A Phase 3, Multicenter, Randomized, Open-label Study to Compare the Efficacy and Safety of bb2121 Versus Standard Regimens in Subjects with Relapsed and Refractory Multiple Myeloma (RRMM) (KarMMa-3)

Estado	**Tipo de Participantes**	**Rangos de Edad**
EC Finalizado	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	248
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia, farmacocinética, farmacodinamica, farmacoeconómica	Terapia génica

Información

Identificador

2023-509848-10-00 (CTIS)

Cod. Protocolo

BB2121-MM-003

Transicionado 2018-001023-38

Área terapéutica

Enfermedades [C] - Cáncer [C04]|

Enfermedad investigada

Multiple myeloma (MM) with at least 2 prior therapies including an immunomodulatory (IMiD) compound and a proteasome inhibitor (PI) and demonstrated disease progression on or within 60 days of completion of the last therapy.

Título Científico

A Phase 3, Multicenter, Randomized, Open-label Study to Compare the Efficacy and Safety of bb2121 Versus Standard Regimens in Subjects with Relapsed and Refractory Multiple Myeloma
(RRMM) (KarMMa-3)

Justificación

No aportado

Objetivo Principal

Compare the efficacy of bb2121 to standard regimens in subjects with RRMM as measured by progression-free survival (PFS)

Variables de Evaluación Primaria

Progression-free survival (PFS)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Evaluate the safety of bb2121 compared to standard regimens in subjects with RRMM
Evaluate additional efficacy parameters of bb2121 compared to standard regimens in subjects with RRMM
Characterize the expansion and persistence of chimeric antigen receptor (CAR) + T cells, in the peripheral blood (cellular kineticspharmacokinetics [PK])
Evaluate the percentage of subjects who attain minimal residual disease (MRD) negative status by next generation sequencing (NGS)
Evaluate the impact of bb2121 compared to standard regimens on the changes in health-related quality of life (HRQoL)
Evaluate the impact of bb2121 on health utility values compared with standard regimens

Variables de Evaluación Secundaria

Overall Response Rate (ORR)
Overall Survival (OS)
Event-free Survival (EFS)
Minimal Residual Disease (MRD)
Complete Response (CR) Rate

Duration of Response (DOR)
Time to Response (TTR)
Safety
Pharmacokinetics (PK) bb2121
Primary Domains of Interest Health Related Quality of Life (HRQoL)
Time to next anti-myeloma treatment
Progression-free survival after next line therapy (PFS2)

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Subject is 18 years of age at the time of signing the informed consent form (ICF)
Recovery to Grade 1 or baseline of any non-hematologic toxicities due to prior treatments, excluding alopecia and Grade 2 peripheral neuropathy.
Adequate vascular access for leukapheresis.
Adequate contraceptive measures as outlined in the protocol.
Only subjects that would be considered for any of the 5 proposed standard regimens (DPd, DVd, IRd, Kd or EPd), as judged by the Investigator, should be included in the study.
Subject must understand and voluntarily sign an ICF prior to any study-related assessments/procedures being conducted.
Subject is willing and able to adhere to the study visit schedule and other protocol requirements within this protocol and for a subject randomized to Treatment Arm A, subject agrees to continued follow-up for up to 15 years as mandated by the regulatory guidelines for gene therapy trials.
Subject has measurable disease, defined as: M-protein (serum protein electrophoresis [sPEP] or urine protein electrophoresis [uPEP]): sPEP 0.5 g/dL or uPEP 200 mg/24 hours and/or Light chain MM without measurable disease in the serum or urine: Serum immunoglobulin free light chain 10 mg/dL and abnormal serum immunoglobulin kappa lambda free light chain ratio
Subject has received at least 2 but no greater than 4 prior MM regimens. Note: induction with or without hematopoietic stem cell transplant and with or without maintenance therapy is considered as one regimen.
Subject has received prior treatment with DARA, a proteasome inhibitor- and an immunomodulatory compound-containing regimen for at least 2 consecutive cycles.
Subject must be refractory to the last treatment regimen. Refractory is defined as documented progressive disease during or within 60 days (measured from the last dose of any drug within the regimen) of completing treatment with the last anti-myeloma regimen before study entry.
Subject achieved a response (minimal response [MR] or better) to at least 1 prior treatment regimen.
Subject has an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.

