POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

Help give your patients a chance for response

WARNING: EMBRYO-FETAL TOXICITY and VENOUS THROMBOEMBOLISM

Embryo-Fetal Toxicity

• POMALYST is contraindicated in pregnancy. POMALYST is a thalidomide analogue. Thalidomide is a known human teratogen that causes severe birth defects or embryo-fetal death. In females of reproductive potential, obtain 2 negative pregnancy tests before starting POMALYST treatment

• Females of reproductive potential must use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after stopping POMALYST treatment

POMALYST is only available through a restricted distribution program called POMALYST REMSTM.

Venous Thromboembolism

• Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE) occur in patients with multiple myeloma treated with POMALYST. Prophylactic anti-thrombotic measures were employed in the clinical trial. Consider prophylactic measures after assessing an individual patient’s underlying risk factors

POMALYST is only available under a restricted distribution program, POMALYST REMSTM.

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Important information about POMALYST and the POMALYST Risk Evaluation and Mitigation Strategy (REMS)™ program

- **POMALYST is a thalidomide analogue and is contraindicated for use during pregnancy. Thalidomide is a known human teratogen that causes severe birth defects or embryo-fetal death. POMALYST is only available through the POMALYST REMS™ program**

**Females of Reproductive Potential**
- Females of reproductive potential must avoid pregnancy while taking POMALYST and for at least 4 weeks after completing therapy
- Females must commit either to abstain continuously from heterosexual sexual intercourse or to use two methods of reliable birth control, beginning 4 weeks prior to initiating treatment with POMALYST, during therapy, during dose interruptions and continuing for 4 weeks following discontinuation of POMALYST therapy
- Two negative pregnancy tests must be obtained prior to initiating therapy. The first test should be performed within 10-14 days and the second test within 24 hours prior to prescribing POMALYST therapy and then weekly during the first month, then monthly thereafter in women with regular menstrual cycles or every 2 weeks in women with irregular menstrual cycles

**Males**
- Pomalidomide is present in the semen of patients receiving the drug. Therefore, males must always use a latex or synthetic condom during any sexual contact with females of reproductive potential while taking POMALYST and for up to 28 days after discontinuing POMALYST, even if they have undergone a successful vasectomy
- Male patients taking POMALYST must not donate sperm

**Blood Donation**
- Patients must not donate blood during treatment with POMALYST and for 1 month following discontinuation of the drug because the blood might be given to a pregnant female patient whose fetus must not be exposed to POMALYST

**POMALYST REMS™ Program**
- Because of the embryo-fetal risk, POMALYST is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called “POMALYST REMS”
- Required components of the POMALYST REMS program include the following:
  - Prescribers must be certified with the POMALYST REMS program by enrolling and complying with the REMS requirements
  - Patients must sign a Patient-Prescriber agreement form and comply with the REMS requirements. In particular, female patients of reproductive potential who are not pregnant must comply with the pregnancy testing and contraception requirements and males must comply with contraception requirements
  - Pharmacies must be certified with the POMALYST REMS program, must only dispense to patients who are authorized to receive POMALYST and comply with REMS requirements
- Further information about the POMALYST REMS program is available at www.CelgeneRiskManagement.com or by telephone at 1-888-423-5436

**CONTRAINDICATIONS**

**Pregnancy**
- POMALYST can cause fetal harm when administered to a pregnant female. POMALYST is contraindicated in females who are pregnant. Pomalidomide is a thalidomide analogue, and is teratogenic in both rats and rabbits when administered during the period of organogenesis. If this drug is used during pregnancy or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus.

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Prescribing POMALYST through the POMALYST REMS™ program

**FEMALES**

**Patient Counseling** Instruct your patients on why and how they and their partners should prevent pregnancy

**Pregnancy Tests** Conduct initial pregnancy test within 10-14 days. Confirm the patient is not pregnant with a second pregnancy test within 24 hours prior to writing an initial prescription

**Enrollment** Both you and your patients must understand and agree to comply with the POMALYST REMS™ program, including the pregnancy prevention steps. Enrollment can be completed at CelgeneRiskManagement.com, with the CD-ROM software, or by calling the Celgene Customer Care Center

**Complete Mandatory Confidential Survey** You and your patients will each complete a survey by phone or online, after which you will receive an authorization number. Surveys must be completed by you and your patient for each additional prescription

**ALL PATIENTS**

**Fax Prescription** Obtain an authorization number from Celgene and write it on the prescription, along with the patient risk category, and then fax it to a certified pharmacy. The certified pharmacy will contact the patient and send POMALYST directly to him or her

**MALES**

**Patient Counseling** Instruct your patients on why and how they and their partners should prevent pregnancy

**Enrollment** Both you and your patients must understand and agree to comply with the POMALYST REMS™ program, including the pregnancy prevention steps. Enrollment can be completed at CelgeneRiskManagement.com, with the CD-ROM software, or by calling the Celgene Customer Care Center

**Complete Mandatory Confidential Survey (subsequent prescriptions only)** For additional prescriptions, you and your patients will each complete a survey by phone or online, after which you will receive an authorization number. This will not be required for the initial prescription.

**ALL PATIENTS**

**Fax Prescription** Obtain an authorization number from Celgene and write it on the prescription, along with the patient risk category, and then fax it to a certified pharmacy. The certified pharmacy will contact the patient and send POMALYST directly to him or her

Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, in pocket and Important Safety Information on pages 25-27 and back cover.

Information about the POMALYST REMS™ program can be obtained by calling the Celgene Customer Care Center at 1-888-423-5436

POMALYST is only available under a restricted distribution program, POMALYST REMS™.
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POMALYST is an immunomodulatory agent with in vitro activity that overcomes lenalidomide resistance

Pomalidomide, an analogue of thalidomide, is an immunomodulatory agent with antineoplastic activity

**Chemical structure of pomalidomide**

**Antineoplastic activity**

In in vitro cellular assays, pomalidomide inhibited proliferation and induced apoptosis of hematopoietic tumor cells

- Additionally, pomalidomide inhibited the proliferation of lenalidomide-resistant multiple myeloma cell lines and synergized with dexamethasone in both lenalidomide-sensitive and lenalidomide-resistant cell lines to induce tumor cell apoptosis

**Immunomodulatory activities**

Pomalidomide enhanced T cell- and natural killer (NK) cell-mediated immunity and inhibited production of pro-inflammatory cytokines (eg, TNF-α and IL-6) by monocytes

**Inhibition of angiogenesis**

Pomalidomide demonstrated anti-angiogenic activity in a mouse tumor model and in the in vitro umbilical cord model

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Clinical benefit, such as improvement in survival or symptoms, has not been verified.

POMALYST ± low-dose dex was studied in a Phase II trial in which all patients had been treated with lenalidomide and bortezomib

Patients in a multicenter, randomized, open-label, pivotal trial were treated until disease progression

### WARNINGS AND PRECAUTIONS

#### Venous Thromboembolism:
Patients receiving POMALYST have developed venous thromboembolic events reported as serious adverse reactions. In the trial, all patients were required to receive prophylaxis or antithrombotic treatment. The rate of DVT or PE was 3%. Consider anticoagulation prophylaxis after an assessment of each patient’s underlying risk factors.

#### Hematologic Toxicity:
Neutropenia of any grade was reported in 50% of patients and was the most frequently reported Grade 3/4 adverse event, followed by anemia and thrombocytopenia. Monitor patients for hematologic toxicities, especially neutropenia, with complete blood counts weekly for the first 8 weeks and monthly thereafter. Treatment is continued or modified for Grade 3 or 4 hematologic toxicities based upon clinical and laboratory findings. Dosing interruptions and/or modifications are recommended to manage neutropenia and thrombocytopenia.

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<table>
<thead>
<tr>
<th>Key Inclusion Criteria*</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥2 prior therapies (including lenalidomide and bortezomib)</td>
</tr>
<tr>
<td>Relapsed and refractory multiple myeloma</td>
</tr>
<tr>
<td>Refractory to their last therapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Exclusion Criteria*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum creatinine &gt;3.0 mg/dL</td>
</tr>
<tr>
<td>Serum bilirubin &gt;2.0 mg/dL</td>
</tr>
<tr>
<td>AST/ALT &gt;3.0 x upper limit of normal</td>
</tr>
</tbody>
</table>

- Patients were considered relapsed if they had achieved at least stable disease for at least one cycle of treatment to at least one prior regimen and then developed progressive disease
- Patients were considered refractory if they experienced disease progression on or within 60 days of their last therapy

*Additional inclusion and exclusion criteria apply.

### WARNINGS AND PRECAUTIONS (continued)

#### Hypersensitivity Reactions:
Patients with a prior history of serious hypersensitivity associated with thalidomide or lenalidomide were excluded from studies and may be at higher risk of hypersensitivity.

#### Dizziness and Confusional State:
18% of patients experienced dizziness and 12% of patients experienced a confusional state; 1% of patients experienced grade 3/4 dizziness, and 3% of patients experienced grade 3/4 confusional state. Instruct patients to avoid situations where dizziness or confusion may be a problem and not to take other medications that may cause dizziness or confusion without adequate medical advice.

