IMNOVID® (POMALIDOMIDE)

INFORMATION FOR HEALTHCARE PROFESSIONALS

BROCHURE

Medicines Authority Approval Date: *18 October 2023*

1 INTRODUCTION

This Brochure contains the information needed for prescribing and dispensing Imnovid® (pomalidomide), including information about the Pregnancy Prevention Programme (PPP).

When pomalidomide is given in combination with other medicinal products, the corresponding Summary of Product Characteristics (SmPC) must be consulted prior to treatment. Please refer to SmPC for the latest information - *https://www.ema.europa.eu/en/documents/product-information/imnovid-epar-product-information_en.pdf*

2 RISKS OF POMALIDOMIDE

2.1 Thrombocytopenia

Thrombocytopenia is one of the major dose-limiting toxicities of treatment with pomalidomide.

It is therefore encouraged to monitor complete blood counts (CBC) - including platelet count - weekly for the first 8 weeks and monthly thereafter.

A dose modification or interruption may be required. Patients may require use of blood product support and/or growth factors.

Thrombocytopenia can be managed with dose modifications and/or interruptions.

Recommended dose modifications during treatment and restart of treatment with Imnovid® (pomalidomide) are outlined in the table below:

2.1.1 Dose Modification or Interruption Instructions

Toxicity	Dose Modification
Thrombocytopenia	
Platelet Count < 25 x 10^9/l	Interrupt pomalidomide treatment, follow CBC weekly.
Platelet Count return to ≥ 50 x 10^9/l	Resume pomalidomide treatment at one dose lower than previous dose.
For each subsequent drop < 25 x 10^9/l	Interrupt pomalidomide treatment.
Platelet count return to ≥ 50 x 10^9/l	Resume pomalidomide treatment at one dose level lower than the previous dose.

CBC – Complete Blood Count.

To initiate a new cycle of pomalidomide, the platelet count must be ≥ 50 x 10^9/l.

For other Grade 3 or 4 adverse reactions judged to be related to pomalidomide, stop treatment and restart treatment at 1 mg less than the previous dose when an adverse reaction has resolved to ≤ Grade 2 at the physician's discretion. If adverse reactions occur after dose reductions to 1 mg, then the medicinal product should be discontinued (see Section 4.2 of the SmPC).

2.2 Cardiac Failure

Cardiac events, including congestive cardiac failure, pulmonary oedema and atrial fibrillation (see Section 4.8 of the SmPC), have been reported, mainly in patients with pre-existing cardiac disease or cardiac risk factors. Appropriate caution should be exercised when considering the treatment of

such patients with pomalidomide, including periodic monitoring for signs or symptoms of cardiac events (see Section 4.4 of the SmPC).

3 PREGNANCY PREVENTION PROGRAMME

Pomalidomide is structurally related to thalidomide. Thalidomide is a known human teratogenic substance that causes severe life-threatening birth defects. Pomalidomide induced, in rats and rabbits, malformations similar to those described with thalidomide.

If Imnovid® (pomalidomide) is taken during pregnancy, a teratogenic effect in humans is expected. Po~malidomide is therefore contraindicated in pregnancy and in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme described in this HCP brochure are met.

It is a requirement of the Pregnancy Prevention Programme that all Healthcare Professionals ensure that they have read and understood this brochure before prescribing or dispensing pomalidomide for any patient.

All men and all women of childbearing potential should undergo, at treatment initiation, counselling of the need to avoid pregnancy .This must be documented via the Patient Card).

Patients should be capable of complying with the requirements of safe use and handling of pomalidomide.

Patients must be provided with the appropriate educational Patient Brochure and Patient Card and/or equivalent tool.

The description of the Pregnancy Prevention Programme and the categorisation of patients based on sex and childbearing potential is set out in the attached Algorithm.

4 PRESCRIBING POMALIDOMIDE

4.1 Women of Childbearing Potential:

- Prescriptions for women of childbearing potential can be for a maximum duration of treatment of 4 weeks according to the approved indications dosing regimens, and prescriptions for all other patients can be for a maximum duration of 12 weeks.
- Do not dispense to a woman of childbearing potential unless the pregnancy test is negative and was performed within 3 days prior to the prescription.

