Yselty® (Linzagolix) ▼ Prescribing Information

Please consult the Summary of Product Characteristics for other adverse reactions and full prescribing information before prescribing.

Presentation: Yselty 100 mg and Yselty 200 mg film-coated tablet. **Indication:** Yselty is indicated in adult women of reproductive age for the treatment of moderate to severe symptoms of uterine fibroids, and for symptomatic treatment of endometriosis in women with a history of previous medical or surgical treatment for their endometriosis. **Dosage and administration:** For oral use. Yselty can be taken with or without food. The 200 mg dose can be taken as either one 200 mg tablet or two times a 100 mg tablet. Yselty treatment should be initiated and supervised by a physician experienced in the diagnosis and treatment of uterine fibroids and/or endometriosis. Pregnancy must be ruled out prior to initiating treatment. Yselty should preferably be started in the first week of the menstrual cycle and should be taken continuously once daily. In patients with risk factors for osteoporosis or bone loss, a dual X-ray absorptiometry (DXA) scan is recommended prior to starting Yselty treatment. Yselty can be taken without interruption. A DXA scan is recommended after 1 year of treatment for all women, and there is a need for continued Bone Mineral Density (BMD) monitoring thereafter. ***The recommended dose is: For Uterine Fibroids:*** 100 mg or, if needed, 200 mg once daily with concomitant hormonal add-back therapy (ABT, estradiol 1 mg and norethisterone acetate 0.5 mg tablet once daily); 100 mg once daily for women in whom ABT is not recommended or who prefer to avoid hormonal therapy; 200 mg once daily for short-term use (< 6 months) in clinical situations when reduction of uterine and fibroid volume is desired. Fibroid size may increase when the treatment is stopped. Due to the risk of BMD decrease with prolonged use, the 200 mg dose without concomitant ABT should not be prescribed for longer than 6 months**.** ***For Endometriosis:*** 200 mg once daily with concomitant hormonal add-back therapy. ***Missed doses****:* If a dose is missed, treatment must be taken as soon as possible and then continued the next day at the usual time. **Contraindications:** Hypersensitivity to the active substance(s) or to any of the excipients list, Pregnancy or breast-feeding, Known osteoporosis, Genital bleeding of unknown aetiology, Contraindications related to ABT should be respected if concomitant ABT is given. **Special warnings and precautions for use:** ***Medical examination/consultation:*** Prior to the initiation or reinstitution of Yselty, a complete medical history (including family history) must be taken. Blood pressure must be measured, and a physical examination must be performed guided by the contraindications and warnings for use. During treatment, periodic check-ups must be carried out according to standard clinical practice. Any hormonal contraception needs to be stopped prior to initiation of Yselty. Pregnancy must be ruled out prior to administering or re-initiation of Yselty. ***Risk of bone loss:*** In some women treated with Yselty, who had normal BMD at start of treatment, BMD loss varying from > 3-8% was reported. The benefits and risks of Yselty in patients with a history of a low trauma fracture or other risk factors for osteoporosis or bone loss, including those taking medications that may affect BMD should be considered prior to initiating treatment. It is recommended to perform a dual X ray absorptiometry (DXA) scan before commencing treatment with Yselty in these at-risk patients. A DXA scan is recommended after 1 year of treatment for all women to verify that the patient does not have an unwanted degree of BMD loss. Thereafter, depending on the prescribed dose of Yselty, BMD assessment is recommended annually (Yselty 100 mg) or at a frequency determined by the treating physician based on the woman's individual risk and previous BMD assessment (Yselty 100 mg with concomitant ABT and Yselty 200 mg with concomitant ABT). If the risks of BMD decrease exceed the potential benefit of treatment with Yselty, treatment should be discontinued. ***Hepatic impairment:*** No dose adjustment is necessary in women with mild or moderate hepatic impairment. Yselty should be avoided in women with severe hepatic impairment. ***Renal impairment:*** Yselty should be avoided in women with moderate (eGFR = 30-59mL/min), severe renal impairment (eGFR < 30mL/min) or end-stage renal disease. Prescribers are recommended to monitor for adverse reactions in women who have mild renal impairment (eGFR = 60-89 mL/min) although no dose adjustment is required. ***Paediatric population:*** There is no relevant use of Yselty in children aged under 18 years for the indication of treatment of moderate to severe symptoms of uterine fibroids. The safety and efficacy of Yselty in children aged under 18 years for the indication of treatment of endometriosis has not been established. ***Cardiovascular disorders/QT prolongation:*** Yselty marginally increases the QT interval but showed no evidence of clinically relevant risk of QT prolongation or Torsade de Pointes. Caution should be exercised in patients who have known cardiovascular disease, family history of QT prolongation or hypokalaemia, and in concomitant use with medicinal products known to prolong the QT interval. Caution should also be exercised in patients with co-existing disorders leading to increased Yselty plasma levels. ***Contraception:*** Linzagolix with or without concomitant ABT has not been demonstrated to provide contraception. Women of childbearing potential at risk of pregnancy have to use effective non-hormonal contraception whole on treatment with Yselty. ***Change in menstrual bleeding pattern and reduced ability to recognise pregnancy:*** Women should be informed that treatment with Yselty usually leads to a significant reduction in menstrual blood loss and often leads to amenorrhoea, which may reduce the ability to recognise the occurrence of a pregnancy in a timely manner. Pregnancy testing should be performed if pregnancy is suspected, and treatment should be discontinued if pregnancy is confirmed. ***Liver enzymes***: Asymptomatic transient liver enzyme elevations have been reported. Patients should be

