R² REVLIMID/RITUXIMAB

R² DOSING GUIDE

A FIXED-DURATION DOSING SCHEDULE AND RECOMMENDED DOSE MODIFICATIONS

REVLIMID® (lenalidomide) in combination with a rituximab product is indicated for the treatment of adult patients with previously treated follicular lymphoma (FL)

REVLIMID in combination with a rituximab product is indicated for the treatment of adult patients with previously treated marginal zone lymphoma (MZL)

REVLIMID is not indicated and is not recommended for the treatment of patients with chronic lymphocytic leukemia (CLL) outside of controlled clinical trials

REVLIMID is only available through a restricted distribution program, REVLIMID REMS®.

Revlimid®
(lenalidomide) capsules
2.5 · 5 · 10 · 15 · 20 · 25 mg

WARNING: EMBRYO-FETAL TOXICITY, HEMATOLOGIC TOXICITY, and VENOUS and ARTERIAL THROMBOEMBOLISM

See page 2 and full prescribing information for complete boxed warning.

EMBRYO-FETAL TOXICITY

- **Lenalidomide, a thalidomide analogue, caused limb abnormalities in a developmental monkey study similar to birth defects caused by thalidomide in humans. If lenalidomide is used during pregnancy, it may cause birth defects or embryo-fetal death**
- **Pregnancy must be excluded before start of treatment. Prevent pregnancy during treatment by the use of two reliable methods of contraception**

REVLIMID is available only through a restricted distribution program called the REVLIMID REMS® program

HEMATOLOGIC TOXICITY. REVLIMID can cause significant neutropenia and thrombocytopenia.

VENOUS AND ARTERIAL THROMBOEMBOLISM

- **Significantly increased risk of deep vein thrombosis (DVT) and pulmonary embolism (PE), as well as risk of myocardial infarction and stroke in patients with multiple myeloma receiving REVLIMID with dexamethasone. Anti-thrombotic prophylaxis is recommended**

Please see Important Safety Information within and accompanying full Prescribing Information, including Boxed WARNINGS, for REVLIMID.

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY, HEMATOLOGIC TOXICITY, and VENOUS and ARTERIAL THROMBOEMBOLISM

Embryo-Fetal Toxicity

Do not use REVLIMID during pregnancy. Lenalidomide, a thalidomide analogue, caused limb abnormalities in a developmental monkey study. Thalidomide is a known human teratogen that causes severe life-threatening human birth defects. If lenalidomide is used during pregnancy, it may cause birth defects or embryo-fetal death. In females of reproductive potential, obtain 2 negative pregnancy tests before starting REVLIMID treatment. Females of reproductive potential must use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after REVLIMID treatment. To avoid embryo-fetal exposure to lenalidomide, REVLIMID is only available through a restricted distribution program, the REVLIMID REMS® program.

Information about the REVLIMID REMS program is available at www.celgeneriskmanagement.com or by calling the manufacturer's toll-free number 1-888-423-5436.

Hematologic Toxicity (Neutropenia and Thrombocytopenia)

REVLIMID can cause significant neutropenia and thrombocytopenia. Eighty percent of patients with del 5q MDS had to have a dose delay/reduction during the major study. Thirty-four percent of patients had to have a second dose delay/reduction. Grade 3 or 4 hematologic toxicity was seen in 80% of patients enrolled in the study. Patients on therapy for del 5q MDS should have their complete blood counts monitored weekly for the first 8 weeks of therapy and at least monthly thereafter. Patients may require dose interruption and/or reduction. Patients may require use of blood product support and/or growth factors.

Venous and Arterial Thromboembolism

REVLIMID has demonstrated a significantly increased risk of deep vein thrombosis (DVT) and pulmonary embolism (PE), as well as risk of myocardial infarction and stroke in patients with MM who were treated with REVLIMID and dexamethasone therapy. Monitor for and advise patients about signs and symptoms of thromboembolism. Advise patients to seek immediate medical care if they develop symptoms such as shortness of breath, chest pain, or arm or leg swelling. Thromboprophylaxis is recommended and the choice of regimen should be based on an assessment of the patient's underlying risks.

Please see Important Safety Information continued on next page.
Please see accompanying full Prescribing Information, including Boxed WARNINGS, for REVLIMID.