Valid prescription by treating haematologist must be presented to the pharmacy after each visit of the patient to the HCP and is required for the dispensing of Imnovid.

4.2 All Other Patients:

- For all other patients, prescriptions of pomalidomide should be limited to a maximum duration of 12 consecutive weeks and continuation of treatment requires a new prescription.

4.3 Female Patients:

Determine if a woman is not of childbearing potential.

The following are considered to not have childbearing potential:

- Age ≥ 50 years and naturally amenorrhoeic for ≥ 1 year*
- Confirmed premature ovarian failure if confirmed by a specialist gynaecologist
- Previous bilateral salpingo-oophorectomy, or hysterectomy

- XY genotype, Turner syndrome, uterine agenesis.

*Amenorrhoea following cancer therapy or during breastfeeding does not rule out childbearing potential.

You are advised to refer your patient for a gynaecological opinion if you are unsure whether or not she meets these criteria.

4.4 PPP Advice for Women of Childbearing Potential

Women of childbearing potential must never take pomalidomide if:

Pregnant

A woman who is able to become pregnant, even if not planning to become pregnant, unless all of the conditions of the Pregnancy Prevention Programme are met.

In view of the expected teratogenic risk of pomalidomide, foetal exposure should be avoided.

- Women of childbearing potential (even if they have amenorrhoea) must:

use at least one effective method of contraception for at least 4 weeks before therapy, during therapy, and until at least 4 weeks after pomalidomide therapy finished, and even in case of dose interruption or

commit to absolute and continuous abstinence confirmed on a monthly basis

AND

have a medically supervised negative pregnancy test prior to issuing a prescription (with a minimum sensitivity of 25 mIU/ml) once she has been established on contraception for at least 4 weeks, at least every 4 weeks during therapy (this includes dose interruptions) and at least 4 weeks after the end of therapy (unless confirmed tubal sterilisation). This includes those women of childbearing potential who confirm absolute and continued abstinence.

Patients should be advised to inform the physician prescribing her contraception about the pomalidomide treatment.

Patients should be advised to inform you if a change or stop of method of contraception is needed.

If not established on effective contraception, the patient must be referred to an appropriately trained health care professional for contraceptive advice before initiating contraception.

The following can be considered to be examples of suitable methods of contraception:

- Implant
- Levonorgestrel-releasing intrauterine system (IUS)
- Medroxyprogesterone acetate depot
- Tubal sterilisation
- Sexual intercourse with a vasectomized male partner only; vasectomy must be confirmed by two negative semen analyses
- Ovulation inhibitory progesterone-only pills (ie, desogestrel)

Because of the increased risk of venous thromboembolism in patients with multiple myeloma taking pomalidomide and dexamethasone, combined oral contraceptive pills are not

recommended. If a patient is currently using combined oral contraception the patient should switch to one of the effective methods listed above. The risk of venous thromboembolism continues for 4 to 6 weeks after discontinuing combined oral contraception. The efficacy of contraceptive steroids may be reduced during co-treatment with dexamethasone.

Implants and IUSs are associated with an increased risk of infection at the time of insertion and irregular vaginal bleeding. Prophylactic antibiotics should be considered particularly in patients with neutropenia.

Insertion of copper-releasing intrauterine devices is not recommended due to the potential risks of infection at the time of insertion and menstrual blood loss which may compromise patients with severe neutropenia or severe thrombocytopenia.

Your patient should be advised that if a pregnancy does occur whilst she is receiving pomalidomide, she must stop treatment immediately and inform her physician immediately.

4.5 PPP Advice for Men

In view of the expected teratogenic risk of pomalidomide, foetal exposure should be avoided.

Inform your patient which are the effective contraceptive methods that his female partner can use.

