grade ≥3	Increase of ≥7 stools per day over baseline; hospitalisation indicated	**Interrupt dose** of NEXPOVIO® and **monitor** until diarrhoea has resolved to ≤Grade 2. **Restart NEXPOVIO® at one dose level lower.**[2]		

Adverse event monitoring and management

Adverse event	Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Weight loss of 10–20% OR anorexia associated with significant weight loss or malnutrition	**Interrupt dose** of NEXPOVIO®, provide supportive care and **monitor** until weight returns to more than 90% of baseline weight. **Restart NEXPOVIO® at one dose level lower.**[2]	Patients should be advised to maintain adequate fluid and caloric intake throughout treatment.[2] Body weight, nutritional status and volume should be checked at baseline, during treatment and as clinically indicated. Monitoring should be more frequent during the first 2 months of treatment.[2]	Consider weekly visits to track body weight.[7] To manage weight loss or anorexia, consider: • Megestrol acetate[8] • Appetite stimulants[2,7] • Nutritional consultation and supplements[2,7]

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Fatigue	Grade 2 (lasting >7 days)	**Interrupt dose** of NEXPOVIO®, **monitor** until fatigue resolves to ≤Grade 1 and **restart at one dose level lower.**[2]		Consider checking for underlying modifiable factors for fatigue (depression, dehydration, anaemia, drugs, hypothyroidism or adrenal insufficiency).[7] Encourage exercise, hydration and rest.[7]
	Grade 3			

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Ocular adverse events	Grade 2, excluding cataract	**Interrupt dose** of NEXPOVIO® and provide supportive care. **Monitor** until symptoms resolve to ≤Grade 1 and **restart NEXPOVIO® at one dose level lower.**[2]	Ophthalmologic evaluation should be performed, as clinically indicated.[2]	In the event of new onset or exacerbated cataract(s), follow medical guidelines, including surgery if warranted.[2]
	Grade ≥3, excluding cataract	**Permanently discontinue** NEXPOVIO®.[2]		

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Hyponatraemia	**Sodium level ≤130 mmol/L**	**Interrupt dose** of NEXPOVIO®, implement supportive care and **monitor** until sodium levels return to ≥130 mmol/L. **Restart NEXPOVIO® at one dose level lower.**[2]	Sodium levels should be assessed at baseline, during treatment and as clinically indicated (more frequently during the first 2 months of treatment).[2]	Hyponatraemia should be treated as per medical guidelines (intravenous sodium chloride solution and/or salt tablets), including dietary review.[2] Correct sodium levels for concurrent hyperglycaemia (serum glucose >150 mg/dL) and high serum paraprotein levels.[2] Encourage patients to maintain fluid intake and to consider salty food and snacks.[7]

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Thrombocytopenia	**Platelet count 25,000–<75,000/mcL**	**Reduce dose of NEXPOVIO® by one dose level.**[2]	CBC should be assessed at baseline, during treatment and as clinically indicated. Monitor more frequently during the first 2 months of treatment.[2] Patients should be monitored for signs and symptoms of bleeding and evaluated promptly.[2]	Consider weekly assessment of CBC during Cycle 1.[7] Consider platelet transfusions, as clinically indicated.[2,7,8]
	Platelet count 25,000–<75,000/mcL with concurrent bleeding	**Interrupt dose** of NEXPOVIO® and **restart at one dose level lower** after bleeding has resolved.[2]		
	Platelet count <25,000/mcL	**Interrupt dose** of NEXPOVIO® and **monitor** until platelet count is ≥50,000/mcL. **Restart NEXPOVIO® at one dose level lower.**[2]		

CBC, complete blood count.

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Neutropenia	**Absolute neutrophil count of 0.5–1.0 x 10^9/L without fever**	**Reduce dose of NEXPOVIO® by one dose level.**[2]	CBC should be assessed at baseline, during treatment and as clinically indicated. Monitor more frequently during the first 2 months of treatment.[2] Patients with neutropenia should be monitored for signs of infection and evaluated promptly.[2]	Consider weekly assessment of CBC during Cycle 1.[7] To manage neutropenia, granulocyte colony stimulating factor agents, including filgrastim or pegfilgrastim, may be considered.[8]
	Absolute neutrophil count of <0.5 x 10^9/L or febrile neutropenia	**Interrupt dose** of NEXPOVIO® and **monitor** until neutrophil count returns to ≥1.0 x 10^9/L. **Restart NEXPOVIO® at one dose level lower.**[2]		

CBC, complete blood count.