#### Neuropathy:
18% of patients experienced neuropathy (approximately 9% peripheral neuropathy). There were no cases of grade 3 or higher neuropathy adverse reactions reported.

#### Risk of Second Primary Malignancies:
Cases of acute myelogenous leukemia have been reported in patients receiving POMALYST as an investigational therapy outside of multiple myeloma.

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POMALYST ± low-dose dex was studied in patients with a median of 5 prior therapies (range: 2, 13)

100% had been previously exposed to both lenalidomide and bortezomib

<table>
<thead>
<tr>
<th>Baseline demographic and disease-related characteristics</th>
<th>POMALYST (N=108)</th>
<th>POMALYST + low-dose dex (N=113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Characteristics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Age, years (range)</td>
<td>61 (37, 88)</td>
<td>64 (34, 88)</td>
</tr>
<tr>
<td>Age Distribution n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;65 years</td>
<td>65 (60.2)</td>
<td>60 (53.1)</td>
</tr>
<tr>
<td>Greater than or equal to 65 years</td>
<td>43 (39.8)</td>
<td>53 (46.9)</td>
</tr>
<tr>
<td>Sex n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>57 (52.8)</td>
<td>62 (54.9)</td>
</tr>
<tr>
<td>Female</td>
<td>51 (47.2)</td>
<td>51 (45.1)</td>
</tr>
<tr>
<td>Race/Ethnicity n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>86 (79.6)</td>
<td>92 (81.4)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>16 (14.8)</td>
<td>17 (15)</td>
</tr>
<tr>
<td>All Other Races</td>
<td>6 (5.6)</td>
<td>4 (3.6)</td>
</tr>
<tr>
<td>ECOG Performance n (%) Status 0-1</td>
<td>95 (87.9)</td>
<td>100 (88.5)</td>
</tr>
<tr>
<td>Disease Characteristics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Prior Therapies</td>
<td>5 (2, 12)</td>
<td>5 (2, 13)</td>
</tr>
<tr>
<td>Prior transplant n (%)</td>
<td>82 (75.9)</td>
<td>84 (74.3)</td>
</tr>
<tr>
<td>Refractory to bortezomib &amp; lenalidomide n (%)</td>
<td>64 (59.3)</td>
<td>69 (61.1)</td>
</tr>
</tbody>
</table>

ADVERSE REACTIONS

In the clinical trial of 219 patients who received POMALYST alone (n=107) or POMALYST + low-dose dexamethasone (low-dose dex) (n=112), all patients had at least one treatment-emergent adverse reaction.

- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common adverse reactions (≥30%) included fatigue and asthenia (55%, 63%), neutropenia (52%, 47%), anemia (38%, 39%), constipation (36%, 35%), nausea (36%, 22%), diarrhea (34%, 33%), dyspnea (34%, 45%), upper respiratory tract infection (32%, 25%), back pain (32%, 30%), and pyrexia (19%, 30%)

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Overall response rate (ORR) of 29.2% was achieved with all-oral POMALYST + low-dose dex

- ORR 7.4% (n=8)
- CR 0% (n=0)
- ORR 29.2% (n=33)
- PR 28.3% (n=32)

CI, confidence interval; CR, complete response; PR, partial response. Endpoint based on responses assessed by IRAC, based on EBMT criteria. Please see pages 8 and 9 for trial design information.

7.4-month median duration of response (DOR)

- 7.4 months (n=33; 95% CI, 5.1 to 9.2) vs NE for POMALYST + low-dose dex and POMALYST, respectively

NE, not established (the median has not yet been reached).

**ORR did not differ based on type of prior anti-myeloma therapy**

- 90% of patients treated with POMALYST alone and 88% of patients treated with POMALYST + low-dose dex had at least one treatment-emergent NCI CTC Grade 3 or 4 adverse reaction
- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common Grade 3/4 adverse reactions (≥15%) included neutropenia (47%, 38%), anemia (22%, 21%), thrombocytopenia (22%, 19%), and pneumonia (16%, 23%). For other Grade 3 or 4 toxicities besides neutropenia and thrombocytopenia, hold treatment and restart treatment at 1 mg less than the previous dose when toxicity has resolved to less than or equal to Grade 2 at the physician’s discretion
- 67% of patients treated with POMALYST and 62% of patients treated with POMALYST + low-dose dex had at least one treatment-emergent serious adverse reaction
- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common serious adverse reactions (≥5%) were pneumonia (14%, 19%), renal failure (8%, 6%), dyspnea (5%, 6%), sepsis (6%, 3%), pyrexia (3%, 5%) dehydration (5%, 3%), hypercalcemia (5%, 2%), urinary tract infection (0%, 5%), and febrile neutropenia (5%, 1%)

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Adverse reactions reported in the clinical trial

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>POMALYST® (N=107)</th>
<th>POMALYST + low-dose dex (N=112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (%) of Patients With at Least One Treatment Emergent Adverse Reaction</td>
<td>107 (100)</td>
<td>112 (100)</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue and asthenia</td>
<td>59 (55)</td>
<td>70 (63)</td>
</tr>
<tr>
<td>Pyrexia</td>
<td>20 (19)</td>
<td>34 (30)</td>
</tr>
<tr>
<td>Edema peripheral</td>
<td>25 (23)</td>
<td>18 (16)</td>
</tr>
<tr>
<td>Chills</td>
<td>10 (9)</td>
<td>12 (11)</td>
</tr>
<tr>
<td>Pain</td>
<td>6 (6)</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Blood and lymphatic system disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutropenia</td>
<td>56 (52)</td>
<td>53 (47)</td>
</tr>
<tr>
<td>Anemia</td>
<td>41 (38)</td>
<td>44 (39)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>27 (25)</td>
<td>26 (23)</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>12 (11)</td>
<td>20 (18)</td>
</tr>
<tr>
<td>Lymphopenia</td>
<td>4 (4)</td>
<td>17 (15)</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>38 (36)</td>
<td>39 (35)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>36 (34)</td>
<td>37 (33)</td>
</tr>
<tr>
<td>Nausea</td>
<td>38 (36)</td>
<td>25 (22)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>15 (14)</td>
<td>15 (13)</td>
</tr>
</tbody>
</table>

(Continued next page)

Adverse reactions reported in 10% of patients in any treatment arm (continued)

<table>
<thead>
<tr>
<th>Infections and infestations</th>
<th>POMALYST® (N=107)</th>
<th>POMALYST + low-dose dex (N=112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>25 (23)</td>
<td>32 (29)</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>34 (32)</td>
<td>28 (25)</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>8 (8)</td>
<td>18 (16)</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td>34 (32)</td>
<td>34 (30)</td>
</tr>
<tr>
<td>Musculoskeletal chest pain</td>
<td>23 (22)</td>
<td>22 (20)</td>
</tr>
<tr>
<td>Muscle spasms</td>
<td>20 (19)</td>
<td>21 (19)</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>17 (16)</td>
<td>17 (15)</td>
</tr>
<tr>
<td>Musculoskeletal pain</td>
<td>12 (11)</td>
<td>17 (15)</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>5 (5)</td>
<td>16 (14)</td>
</tr>
<tr>
<td>Muscular weakness</td>
<td>13 (12)</td>
<td>13 (12)</td>
</tr>
<tr>
<td>Bone pain</td>
<td>13 (12)</td>
<td>5 (5)</td>
</tr>
</tbody>
</table>

(Continued next page)

Respiratory, thoracic and mediastinal disorders

| Dyspnea | 36 (34) | 50 (45) |
| Cough | 15 (14) | 23 (21) |
| Epistaxis | 16 (15) | 12 (11) |

(Continued next page)

*POMALYST alone arm includes all patients randomized to the pomalidomide alone arm who took study drug; 61 of the 107 patients had dexamethasone added during the treatment period.
Adverse reactions reported in the clinical trial (continued)

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>POMALYST® (N=107)</th>
<th>POMALYST + low-dose dex (N=112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (%) of Patients With at Least One Treatment Emergent Adverse Reaction</td>
<td>107 (100)</td>
<td>112 (100)</td>
</tr>
<tr>
<td>Metabolism and nutritional disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>23 (22)</td>
<td>20 (18)</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>13 (12)</td>
<td>17 (15)</td>
</tr>
<tr>
<td>Hyponatremia</td>
<td>11 (10)</td>
<td>14 (13)</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>22 (21)</td>
<td>13 (12)</td>
</tr>
<tr>
<td>Hypocalcemia</td>
<td>6 (6)</td>
<td>13 (12)</td>
</tr>
<tr>
<td>Hypokalemia</td>
<td>11 (10)</td>
<td>12 (11)</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperhidrosis</td>
<td>6 (6)</td>
<td>18 (16)</td>
</tr>
<tr>
<td>Rash</td>
<td>23 (22)</td>
<td>18 (16)</td>
</tr>
<tr>
<td>Night sweats</td>
<td>5 (5)</td>
<td>14 (13)</td>
</tr>
<tr>
<td>Dry skin</td>
<td>10 (9)</td>
<td>12 (11)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>16 (15)</td>
<td>12 (11)</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>21 (20)</td>
<td>19 (17)</td>
</tr>
<tr>
<td>Tremor</td>
<td>10 (9)</td>
<td>14 (13)</td>
</tr>
<tr>
<td>Headache</td>
<td>14 (13)</td>
<td>9 (8)</td>
</tr>
<tr>
<td>Neuropathy peripheral</td>
<td>11 (10)</td>
<td>8 (7)</td>
</tr>
</tbody>
</table>

(Continued next page)

Investigations
- Blood creatinine increased: 16 (15) vs. 12 (11)
- Weight increased: 1 (1) vs. 12 (11)
- Weight decreased: 15 (14) vs. 9 (8)

Psychiatric disorders
- Insomnia: 7 (7) vs. 16 (14)
- Confusional state: 11 (10) vs. 15 (13)
- Anxiety: 12 (11) vs. 8 (7)

Renal and urinary disorders
- Renal failure: 16 (15) vs. 11 (10)

In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common Grade 3/4 adverse reactions (≥15%) included neutropenia (47%, 38%), anemia (22%, 21%), thrombocytopenia (22%, 19%), and pneumonia (16%, 23%). For other Grade 3 or 4 toxicities besides neutropenia and thrombocytopenia, hold treatment and restart treatment at 1 mg less than the previous dose when toxicity has resolved to less than or equal to Grade 2 at the physician’s discretion.