Criterios de Exclusión

Subject has any significant medical condition, laboratory abnormality, or psychiatric illness that would prevent the subject from participating in the study. Subject has clinical evidence of pulmonary leukostasis and disseminated intravascular coagulation. Subject has known chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in 1 second (FEV1) 50% of predicted normal. Note that forced expiratory testing (FEV1) is required for subjects suspected of having COPD and subjects must be excluded if FEV1 is < 50% of predicted normal. Subject has a history or presence of clinically relevant CNS pathology such as epilepsy, seizure, paresis, aphasia, stroke, subarachnoid hemorrhage or other CNS bleed, severe brain injuries, dementia, Parkinson's disease, cerebellar

disease, organic brain syndrome, or psychosis. Subject was treated with DARA in combination with POM with or without dexamethasone (DP±d) as part of their most recent antimyeloma treatment regimen, cannot receive DPd as bridging therapy but may receive DVd , IRd, Kd or EPd as bridging as per Investigator's discretion if randomized to Treatment Arm A. Subject was treated with DP±d as part of their most recent antimyeloma treatment regimen, cannot receive DPd if randomized to Treatment Arm B but may receive DVd, IRd, Kd or EPd as per Investigator's discretion. Subject was treated with DARA in combination with BTZ with or without dexamethasone (DV±d) as part of their most recent antimyeloma treatment regimen, cannot receive DVd as bridging therapy but may receive DPd, IRd, Kd or EPd as bridging as per Investigator's discretion if randomized to Treatment Arm A. Subject was treated with DV±d as part of their most recent antimyeloma treatment regimen, cannot receive DVd if randomized to Treatment Arm B but may receive DPd, IRd, Kd or EPd as per Investigator's discretion. Subject was treated with IXA in combination with LEN with or without dexamethasone (IR±d) as part of their most recent antimyeloma treatment regimen, cannot receive IRd as bridging therapy but may receive DPd, DVd, Kd or EPd as bridging as per Investigator's discretion if randomized to Treatment Arm A. Refer to protocol for additional exclusion criteria Subject has any condition including the presence of laboratory abnormalities, which places the subject at unacceptable risk if he/she were to participate in the study. Subject has any condition that confounds the ability to interpret data from the study. Subject has nonsecretory MM. Subject has any of the following laboratory abnormalities: a. Absolute neutrophil count (ANC) < 1,000/L b. Platelet count: < 75,000/L in subjects in whom < 50% of bone marrow nucleated cells are plasma cells and platelet count < 50,000/L in subjects in whom 50% of bone marrow nucleated cells are plasma cells (it is not permissible to transfuse a subject to reach this level) c. Hemoglobin < 8 g/dL (< 4.9 mmol/L) (it is not permissible to transfuse a subject to reach this level) d. Serum creatinine clearance (CrCl) < 45 mL/min e. Corrected serum calcium > 13.5 mg/dL (> 3.4 mmol/L) f. Serum aspartate aminotransferase (AST) or alanine aminotransferase (ALT) > 2.5 × upper limit of normal (ULN) g. Serum total bilirubin > 1.5 × ULN or > 3.0 mg/dL for subjects with documented Gilbert's syndrome h. International normalized ratio (INR) or activated partial thromboplastin time (aPTT) > 1.5 × ULN, or history of Grade 2 hemorrhage within 30 days, or subject requires ongoing treatment with chronic, therapeutic dosing of anticoagulants (eg, warfarin, low molecular weight heparin, Factor Xa inhibitors) Subject has inadequate pulmonary function defined as oxygen saturation (SaO2) < 92% on room air. Subject has prior history of malignancies, other than MM, unless the subject has been free of the disease for 5 years with the exception of the following non-invasive malignancies: Basal cell carcinoma of the skin Squamous cell carcinoma of the skin Carcinoma in situ of the cervix Carcinoma in situ of the breast Incidental histologic finding of prostate cancer (T1a or T1b using the tumor, nodes, metastasis [TNM] clinical staging system) or prostate cancer that can be treated with curative intent Subject has active or history of plasma cell leukemia, Waldenstrom's macroglobulinemia, POEMS syndrome (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, and skin changes) or amyloidosis. Subject with known central nervous system (CNS) involvement with myeloma.

Calendario

(Última actualización: 21/04/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
30/05/2019	12/06/2019	17/06/2019	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
06/07/2021	No aportado	No aportado	06/03/2026	07/04/2026

Promotor

Celgene Corp. United States

Route 206 And Province Line Road

Contact Person

GSM-CT

003223527611

mg-gsm-ct@bms.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Centros

Activo (03/06/2019)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

No iniciado (--/--/----)

Clinica Universidad De Navarra

Madrid

MADRID

N/A

Activo (05/06/2019)

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

No iniciado (--/--/----)

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology department

Medicamentos

Imnovid 1 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

Revlimid 15 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX04 - LENALIDOMIDA
Principios Activos: N/A

