

Lenalidomide: Suggested Dose Modifications

Dose Adjustments for Thrombocytopenia in Multiple Myeloma (MM) Patients

When Platelets	Recommended Course
Fall to $< 30,000/\mu\text{L}$	Interrupt lenalidomide treatment, follow CBC weekly
Return to $\geq 30,000/\mu\text{L}$	Restart lenalidomide at 15 mg daily
For each subsequent drop $< 30,000/\mu\text{L}$	Interrupt lenalidomide treatment
Return to $\geq 30,000/\mu\text{L}$	Resume lenalidomide at 5 mg less than previous dose. Do not dose below 5 mg daily

Dose Adjustments for Neutropenia in MM Patients

When Neutrophils	Recommended Course
Fall to $< 1,000/\mu\text{L}$	Interrupt lenalidomide treatment, add G-CSF, follow CBC weekly
Return to $\geq 1,000/\mu\text{L}$ and neutropenia is the only toxicity	Resume lenalidomide at 25 mg daily
Return to $\geq 1,000/\mu\text{L}$ and if other toxicity	Resume lenalidomide at 15 mg daily
For each subsequent drop $< 1,000/\mu\text{L}$	Interrupt lenalidomide treatment
Return to $\geq 1,000/\mu\text{L}$	Resume lenalidomide at 5 mg less than previous dose. Do not dose below 5 mg daily

Please see full prescribing information, including boxed warnings, contraindications, precautions, and adverse reactions.

**Starting Dose Adjustment for Renal Impairment (Cockcroft-Gault CLcr)
Multiple Myeloma and Myelodysplastic Syndromes**

Category	Renal function	Dose: Multiple Myeloma	Dose MDS
Moderate Renal Impairment	< 60 mL/min/ $30 \leq \text{CLcr}$	10 mg every 24 hours	5 mg every 24 hours
Severe Renal Impairment (not requiring dialysis)	CLcr < 30 mL/min	15 mg every 48 hours	5 mg Every 48 hours
End Stage Renal Disease (requiring dialysis)	CLcr < 30 mL/min	5 mg Once daily. On dialysis days the dose should be administered following dialysis	5 mg every 24 hours dialysis 3 times a week following dialysis

After initiation of lenalidomide (REVLIMID®) therapy, subsequent lenalidomide (REVLIMID®) dose modification should be based on individual patient treatment tolerance, as described elsewhere in this section.