instructed to promptly seek medical attention in case of symptoms or signs that may reflect liver injury, such as jaundice. Treatment should be discontinued if jaundice develops. Acute liver test abnormalities may necessitate discontinuation of treatment with Yselty until liver tests return to normal. Women with abnormal hepatic function parameters (≥2 upper limit of normal, ULN) were excluded from studies with Yselty. Therefore, in women with known abnormal hepatic history, a baseline level of hepatic function tests should be obtained, and further regular monitoring should be performed. These patients should be treated with caution. ***Lipid levels:*** Increases in lipid levels were observed with Yselty treatment. These increases were generally of no clinical relevance. However, in women with pre-existing elevated lipid profiles monitoring of lipid levels is recommended. ***Mood disorders:*** Mood disorders including depression, alterations in mood, and emotional lability have been observed with treatment with GnRH antagonists. Caution is to be applied in women with a history of depression and/or suicidal ideation. Patients with known depression or history of depression should be carefully monitored during treatment. Treatment should be discontinued if depression recurs to a serious degree. ***Warnings and precautions relevant to ABT***. If concomitant ABT is prescribed, all warnings and precautions relevant to ABT should be considered. ***Lactose***: Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. **Interactions:** CYP2C8 substrate medicinal products, Yselty has been shown to increase mean repaglinide (a CYP2C8 sensitive substrate) exposure in healthy subjects by less than 2-fold. Due to the risk of increased plasma concentrations, concomitant administration of Yselty and medicinal products primarily cleared by CYP2C8 metabolism and with a narrow therapeutic index should be avoided. Prescribers are recommended to monitor for increases in adverse reactions associated with other CYP2C8 substrates when co-administered with Yselty. **Fertility, pregnancy and lactation:** Linzagolix with or without ABT has not been demonstrated to provide contraception. Women of childbearing potential at risk of pregnancy have to use effective non-hormonal contraception while on treatment with Yselty. Yselty is contraindicated during pregnancy and breast-feeding. **Side effects:** The most common adverse reactions reported in the pivotal phase 3 clinical studies in the uterine fibroid-treated population were hot flushes and headaches, which were reported with higher frequency at higher doses and less frequently when ABT was taken concomitantly. Hot flushes were reported in 5.2%, 9.6%, 10.1% and 31% of women treated with 100 mg with ABT, 200 mg with ABT, 100 mg and 200 mg, respectively. Similarly, headaches were reported more frequently at higher doses and decreased with ABT (1.4%, 2.4%, 4% and 6.2% for 100 mg with ABT, 200 mg with ABT, 100 mg and 200 mg, respectively). The most common adverse reactions reported in the endometriosis population treated with the recommended dose of 200 mg with ABT included hot flushes (6.3%) and headache (5.7%). ***Very Common (≥1/10):*** Hot flush; ***Common (≥1/100 to <1/10):*** Mood disorders, Libido decreased, Headache, Hot flush, Nausea/ vomiting, Upper abdominal pain, Constipation, Elevated liver enzymes, Hyperhidrosis, Night sweats, Arthralgia, BMD decreased, Vaginal haemorrhage, Pelvic pain, Change in menstrual bleeding pattern, Vulvovaginal dryness, Asthenia. ***Uncommon (>1/1,000 to <1/100):*** Libido decreased, Upper abdominal pain, Constipation, Night sweats, BMD decreased, Arthralgia, Vulvovaginal dryness, Changes in menstrual bleeding pattern, Asthenia. Please refer to the Summary of Product Characteristics for a description of selected adverse reactions including mood disorders, elevated liver enzymes, bone mineral density changes and vaginal haemorrhage. **Package Quantities & Cost:** 28 film-coated tablets, £80. **Marketing Authorisation numbers:** PLGB 49876/0023, PLGB 49876/0024. **Marketing Authorisation holder**: Theramex Ireland Limited 3rd Floor, Kilmore House, Park Lane, Spencer Dock, Dublin 1 D01 YE64 Ireland. **Legal classification:** POM. **Job code:** YSELTY_HQ-UK_EN_21716_v1. **Date of Preparation:** March 2025.

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk or search for MHRA Yellowcard in the Google Play or Apple App store. Adverse events should also be reported to Theramex on medinfo.uk@theramex.com or Tel: +44 (0)333 0096795