In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common serious adverse reactions (≥5%) were pneumonia (14%, 19%), renal failure (8%, 6%), dyspnea (5%, 6%), sepsis (6%, 3%), pyrexia (3%, 5%) dehydration (5%, 3%), hypercalcemia (5%, 2%), urinary tract infection (0%, 5%), and febrile neutropenia (5%, 1%).

POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy.

Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.
POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy.

Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

POMALYST provides oral once-daily dosing

The recommended starting dose is 4 mg
- POMALYST is taken once daily orally on Days 1-21 of repeated 28-day cycles until disease progression
- POMALYST may be given in combination with dexamethasone

In the clinical trial, POMALYST was given in combination with low-dose dex
- Low-dose dex was given weekly on Days 1, 8, 15, and 22 of each 28-day cycle*
  - For patients ≤75 years: 40 mg
  - For patients >75 years: 20 mg

*Dex dose and schedule are based on the clinical trial. Prescribing Information does not specify dose or schedule for dexamethasone.

Important Dosing Information
- Pomalidomide may be given in combination with dexamethasone
- Pomalidomide may be taken with water
- Inform patients not to break, chew or open the capsules
- Pomalidomide should be taken without food (at least 2 hours before or 2 hours after a meal)
- Monitor CBCs every week for the first 8 weeks and monthly thereafter
- Patients may require dose interruption and/or modification
- No dosage adjustment is required for pomalidomide based on age

Dosing:
- Pomalyst 4 mg/day on Days 1-21
- Dex only on Days 1, 8, 15, 22

Age-based dex dosing
- ≤75 years: 40 mg
- >75 years: 20 mg

Dex dose and schedule are based on the clinical trial. Prescribing Information does not specify dose or schedule for dexamethasone.

Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, in pocket and Important Safety Information on pages 25-27 and back cover.

POMALYST is only available under a restricted distribution program, POMALYST REMSTM.
POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy.

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With dose interruptions and reductions, most patients did not need to discontinue due to a treatment-related adverse reaction

**Recommended starting dose**

- **4 mg**
- **3 mg**
- **2 mg**
- **1 mg**

(Capsules shown are not actual size)

**Strengths for dose modification**

**Use in Specific Populations**

**Pregnancy:** If pregnancy does occur during treatment, immediately discontinue the drug and refer patient to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling. Report any suspected fetal exposure to POMALYST to the FDA via the MedWatch program at 1-800-332-1088 and also to Celgene Corporation at 1-888-423-5436.

**Nursing Mothers:** It is not known if pomalidomide is excreted in human milk. Pomalidomide was excreted in the milk of lactating rats. Because many drugs are excreted in human milk and because of the potential for adverse reactions in nursing infants from POMALYST, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Adverse reactions**

- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common adverse reactions (≥30%) included fatigue and asthenia (55%, 63%), neutropenia (52%, 47%), anemia (38%, 39%), constipation (36%, 35%), nausea (36%, 22%), diarrhea (34%, 33%), dyspnea (34%, 45%), upper respiratory tract infection (32%, 25%), back pain (32%, 30%), and pyrexia (19%, 30%)
- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common serious adverse reactions (≥5%) were pneumonia (14%, 19%), renal failure (8%, 6%), dyspnea (5%, 6%), sepsis (6%, 3%), pyrexia (3%, 5%) dehydration (5%, 3%), hypercalcemia (5%, 2%), urinary tract infection (0%, 5%), and febrile neutropenia (5%, 1%)

**Recommended starting dose**

POMALYST is available in 4 dosage strengths

**Dose interruptions, reductions, and treatment discontinuations in either study drug (N=219)**

- **Patients with dose interruption due to adverse reaction(s): 63%**
- **Patients with dose reduction due to adverse reaction(s): 37%**
- **Patients with discontinuations due to a treatment-related adverse reaction: 3%**

- Median number of treatment cycles was 5
POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy.

Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

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POMALYST is only available under a restricted distribution program, POMALYST REMSTM.

POMALYST dose modification instructions for hematologic toxicities

- Neutropenia of any grade was reported in 50% of patients in the trial. The rate of Grade 3/4 neutropenia was 43%
- Monitor patients for hematologic toxicities, especially neutropenia. Monitor complete blood counts weekly for the first 8 weeks and monthly thereafter

**Neutropenia**

- When ANC <500 per mCL or febrile neutropenia (fever ≥38.5°C and ANC <1,000 per mCL)
- When ANC returns to ≥500 per mCL
- For each subsequent drop <500 per mCL
- When ANC returns to ≥500 per mCL
- Resume POMALYST at 3 mg daily
- Interrupt POMALYST at 3 mg daily
- Resume POMALYST at 1 mg less than the previous dose if toxicities occur after dose reductions to 1 mg, then discontinue POMALYST

To initiate a new cycle of POMALYST, the neutrophil count must be at least 500 per mCL, the platelet count must be at least 50,000 per mCL.

**Thrombocytopenia**

- When platelets <25,000 per mCL
- When platelets return to >50,000 per mCL
- Resume POMALYST at 1 mg less than the previous dose if toxicities occur after dose reductions to 1 mg, then discontinue POMALYST
- Start at 4 mg
- When platelets return to ≥50,000 per mCL
- Resume POMALYST at 3 mg daily
- Interrupt POMALYST treatment

For other Grade 3 or 4 toxicities

- Hold treatment and restart treatment at 1 mg less than the previous dose when toxicity has resolved to ≤Grade 2 at the physician’s discretion
- To initiate a new cycle of POMALYST, the neutrophil count must be at least 500 per mCL, the platelet count must be at least 50,000 per mCL

To initiate a new cycle of POMALYST, the neutrophil count must be at least 500 per mCL, the platelet count must be at least 50,000 per mCL.

**Platelet Levels**

- When platelets <25,000 per mCL
- When platelets return to >50,000 per mCL
- Resume POMALYST at 1 mg less than the previous dose if toxicities occur after dose reductions to 1 mg, then discontinue POMALYST
- Start at 4 mg
- When platelets return to ≥50,000 per mCL
- Resume POMALYST at 3 mg daily
- Interrupt POMALYST treatment

If toxicities occur after dose reductions to 1 mg, then discontinue POMALYST.
POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy.

Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

We're committed to helping your patients gain access to POMALYST

Celgene Patient Support® is a dedicated, central point of contact to help your patients access POMALYST. Services are free, personal and confidential. Our Specialists have years of experience, and your patients and office staff will speak with the same Specialist every time they call. Services that our Specialists provide include:

**Benefits Investigation**
- Help patients understand their insurance benefits/co-payments for POMALYST
- Assess patient eligibility for Medicaid or other alternative funding

**Prior Authorization**
- Help your office manage the documentation process with insurance providers
- Helpful tips for completing Prior Authorization forms

**Co-pay Assistance**
- Provide assistance to eligible patients to help them meet deductible and co-insurance costs (subject to program limitations)
- Evaluate patients’ eligibility by determining whether they:
  - Are commercially insured
  - Meet household income requirements
  - Reside in the United States or Puerto Rico (as permitted by state law)

*Please note that patients with federally subsidized health insurance are not eligible for this program*

**Appeals Support**
- Initiate an appeal support case after a denied prior authorization and/or claim
- Compile all necessary documentation, including supporting medical literature, and submit to insurance company
- Follow up on case until a decision is reached
- Patients with coverage denials may be eligible for free drug during an appeal and/or after an unsuccessful appeal by Celgene Patient Support® (must meet financial criteria)

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POMALYST® (pomalidomide) is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

Important Safety Information

**Embryo-Fetal Toxicity and Venous Thromboembolism**

**Embryo-Fetal Toxicity**

- **POMALYST** is contraindicated in pregnancy. POMALYST is a thalidomide analogue. Thalidomide is a known human teratogen that causes severe birth defects or embryo-fetal death. In females of reproductive potential, obtain 2 negative pregnancy tests before starting POMALYST treatment.
- Females of reproductive potential must use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after stopping POMALYST treatment.
- POMALYST is only available through a restricted distribution program called POMALYST REMS™.