AUGMENT TRIAL OVERVIEW

- AUGMENT, a Phase III, multicenter, randomized trial of lenalidomide plus rituximab (R^2) versus rituximab plus placebo, was conducted in 358 patients with previously treated Grade 1-3a FL (n=295) or MZL (n=63). Patients had been refractory or relapsed, not rituximab-refractory, and had adequate bone marrow, liver, and renal function. The ITT population included all patients randomized to the R^2 (n=178) and rituximab plus placebo (n=180) arms[1,2]
- At baseline, patients had a median age of 63 years (range, 26-88) and had received a median of 1 prior line of systemic therapy (range, 1-12). Seventy-three percent (73%) of patients had Ann Arbor Stage III-IV disease[1,2]
- The primary endpoint for the trial was PFS, defined as the time from date of randomization to first documentation of disease progression (by independent review committee using 2007 IWGRC without PET) or death due to any cause, whichever occurred first. Median follow-up time was 28.3 months (0.1, 51.3 months) in the ITT population[3]
- The starting dose of REVLIMID was 20 mg orally on Days 1-21 of repeating 28-day cycles for 12 cycles or until unacceptable toxicity. The dose of rituximab was 375 mg/m^2 on Days 1, 8, 15, and 22 of cycle 1 and on Day 1 of cycles 2 to 5 every 28 days[1]

CI, confidence interval; HR, hazard ratio; ITT, intent to treat; IWGRC, International Working Group Response Criteria; NE, non-estimable; PET, positron emission tomographic imaging; PFS, progression-free survival.

R^2 REVLIMID/RITUXIMAB

ITT Population (N=358)

R^2 PROVIDED 39.4 MONTHS OF MEDIAN PFS WITH FIXED-DURATION DOSING[1]

R^2 was administered for 12 cycles or until unacceptable toxicity

- The most common (≥5%) Grade 3/4 adverse reactions in either arm were neutropenia (50% vs 13%), leukopenia (7% vs 2%), and anemia (5% vs <1%); REVLIMID/rituximab vs rituximab/placebo, respectively[1]

MEDIAN TREATMENT DURATION WITH R^2 WAS 11.2 MONTHS[3]

- 71% of patients receiving R^2 completed all 12 cycles of treatment vs 62% receiving rituximab/placebo[3]
  - **Dose reduction (at least 1):** 36.4% of patients receiving R^2 vs 7.2% receiving rituximab/placebo[3]
  - **Dose interruption (at least 1):** 79.5% of patients receiving R^2 vs 54.4% receiving rituximab/placebo[3]

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IMPORTANT SAFETY INFORMATION (CONTINUED)

CONTRAINDICATIONS

Pregnancy: REVLIMID® (lenalidomide) can cause fetal harm when administered to a pregnant female and is contraindicated in females who are pregnant. If this drug is used during pregnancy or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential risk to the fetus

Severe Hypersensitivity Reactions: REVLIMID is contraindicated in patients who have demonstrated severe hypersensitivity (eg, angioedema, Stevens-Johnson syndrome, toxic epidermal necrolysis) to lenalidomide

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity: See Boxed WARNINGS

- Females of Reproductive Potential: **See Boxed WARNINGS**
- Males: Lenalidomide is present in the semen of patients receiving the drug. Males must always use a latex or synthetic condom during any sexual contact with females of reproductive potential while taking REVLIMID and for up to 4 weeks after discontinuing REVLIMID, even if they have undergone a successful vasectomy. Male patients taking REVLIMID must not donate sperm
- Blood Donation: Patients must not donate blood during treatment with REVLIMID and for 4 weeks following discontinuation of the drug because the blood might be given to a pregnant female patient whose fetus must not be exposed to REVLIMID

REVLIMID REMS Program: See Boxed WARNINGS: Prescribers and pharmacies must be certified with the REVLIMID REMS program by enrolling and complying with the REMS requirements; pharmacies must only dispense to patients who are authorized to receive REVLIMID. Patients must sign a Patient-Physician Agreement Form and comply with REMS requirements; female patients of reproductive potential who are not pregnant must comply with the pregnancy testing and contraception requirements and males must comply with contraception requirements

Hematologic Toxicity: REVLIMID can cause significant neutropenia and thrombocytopenia. Monitor patients with neutropenia for signs of infection. Advise patients to observe for bleeding or bruising, especially with use of concomitant medications that may increase risk of bleeding. Patients may require dose interruption and/or dose reduction. Monitor complete blood counts (CBC) in patients taking REVLIMID for FL or MZL weekly for the first 3 weeks of Cycle 1 (28 days), every 2 weeks during Cycles 2-4, and then monthly thereafter

Please see Important Safety Information continued on next page.
Please see accompanying full Prescribing Information, including Boxed WARNINGS, for REVLIMID.