Experimental

IXAZOMIB
CAPSULE
ORAL USE

-

Principios Activos: N/A

Experimental

Dexamethasone Tablets BP 2.0mg
TABLET
ORAL

Código ATC: H02AB02 - DEXAMETASONA
Principios Activos: N/A

Experimental

DARZALEX 20 mg/mL concentrate for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: L01FC01 - DARATUMUMAB
Principios Activos: N/A

Experimental

Imnovid 3 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

-
-
INTRAVENOUS USE

Código ATC: L01XC23 - ELOTUZUMAB
Principios Activos: N/A

Experimental

Revlimid 25 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX04 - LENALIDOMIDA
Principios Activos: N/A

Experimental

Dexamethason 4 mg JENAPHARM®
TABLET
ORAL USE

Código ATC: H02AB02 - DEXAMETASONA
Principios Activos: N/A

Experimental

idecabtagene vicleucel
CELL SUSPENSION FOR INJECTION
INTRAVENOUS USE

-

Principios Activos: N/A

Huérfano

Experimental

Dexamethason CF 20 mg/ml, injectievloeistof
SOLUTION FOR INJECTION
INTRAVENOUS USE

Código ATC: H02AB02 - DEXAMETASONA
Principios Activos: N/A

Experimental

Kyprolis 30 mg powder for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: L01XG02 - CARFILZOMIB
Principios Activos: N/A

Experimental

VELCADE 3.5 mg powder for solution for injection
SOLUTION FOR INJECTION
INTRAVENOUS (IV) OR SUBCUTANEOUS (SC)

Código ATC: L01XG01 - BORTEZOMIB
Principios Activos: N/A

Experimental

Revlimid 10 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX04 - LENALIDOMIDA
Principios Activos: N/A

Experimental

Revlimid 5 mg hard capsules
CAPSULE, HARD
ORAL USE

Imnovid 4 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX04 - LENALIDOMIDA
Principios Activos: N/A

Experimental

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

IXAZOMIB
CAPSULE
ORAL USE

-
Principios Activos: N/A

Experimental

-
-
ORAL USE

Código ATC: L01XG03 - IXAZOMIB
Principios Activos: N/A

Experimental

Imnovid 2 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

Sin resultados

A Phase 3, Multicenter, Randomized, Open-label Study to Compare the Efficacy and Safety of bb2121 Versus Standard Regimens in Subjects with Relapsed and Refractory Multiple Myeloma (RRMM) (KarMMa-3)

State	**Type of participants**	**Age Ranges**
Finished CT	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	248
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness, pharmacokinetics, pharmacodynamics, pharmacoeconomic	Gene therapy

Information

Identifier

2023-509848-10-00 (CTIS)

Protocol Code

BB2121-MM-003

Transitioned 2018-001023-38

Therapeutic area

Diseases [C] - Cancer [C04]|

Investigated Disease

Multiple myeloma (MM) with at least 2 prior therapies including an immunomodulatory (IMiD) compound and a proteasome inhibitor (PI) and demonstrated disease progression on or within 60 days of completion of the last therapy.

Scientific Title

A Phase 3, Multicenter, Randomized, Open-label Study to Compare the Efficacy and Safety of bb2121 Versus Standard Regimens in Subjects with Relapsed and Refractory Multiple Myeloma
(RRMM) (KarMMa-3)

Rationale

Not provided

Main Objective

Compare the efficacy of bb2121 to standard regimens in subjects with RRMM as measured by progression-free survival (PFS)

Primary Endpoints

Progression-free survival (PFS)

Temporary moments of secondary assessment

Not provided

Secondary Objective

Evaluate the safety of bb2121 compared to standard regimens in subjects with RRMM
Evaluate additional efficacy parameters of bb2121 compared to standard regimens in subjects with RRMM
Characterize the expansion and persistence of chimeric antigen receptor (CAR) + T cells, in the peripheral blood (cellular kineticspharmacokinetics [PK])
Evaluate the percentage of subjects who attain minimal residual disease (MRD) negative status by next generation sequencing (NGS)
Evaluate the impact of bb2121 compared to standard regimens on the changes in health-related quality of life (HRQoL)
Evaluate the impact of bb2121 on health utility values compared with standard regimens

Secondary Endpoints

Overall Response Rate (ORR)
Overall Survival (OS)
Event-free Survival (EFS)
Minimal Residual Disease (MRD)
Complete Response (CR) Rate

Duration of Response (DOR)
Time to Response (TTR)
Safety
Pharmacokinetics (PK) bb2121
Primary Domains of Interest Health Related Quality of Life (HRQoL)
Time to next anti-myeloma treatment
Progression-free survival after next line therapy (PFS2)