**Venous Thromboembolism**

- Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE) occur in patients with multiple myeloma treated with POMALYST. Prophylactic antithrombotic measures were employed in the clinical trial. Consider prophylactic measures after assessing an individual patient’s underlying risk factors.

**Contraindications:** Pregnancy

- **POMALYST** can cause fetal harm and is contraindicated in females who are pregnant. If this drug is used during pregnancy or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus.
- Pomalidomide is a thalidomide analogue and is teratogenic in both rats and rabbits when administered during the period of organogenesis.

**Warnings and Precautions**

**Embryo-Fetal Toxicity**

- **Females of Reproductive Potential:** Must avoid pregnancy while taking **POMALYST** and for at least 4 weeks after completing therapy. Must commit either to abstain continuously from heterosexual sexual intercourse or to use 2 methods of reliable birth control, beginning 4 weeks prior to initiating treatment with POMALYST, during therapy, during dose interruptions and continuing for 4 weeks following discontinuation of POMALYST therapy. Must obtain 2 negative pregnancy tests prior to initializing therapy.

**POMALYST** is only available under a restricted distribution program, POMALYST REMS™.
Important Safety Information (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Males**: Pomalidomide is present in the semen of patients receiving the drug. Males must always use a latex or synthetic condom during any sexual contact with females of reproductive potential while taking POMALYST and for up to 28 days after discontinuing POMALYST, even if they have undergone a successful vasectomy. Males must not donate sperm.

- **Blood Donation**: Patients must not donate blood during treatment with POMALYST and for 1 month following discontinuation of the drug because the blood might be given to a pregnant female patient whose fetus must not be exposed to POMALYST.

**POMALYST REMS Program**

Because of the embryo-fetal risk, POMALYST is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called “POMALYST REMS.” Prescribers and pharmacists must be certified with the program; patients must sign an agreement form and comply with the requirements. Further information about the POMALYST REMS program is available at [celgeneriskmanagement.com](http://celgeneriskmanagement.com) or by telephone at 1-888-423-5436.

**Venous Thromboembolism**: Patients receiving POMALYST have developed venous thromboembolic events reported as serious adverse reactions. In the trial, all patients were required to receive prophylaxis or antithrombotic treatment. The rate of DVT or PE was 3%. Consider anticoagulation prophylaxis after an assessment of each patient’s underlying risk factors.

**Hematologic Toxicity**: Neutropenia of any grade was reported in 50% of patients and was the most frequently reported Grade 3/4 adverse event, followed by anemia and thrombocytopenia. Monitor patients for hematologic toxicities, especially neutropenia, with complete blood counts weekly for the first 8 weeks and monthly thereafter. Treatment is continued or modified for Grade 3 or 4 hematologic toxicities based upon clinical and laboratory findings. Dosing interruptions and/or modifications are recommended to manage neutropenia and thrombocytopenia.

**Hypersensitivity Reactions**: Patients with a prior history of serious hypersensitivity associated with thalidomide or lenalidomide were excluded from studies and may be at higher risk of hypersensitivity.

**Dizziness and Confusional State**: 18% of patients experienced dizziness and 12% of patients experienced a confusional state: 1% of patients experienced grade 3/4 dizziness, and 3% of patients experienced grade 3/4 confusional state. Instruct patients to avoid situations where dizziness or confusion may be a problem and not to take other medications that may cause dizziness or confusion without adequate medical advice.

**Neuropathy**: 18% of patients experienced neuropathy (approximately 9% peripheral neuropathy). There were no cases of grade 3 or higher neuropathy adverse reactions reported.

Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, in pocket.

WARNINGS AND PRECAUTIONS (continued)

Risk of Second Primary Malignancies: Cases of acute myelogenous leukemia have been reported in patients receiving POMALYST as an investigational therapy outside of multiple myeloma.

ADVERSE REACTIONS

In the clinical trial of 219 patients who received POMALYST alone (n=107) or POMALYST + low-dose dexamethasone (low-dose dex) (n=112), all patients had at least one treatment-emergent adverse reaction.

- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common adverse reactions (≥30%) included fatigue and asthenia (55%, 63%), neutropenia (52%, 47%), anemia (38%, 39%), constipation (35%, 35%), nausea (36%, 22%), diarrhea (34%, 33%), dyspnea (34%, 45%), upper respiratory tract infection (32%, 25%), back pain (32%, 30%), and pyrexia (19%, 30%)
- 90% of patients treated with POMALYST alone and 88% of patients treated with POMALYST + low-dose dex had at least one treatment-emergent NCI CTC Grade 3 or 4 adverse reaction
- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common Grade 3/4 adverse reactions (≥15%) included neutropenia (47%, 38%), anemia (22%, 21%), thrombocytopenia (22%, 19%), and pneumonia (16%, 23%). For other Grade 3 or 4 toxicities besides neutropenia and thrombocytopenia, hold treatment and restart treatment at 1 mg less than the previous dose when toxicity has resolved to less than or equal to Grade 2 at the physician’s discretion
- 67% of patients treated with POMALYST and 62% of patients treated with POMALYST + low-dose dex had at least one treatment-emergent serious adverse reaction
- In the POMALYST alone versus POMALYST + low dose dexamethasone arms, respectively, most common serious adverse reactions (≥5%) were pneumonia (14%, 19%), renal failure (8%, 6%), dyspnea (5%, 6%), sepsis (6%, 3%), pyrexia (3%, 5%) dehydration (5%, 3%), hypercalcemia (5%, 2%), urinary tract infection (0%, 5%), and febrile neutropenia (5%, 1%)

**DRUG INTERACTIONS**

No formal drug interaction studies have been conducted with POMALYST. Pomalidomide is primarily metabolized by CYP1A2 and CYP3A. Pomalidomide is also a substrate for P-glycoprotein (P-gp). Co-administration of POMALYST with drugs that are strong inhibitors or inducers of CYP1A2, CYP3A, or P-gp should be avoided. Cigarette smoking may reduce pomalidomide exposure due to CYP1A2 induction. Patients should be advised that smoking may reduce the efficacy of pomalidomide.

**USE IN SPECIFIC POPULATIONS**

**Pregnancy**: If pregnancy does occur during treatment, immediately discontinue the drug and refer patient to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling. Report any suspected fetal exposure to POMALYST to the FDA via the MedWatch program at 1-800-332-1088 and also to Celgene Corporation at 1-888-423-5436.

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Important Safety Information (continued)

USE IN SPECIFIC POPULATIONS (continued)

Nursing Mothers: It is not known if pomalidomide is excreted in human milk. Pomalidomide was excreted in the milk of lactating rats. Because many drugs are excreted in human milk and because of the potential for adverse reactions in nursing infants from POMALYST, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness of POMALYST in patients under the age of 18 have not been established.

Geriatric Use: No dosage adjustment is required for POMALYST based on age. Patients greater than or equal to 65 years of age were more likely than patients less than or equal to 65 years of age to experience pneumonia.

Renal and Hepatic Impairment: Pomalidomide is metabolized in the liver. Pomalidomide and its metabolites are primarily excreted by the kidneys. The influence of renal and hepatic impairment on the safety, efficacy, and pharmacokinetics of pomalidomide has not been evaluated. Avoid POMALYST in patients with a serum creatinine >3.0 mg/dL. Avoid POMALYST in patients with serum bilirubin >2.0 mg/dL and AST/ALT >3.0 x ULN.

Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS.
**INDICATIONS AND USAGE**

POMALYST is a thalidomide analogue indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based on response rate. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

**DOSAGE AND ADMINISTRATION**

4 mg per day taken orally on days 1-21 of repeated 28-day cycles until disease progression.

**CONTRAINDICATIONS**

- Pregnancy (4)

**WARNINGS AND PRECAUTIONS**

- Hematologic Toxicity: Neutropenia was the most frequently reported Grade 3/4 adverse event. Monitor patients for hematologic toxicities, especially neutropenia (5.4).

**ADVERSE REACTIONS**

Most common adverse reactions (≥30%) included fatigue and asthenia, neutropenia, anemia, constipation, nausea, diarrhea, dyspnea, upper-respiratory tract infections, back pain and pyrexia (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Celgene Corporation at 1-888-423-5436 or FDA at 1-800-332-1088 or www.fda.gov/medwatch.

**USE IN SPECIFIC POPULATIONS**

- Nursing Mothers: Discontinue drug or nursing taking into consideration importance of drug to mother. (8.3)
- Avoid POMALYST in patients with serum creatinine >3.0 mg/dL (8.7).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide

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**FULL PRESCRIBING INFORMATION CONTENTS**

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| 2 DOSAGE AND ADMINISTRATION |
| 3 CONTRAINDICATIONS AND STRENGTHS |
| 4 WARNINGS AND PRECAUTIONS |
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| 10 OVERDOSAGE |
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| 16 HOW SUPPLIED/STORAGE AND HANDLING |
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*Sections or subsections omitted from the Full Prescribing Information are not listed.*
**FULL PRESCRIBING INFORMATION**

**WARNING: EMBRYO-FETAL TOXICITY AND VENOUS THROMBOEMBOLISM**

Embryo-Fetal Toxicity
- POMALYST is contraindicated in pregnancy. POMALYST is a thalidomide analogue. Thalidomide is a known human teratogen that causes severe birth defects or embryo-fetal death. Females of reproductive potential, obtain 2 negative pregnancy tests before starting POMALYST treatment.
- Females of reproductive potential must use 2 forms of contraception or continuously abstain from heterosexual sex during and for 4 weeks after stopping POMALYST treatment [see Contraindications (4), Warnings and Precautions (5.1), and Use in Specific Populations (8.1, 8.6)].
- POMALYST is only available through a restricted distribution program called POMALYST REMS [see Warnings and Precautions (5.2)].