Pomalidomide is present in human semen. As a precaution, all male patients taking pomalidomide, including those who have had a vasectomy as seminal fluid may still contain pomalidomide in the absence of spermatozoa, should use condoms throughout treatment duration, during dose interruption and for at least 7 days after cessation of treatment if their partner is pregnant or of childbearing potential and has no contraception.

Patients should be instructed that if their partner does become pregnant whilst he is taking pomalidomide or within 7 days after he has stopped taking pomalidomide, he should inform his prescriber immediately. The partner should inform her physician immediately. It is recommended that she be referred to a physician specialized in teratology for evaluation and advice.

Male patients should not donate semen or sperm during treatment, including during dose interruptions and for at least 7 days following discontinuation of pomalidomide.

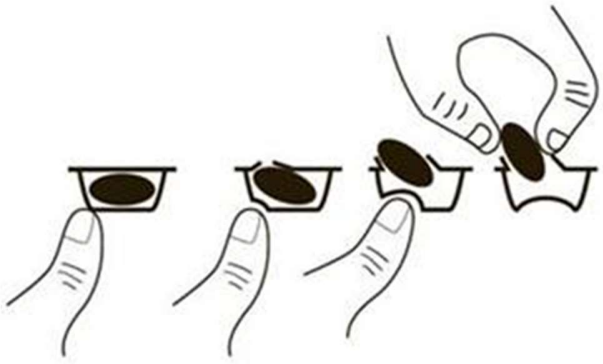
5 POINTS TO CONSIDER FOR HANDLING THE MEDICINAL PRODUCT: FOR HEALTHCARE PROFESSIONALS AND CAREGIVERS

Do not share the medicinal product with anyone else, even if they have similar symptoms. Store them safely so that no-one else can take them by accident and keep them out of the reach of children.

Keep the blisters with the capsules in the original pack.

Capsules can occasionally become damaged when pressing them out of the blister, especially when the pressure is put onto the middle of the capsule. Capsules should not be pressed out of the blister by putting pressure on the middle. The pressure should be located at one site only, which reduces the risk of the capsule deforming or breaking (see figure below).

Healthcare professionals and caregivers should wear disposable gloves when handling the blister or capsule. Remove gloves carefully to prevent skin exposure. Place in a sealable plastic polyethylene bag. Dispose of any unused medication in accordance with local regulations. Hands should then be washed thoroughly with soap and water. Women who are pregnant or suspect they may be pregnant should not handle the blister or capsule Refer below for further guidance.



5.1 When Handling the Medicinal Product Use the Following Precautions to Prevent Potential Exposure if You are a Healthcare Professional or Caregiver

- If you are a woman who is pregnant or suspect that you may be pregnant, you should not handle the blister or capsule.
- Wear disposable gloves when handling product and/or packaging (ie, blister or capsule).
- Use proper technique when removing gloves to prevent potential skin exposure (see below).
- Place gloves in a sealable plastic polyethylene bag and dispose them according to local requirements.
- Wash hands thoroughly with soap and water after removing gloves.
- Patients should be advised never to give the medicinal product to another person.

5.2 If a Drug Product Package Appears Visibly Damaged, Use the Following Extra Precautions to Prevent Exposure

- If outer carton is visibly damaged – **do not open.**
- If blister strips are damaged or leaking or capsules are noted to be damaged or leaking – **close outer carton immediately.**
- Place the product inside a sealable plastic polyethylene bag.
- Return unused pack to the pharmacist for safe disposal as soon as possible.

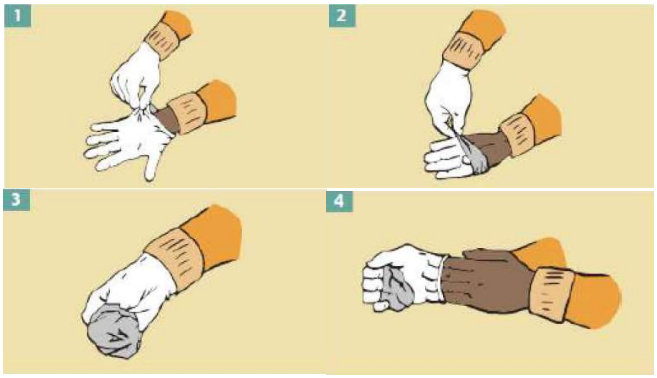
5.3 If Product is Released or Spilled, Take Proper Precautions to Minimize Exposure by Using Appropriate Personal Protection