/ FIXED-DURATION DOSING

R² REVLIMID/RITUXIMAB

Based on the AUGMENT trial, R² is administered for 12 cycles or until unacceptable toxicity.[1]

- **REVLIMID 20 mg/day on Days 1-21 of repeating 28-day cycles:** 12 cycles
- **Rituximab 375 mg/m²* on Days 1, 8, 15, and 22 of cycle 1 and on Day 1 of cycles 2 to 5 every 28 days:** 5 cycles

CYCLE 1

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
REVLIMID 20 mg/day	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■							
Rituximab 375 mg/m²	■							■							■							■						

CYCLES 2-5

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
REVLIMID 20 mg/day	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■							
Rituximab 375 mg/m²	■																											

CYCLES 6-12

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
REVLIMID 20 mg/day	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■							
Rituximab 375 mg/m²																												

- See the following pages for REVLIMID dose modification information for patients with Grade 3/4 adverse reactions or renal impairment

For dose adjustments due to toxicity with rituximab, refer to the product prescribing information.

*Dosage calculations for rituximab were based on the patient's body surface area, using actual patient weight.[1]

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IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Venous and Arterial Thromboembolism: See Boxed WARNINGS: Venous thromboembolic events (DVT and PE) and arterial thromboses (MI and CVA) are increased in patients treated with REVLIMID® (lenalidomide). Patients with known risk factors, including prior thrombosis, may be at greater risk and actions should be taken to try to minimize all modifiable factors (eg, hyperlipidemia, hypertension, smoking). Thromboprophylaxis is recommended and the regimen should be based on the patient's underlying risks. ESAs and estrogens may further increase the risk of thrombosis and their use should be based on a benefit-risk decision

Increased Mortality in Patients With CLL: In a clinical trial in the first-line treatment of patients with CLL, single-agent REVLIMID therapy increased the risk of death as compared to single-agent chlorambucil. Serious adverse cardiovascular reactions, including atrial fibrillation, myocardial infarction, and cardiac failure, occurred more frequently in the REVLIMID arm. REVLIMID is not indicated and not recommended for use in CLL outside of controlled clinical trials

Second Primary Malignancies (SPM): In clinical trials in patients with MM receiving REVLIMID and in patients with FL or MZL receiving REVLIMID + rituximab therapy, an increase of hematologic plus solid tumor SPMs, notably AML, have been observed. In MM patients, MDS was also observed. Monitor patients for the development of SPM. Take into account both the potential benefit of REVLIMID and risk of SPM when considering treatment

Increased Mortality With Pembrolizumab: In clinical trials in patients with MM, the addition of pembrolizumab to a thalidomide analogue plus dexamethasone resulted in increased mortality. Treatment of patients with MM with a PD–1- or PD–L1-blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials

Hepatotoxicity: Hepatic failure, including fatal cases, has occurred in patients treated with REVLIMID + dexamethasone. Pre-existing viral liver disease, elevated baseline liver enzymes, and concomitant medications may be risk factors. Monitor liver enzymes periodically. Stop REVLIMID upon elevation of liver enzymes. After return to baseline values, treatment at a lower dose may be considered

Severe Cutaneous Reactions Including Hypersensitivity Reactions: Angioedema and severe cutaneous reactions including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug reaction with eosinophilia and systemic symptoms (DRESS) have been reported. These events can be fatal. Patients with a prior history of Grade 4 rash associated with thalidomide treatment should not receive REVLIMID. REVLIMID interruption or discontinuation should be considered for Grade 2-3 skin rash. REVLIMID must be discontinued for angioedema, Grade 4 rash, exfoliative or bullous rash, or if SJS, TEN, or DRESS is suspected and should not be resumed following discontinuation for these reactions

Please see Important Safety Information continued on next page.
Please see accompanying full Prescribing Information, including Boxed WARNINGS, for REVLIMID.