Venous Thromboembolism
- Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE) occur in patients with multiple myeloma treated with POMALYST. Prophylactic anti-thrombotic measures were employed in the clinical trial. Consider prophylactic measures after assessing an individual patient’s underlying risk factors [see Warnings and Precautions (5.3)].

1 INDICATIONS AND USAGE

1.1 Multiple Myeloma
POMALYST is indicated for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based on response rate [see Clinical Studies (14.1)]. Clinical benefit, such as improvement in survival or symptoms, has not been verified.

2 DOSAGE AND ADMINISTRATION

2.1 Multiple Myeloma
Females of reproductive potential may have negative pregnancy testing and use contraception methods before initiating POMALYST [see Warnings and Precautions (5.1) and Use in Specific Populations (8.6)].

The recommended starting dose of POMALYST is 4 mg once daily orally on Days 1-21 of repeated 28-day cycles until disease progression. POMALYST may be given in combination with dexamethasone [see Clinical Studies (14.1)].

POMALYST may be taken with water. Inform patients not to break, chew or open the capsules. POMALYST should be taken without food (at least 2 hours before or 2 hours after a meal).

2.2 Dose Adjustments for Toxicity

Table 1: Dose Modification Instructions for POMALYST for Hematologic Toxicities

<table>
<thead>
<tr>
<th>Toxicity</th>
<th>Dose Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>Interrupt POMALYST treatment, follow CBC weekly.</td>
</tr>
<tr>
<td>Platelets &lt; 50,000 per mL</td>
<td>Resume POMALYST at 3 mg daily.</td>
</tr>
<tr>
<td>Platelets return to &gt; 50,000 per mL</td>
<td>Resume POMALYST treatment at 3 mg daily.</td>
</tr>
<tr>
<td>For each subsequent drop &lt; 500 per mCL</td>
<td>Intermittent POMALYST treatment.</td>
</tr>
<tr>
<td>Return to more than or equal to 500 per mCL</td>
<td>Resume POMALYST at 1 mg less than the previous dose.</td>
</tr>
</tbody>
</table>

Thrombocytopenia
- Platelets < 25,000 per mL | Intermittent POMALYST treatment, follow CBC weekly. |
- Platelets return to > 50,000 per mL | Resume POMALYST treatment at 3 mg daily. |
- For each subsequent drop < 25,000 per mL | Intermittent POMALYST treatment. |
- Return to more than or equal to 50,000 per mL | Resume POMALYST at 1 mg less than previous dose. |

*Note: ANC = Absolute Neutrophil Count

For other Grade 3 or 4 toxicities hold treatment and restart treatment at 1 mg less than the previous dose when toxicity has resolved to less than or equal to Grade 2 at the physician’s discretion.

To initiate a new cycle of POMALYST, the neutrophil count must be at least 500 per mCL, the platelet count must be at least 50,000 per mCL. If toxicities occur after dose reductions to 1 mg, then discontinue POMALYST.

3 DOSAGE FORMS AND STRENGTHS

POMALYST is available in the following capsule strengths:
- 1 mg: Dark blue opaque cap and yellow opaque body imprinted “POML” on the cap in white ink and “1 mg” on the body in black ink
- 2 mg: Dark blue opaque cap and orange opaque body imprinted “POML” on the cap and “2 mg” on the body in white ink
- 3 mg: Dark blue opaque cap and green opaque body, imprinted, “POML” on the cap and “3 mg” on the body in white ink
- 4 mg: Dark blue opaque cap and blue opaque body, imprinted “POML” on the cap and “4 mg” on the body in white ink

4 CONTRAINDICATIONS

Pregnancy
POMALYST can cause fetal harm when administered to a pregnant female [see Warnings and Precautions (5.1) and Use in Specific Populations (8.1)]. POMALYST is contraindicated in pregnancy.

5 WARNINGS AND PRECAUTIONS

5.1 Embryo-Fetal Toxicity
POMALYST is a thalidomide analogue and is contraindicated for use during pregnancy.

5.2 Hypersensitivity Reactions
Patients with a history of severe hypersensitivity associated with thalidomide or lenalidomide were excluded from studies and may be at higher risk of hypersensitivity.

5.3 Dizziness and Confusional State
In the trial, 18% of patients experienced dizziness and 12% of patients experienced a confusional state; 1% of patients experienced grade 3/4 dizziness and 3% of patients experienced grade 3/4 confusional state. Instruct patients to avoid situations where dizziness or confusion may be a problem and not to take other medications that may cause dizziness or confusion without adequate medical advice.
Table 2: Adverse Reactions Reported in 10% of Patients in Any Treatment Arm

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>n (%)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal and connective tissue disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular weakness</td>
<td>13 (12)</td>
<td>13 (12)</td>
</tr>
<tr>
<td>Bone pain</td>
<td>13 (12)</td>
<td>5 (5)</td>
</tr>
<tr>
<td><strong>Respiratory, thoracic and mediastinal disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>36 (34)</td>
<td>50 (45)</td>
</tr>
<tr>
<td>Cough</td>
<td>15 (14)</td>
<td>23 (21)</td>
</tr>
<tr>
<td><strong>Epistaxis</strong></td>
<td>16 (15)</td>
<td>12 (11)</td>
</tr>
<tr>
<td><strong>Metabolism and nutritional disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>23 (22)</td>
<td>20 (18)</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>13 (12)</td>
<td>17 (15)</td>
</tr>
<tr>
<td><strong>Skin and subcutaneous tissue disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperhidrosis</td>
<td>6 (6)</td>
<td>18 (16)</td>
</tr>
<tr>
<td>Rash</td>
<td>23 (22)</td>
<td>18 (16)</td>
</tr>
<tr>
<td>Night sweats</td>
<td>5 (5)</td>
<td>14 (13)</td>
</tr>
<tr>
<td><strong>Nervous system disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>16 (15)</td>
<td>12 (11)</td>
</tr>
<tr>
<td><strong>Investigations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood creatinine increased</td>
<td>16 (15)</td>
<td>12 (11)</td>
</tr>
<tr>
<td>Weight increased</td>
<td>1 (1)</td>
<td>12 (11)</td>
</tr>
<tr>
<td><strong>Psychiatric disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight decreased</td>
<td>15 (14)</td>
<td>9 (8)</td>
</tr>
<tr>
<td><strong>Renal and urinary disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td>7 (7)</td>
<td>16 (14)</td>
</tr>
<tr>
<td>Confusional state</td>
<td>11 (10)</td>
<td>15 (13)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>12 (11)</td>
<td>8 (7)</td>
</tr>
<tr>
<td><strong>Infections and infestations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal failure</td>
<td>16 (15)</td>
<td>11 (10)</td>
</tr>
</tbody>
</table>

POMALYST alone arm includes all patients randomized to the pomalidomide alone arm who took study drug. 61 of the 107 patients had dexamethasone added during the treatment period.

Table 3: Grade 3/4 Adverse Reactions Reported in ≥ 5% of Patients in Any Treatment Arm

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>n (%)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal and connective tissue disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutropenia</td>
<td>50 (47)</td>
<td>43 (38)</td>
</tr>
<tr>
<td>Anemia</td>
<td>24 (22)</td>
<td>23 (21)</td>
</tr>
<tr>
<td><strong>Skin and subcutaneous tissue disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphopenia</td>
<td>6 (6)</td>
<td>11 (10)</td>
</tr>
<tr>
<td>Infections and infestations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphopenia</td>
<td>2 (2)</td>
<td>8 (7)</td>
</tr>
</tbody>
</table>

(continued)
Table 4: Serious Adverse Reactions Reported in ≥ 5% of Patients in Any Treatment Arm

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>POMALYSTa (N = 107)</th>
<th>POMALYST + Low dose Dex (N = 112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection</td>
<td>2 (2)</td>
<td>9 (8)</td>
</tr>
<tr>
<td>Sepsis</td>
<td>6 (6)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Metabolism and nutritional disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>10 (9)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue and asthenia</td>
<td>12 (11)</td>
<td>14 (13)</td>
</tr>
<tr>
<td>Blood creatinine increased</td>
<td>6 (6)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Respiratory, thoracic and mediastinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>7 (7)</td>
<td>14 (13)</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td>13 (12)</td>
<td>10 (9)</td>
</tr>
<tr>
<td>Muscular weakness</td>
<td>6 (6)</td>
<td>4 (4)</td>
</tr>
<tr>
<td>Renal and urinary disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal failure</td>
<td>10 (9)</td>
<td>7 (6)</td>
</tr>
</tbody>
</table>

a POMALYST alone arm includes all patients randomized to the POMALYST alone arm who took study drug; 61 of the 107 patients had dexamethasone added during the treatment period.