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Subject is 18 years of age at the time of signing the informed consent form (ICF)
Recovery to Grade 1 or baseline of any non-hematologic toxicities due to prior treatments, excluding alopecia and Grade 2 peripheral neuropathy.
Adequate vascular access for leukapheresis.
Adequate contraceptive measures as outlined in the protocol.
Only subjects that would be considered for any of the 5 proposed standard regimens (DPd, DVd, IRd, Kd or EPd), as judged by the Investigator, should be included in the study.
Subject must understand and voluntarily sign an ICF prior to any study-related assessments/procedures being conducted.
Subject is willing and able to adhere to the study visit schedule and other protocol requirements within this protocol and for a subject randomized to Treatment Arm A, subject agrees to continued follow-up for up to 15 years as mandated by the regulatory guidelines for gene therapy trials.
Subject has measurable disease, defined as: M-protein (serum protein electrophoresis [sPEP] or urine protein electrophoresis [uPEP]): sPEP 0.5 g/dL or uPEP 200 mg/24 hours and/or Light chain MM without measurable disease in the serum or urine: Serum immunoglobulin free light chain 10 mg/dL and abnormal serum immunoglobulin kappa lambda free light chain ratio
Subject has received at least 2 but no greater than 4 prior MM regimens. Note: induction with or without hematopoietic stem cell transplant and with or without maintenance therapy is considered as one regimen.
Subject has received prior treatment with DARA, a proteasome inhibitor- and an immunomodulatory compound-containing regimen for at least 2 consecutive cycles.
Subject must be refractory to the last treatment regimen. Refractory is defined as documented progressive disease during or within 60 days (measured from the last dose of any drug within the regimen) of completing treatment with the last anti-myeloma regimen before study entry.
Subject achieved a response (minimal response [MR] or better) to at least 1 prior treatment regimen.
Subject has an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.

Exclusion criteria

Subject has any significant medical condition, laboratory abnormality, or psychiatric illness that would prevent the subject from participating in the study. Subject has clinical evidence of pulmonary leukostasis and disseminated intravascular coagulation. Subject has known chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in 1 second (FEV1) 50% of predicted normal. Note that forced expiratory testing (FEV1) is required for subjects suspected of having COPD and subjects must be excluded if FEV1 is < 50% of predicted normal. Subject has a history or presence of clinically relevant CNS pathology such as epilepsy, seizure, paresis, aphasia, stroke, subarachnoid hemorrhage or other CNS bleed, severe brain injuries, dementia, Parkinson's disease, cerebellar

disease, organic brain syndrome, or psychosis. Subject was treated with DARA in combination with POM with or without dexamethasone (DP±d) as part of their most recent antimyeloma treatment regimen, cannot receive DPd as bridging therapy but may receive DVd , IRd, Kd or EPd as bridging as per Investigator's discretion if randomized to Treatment Arm A. Subject was treated with DP±d as part of their most recent antimyeloma treatment regimen, cannot receive DPd if randomized to Treatment Arm B but may receive DVd, IRd, Kd or EPd as per Investigator's discretion. Subject was treated with DARA in combination with BTZ with or without dexamethasone (DV±d) as part of their most recent antimyeloma treatment regimen, cannot receive DVd as bridging therapy but may receive DPd, IRd, Kd or EPd as bridging as per Investigator's discretion if randomized to Treatment Arm A. Subject was treated with DV±d as part of their most recent antimyeloma treatment regimen, cannot receive DVd if randomized to Treatment Arm B but may receive DPd, IRd, Kd or EPd as per Investigator's discretion. Subject was treated with IXA in combination with LEN with or without dexamethasone (IR±d) as part of their most recent antimyeloma treatment regimen, cannot receive IRd as bridging therapy but may receive DPd, DVd, Kd or EPd as bridging as per Investigator's discretion if randomized to Treatment Arm A. Refer to protocol for additional exclusion criteria Subject has any condition including the presence of laboratory abnormalities, which places the subject at unacceptable risk if he/she were to participate in the study. Subject has any condition that confounds the ability to interpret data from the study. Subject has nonsecretory MM. Subject has any of the following laboratory abnormalities: a. Absolute neutrophil count (ANC) < 1,000/L b. Platelet count: < 75,000/L in subjects in whom < 50% of bone marrow nucleated cells are plasma cells and platelet count < 50,000/L in subjects in whom 50% of bone marrow nucleated cells are plasma cells (it is not permissible to transfuse a subject to reach this level) c. Hemoglobin < 8 g/dL (< 4.9 mmol/L) (it is not permissible to transfuse a subject to reach this level) d. Serum creatinine clearance (CrCl) < 45 mL/min e. Corrected serum calcium > 13.5 mg/dL (> 3.4 mmol/L) f. Serum aspartate aminotransferase (AST) or alanine aminotransferase (ALT) > 2.5 × upper limit of normal (ULN) g. Serum total bilirubin > 1.5 × ULN or > 3.0 mg/dL for subjects with documented Gilbert's syndrome h. International normalized ratio (INR) or activated partial thromboplastin time (aPTT) > 1.5 × ULN, or history of Grade 2 hemorrhage within 30 days, or subject requires ongoing treatment with chronic, therapeutic dosing of anticoagulants (eg, warfarin, low molecular weight heparin, Factor Xa inhibitors) Subject has inadequate pulmonary function defined as oxygen saturation (SaO2) < 92% on room air. Subject has prior history of malignancies, other than MM, unless the subject has been free of the disease for 5 years with the exception of the following non-invasive malignancies: Basal cell carcinoma of the skin Squamous cell carcinoma of the skin Carcinoma in situ of the cervix Carcinoma in situ of the breast Incidental histologic finding of prostate cancer (T1a or T1b using the tumor, nodes, metastasis [TNM] clinical staging system) or prostate cancer that can be treated with curative intent Subject has active or history of plasma cell leukemia, Waldenstrom's macroglobulinemia, POEMS syndrome (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, and skin changes) or amyloidosis. Subject with known central nervous system (CNS) involvement with myeloma.