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Anaemia	Haemoglobin <8.0 g/dL	**Reduce dose of NEXPOVIO® by one dose level** and treat as per clinical guidelines.[2]	CBC should be assessed at baseline, during treatment and as clinically indicated (more frequently during the first 2 months of treatment).[2]	Administer blood transfusions and/or other treatments, as per clinical guidelines.[2,7]
	Life-threatening consequences (urgent intervention indicated)	**Interrupt dose** of NEXPOVIO® and **monitor** haemoglobin until levels return to ≥8 g/dL. **Restart NEXPOVIO® at one dose level lower** and treat as per clinical guidelines.[2]		

CBC, complete blood count.

Adverse event monitoring and management

Adverse event		Dose modification	Prophylaxis and monitoring	Medical management and further recommendations
Other non-haematological adverse events	Grade 3 or 4 (life-threatening)	**Interrupt dose** of NEXPOVIO® and **monitor** until symptoms resolve to ≤Grade 2 or lower. **Restart NEXPOVIO® at one dose level lower.**[2]		

For further information on AEs and AE management for patients receiving NEXPOVIO®, please refer to the SmPC.

Please see the dexamethasone and/or bortezomib SmPC for guidance on the management of AEs associated with these medicines.

AE, adverse event; SmPC, Summary of Product Characteristics.

Key takeaways

NEXPOVIO®, an oral inhibitor of XPO1, is used in triple combination with bortezomib (once-weekly) and dexamethasone, providing a unique mechanism of action for RRMM.[1–3,10]

Once-weekly oral administration of NEXPOVIO® is convenient for patients and clinicians, avoiding intravenous therapy and associated clinic visits.[11]

NEXPOVIO® has a flexible dosing regimen to help manage adverse events, without compromising efficacy.[2,4,5]

RRMM, relapsed/refractory multiple myeloma; XPO1, exportin 1.