/ DOSE MODIFICATIONS FOR RENAL IMPAIRMENT

R2 REVLIMID/RITUXIMAB

A lower starting dose of REVLIMID is recommended for patients with renal impairment.[1]

Renal Function (Cockcroft-Gault)	Dose in REVLIMID Combination Therapy for FL
CrCl 30 to 60 mL/min	**10 mg once daily**
CrCl below 30 mL/min (not requiring dialysis)	**5 mg once daily**
CrCl below 30 mL/min (requiring dialysis)	**5 mg once daily. On dialysis days, administer the dose following dialysis.**

- For patients with a CrCl of 30 to 60 mL/min after 2 cycles, the REVLIMID dose may be increased to 15 mg orally if the patient has tolerated therapy[1]
- 13% of patients (n=48) in the AUGMENT trial had renal impairment and received a starting dose of 10 mg once daily[3]

For dose adjustments due to toxicity with rituximab, refer to the product prescribing information.

IMPORTANT DOSING INFORMATION

- The capsules should not be opened, broken, or chewed
- REVLIMID is primarily excreted unchanged by the kidney. Since elderly patients are more likely to have decreased renal function, care should be taken in dose selection. Monitor renal function
- Monitor CBCs weekly for the first 3 weeks of cycle 1 (28 days), every 2 weeks during cycles 2-4, and then monthly thereafter
- Treatment is continued or modified based on clinical and laboratory findings
- Dose modification guidelines are recommended to manage Grade 3/4 neutropenia or thrombocytopenia. For other Grade 3/4 toxicities judged to be related to REVLIMID hold treatment and restart at next lower dose level when toxicity has resolved to ≤Grade 2
- For Grade 3 or 4 TFR, it is recommended to withhold treatment with REVLIMID until TFR resolves to ≤Grade 1
- Patients may require dose interruption and/or reduction
- Patients may require the use of blood product support and/or growth factors

CrCl, creatinine clearance; TFR, tumor flare reaction.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS (CONTINUED)

Tumor Lysis Syndrome (TLS): Fatal instances of TLS have been reported during treatment with REVLIMID® (lenalidomide). The patients at risk of TLS are those with high tumor burden prior to treatment. Closely monitor patients at risk and take appropriate preventive approaches

Tumor Flare Reaction (TFR): TFR has occurred during investigational use of REVLIMID for CLL and lymphoma. Monitoring and evaluation for TFR is recommended in patients with MCL, FL or MZL. Tumor flare may mimic the progression of disease (PD). In patients with Grade 3 or 4 TFR, it is recommended to withhold treatment with REVLIMID until TFR resolves to ≤Grade 1. REVLIMID may be continued in patients with Grade 1 and 2 TFR without interruption or modification, at the physician's discretion

Impaired Stem Cell Mobilization: A decrease in the number of CD34+ cells collected after treatment (>4 cycles) with REVLIMID has been reported. Consider early referral to transplant center to optimize timing of the stem cell collection

Thyroid Disorders: Both hypothyroidism and hyperthyroidism have been reported. Measure thyroid function before starting REVLIMID treatment and during therapy

Early Mortality in Patients With MCL: In another MCL study, there was an increase in early deaths (within 20 weeks); 12.9% in the REVLIMID arm versus 7.1% in the control arm. Risk factors for early deaths include high tumor burden, MIPI score at diagnosis, and high WBC at baseline (≥10 x 10^9/L)

ADVERSE REACTIONS

Follicular Lymphoma/Marginal Zone Lymphoma

- Fatal adverse reactions occurred in 6 patients (1.5%) receiving REVLIMID + rituximab across both trials. Fatal adverse reactions (1 each) included: cardio-respiratory arrest, arrhythmia, cardiopulmonary failure, multiple organ dysfunction syndrome, sepsis, and acute kidney injury. The most frequent serious adverse reaction that occurred in the REVLIMID/rituximab arm was febrile neutropenia (3.0%)
- Grade 3 and 4 adverse reactions reported in ≥5% of patients treated in the FL/MZL trial with REVLIMID + rituximab were: neutropenia (50%) and leukopenia (7%)
- Adverse reactions reported in ≥15% of patients with FL/MZL treated with REVLIMID + rituximab were: neutropenia (58%), diarrhea (31%), constipation (26%), cough (24%), fatigue (22%), rash (22%), pyrexia (21%), leukopenia (20%), pruritus (20%), upper respiratory tract infections (18%), abdominal pain (18%), anemia (16%), headache (15%), thrombocytopenia (15%)

Please see Important Safety Information continued on next page.
Please see accompanying full Prescribing Information, including Boxed WARNINGS, for REVLIMID.