Calendar

(Last Update: 21/04/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
30/05/2019	12/06/2019	17/06/2019	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
06/07/2021	Not aported	Not aported	06/03/2026	07/04/2026

Sponsor

Celgene Corp. United States

Route 206 And Province Line Road

Contact Person

GSM-CT

003223527611

mg-gsm-ct@bms.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Sites

Active (03/06/2019)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

not initialized (--/--/----)

Clinica Universidad De Navarra

Madrid

MADRID

N/A

Active (05/06/2019)

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

not initialized (--/--/----)

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology department

Medication

Imnovid 1 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX06 - POMALIDOMIDA
Active Principles: N/A

Experimental

Revlimid 15 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX04 - LENALIDOMIDA
Active Principles: N/A

Experimental

IXAZOMIB
CAPSULE
ORAL USE

-
Active Principles: N/A

Experimental

Dexamethasone Tablets BP 2.0mg
TABLET
ORAL

ATC code: H02AB02 - DEXAMETASONA
Active Principles: N/A

Experimental

DARZALEX 20 mg/mL concentrate for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

ATC code: L01FC01 - DARATUMUMAB
Active Principles: N/A

Experimental

Imnovid 3 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX06 - POMALIDOMIDA
Active Principles: N/A

Experimental

-
-
INTRAVENOUS USE

ATC code: L01XC23 - ELOTUZUMAB
Active Principles: N/A

Experimental

Revlimid 25 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX04 - LENALIDOMIDA
Active Principles: N/A

Experimental

Dexamethason 4 mg JENAPHARM®
TABLET
ORAL USE

ATC code: H02AB02 - DEXAMETASONA
Active Principles: N/A

Experimental

idecabtagene vicleucel
CELL SUSPENSION FOR INJECTION
INTRAVENOUS USE

-

Active Principles: N/A

Orphan Experimental

Dexamethason CF 20 mg/ml, injectievloeistof
SOLUTION FOR INJECTION
INTRAVENOUS USE

ATC code: H02AB02 - DEXAMETASONA
Active Principles: N/A

Experimental

Kyprolis 30 mg powder for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

ATC code: L01XG02 - CARFILZOMIB
Active Principles: N/A

Experimental

VELCADE 3.5 mg powder for solution for injection
SOLUTION FOR INJECTION
INTRAVENOUS (IV) OR SUBCUTANEOUS (SC)

ATC code: L01XG01 - BORTEZOMIB
Active Principles: N/A

Experimental

Revlimid 10 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX04 - LENALIDOMIDA
Active Principles: N/A

Experimental

Revlimid 5 mg hard capsules
CAPSULE, HARD
ORAL USE

Imnovid 4 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX04 - LENALIDOMIDA
Active Principles: N/A

Experimental

ATC code: L04AX06 - POMALIDOMIDA
Active Principles: N/A

Experimental

IXAZOMIB
CAPSULE
ORAL USE

-
Active Principles: N/A

Experimental

-
-
ORAL USE

ATC code: L01XG03 - IXAZOMIB
Active Principles: N/A

Experimental

Imnovid 2 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L04AX06 - POMALIDOMIDA
Active Principles: N/A

Experimental

No results