NEXPOVIO ▼ (selinexor) abbreviated Prescribing Information

Name of the medicinal product: NEXPOVIO 20 mg film-coated tablets **Qualitative and quantitative composition:** Each film-coated tablet contains 20 mg of NEXPOVIO. **Therapeutic indications:** NEXPOVIO is indicated in combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy. NEXPOVIO is indicated in combination with dexamethasone for the treatment of multiple myeloma in adult patients who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, two immunomodulatory agents and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy. **Posology and method of administration:** Treatment should be initiated and monitored by a physician experienced in the treatment of multiple myeloma. *Posology Adults NEXPOVIO in combination with bortezomib and dexamethasone (SVd)* The recommended doses based on a 35-day cycle are: NEXPOVIO 100 mg taken orally once weekly on Day 1 of each week; each dose of NEXPOVIO should not exceed 70 mg/m^2. Bortezomib 1.3 mg/m^2 administered subcutaneously once weekly on Day 1 of each week for 4 weeks followed by 1 week off. Dexamethasone 20 mg taken orally twice weekly on Days 1 and 2 of each week. *NEXPOVIO in combination with dexamethasone (Sd)* The recommended doses based on a 4 week cycle are: NEXPOVIO 80 mg taken orally on Days 1 and 3 of each week; each dose of NEXPOVIO should not exceed 70 mg/m^2. Dexamethasone 20 mg taken orally on Days 1 and 3 of each week. See section 4.2 of the Summary of Product Characteristics (SmPC) for full information on dose modification. *Special populations Elderly (≥ 65 years)* No dose adjustment is required for patients over 65 years of age. *Renal impairment* No dose adjustment is required for patients with mild, moderate, or severe renal impairment. There are no data in patients with end-stage renal disease or haemodialysis. *Hepatic impairment* No dose adjustment of NEXPOVIO is required for patients with mild hepatic impairment. There are insufficient data in patients with moderate or severe hepatic impairment to support a dose recommendation. *Paediatric population* The safety and efficacy of NEXPOVIO in children below the age of 18 years of age have not been established. *Method of administration* NEXPOVIO is for oral use and should be taken at approximately the same time during the day. The tablet should be swallowed whole with water. Tablets should not be crushed, chewed, broken, or divided. It may be taken with or without food. For administration of medicinal products administered with NEXPOVIO, refer to their respective SmPC. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SmPC. **Special warnings and precautions for use:** For full information and recommendations on management, please see SmPC section 4.4. For medicinal products administered in combination with NEXPOVIO, consult the relevant SmPC, before prescribing. *Recommended concomitant treatments* Patients should be advised to maintain adequate fluid and caloric intake. Intravenous hydration should be considered for patients at risk of dehydration. Prophylactic concomitant treatment with a 5-HT3 antagonist and/or other antinausea agents should be provided prior to and during treatment. *Haematology* Complete blood counts should be assessed at baseline, and during treatment. Monitor more frequently during the first two months. *Thrombocytopenia* Thrombocytopenia was frequently reported and can be severe (Grade 3/4). In rare cases, potentially fatal haemorrhage can occur. *Neutropenia* Neutropenia including severe neutropenia (Grade 3/4) has been reported. In a few cases, concurrent infections occurred in patients with Grade 3/4 neutropenia. *Gastrointestinal toxicity* Nausea, vomiting, and diarrhoea sometimes can be severe and require the use of antiemetic and antidiarrhoeal medication. See *Recommended concomitant treatments*, above, for prophylaxis. Nausea, vomiting, and diarrhoea can be managed by dose interruptions, modifications, and/or medication. Refer to Tables 1 and 2 in SmPC section 4.2 for dose modifications. *Weight loss and anorexia* NEXPOVIO can cause weight loss and anorexia. Body weight, nutritional status and volume should be checked at baseline and during treatment. Monitoring should be more frequent during the first two months. New or worsening decreased appetite and weight may require intervention and dose modification. Refer to Tables 1 and 2 in SmPC section 4.2 for dose modifications. *Confusional state and dizziness* NEXPOVIO can cause confusional state and dizziness. Patients should avoid situations where symptoms may be a problem and not take other medicinal products that may exacerbate symptoms without medical advice. Patients should not drive or operate heavy machinery until symptoms resolve. *Hyponatraemia* NEXPOVIO can cause hyponatraemia. Sodium levels should be checked at baseline and during treatment. Monitoring should be more frequent during the first two months. Refer to Tables 1 and 2 in SmPC section 4.2 for dose modifications. *Cataract* NEXPOVIO can cause new onset or exacerbation of cataract. Ophthalmologic evaluation may be performed as clinically indicated. *Tumour lysis syndrome* Tumour lysis syndrome (TLS) has been reported. Patients at a high risk for TLS should be monitored closely. *Women of childbearing potential/contraception in males and females* Women of childbearing potential should avoid becoming pregnant during treatment with NEXPOVIO and for at least 1 week following the last dose of NEXPOVIO. Women of childbearing potential and male patients of reproductive potential should be advised to use effective contraception or abstain from sexual activity to prevent pregnancy during treatment with NEXPOVIO and for at least 1 week following the last dose of NEXPOVIO (see SmPC section 4.6). **Undesirable effects (summary only, see SmPC for full details):** *The following undesirable effects are very common (≥1/10):* Pneumonia*, upper respiratory tract infection, bronchitis, nasopharyngitis, thrombocytopenia, anaemia, neutropenia*, leukopenia, lymphopenia, hyponatraemia, dehydration, decreased appetite, hyperglycaemia, hypokalaemia, confusional state, decreased appetite, insomnia, peripheral neuropathy, dizziness, dysgeusia, headache, cataract, vision blurred*, dyspnoea, epistaxis, cough, nausea, diarrhoea, vomiting, abdominal pain, constipation, fatigue, pyrexia, asthenia, weight decreased. *The following undesirable effects are common (≥1/100, < 1/10):* Sepsis*, bacteraemia, Febrile neutropenia, lower respiratory tract infection, leukopenia, lymphopenia, hyponatraemia, dehydration, hypokalaemia, hypocalcaemia, hypophosphataemia, hyperkalaemia, hypomagnesaemia, hyperamylasaemia, hyperuricaemia, hyperlipasaemia, delirium, hallucination, Peripheral neuropathy, confusional state, syncope, amnesia*, cognitive disorder, disturbance in attention, memory impairment, Cataract, visual impairment, balance disorder, dysgeusia, ageusia, taste disorder, vertigo, tachycardia, hypotension, dyspnoea*, epistaxis, abdominal pain, abdominal discomfort, dyspepsia, dry mouth, flatulence, alopecia, night sweats*, pruritus, Muscle spasms, hypercreatinaemia, acute kidney injury, general physical health deterioration, malaise, gait disturbance, chills, aspartate aminotransferase increased, alanine aminotransferase increased, blood alkaline phosphatase increased, fall, contusion. *Includes related terms. *Serious adverse reactions:* The most common serious adverse reactions were pneumonia, cataract, sepsis, diarrhoea, vomiting, thrombocytopenia, anaemia and acute kidney injury. For full information on adverse reactions associated with NEXPOVIO, see SmPC section 4.8. **Legal classification:** POM (Prescription Only Medicine). **Marketing authorisation number:** PLGB 53425/0002 (Great Britain); EU/1/21/1537/001 – EU/1/21/1537/005 (Northern Ireland). **Marketing authorisation holder:** Stemline Therapeutics B.V., Basisweg 10, 1043 AP Amsterdam, Netherlands. **Cost (excluding VAT):** 8 x 20 mg tablets, £3,680; 12 x 20 mg tablets, £5,520; 16 x 20 mg tablets, £7,360; 20 x 20mg tablets, £9,200. **Date of text:** May 2024 (MAT-GB-SEL-00113)

Adverse Event Reporting
Adverse events should be reported.
Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store.
Adverse events should also be reported to Stemline Therapeutics Medical Information on 0800 047 8675.

NEXPOVIO®
selinexor 20mg tablets

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