

NDA 204026/S-035

SUPPLEMENT APPROVAL

Bristol-Myers Squibb Company
Attention: Qing Wu
Senior Manager, Regulatory Affairs
86 Morris Avenue
Summit, NJ 07901

Dear Qing Wu:

Please refer to your supplemental new drug application (sNDA) dated and received April 1, 2026, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Pomalyst (pomalidomide) capsules.

This Changes Being Effected in 30 Days sNDA provides for proposed modifications to the approved Shared System (SS) PS-Pomalidomide risk evaluation and mitigation strategy (REMS).

We have completed our review of this supplemental application, as amended. It is approved effective on the date of this letter.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS

The PS-Pomalidomide SS REMS, of which Pomalyst is a member, was originally approved on February 26, 2025. The SS REMS consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

Your proposed modifications to the REMS consist of updates to ensure conformity with the Thalomid REMS and Lenalidomide REMS by:

- Updating the REMS Document to clarify the audit requirements.
- Updating the Patient Guide and REMS Program Pharmacy Training to align content and ensure uniformity across the three REMS.

Your proposed modified REMS, submitted to Drug Master File (DMF) 039664 on February 28, 2026, amended and appended to this letter, is approved.

This SS REMS, known as the PS-Pomalidomide REMS, currently includes products listed on the FDA REMS website¹.

¹ <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>

Other products may be added in the future if additional NDAs or ANDAs are approved.

The timetable for submission of assessments of the REMS remains the same as that approved on September 14, 2015.

There are no changes to the REMS assessment plan described in our February 26, 2025, letter.

We remind you that in addition to the REMS assessments submitted according to the timetable in the approved REMS, you must include an adequate rationale to support a proposed REMS modification for the addition, modification, or removal of any goal or element of the REMS, as described in section 505-1(g)(4) of the FDCA.

We also remind you that you must submit a REMS assessment when you submit a supplemental application for a new indication for use, as described in section 505-1(g)(2)(A) of the FDCA. This assessment should include:

- a) An evaluation of how the benefit-risk profile will or will not change with the new indication.
- b) A determination of the implications of a change in the benefit-risk profile for the current REMS.
- c) *If the new indication for use introduces unexpected risks:* A description of those risks and an evaluation of whether those risks can be appropriately managed with the currently approved REMS.
- d) *If a REMS assessment was submitted in the 18 months prior to submission of the supplemental application for a new indication for use:* A statement about whether the REMS was meeting its goals at the time of that last assessment and if any modifications of the REMS have been proposed since that assessment.
- e) *If a REMS assessment has not been submitted in the 18 months prior to submission of the supplemental application for a new indication for use:* Provision of as many of the currently listed assessment plan items as is feasible.
- f) *If you propose a REMS modification based on a change in the benefit-risk profile or because of the new indication of use, submit an adequate rationale to support the modification, including:* Provision of the reason(s) why the proposed REMS modification is necessary, the potential effect on the serious risk(s) for which the REMS was required, on patient access to the drug, and/or on the burden on the health care delivery system; and other appropriate evidence or data to support the proposed change. Additionally, include any changes to the assessment plan necessary to assess the proposed modified REMS. *If you are not proposing*

REMS modifications, provide a rationale for why the REMS does not need to be modified.

Additionally, we recommend that you submit your proposed audit plan and noncompliance plan for FDA review within 60 days of this letter. Prominently identify the submission containing the assessment instruments and methodology with the following wording in bold capital letters, at the top of your cover letter and at the top of the first page of the main submission document: **“REQUEST FOR REMS ASSESSMENT METHODOLOGY PROTOCOL REVIEW/ AUDIT PLAN AND NONCOMPLIANCE PLAN”**.

