

Navirel® / Vinorelbine 10 mg/ml concentrate for solution for infusion

Qualitative and quantitative composition: Each 1 ml (5 ml) vial contains a total content of vinorelbine (as tartrate) of 10 mg (50 mg). Excipients: Water for injections. **Therapeutic indications:** *All countries except UK:* As single agent in patients with metastatic breast cancer (stage 4), where treatment with anthracycline- and taxane containing chemotherapy has failed or is not appropriate. Non-small cell lung cancer (stage 3 or 4). *UK:* As single agent or in combination for first line treatment of stage 3 or 4 non small cell lung cancer.

Treatment of advanced breast cancer stage 3 and 4 relapsing after or refractory to an anthracycline containing regimen. **Posology and method of administration:** Vinorelbine is usually given at 25-30 mg/m² body surface area once weekly. In combination with other cytostatic agents the exact dose should be taken from the treatment protocol. Vinorelbine should be administered by slow bolus (6-10 minutes) after dilution in 20-50 ml of sodium chloride 0.9% solution for injection or in 5% glucose solution for injection. Administration should always be followed by a sodium chloride 9 mg/ml (0.9 %) infusion with at least 250 ml to flush the vein. Maximum tolerated dose per administration: 35.4 mg/m² body surface area; maximum total dose per administration: 60 mg. Safety and efficacy in children have not been established. Strictly intravenous administration after appropriate dilution. Intrathecal administration of vinorelbine may be fatal. **Contraindications:** Hypersensitivity to active substance or other vinca alkaloids, or to any of the excipients; neutrophil count < 1,500/mm³ or severe current or recent infection (within the last 2 weeks); thrombocyte count below 100,000/mm³; severe hepatic impairment not related to the tumoural process; in combination with yellow fever vaccine; pregnancy, lactation. **Undesirable effects:**

Infections, infestations: Commonly infection bacterial, viral or fungal at different localisation (respiratory, urinary, GI tract) mild to moderate and usually reversible with an appropriate treatment. Uncommonly severe sepsis with other visceral failure, septicaemia. Very rarely septicaemia complicated; septicaemia fatal. Neutropenic sepsis with potential fatal outcome, frequency not known. **Blood, lymphatic system:** Very commonly bone marrow depression resulting mainly in neutropenia, reversible within 5 to 7 days and non-cumulative over time, anaemia. Commonly thrombocytopenia, seldom severe. Febrile neutropenia, pancytopenia, frequency not known. **Immune system:** Commonly allergic reactions (skin reactions, respiratory reactions). Systemic allergic reactions (anaphylactic reaction or shock, anaphylactoid reaction, angioedema), frequency unknown. **Endocrine:** Syndrome of inappropriate antidiuretic hormone secretion (SIADH), frequency not known. **Metabolism, nutrition:** Rarely severe hyponatraemia. Anorexia, frequency not known. **Nervous system:** Very commonly neurological disorders including loss of deep tendon reflexes. Weakness of the lower extremities has been reported after a prolonged chemotherapy. Uncommonly severe paraesthesia with sensory and motor symptoms. These effects are generally reversible. Very rarely Guillain Barré syndrome. Headache, dizziness, ataxia, posterior reversible encephalopathy syndrome, frequency not known. **Cardiac:** Rarely ischaemic heart diseases like angina pectoris, transitory electrocardiogram changes, myocardial infarction, sometimes fatal. Very rarely tachycardia, palpitation and heart rhythm disorders. Heart failure, frequency not known. **Vascular:** Uncommonly hypotension, hypertension, flushing and peripheral coldness. Rarely severe hypotension, collapse. **Respiratory, thoracic, mediastinal:** Uncommonly dyspnoea, bronchospasm. Rarely interstitial lung disease, sometimes fatal. Very rarely respiratory insufficiency. Cough (G1-2), pulmonary embolism, acute respiratory distress syndrome sometimes fatal, frequency not known. **Gastrointestinal:** Very commonly constipation, which rarely progresses to paralytic ileus; nausea and vomiting, antiemetic therapy may reduce their occurrence; stomatitis, oesophagitis. Commonly diarrhoea. Rarely paralytic ileus; treatment may be resumed after recovery of normal bowel mobility; pancreatitis. Gastrointestinal bleeding, severe diarrhoea, abdominal pain, frequency not known. **Hepatobiliary:** Very commonly transient elevations of liver function tests without clinical symptoms (total bilirubin, alkaline phosphatase, aspartate aminotransferase, alanine aminotransferase increased). **Skin, subcutaneous tissues:** Very commonly alopecia usually mild in nature. Rarely generalised cutaneous reactions. Palmar-plantar erythrodysesthesia syndrome, skin hyperpigmentation (serpentine supraveneous hyperpigmentation), frequency unknown. **Musculoskeletal, connective tissues:** Commonly myalgia, arthralgia, jaw pain. **Renal, urinary:** Commonly creatinine increased. **General, administration site conditions:** Very commonly asthenia, fatigue, fever, pain in different locations including chest pain and pain at the tumour site. Reactions at the injection site may include erythema, burning pain, vein discolouration and local phlebitis. Rarely injection site necrosis (proper positioning of the intravenous needle or catheter and bolus injection followed by liberal flushing of the vein can limit these effects). Chills (G1-2), frequency not known. **Investigations:** Weight loss, frequency not known. For the oral formulation of vinorelbine, the following additional adverse drug reactions were reported: taste disorder, visual impairment, insomnia, dysphagia, weight gain, dysuria, and other genitourinary symptoms. **Legal classification:** POM (prescription only medicine). **Marketing authorisation holder:** medac GmbH Theaterstraße 6; 22880 Wedel, Germany. **Date of revision of text:** 03/2024

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