Safety Population (N=356)

ESTABLISHED SAFETY PROFILE

REVLIMID/RITUXIMAB

- Grade 3/4 neutropenia was reported in 50% of subjects in the R^2 arm and 13% of subjects in the rituximab arm[1]
  - All incidences of Grade 3/4 neutropenia in the R^2 arm recovered to Grade 1 or less, with a median time of 9 days[3]
- Patients receiving R^2 had an incidence of febrile neutropenia of 3% vs <1% receiving rituximab[1]
- 71% of patients receiving R^2 completed all 12 cycles of treatment vs 62% receiving rituximab/placebo[3]

ALL GRADE ARs (≥20% OF PATIENTS)[1]

Body System Adverse Reaction[a]	All Adverse Reactions[b]		Grade 3/4 Adverse Reactions[c]	
	R^2 (n=176)	Rituximab (n=180)	R^2 (n=176)	Rituximab (n=180)
Neutropenia[d,e,f]	58%	22%	50%	13%
Diarrhea[e,f]	31%	23%	2.8%	0%
Constipation	26%	14%	0%	0%
Cough[g]	24%	19%	<1%	0%
Fatigue	22%	18%	1.1%	<1%
Rash[e,h]	22%	8%	2.8%	1.1%
Pyrexia[d,e]	21%	15%	<1%	1.7%
Leukopenia[e,f]	20%	9%	7%	1.7%
Pruritus[e,i]	20%	5%	1.1%	0%

[a]ARs for combined ADR terms (based on relevant TEAE PTs [per MedDRA version 21.0]):
[b]All treatment-emergent ARs in at least 5% of patients in the REVLIMID + rituximab group and at least 1% higher frequency (%) than the rituximab + placebo group (control arm).
[c]All grade 3 or 4 treatment-emergent ARs in at least 1% of patients in the REVLIMID + rituximab group and at least 1% higher frequency (%) than the rituximab + placebo group (control arm).
[d]All serious treatment-emergent ARs in at least 1% of patients in the REVLIMID + rituximab group and at least 1% higher frequency (%) than the rituximab + placebo group (control arm).
[e]Serious ADR reported.
[f]ARs in which at least one was considered to be life threatening (if the outcome of the reaction was death, it is included with death cases).
[g]"Cough" combined AR term includes the following PTs: cough and productive cough.
[h]"Rash" combined AR term includes the following PTs: rash maculo-papular, rash erythematous, rash macular, rash papular, rash pruritic, and rash generalized.
[i]"Pruritus" combined AR term includes the following PTs: pruritus, pruritus generalized, rash pruritus, and pruritus allergic.

PATIENTS WITH AT LEAST 1 TEAE, BY CYCLE OF ONSET[3]*

	R^2	Rituximab
Cycles 1–2	92% (162/176)	81% (145/180)
Cycles 3–4	87% (146/168)	64% (112/174)
Cycles 5–6	83% (132/160)	55% (89/162)
Cycles 7–9	80% (117/147)	60% (88/147)
Cycles 10–12	80% (105/131)	53% (63/119)

ADR, adverse drug reaction; AR, adverse reaction; PT, preferred term; TEAE, treatment-emergent adverse event.
*Rituximab 375 mg/m^2 was administered on Days 1, 8, 15, and 22 of cycle 1 and on Day 1 of cycles 2 to 5 every 28 days.[1]

Note: ARs are coded to body system/AR using MedDRA 21. A patient with multiple occurrences of an AR is counted only once under the applicable body system/AR.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

