

26 May 2016 EMA/342411/2016 Committee for Medicinal Products for Human Use (CHMP)

Scientific conclusions and grounds for the variation to the terms of the marketing authorisation

Active substance: thalidomide

Procedure No. EMEA/H/C/PSUSA/00002919/201510

Period covered by the PSUR: 10 Oct 2014 - 09 Oct 2015



Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR for thalidomide, the scientific conclusions of CHMP are as follows:

The PRAC considered that based on evidence from case reports of viral reactivation, some serious, following treatment with thalidomide, particularly in patients previously infected with the herpes zoster or hepatitis B viruses (HBV), that there is a confirmed causal association between thalidomide and varizella-zoster virus and hepatitis B virus (HBV) reactivation. The PRAC recommends that Hepatitis B virus status should be established before initiating treatment with thalidomide. Previously infected patients should be closely monitored for signs and symptoms of viral reactivation, including active HBV infection, throughout therapy. Sections 4.4 and 4.8 of the SmPC are updated to reflect this information. The package leaflet is updated accordingly. Furthermore, the RMP should be updated to add viral reactivation of HBV in the severe infections described in important identified risks.

The PRAC considered that based on evidence from cases of pulmonary hypertension, some fatal, reported following treatment with thalidomide that there is a confirmed causal association between thalidomide and pulmonary hypertension. The PRAC recommends that patients should be evaluated for signs and symptoms of underlying cardiopulmonary disease prior to initiating and during thalidomide therapy. Therefore, information on pulmonary hypertension is included in sections 4.4 and 4.8 of the thalidomide product information. The package leaflet is updated accordingly. Moreover, subsequent RMP update, with addition of pulmonary hypertension in the important identified risks is required.

Furthermore, a direct healthcare professional communication (DHPC) should be distributed, in agreement with the communication plan, to inform healthcare professionals about the risks of pulmonary hypertension and viral reactivation associated with treatment with thalidomide.

Therefore, in view of the data presented in the reviewed PSUR, the PRAC considered that changes to the product information of medicinal products containing thalidomide were warranted.

The CHMP agrees with the scientific conclusions made by the PRAC.

Grounds for the variation to the terms of the marketing authorisation

On the basis of the scientific conclusions for thalidomide the CHMP is of the opinion that the benefitrisk balance of the medicinal product containing thalidomide is unchanged subject to the proposed changes to the product information

The CHMP recommends that the terms of the marketing authorisation should be varied.

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