



**Pomalidomide (Imnovid▼): New important advice - hepatitis B virus status to be established before initiating treatment with pomalidomide**

22 April 2016

Dear Healthcare professional

Celgene Europe Limited in agreement with the European Medicines Agency and the Health Products Regulatory Authority (HPRA) would like to inform you of the following:

***Summary***

- **Reactivation of hepatitis B has been reported rarely following treatment with pomalidomide plus dexamethasone in patients previously infected with the hepatitis B virus.**
- **Some of these cases have progressed to acute hepatic failure and resulted in discontinuation of pomalidomide.**
- **Hepatitis B virus status should be established before initiating treatment with pomalidomide.**
- **For patients who test positive for HBV infection, consultation with a physician with expertise in the treatment of hepatitis B is recommended.**
- **Caution should be exercised when using pomalidomide in combination with dexamethasone in patients previously infected with HBV, including patients who are anti-HBc positive but HBsAg negative.**
- **Previously infected patients should be closely monitored for signs and symptoms of active HBV infection throughout therapy.**

***Further information on the safety concern and the recommendations***

Imnovid in combination with dexamethasone is indicated in the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy.

Cases of hepatitis B reactivation, some of which progressed to hepatic failure, have been reported rarely (less than 1/1,000) following treatment with pomalidomide plus dexamethasone. They generally occurred early during therapy with pomalidomide, with most reports during the first treatment cycle.

Patients treated with pomalidomide usually have existing risk factors for viral reactivation including old age, underlying progressive multiple myeloma and prior treatment with multiple immunosuppressive treatments. However, the immunosuppressive effect of pomalidomide in combination with dexamethasone may further increase the risk of viral reactivation in these patients.

### ***Call for reporting***

▼ This medicinal product is subject to additional monitoring. This is intended to facilitate early identification of new safety information.

Suspected adverse reactions should be reported to the HPRA using a Yellow Card obtained either from the HPRA, or electronically via the website at [www.hpra.ie](http://www.hpra.ie). Adverse reactions can also be reported to the HPRA by calling (01) 676 4971.

When reporting, please provide as much information as possible, including information about medical history, any concomitant medication, onset and treatment dates.

Adverse reactions associated with the use of pomalidomide may also be reported to Celgene: Celgene Drug Safety, Celgene Ltd, 1 Longwalk Road, Stockley Park, Uxbridge, UB11 1DB. UK  
Telephone: 1808 936 217

Fax: 1800 936 477

email: [drugsafetyuk@celgene.com](mailto:drugsafetyuk@celgene.com)

### ***Communication information***

If you have any further questions or require further information, please contact your local Celgene representative at:

Celgene Medical Information, Celgene Ltd, 1 Longwalk Road, Stockley Park, Uxbridge, UB11 1DB. UK

Telephone: 1800 333 111

Fax: 1800 333 112

email: [medinfo.uk.ire@celgene.com](mailto:medinfo.uk.ire@celgene.com)

Yours faithfully



**Dr Adrian Kilcoyne**  
**Medical Director, UK and Ireland**  
**Celgene Limited**