

Registered Office:
A.M. Mangion Limited
Mangion Building,
New Street off Valletta Road,
Luga LQA 6000 - MALTA

Tel: (+356) 2397 6000 Fax: (+356) 2397 6613

Email: admin@ammangion.com.mt Website: www.ammangion.com.mt Bankers HSBC Bank Malta PLC - St. Julians

Registration: C4112 VAT Reg. No.: MT12619204

10 November 2015-11-05 DHPC Thalidomide 11-43

Thalidomide (Thalidomide Celgene): The starting dose of thalidomide when combined with melphalan should be reduced in patients over 75 years.

Dear Healthcare professional,

Celgene, in agreement with the European Medicines Agency and Medicines Authority, wishes to inform you about a new important recommendation of a reduced initial dose of thalidomide when combined with melphalan and prednisone (MPT) in patients >75 years of age with untreated multiple myeloma.

Summary

- A 100 mg/day starting dose of thalidomide is now recommended in patients > 75 years of age.
- When combined with thalidomide a reduced starting dose of melphalan should be used in patients > 75 years of age.
- The overall adverse reaction profile reported in patients > 75 years of age treated with thalidomide 100 mg once daily was similar to the adverse reaction profile observed in patients ≤ 75 years of age treated with thalidomide 200 mg once daily. However, patients aged > 75 years are potentially at risk for a higher frequency of serious adverse reactions.

Further information on the new dosing recommendation and safety concern

Thalidomide Celgene 50 mg hard capsules are licensed in the European Union for use in combination with melphalan and prednisone as first-line treatment of patients with untreated multiple myeloma who are aged \geq 65 years or ineligible for high-dose chemotherapy.

The new age-adjusted dosing recommendations are based on the results of a Celgene-sponsored Phase 3 Study (CC-5013-MM-020) and are supported by a study conducted by the Intergroupe Francophone du Myélome (Study IFM 01/01").

A review of safety results from Study CC-5013-MM-020 as part of the regular safety monitoring indicated that the overall frequency of serious adverse reactions and Grade 5 adverse reactions was higher in older patients (> 75 years) compared with younger patients (56.5% versus 46.5% and 10.3% versus 5.3%, respectively). However, no clinically relevant differences or unexpected trends were observed between age groups (\leq 75 years and > 75 years) with respect to specific

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serious adverse reactions and there were no notable differences for primary causes of death between the age groups. The age-adjusted MPT dosing regimen was generally well tolerated in the > 75 age group.

In summary, the adverse reaction profile reported in patients > 75 years of age treated with thalidomide 100 mg once daily was similar to the adverse reaction profile observed in patients ≤ 75 years of age in patients treated with thalidomide 200 mg once daily. However, patients with age > 75 years are potentially at risk for a higher frequency of serious adverse reactions.

It should be noted that in the study CC-5013-MM-020 the melphalan starting dose was 0.1 to 0.2 mg/kg daily according to bone marrow reserve along with a further 50% dose reduction for moderate (creatinine clearance: < 50 mL/minute) or severe (CrCl: < 30 mL/minute) renal insufficiency which should be taken into account in treatment of patients (> 75 years of age).

Call for reporting

Please report suspected adverse drug reactions in accordance with the applicable national regulations as follows:

Medicines Authority Post-licensing Directorate 203, level 3, Rue D'Argens, Gzira GZR 1368 Malta http://www.medicinesauthority.gov.mt/adrportal

Communication information

If you have any further questions or require further information, please contact your local Celgene representative at AM Mangion Ltd, New Street off Valletta Road, Luqa LQA 6000 Malta or call 00356 23976333 or email pv@ammangion.com.mt

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¹ Study MM-020 – Phase 3, multicenter, randomized, open-label, 3-arm study to determine the efficacy and safety of lenalidomide plus low-dose dexamethasone when given until progressive disease or for 18 four-week cycles versus the combination of melphalan, prednisone, and thalidomide given for 12 six-week cycles in newly diagnosed MM subjects either ≥ 65 years or not candidates for stem cell transplant

ii Study IFM 01/01 – Comparison of Melphalan-Prednisone (MP) to MP Plus Thalidomide in the Treatment of Newly Diagnosed Very Elderly Patients (> 75 Years) With Multiple Myeloma