- If capsules are crushed or broken, dust containing drug substance may be released. Avoid dispersing the powder and avoid breathing on or inhaling the powder.
- Wear disposable gloves to clean up the powder.
- Place a damp cloth or towel over the powder area to minimize entry of powder into the air. Add excess liquid to allow the material to enter solution. After handling, clean the area thoroughly with soap and water, then dry it.
- Place all contaminated materials, including damp cloth or towel, and the gloves, into a sealable polyethylene plastic bag. Dispose of it according to local requirements for medicinal products.
- Wash your hands thoroughly with soap and water after removing the gloves.
- Please report to BMS *pv@ammangion.com or telephone number 00 356 23976333.*.

5.4 If the Contents of the Capsule are Attached to the Skin or Mucous Membranes

- If you touch the drug powder, please wash exposed area thoroughly with running water and soap.
- If your eye had contact with the powder, if worn and if easy to do, remove contact lenses and discard them. Immediately flush eyes with copious quantities of water for at least 15 minutes. If irritation occurs please contact an ophthalmologist.

5.5 Proper Technique for Removing Gloves



- Grasp outside edge near wrist (1).
- Peel away from hand, turning glove inside-out (2).
- Hold in opposite gloved hand (3).
- Slide ungloved finger under the wrist of the remaining glove, being careful not to touch the outside of the glove (4).
- Peel off from inside, creating a bag for both gloves.
- Discard in appropriate container.
- Wash your hands with soap and water thoroughly.

5.6 Blood Donation

- All patients should not donate blood during treatment (including dose interruptions) and for at least 7 days after cessation of treatment with pomalidomide.

5.7 Requirements in the Event of a Suspected Pregnancy

- Stop treatment immediately if female patient.
- Refer female patient to a physician specialized or experienced in teratology for evaluation and advice.
- Notify BMS of all suspected pregnancies in female patients or partners of male patients.
- Pregnancy Reporting Form is included in this pack
- Please contact AM Mangion Ltd immediately on Tel No 00356 23976333 and email pv@ammangion.*com*
- BMS will wish to follow-up with you on the progress of all suspected pregnancies in female patients or partners of male patient cases.

TREATMENT FOR A WOMAN OF CHILDBEARING POTENTIAL CANNOT START UNTIL PATIENT IS ESTABLISHED ON AT LEAST ONE EFFECTIVE METHOD OF CONTRACEPTION FOR AT LEAST 4 WEEKS OR COMMITS TO COMPLETE AND CONTINUED ABSTINENCE AND PREGNANCY TEST IS NEGATIVE!

6 REPORTING OF ADVERSE REACTIONS

The safe use of pomalidomide is of paramount importance. As part of BMS's ongoing safety monitoring, the company wishes to learn of Adverse Reactions that have occurred during the use of pomalidomide. . Please contact AM Mangion Ltd immediately on Tel No 00356 23976333 and email pv@ammangion.

Suspected Adverse Drug Reactions (side effects) or medication errors may be reported using the Medicines Authority ADR reporting form, which is available online at http://www.medicinesauthority.gov.mt/adrportal, and sent by post or email to;
P: Pharmacovigilance Section at Post-Licensing Directorate, Medicines Authority, Sir Temi Żammit Buildings, Malta Life Sciences Park, San Ġwann SĠN 3000
E: postlicensing.medicinesauthority@gov.mt

7 CONTACT DETAILS

For information and questions on the risk management of BMS's products, and the Pregnancy Prevention Programme, please contact AM Mangion Ltd

AM MANGION LTD

Tel: 00 356 23976333

Fax: NA

Email: pv@ammangion.com

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Description of the Pregnancy Prevention Programme and Patient Categorisation Algorithm