Kisqali should be taken orally with or without food at the same time every day for 21 days, followed by 7 days off treatment, resulting in a complete cycle of 28 days. The treatment should be continued as long as the patient is deriving clinical benefit from therapy or until unacceptable toxicity occurs. Kisqali should be used in combination with an LHRH agonist. The treatment should be continued in women of childbearing potential not using contraception. Patients should not breast-feed for at least 21 days after the last dose of Kisqali.

**Adverse Events**

Kisqali may have a minor influence on the ability to drive and use machinery; patients should be cautious in case they experience fatigue, dizziness or vertigo. Undesirable effects: Very common infections, cellulitis and oropharyngeal pain, fever, respiratory tract infections, nasopharyngitis, bronchitis, headache, diarrhea, lymphopenia, neutropenia, anemia, neutropenia, pyrexia, rash, stomatitis, vomiting, Common Dry Eye, dysgeusia, oropharyngeal pain, fever, neutropenia, hepatotoxicity, hepatic failure, constipation, hair color change, abdominal pain, nausea, vomiting, periphosphatidylserine, vertigo, lactic acidosis, hyperglycemia, retinopathy, and thrombocytopenia. Kisqali at the next lower dose level.

**Contraindications:**

Kisqali is contraindicated in patients with known hypersensitivity (including IgE-mediated) to ribociclib or any of its excipients, and in patients with severe renal impairment.

**Interactions:**

Kisqali should be administered with caution in patients with severe renal impairment. The starting dose of 400 mg daily should be used with caution in patients with moderate or severe hepatic impairment. Patients with hepatic impairment (Child Pugh class C) can have increased (less than 2 fold) exposure to ribociclib and the starting dose of 400 mg Kisqali once daily is recommended. Contraindications: Hypersensitivity to the active substance or to peanut, soy or any other listed excipients. Warnings: Precautions: Kisqali is not recommended to be used in combination with tamoxifen. Clinical studies of Kisqali have not been conducted in patients with critical visceral disease. Neutropenia based on the QT interval. Any abnormality should be corrected before initiating treatment with Kisqali. The recommended starting dose of 600 mg once daily should be combined with a luteinising hormone-releasing hormone (LHRH) agonist. Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.report.novartis.com. Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.report.novartis.com. Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake (PVI) tool at www.report.novartis.com.