Table 4: Serious Adverse Reactions Reported in 2 or more Patients

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>POMALYSTa (N = 107)</th>
<th>POMALYST + Low dose Dex (N = 112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Treatment Emergent Serious Adverse Reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number(%) of Patients With at Least</td>
<td>72 (67)</td>
<td>69 (62)</td>
</tr>
<tr>
<td>Infections and infestations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>15 (14)</td>
<td>21 (19)</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>0 (0)</td>
<td>6 (5)</td>
</tr>
<tr>
<td>Sepsis</td>
<td>6 (6)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Respiratory, Thoracic and mediastinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>5 (5)</td>
<td>7 (6)</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pyrexia</td>
<td>3 (3)</td>
<td>5 (5)</td>
</tr>
<tr>
<td>General physical health deterioration</td>
<td>0 (0)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Cardiac Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>2 (2)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Cardiac failure congestive</td>
<td>0 (0)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Renal and urinary disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal failure</td>
<td>9 (8)</td>
<td>7 (6)</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>constipation</td>
<td>1 (1)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Blood and Lymphatic system disorders</td>
<td>5 (5)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Metabolism and nutrition disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dehydration</td>
<td>5 (5)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>5 (5)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td>4 (4)</td>
<td>2 (2)</td>
</tr>
</tbody>
</table>

Other Adverse Reactions
Other adverse reactions of POMALYST in patients with multiple myeloma, not described above, and considered important:

Ear and Labyrinth Disorders: Vertigo
Hepatobiliary Disorders: Hyperbilirubinemia
Infections and infestations: Pneumocystis jiroveci pneumonia, Respiratory syncytial virus infection, Neutropenic sepsis
Investigations: Alanine aminotransferase increased
Metabolism and Nutritional Disorders: Hyperkalemia
Renal and Urinary Disorders: Urinary retention
Reproductive System and Breast Disorders: Pelvic Pain
Respiratory, Thoracic and Mediastinal Disorders: Interstitial Lung Disease

7 DRUG INTERACTIONS
No formal drug interaction studies have been conducted with POMALYST. Pomalidomide is primarily metabolized by CYP1A2 and CYP3A. Pomalidomide is also a substrate for P-glycoprotein (P-gp).

7.1 Drugs That May Increase Pomalidomide Plasma Concentrations
CYP3A, CYP1A2 or P-gp inhibitors: Co-administration of POMALYST with drugs that are strong inhibitors of CYP1A2, CYP3A (e.g. ketoconazole) or P-gp could increase exposure and should be avoided.

7.2 Drugs That May Decrease Pomalidomide Plasma Concentrations
CYP3A, CYP1A2 or P-gp inducers: Co-administration of POMALYST with drugs that are strong inducers of CYP1A2, CYP3A (e.g. rifampin) or P-gp could decrease exposure and should be avoided.

Smoking: Cigarette smoking may reduce pomalidomide exposure due to CYP1A2 induction. Patients should be advised that smoking may reduce the efficacy of pomalidomide.

Dexamethasone: Co-administration of multiple doses of 4 mg POMALYST with 20 mg to 40 mg dexamethasone (a weak inducer of CYP3A) to patients with multiple myeloma had no effect on the pharmacokinetics of pomalidomide compared with pomalidomide administered alone.

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Pregnancy Category X [see Boxed Warnings and Contraindications (4)]

Risk Summary
POMALYST can cause embryo-fetal harm when administered to a pregnant female and is contraindicated during pregnancy. POMALYST is a thalidomide analogue.

Thalidomide is a human teratogen, inducing a high frequency of severe and life-threatening birth defects such as amelia (absence of limbs), phocomelia (short limbs), hypoplasticity of the bones, absence of bones, external ear abnormalities (including anotia, microtina, small or absent external auditory canals), facial palsy, eye abnormalities (anophthalmos, microphthalmos), and congenital heart defects. Alimentary tract, urinary tract, and genital malformations have also been documented and mortality at or shortly after birth has been reported in about 40% of infants.

Pomalidomide was teratogenic in both rats and rabbits when administered during the period of organogenesis. If this drug is used during pregnancy or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus.

If pregnancy does occur during treatment, immediately discontinue the drug. Under these conditions, refer patient to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling. Report any suspected fetal exposure to POMALYST to the FDA via the MedWatch program at 1-800-332-1088 and also to Celgene Corporation at 1-888-423-5436.

Animal Data
Pomalidomide was teratogenic in both rats and rabbits in the embryofetal developmental studies, when administered during the period of organogenesis.

In rats, pomalidomide was administered orally to pregnant animals at doses of 25 to 1000 mg per kg per day. Malformations of absence of urinary bladder, absence of thyroid gland, and fusion and misalignment of lumbar and thoracic vertebral elements (vertebral, central and/or neural arches) were observed at all dose levels. There was no maternal toxicity observed in this study. The lowest dose in rats resulted in an exposure (AUC) approximately 85-fold of the human exposure at the recommended dose of 4 mg per kg per day. Other embryofetal toxicities included increased resorptions leading to decreased number of viable fetuses.

In rabbits, pomalidomide was administered orally to pregnant animals at doses of 10 to 250 mg per kg per day. Increased cardiac malformations such as interventricular septal defect were seen at all doses with significant increases at 250 mg per kg per day. Additional malformations observed at 250 mg per kg per day included anomalies in limbs (flexed and/or rotated fore- and/or hindlimbs, unattached or absent digit) and associated skeletal malformations (not ossified metacarpal, misaligned phalanx and metacarpal, absent digit, not ossified phalanx, and short not ossified or bent tibia), moderate dilation of the lateral ventricle in the brain, abnormal placement of the right subclavian artery, absent intermediate lobe in the lungs, low-set kidney, altered liver morphology, incompletely or not ossified pelvis, an increased average for supernumerary thoracic ribs and a reduced average for ossified tarsals. No maternal toxicity was observed at the low dose (10 mg per kg per day) that resulted in cardiac anomalies in fetuses; this dose resulted in an exposure (AUC) approximately equal to that reported in humans at the recommended dose of 4 mg per kg per day. Additional embryofetal toxicity included increased resorption.
8.3 Nursing mothers
It is not known if pomalidomide is excreted in human milk. Pomalidomide was excreted in the milk of lactating rats. Because many drugs are excreted in human milk and because of the potential for adverse reactions in nursing infants from POMALYST, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

8.4 Pediatric use
Safety and effectiveness of POMALYST in patients below the age of 18 have not been established.

8.5 Geriatric use
No dosage adjustment is required for POMALYST based on age.

Of the total number of patients in clinical studies of POMALYST, 41 percent were 65 and over, while 12 percent were 75 and over. No overall differences in effectiveness were observed between these patients and younger patients. In this study, patients greater than or equal to 65 years of age were more likely than patients less than or equal to 65 years of age to experience pneumonia.

8.6 Females of Reproductive Potential and Males
POMALYST can cause fetal harm when administered during pregnancy [see Use in Specific Populations (8.1)]. Females of reproductive potential must avoid pregnancy while taking POMALYST and for at least 4 weeks after completing therapy.

Females
Females of reproductive potential must commit either to abstain continuously from heterosexual sexual intercourse or to use two methods of reliable birth control simultaneously (one highly effective form of contraception – tubal ligation, IUD, hormonal (birth control pills, injections, hormonal patches, vaginal rings or implants) or partner’s vasectomy and one additional effective contraceptive method – male latex or synthetic condom, diaphragm or cervical cap). Contraception must begin 4 weeks prior to initiating treatment with POMALYST, during therapy, during dose interruptions and continuing for 4 weeks following discontinuation of POMALYST therapy. Reliable contraception is indicated even where there has been a history of infertility, unless due to hystereotomy. Females of reproductive potential should be referred to a qualified provider of contraceptive methods, if needed.

Females of reproductive potential must have 2 negative pregnancy tests before initiating POMALYST. The first test should be performed within 10-14 days, and the second test within 24 hours prior to prescribing POMALYST. Once treatment has started and during dose interruptions, pregnancy testing for females of reproductive potential should occur weekly during the first 4 weeks of use, then pregnancy testing should be repeated every 4 weeks in females with regular menstrual cycles. If menstrual cycles are irregular, the pregnancy testing should occur every 2 weeks. Pregnancy testing and counseling should be performed if a patient misses her period or if there is any abnormality in her menstrual bleeding. POMALYST treatment must be discontinued during this evaluation.

Males
Pomalidomide is present in the semen of males who take POMALYST. Therefore, males must always use a latex or synthetic condom during any sexual contact with females of reproductive potential while taking POMALYST and for up to 28 days after discontinuing POMALYST, even if they have undergone a successful vasectomy. Male patients taking POMALYST must not donate sperm.