If the assessment instruments and methodology for your REMS assessments are not included in the REMS supporting document, or if you propose changes to the submitted assessment instruments or methodology, you should update the REMS supporting document to include specific assessment instrument and methodology information at least 90 days before the assessments will be conducted. Updates to the REMS supporting document may be included in a new document that references previous REMS supporting document submission(s) for unchanged portions. Alternatively, updates may be made by modifying the complete previous REMS supporting document, with all changes marked and highlighted.

Prominently identify the submission containing the assessment instruments and methodology with the following wording in bold capital letters at the top of the first page of the submission:

NDA 204026 REMS ASSESSMENT METHODOLOGY PROTOCOL REVIEW
(insert concise description of content in bold capital letters, e.g.,
SURVEY METHODOLOGIES, AUDIT PLAN, NONCOMPLIANCE PLAN, DRUG USE STUDY)

An authorized generic drug under this NDA must have an approved REMS prior to marketing. Should you decide to market, sell, or distribute an authorized generic drug under this NDA, contact us to discuss what will be required in the authorized generic drug REMS submission.

We remind you that section 505-1(f)(8) of FDCA prohibits holders of an approved covered application with elements to assure safe use from using any element to block or delay approval of an application under section 505(b)(2) or (j). A violation of this provision in 505-1(f) could result in enforcement action.

Prominently identify any submission containing the REMS assessments or proposed modifications of the REMS with the following wording in bold capital letters at the top of the first page of the submission as appropriate:

NDA 204026 REMS ASSESSMENT

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

or

**NEW SUPPLEMENT FOR NDA 204026/S-000
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR NDA 204026/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR NDA 204026/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING
CHANGES SUBMITTED IN SUPPLEMENT XXX**

or

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 204026/S-000
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)**

Should you choose to submit a REMS revision, prominently identify the submission containing the REMS revisions with the following wording in bold capital letters at the top of the first page of the submission:

REMS REVISIONS FOR NDA 204026

To facilitate review of your submission, we request that you submit your proposed modified REMS and other REMS-related materials in Microsoft Word and PDF format. If certain documents, such as enrollment forms, or website screenshots are only in PDF format, they may be submitted as such, but Word format and PDF are preferred.

SUBMISSION OF REMS DOCUMENT IN SPL FORMAT

As soon as possible, but no later than 14 days from the date of this letter, submit the REMS document in Structured Product Labeling (SPL) format using the FDA automated drug registration and listing system (eLIST). Content of the REMS document must be identical to the approved REMS document. The SPL will be publicly available.

Information on submitting REMS in SPL format may be found in the guidance for industry *Providing Regulatory Submission in Electronic Format – Content of the Risk Evaluation and Mitigation Strategies Document Using Structured Product Labeling*.²

For more information on submitting REMS in SPL format, please email FDAREMSwebsite@fda.hhs.gov.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because none of these criteria apply to your supplemental application, you are exempt from this requirement.

PATENT LISTING REQUIREMENTS

Pursuant to 21 CFR 314.53(d)(2) and 314.70(f), certain changes to an approved NDA submitted in a supplement require you to submit patent information for listing in the Orange Book upon approval of the supplement. You must submit the patent information required by 21 CFR 314.53(d)(2)(i)(A) through (C) and 314.53(d)(2)(ii)(A) and (C), as applicable, to FDA on Form FDA 3542 within 30 days after the date of approval of the supplement for the patent information to be timely filed (see 21 CFR 314.53(c)(2)(ii)). You also must ensure that any changes to your approved NDA that require the submission of a request to remove patent information from the Orange Book are submitted to FDA at the time of approval of the supplement pursuant to 21 CFR 314.53(d)(2)(ii)(B) and 314.53(f)(2)(iv).

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

If you have any questions, contact Jessica Kim, Safety Regulatory Project Manager, at 240-402-0883, or via email at Jessica.Kim1@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Shan M. Pradhan, M.D.
Associate Director for Safety
Office of Oncologic Diseases
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURE(S):

- REMS

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

SHAN PRADHAN
04/27/2026 09:38:04 AM