DRUG INTERACTIONS

Periodically monitor digoxin plasma levels due to increased C_{max} and AUC with concomitant REVLIMID® (lenalidomide) therapy. Patients taking concomitant therapies such as erythropoietin stimulating agents or estrogen containing therapies may have an increased risk of thrombosis. It is not known whether there is an interaction between dexamethasone and warfarin. Close monitoring of PT and INR is recommended in patients with MM taking concomitant warfarin

USE IN SPECIFIC POPULATIONS

- **PREGNANCY: See Boxed WARNINGS:** If pregnancy does occur during treatment, immediately discontinue the drug and refer patient to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling. There is a REVLIMID pregnancy exposure registry that monitors pregnancy outcomes in females exposed to REVLIMID during pregnancy as well as female partners of male patients who are exposed to REVLIMID. This registry is also used to understand the root cause for the pregnancy. Report any suspected fetal exposure to REVLIMID to the FDA via the MedWatch program at 1-800-FDA-1088 and also to Celgene Corporation at 1-888-423-5436
- **LACTATION:** There is no information regarding the presence of lenalidomide in human milk, the effects of REVLIMID on the breastfed infant, or the effects of REVLIMID on milk production. Because many drugs are excreted in human milk and because of the potential for adverse reactions in breastfed infants from REVLIMID, advise female patients not to breastfeed during treatment with REVLIMID
- **RENAL IMPAIRMENT:** Adjust the starting dose of REVLIMID based on creatinine clearance value and in patients on dialysis

The REVLIMID REMS® Program

To avoid embro-fetal exposure, REVLIMID is only available through a restricted distribution program called the REVLIMID Risk Evaluation and Mitigation Strategy (REMS®) program. The REVLIMID REMS® program requires prescribers and pharmacies to be certified and patients to enroll and comply with all of the program requirements.

To enroll yourself and your patients, receive more information, and download forms related to the REVLIMID REMS® program, please visit **www.CelgeneRiskManagement.com** or call 1-888-423-5436.

Please see accompanying full Prescribing Information, including Boxed WARNINGS, for REVLIMID.
Please see the rituximab full Prescribing Information for Important Safety Information at www.rituxan.com.

DOSE MODIFICATIONS FOR HEMATOLOGIC TOXICITIES

R2 REVLIMID/RITUXIMAB

Dose modifications are recommended for patients experiencing Grade 3/4 neutropenia or thrombocytopenia while taking REVLIMID.

NEUTROPENIA[1]

When Neutrophils:	Recommended Course
Fall below 1000/mcL for at least 7 days OR Fall below 1000/mcL with an associated temperature ≥38.5°C OR Fall below 500/mcL	**Interrupt REVLIMID treatment and follow CBC weekly.**
Return to at least 1000/mcL	**If patient starting dose was 20 mg daily, resume REVLIMID at 5 mg less than previous dose. Do not dose below 5 mg daily.** **If patient starting dose was 10 mg daily, resume at 5 mg less than previous dose. Do not dose below 2.5 mg daily.**

THROMBOCYTOPENIA[1]

When Platelets:	Recommended Course
Fall below 50,000/mcL	**Interrupt REVLIMID treatment and follow CBC weekly.**
Return to at least 50,000/mcL	**If patient starting dose was 20 mg daily, resume REVLIMID at 5 mg less than previous dose. Do not dose below 5 mg daily.** **If patient starting dose was 10 mg daily, resume at 5 mg less than previous dose. Do not dose below 2.5 mg daily.**

- For other Grade 3/4 toxicities judged to be related to REVLIMID, hold treatment and restart at the physician's discretion at next lower dose level when toxicity has resolved to Grade 2 or below[1]
- REVLIMID must be discontinued for angioedema, Grade 4 rash, exfoliative or bullous rash, or if Stevens-Johnson syndrome, toxic epidermal necrolysis, or drug reaction with eosinophilia and systemic symptoms is suspected and should not be resumed following discontinuation for these reactions

For dose adjustments due to toxicity with rituximab, refer to the product prescribing information.

CBC, complete blood count.

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REVLIMID/
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VISIT REVLIMIDRRFL.COM TO LEARN MORE

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References: 1. REVLIMID [package insert]. Summit, NJ: Celgene Corp; 2019. **2.** Leonard JP, et al. *J Clin Oncol*. 2019;37(14):1188-1199. **3.** Data on file. Celgene Corporation.

Celgene