8.7 Renal Impairment
Pomalidomide and its metabolites are primarily excreted by the kidneys [see Clinical Pharmacology (12.3)]. The influence of renal insufficiency on the safety, efficacy, and pharmacokinetics of pomalidomide has not been evaluated. Patients with serum creatinine greater than 3.0 mg/dL were excluded in clinical studies. Avoid POMALYST in patients with serum creatinine greater than 3.0 mg/dL and serum bilirubin greater than 2.0 mg/dL and AST/ALT greater than 3.0 x upper limit normal (ULN) were excluded in clinical studies. Avoid POMALYST in patients with serum bilirubin greater than 2.0 mg/dL and AST/ALT greater than 3.0 x ULN.

8.8 Hepatic Impairment
Pomalidomide is metabolized in the liver [see Clinical Pharmacology (12.3)]. The influence of hepatic impairment on the safety, efficacy, and pharmacokinetics of pomalidomide has not been evaluated. Patients with serum bilirubin greater than 2.0 mg/dL and AST/ALT greater than 3.0 x upper limit normal (ULN) were excluded in clinical studies. Avoid POMALYST in patients with serum bilirubin greater than 2.0 mg/dL and AST/ALT greater than 3.0 x ULN.

10 OVERDOSAGE
No specific information is available on the treatment of overdose with pomalidomide, and it is unknown whether pomalidomide or its metabolites are dialyzable.

11 DESCRIPTION
POMALYST is an immunomodulatory antineoplastic agent. The chemical name is (RS)-4-Amino-2-(2,6-dioxo-piperidin-3-yl)-isoindoline-1,3-dione and it has the following chemical structure:

![Chemical Structure of Pomalidomide](image)

The empirical formula for pomalidomide is \( \text{C}_{13}\text{H}_{11}\text{N}_{3}\text{O}_{4} \) and the gram molecular weight is 273.24.

Pomalidomide is a yellow solid powder. It has limited to low solubility into organic solvents and it has low solubility in all pH solutions (about 0.01 mg/mL). Pomalidomide has a chiral carbon atom which exists as a racemic mixture of the \((R+)\) and \((S-)\) enantiomers.

POMALYST is available in 1 mg, 2 mg, 3 mg and 4 mg capsules for oral administration. Each capsule contains pomalidomide as the active ingredient and the following inactive ingredients: mannitol, pregelatinized starch and sodium stearyl fumarate. The 1 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 2, yellow iron oxide, white ink and black ink. The 2 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 2, yellow iron oxide and FD&C red 3 and white ink. The 3 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 2, yellow iron oxide and white ink. The 4 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 1, FD&C blue 2 and white ink.

12 CLINICAL PHARMACOLOGY
12.1 Mechanism of action
Pomalidomide, an analogue of thalidomide, is an immunomodulatory agent with antineoplastic activity. In vitro cellular assays, pomalidomide inhibited proliferation and induced apoptosis of hematopoietic tumor cells. Additionally, pomalidomide inhibited the proliferation of lenalidomide-resistant multiple myeloma cell lines and synergized with dexamethasone in both lenalidomide-sensitive and lenalidomide-resistant cell lines to induce tumor cell apoptosis. Pomalidomide enhanced T cell- and natural killer (NK) cell-mediated immunity and inhibited production of pro-inflammatory cytokines (e.g., TNF-\(\alpha\) and IL-6) by monocytes. Pomalidomide demonstrated anti-angiogenic activity in a mouse tumor model and in the in vitro umbilical cord model.

12.2 Pharmacokinetics
Absorption
Following administration of single oral doses of POMALYST, the Cmax for pomalidomide occurs at 2 and 3 hours post dose. The systemic exposure (AUC) of pomalidomide increases in an approximately dose proportional manner.

In patients with multiple myeloma who received POMALYST 4 mg daily alone or in combination with dexamethasone, pomalidomide steady-state drug exposure was characterized by AUC(\(\text{T}_{\text{max}}\)) of 400 ng.hr/mL and maximum plasma concentration (\(C_{\text{max}}\)) of 75 ng/mL. Following multiple doses, pomalidomide has an accumulation ratio of 27 to 31.

Distribution
Pomalidomide has a mean apparent volume of distribution (\(V_{\text{d/F}}\)) between 62 and 138 L at steady state. Pomalidomide is distributed in semen of healthy subjects at a concentration of approximately 67% of plasma level at 4 hours post-dose (\(T_{\text{max}}\)) after 4 days of once daily dosing at 2 mg. Human plasma protein binding ranges from 12% to 44% and is not concentration dependent.

Metabolism
Pomalidomide is primarily metabolized in the liver by CYP1A2 and CYP3A4. In vitro, CYP1A2 and CYP3A4 were identified as the primary enzymes involved in the CYP-mediated hydroxylation of pomalidomide, with additional minor contributions from CYP2C19 and CYP2D6.

Elimination
Pomalidomide is eliminated with a median plasma half-life of approximately 9.5 hours in healthy subjects and approximately 7.5 hours in patients with multiple myeloma. Pomalidomide has a mean total body clearance (CL/F) of 7-10 L/hr.

Following a single oral administration of \(1^{\text{14}C}\)-pomalidomide (2 mg) to healthy subjects, approximately 73% and 15% of the radioactive dose was eliminated in urine and feces, respectively, with approximately 2% and 8% of the radiolabeled dose eliminated unchanged as pomalidomide in urine and feces.

Drug-Drug Interactions
Pomalidomide does not inhibit or induce CYP450 enzymes or any of the transporters in vitro.

13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies examining the carcinogenic potential of pomalidomide have not been conducted.

One of twelve monkeys dosed with 1 mg/kg of pomalidomide (an exposure approximately 15-fold of the exposure in patients at the recommended dose of 4 mg/per day) developed acute myeloid leukemia in a 9-month repeat-dose toxicity study.

Pomalidomide was not mutagenic or clastogenic in a battery of tests, including the bacteria reverse mutation assay (Ames test), the in vitro assay using human peripheral blood lymphocytes and the micronucleus test in orally treated rats administered doses up to 2000 mg/kg/day.

In a fertility and early embryonic development study in rats, drug-treated males were mated with untreated females. Male rats were administered doses of up to 2000 mg/kg/day. When treated males on this study were mated with untreated females, all uterine parameters were comparable to the controls. Based on these results, the observed effects were attributed to the treatment of females.
Table 5: Baseline Demographic and Disease-Related Characteristics – Trial 1

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>POMALYST (N=108)</th>
<th>POMALYST/ Low dose Dex (N=113)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Age, years (range)</td>
<td>61 (37, 88)</td>
<td>64 (34, 88)</td>
</tr>
<tr>
<td>Age Distribution (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 65 years</td>
<td>65 (60.2)</td>
<td>60 (53.1)</td>
</tr>
<tr>
<td>&gt; 65 years</td>
<td>39 (35.8)</td>
<td>50 (46.9)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>57 (52.8)</td>
<td>62 (54.9)</td>
</tr>
<tr>
<td>Female</td>
<td>51 (47.2)</td>
<td>48 (45.1)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>86 (79.6)</td>
<td>92 (81.4)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>16 (14.8)</td>
<td>17 (15)</td>
</tr>
<tr>
<td>All Other Race</td>
<td>6 (5.6)</td>
<td>4 (3.6)</td>
</tr>
<tr>
<td><strong>ECOG Performance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status 0-1</td>
<td>95 (87.9)</td>
<td>100 (88.5)</td>
</tr>
<tr>
<td><strong>Disease Characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Prior Therapies Median, (Min, Max)</td>
<td>5 (2, 12)</td>
<td>5 (2,13)</td>
</tr>
<tr>
<td>Prior transplant n (%)</td>
<td>82 (75.9)</td>
<td>84 (74.3)</td>
</tr>
<tr>
<td>Refractory to bortezomb and lenalidomide n (%)</td>
<td>64 (59.3)</td>
<td>69 (61.1)</td>
</tr>
</tbody>
</table>

Table 6 summarizes the analysis results of overall response rate (ORR) and duration of response (DOR), based on assessments by the Independent Review Adjudication Committee for the treatment arms in Study 1. Overall response rate did not differ based on type of prior anti-myeloma therapy.

Table 6: Trial 1 Results

<table>
<thead>
<tr>
<th>Response</th>
<th>POMALYST (N=108)</th>
<th>POMALYST/ Low dose Dex (N = 113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Response Rate (ORR) (%)</td>
<td>8 (7.4)</td>
<td>33 (29.2)</td>
</tr>
<tr>
<td>95% CI for ORR (%)</td>
<td>(3.3, 14.1)</td>
<td>(21.0, 38.5)</td>
</tr>
<tr>
<td>Complete Response (CR), n (%)</td>
<td>0 (0.0)</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Partial Response (PR), n (%)</td>
<td>8 (7.4)</td>
<td>32 (28.3)</td>
</tr>
<tr>
<td>Duration of Response (DOR)</td>
<td>Median (months)</td>
<td>7.4</td>
</tr>
<tr>
<td>95% CI for DOR (months)</td>
<td>NE</td>
<td>(5.1, 9.2)</td>
</tr>
</tbody>
</table>

1. ORR = PR+CR per EBMT criteria.
2. Results are prior to the addition of dexamethasone.

NE = not established (the median has not yet been reached), CI: confidence interval.
**Venous Thromboembolism**
Inform patients of the potential risk of developing venous thromboembolic events and discuss the need for appropriate prophylactic treatment.

