Revlimid® (lenalidomide)
Healthcare Professional’s Information Pack for the UK

This pack contains the information and materials needed for prescribing and dispensing Revlimid, including information about the Pregnancy Prevention Programme.

It is a requirement of the Pregnancy Prevention Programme that all healthcare professionals ensure that they have read and understood this pack before prescribing or dispensing Revlimid for any patient.

Revlimid is licensed for use in combination with dexamethasone for the treatment of patients with multiple myeloma (MM) who have received at least one prior therapy. Revlimid is also indicated for the treatment of patients with transfusion-dependent anaemia due to low- or intermediate-1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate.

Revlimid is structurally related to thalidomide, a known human teratogenic substance that causes severe life-threatening birth defects. Revlimid induced, in monkeys, malformations similar to those described with thalidomide.

If Revlimid is taken during pregnancy, a teratogenic effect of Revlimid in humans is expected. Revlimid is therefore contraindicated in pregnancy and in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme described in this pack are carried out.
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**Information for Healthcare Professionals**  
This section contains information for healthcare professionals prescribing or dispensing Revlimid.

**Pharmacy Registration Form**  
You will need this form to register your pharmacy in order to be able to obtain Revlimid.

**Prescription Authorisation Forms**  
You will need to complete a prescription authorisation form with every prescription for Revlimid (completed forms must be sent to Celgene).

**Information for patients**  
This section contains information about Revlimid that you should give to your patients.

**Adverse event and pregnancy reporting forms**  
Please report adverse events. This section contains forms you can use.

**Treatment checklists and algorithms**

**Frequently asked questions**

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Examples of informed consent documents and letter to patient’s general practitioner.
Revlimid® (lenalidomide)
Information for Healthcare Professionals
Booklet
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1.0 Introduction

1.1 Licensed indication and posology

Revlimid is an immunomodulating medicinal product. In Phase III clinical studies, Revlimid in combination with high-dose dexamethasone prolonged median time to progression (TTP) by about at least 28 weeks compared with dexamethasone alone in patients who have received at least one prior therapy for multiple myeloma. In a Phase III clinical study (MDS-004), a significant larger proportion of patients with myelodysplastic syndromes achieved the primary endpoint of transfusion independence (>182 days) on lenalidomide 10 mg compared with placebo (55.1% vs. 6.0%). The median time to transfusion independence in the lenalidomide 10 mg arm was 4.6 weeks. The median duration of transfusion independence was not reached in any of the treatment arms, but should exceed 2 years for the lenalidomide-treated subjects. The median increase in haemoglobin (Hgb) from baseline in the 10 mg arm was 6.4 g/dL.

Revlimid is licensed for use in combination with dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior therapy. The recommended starting dose of Revlimid for adults over 18 years is 25 mg orally once daily on days 1 to 21 of repeated 28-day cycles. Revlimid is also indicated for the treatment of patients with transfusion-dependent anaemia due to low- or intermediate-1-risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate. The recommended starting dose of Revlimid for adults over 18 years is 10 mg orally once daily on days 1-21 of repeated 28 day cycles.

Treatment with Revlimid should be continued until disease progression or unacceptable adverse events occur. For full details, please refer to the Summary of Product Characteristics (SmPC), which can be found on the Celgene website: www.celgene.co.uk.

1.2 Overview of the Healthcare Professional’s Information Pack

The key information for Revlimid, of relevance to healthcare professionals, is contained within this booklet, including details of the:

- Pregnancy Prevention Programme
  - educational information
  - therapy management advice to avoid foetal exposure to Revlimid
  - a distribution control system
- safety advice of relevance to all patients
- process for follow-up of effectiveness of the measures described in this pack
- process for reporting adverse events in patients treated with Revlimid.
In order to obtain Revlimid, it is a requirement of the Pregnancy Prevention Programme that all healthcare professionals ensure that they have read and understood this pack before prescribing or dispensing Revlimid for any patient.

- Pharmacies must register with Celgene using the Pharmacy Registration Form, to be able to order and dispense Revlimid.
- Every prescription for Revlimid must be accompanied by a Prescription Authorisation Form – this form must be signed by prescriber and pharmacist and sent to Celgene.
- The Pharmacy Registration Form and Prescription Authorisation Form are in subsequent sections of this pack.

All patients should be given a Patient Booklet and Wallet Card to take home – these materials remind patients of the key educational information and risks of treatment, and can be found in the Information for Patients section.

This Healthcare Professional's Information Pack also contains adverse event reporting forms, treatment checklists and algorithms, example information and forms for obtaining informed consent and an example letter to notify a general practitioner that their patient is receiving Revlimid.

1.3 Pregnancy Prevention Programme - education, therapy management, distribution control

Revlimid is structurally related to thalidomide, a known human teratogenic substance that causes severe life-threatening birth defects. Revlimid induced, in monkeys, malformations similar to those described with thalidomide. If Revlimid is taken during pregnancy, a teratogenic effect of Revlimid in humans is expected. Revlimid is therefore contraindicated during pregnancy and in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme described in this pack are carried out (Section 2.0).