**Hematologic Toxicities**
Inform patients on the risks of developing neutropenia, thrombocytopenia and anemia and the need to report signs and symptoms associated with these events to their health care provider for further evaluation.

**Hypersensitivity**
Inform patients of the potential for a severe hypersensitivity reaction to POMALYST if they have had such a reaction in the past to either THALOMID® or REVLIMID®.

**Dizziness and Confusional State**
Inform patients of the potential risk of dizziness and confusion with the drug and to avoid situations where dizziness or confusion may be a problem and not to take other medications that may cause dizziness or confusion without adequate medical advice.

**Neuropathy**
Inform patients of the risk of neuropathy and report the signs and symptoms associated with these events to their health care provider for further evaluation.

**Second Primary Malignancies**
Inform the patient that the potential risk of developing acute myelogenous leukemia during treatment with POMALYST is unknown.

**Dosing Instructions**
Inform patients on how to take POMALYST [see Dosage and Administration (2.1)]
- POMALYST should be taken once daily at about the same time each day
- POMALYST should be taken without food (at least 2 hours before or 2 hours after a meal).
- The capsules should not be opened, broken, or chewed. POMALYST should be swallowed whole with water.
- Instruct patients that if they miss a dose of POMALYST, they may still take it up to 12 hours after the time they would normally take it. If more than 12 hours have elapsed, they should be instructed to skip the dose for that day. The next day, they should take POMALYST at the usual time. Warn patients not to take 2 doses to make up for the one that they missed.

**Other Information**
Advise patients who smoke to stop because smoking may reduce the efficacy of pomalidomide [see Drug Interactions (7.2)].

Manufactured for: Celgene Corporation
Summit, NJ 07901

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MEDICATION GUIDE
POMALYST (POM-uh-list)
(pomalidomide)
capsules

Read the Medication Guide that comes with POMALYST before you start taking it and each time you get a new prescription. There may be new information. This Medication Guide does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about POMALYST?

- Before you begin taking POMALYST, you must read and agree to all of the instructions in the POMALYST REMS™ program.
- POMALYST may cause serious side effects including:

Possible birth defects (deformed babies) or death of an unborn baby. Females who are pregnant or who plan to become pregnant must not take POMALYST.

POMALYST is similar to the medicine thalidomide (THALOMID). We know thalidomide can cause severe life-threatening birth defects. POMALYST has not been tested in pregnant women. POMALYST has harmed unborn animals in animal testing.

Females must not get pregnant:
- for at least 4 weeks before starting POMALYST
- while taking POMALYST
- during any breaks (interruptions) in your treatment with POMALYST
- for at least 4 weeks after stopping POMALYST

If you become pregnant while taking POMALYST, stop taking it right away and call your healthcare provider. If your healthcare provider is not available, you can call 1-888-668-2528 for medical information. Healthcare providers and patients should report all cases of pregnancy to:
- FDA MedWatch at 1-800-332-1088, and
- Celgene Corporation at 1-888-423-5436

POMALYST can pass into human semen:
- Males, including those who have had a vasectomy, must use a latex or synthetic condom during any sexual contact with a pregnant female or a female that can become pregnant while taking POMALYST, during any breaks (interruptions) in your treatment with POMALYST, and for 4 weeks after stopping POMALYST.
- Do not have unprotected sexual contact with a female who is or could become pregnant. Tell your healthcare provider if you do have unprotected sexual contact with a female who is or could become pregnant.
- Do not donate sperm while taking POMALYST, during any breaks (interruptions) in your treatment, and for 4 weeks after stopping POMALYST. If a female becomes pregnant with your sperm, the baby may be exposed to POMALYST and may be born with birth defects.

Men, if your female partner becomes pregnant, you should call your healthcare provider right away.

- Blood clots in your veins and lungs. If you take POMALYST, you may have an increased risk for blood clots in your veins and lungs. Call your healthcare provider or get medical help right away if you get any of these signs or symptoms while taking POMALYST:
  - shortness of breath
  - chest pain
  - arm or leg swelling

What is POMALYST?

POMALYST is a prescription medicine used to treat people with multiple myeloma who:
- have received at least two prior medicines to treat multiple myeloma, including bortezomib and lenalidomide, and
- their disease has become worse during treatment or within 60 days of finishing the last treatment.

It is not known if POMALYST is safe and effective in people under 18 years of age.

Who should not take POMALYST?

Do not take POMALYST if you are pregnant, plan to become pregnant, or become pregnant during treatment with POMALYST. See “What is the most important information I should know about POMALYST?”

What should I tell my healthcare provider before taking POMALYST?

Before you take POMALYST, tell your healthcare provider if you:
- have a history of serious allergic reactions to thalidomide (THALOMID) or lenalidomide (REVLIMID). You may be at risk if you take POMALYST if you have had serious allergic reactions to these medicines.
- smoke cigarettes
- have any other medical condition
- are breastfeeding. POMALYST must not be used by women who are breastfeeding. It is not known if POMALYST passes into your breast milk and can harm your baby.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements. POMALYST and other medicines may affect each other causing serious side effects.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist.

How should I take POMALYST?

Take POMALYST exactly as prescribed and follow all the instructions of the POMALYST REMS program.

Before prescribing POMALYST, your healthcare provider will:
- explain the POMALYST REMS program to you
- have you sign the Patient-Physician Agreement Form
- Swallow POMALYST capsules whole with water 1 time a day. Do not break, chew, or open your capsules.
- Take POMALYST at about the same time each day.
- POMALYST should be taken without food, at least 2 hours before or 2 hours after a meal.
- Do not open the POMALYST capsules or handle them any more than needed. If you touch a broken POMALYST capsule or the medicine in the capsule, wash the area of your body right away with soap and water.
- If you miss a dose of POMALYST, and it has been less than 12 hours since your regular time, take it as soon as you remember. If it has been more than 12 hours, just skip your missed dose. Do not take 2 doses at the same time.
- If you take too much POMALYST, call your healthcare provider right away.

Females who can become pregnant:

- will have pregnancy tests weekly for 4 weeks, then every 4 weeks if your menstrual cycle is regular, or every 2 weeks if your menstrual cycle is irregular.
  - If you miss your period or have unusual bleeding, you will need to have a pregnancy test and receive counseling.
  - must agree to use 2 different forms of effective birth control at the same time, for at least 4 weeks before, while taking, during any breaks (interruptions) in your treatment, and for at least 4 weeks after stopping POMALYST.

If you miss a period or have unusual bleeding, you will need to have a pregnancy test and receive counseling.
Males who take POMALYST, even those who have had a vasectomy, must agree to use a latex or synthetic condom during sexual contact with a pregnant female or a female who can become pregnant.

What should I avoid while taking POMALYST?

- See “What is the most important information I should know about POMALYST?”
- **Females:** Do not get pregnant and do not breastfeed while taking POMALYST.
- **Males:** Do not donate sperm.
- **Do not share POMALYST with other people.** It may cause birth defects and other serious problems.
- **Do not donate blood** while you take POMALYST, during any breaks (interruptions) in your treatment, and for 4 weeks after stopping POMALYST. If someone who is pregnant gets your donated blood, her baby may be exposed to POMALYST and may be born with birth defects.
- You should not smoke cigarettes while taking POMALYST. Smoking cigarettes during treatment with POMALYST may affect how well POMALYST works.

What are the possible side effects of POMALYST?

**POMALYST may cause serious side effects, including:**

- See “What is the most important information I should know about POMALYST?”
- **Low white blood cells (neutropenia), low platelets (thrombocytopenia) and low red blood cells (anemia).** POMALYST may cause low white blood cells, low platelets and low red blood cells. You may need a blood transfusion or certain medicines if your blood counts drop too low. Your blood counts should be checked weekly for the first 8 weeks and monthly thereafter.

The most common side effects of POMALYST include:

- tiredness and weakness
- constipation
- shortness of breath
- diarrhea
- fever
- back pain
- nausea

These are not all the possible side effects of POMALYST.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-332-1088.

How should I store POMALYST?

- Store POMALYST at room temperature (68°F to 77°F [20°C to 25°C]) with excursions permitted to 59°F to 86°F (15°C to 30°C).
- Return any unused POMALYST to Celgene or your healthcare provider.

Keep POMALYST and all medicines out of the reach of children.

General information about POMALYST

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. **Do not** take POMALYST for conditions for which it was not prescribed. **Do not** give POMALYST to other people, even if they have the same symptoms you have. It may harm them and may cause birth defects.

This Medication Guide provides a summary of the most important information about POMALYST. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about POMALYST that is written for health professionals.

For more information, call 1-888-423-5436 or go to www.celgeneriskmanagement.com.

What are the ingredients in POMALYST?

Active ingredient: pomalidomide

Inactive ingredients: mannitol, pregelatinized starch and sodium stearyl fumarate.

The 1 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 2, yellow iron oxide, white ink and black ink.

The 2 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 2, yellow iron oxide, FD&C red 3, and white ink.

The 3 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 2, yellow iron oxide and white ink.

The 4 mg capsule shell contains gelatin, titanium dioxide, FD&C blue 1, FD&C blue 2 and white ink.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Manufactured for:
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