It is a requirement of the Pregnancy Prevention Programme that all healthcare professionals ensure that they have read and understood this pack before prescribing or dispensing Revlimid for any patient.

In order to ensure that the actions to minimise the risk of foetal exposure are carried out for all patients, dispensing of Revlimid will only be allowed from pharmacies registered with Celgene. Celgene will not authorise supply of Revlimid to pharmacies that are not registered.

The following are core requirements of the Pregnancy Prevention Programme:

- All healthcare professionals dispensing or prescribing Revlimid must read the Revlimid Healthcare Professional’s Information Pack.
- All pharmacies who dispense Revlimid must agree to implement risk minimisation by registering with Celgene using the Pharmacy Registration Form.
- All prescriptions for Revlimid must be accompanied by a Revlimid Prescription Authorisation Form, a copy of which must be sent to Celgene.
1.4 Safety advice relevant to all patients

In addition to information about the Pregnancy Prevention Programme, this booklet contains important advice for healthcare professionals about how to minimise the risk of adverse events during treatment with Revlimid.

For further information about the appropriate use and safety profile of Revlimid please refer to the SmPC, which can be found on the Celgene website: www.celgene.co.uk.

1.5 Revlimid Treatment Continuation Scheme™ (Revlimid TCS™)

The Revlimid TCS™ provides Revlimid free of charge to NHS patients, in England, Wales and Northern Ireland, who have already undergone 26 NHS-funded Revlimid treatment cycles, according to NICE guidance, and who are continuing to benefit from treatment.

The Revlimid TCS™ operates alongside the existing Pregnancy Prevention Programme. Both programmes use a modified version of the Prescription Authorisation Form.

This pack contains the new version of the Prescription Authorisation Form, that you will need for both the Pregnancy Prevention Programme and the Revlimid TCS™. You will also need a copy of the Revlimid TCS™ ‘How-to’ Guide – please contact Celgene (Tel: 0808 156 3057) if you have not received this.

**You must send every completed Prescription Authorisation Form to Celgene, for ALL patients, regardless of indication. This is an absolute requirement, not only so that the Revlimid TCS™ can operate, but also so that Celgene can fulfill regulatory obligations to monitor PPP adherence and off-label usage.**

**Celgene is obliged to provide anonymous reports on these data to the regulatory agencies to assess the effectiveness of risk minimisation activities and will not be able to comply if pharmacies do not provide ALL their Prescription Authorisation Forms to Celgene**

**Prescription Authorisation Forms can be sent by fax, post (a photocopy of the form) or e-mail to Celgene, using the following contact details:**

Celgene Limited  
1 Longwalk Road  
Stockley Park  
Uxbridge  
UB11 1DB  
Tel: 0808 156 3057  
Fax: 0808 100 9910  
Email: paf.uk.ire@celgene.com

If you wish to use e-mail, please scan the completed form and e-mail it as an attachment, or complete the modifiable PDF file contained on the CD ROM in this pack.

Please keep a copy of the Prescription Authorisation Forms for your records.
2.0 Pregnancy Prevention Programme
- education, therapy management, distribution control

2.1 Patient and healthcare professional education

All patients must sign an informed consent form confirming their awareness of the risks of treatment, particularly of the risks associated with foetal exposure and their agreement to adhere to the requirements of the programme. An example form and accompanying information for patients are provided in this pack.

All patients should be given a copy of the Patient Booklet to take home. The booklet has separate sections containing information for women of childbearing potential, women of non-childbearing potential and men, as well as a section describing safety information relevant to all patients.

All healthcare professionals involved in the prescribing or dispensing of Revlimid must confirm that they have read the Healthcare Professional’s Information Pack on the Prescription Authorisation Form (described in Section 2.3).

Celgene is happy to provide further information and slide presentations on the Pregnancy Prevention Programme to any haematology department or pharmacy requesting it. Please phone Celgene on 0808 156 3059 for more information.

2.2 Therapeutic management advice to avoid foetal exposure

Women of non-childbearing potential

Women in the following groups are considered not to have childbearing potential and do not need to undergo pregnancy testing or receive contraceptive advice.

- Age ≥ 50 years and naturally amenorrhoeaic for ≥ 1 year. Please note amenorrhoea following cancer therapy or during lactation does not rule out childbearing potential
- Premature ovarian failure confirmed by a specialist gynaecologist
- Previous bilateral salpingo-oophorectomy, or hysterectomy
- XY genotype, Turner syndrome, uterine agenesis.

Treating physicians are advised to refer their patient for a gynaecological opinion if at all unsure as to whether a woman meets the criteria for being of non-childbearing potential.
Women of childbearing potential

In view of the expected teratogenic risk of Revlimid, foetal exposure should be avoided.

Women of childbearing potential (even if they have amenorrhoea) must:

- Use one effective method of contraception (see below) for 4 weeks before therapy, during therapy, and until 4 weeks after Revlimid therapy, and even in case of dose interruption.

or

- Commit to absolute and continuous sexual abstinence

and

- Have a medically supervised negative pregnancy test (with a minimum sensitivity of 25 mIU/ml) once established on contraception for 4 weeks, at 4-weekly intervals during therapy and 4 weeks after the end of therapy (unless confirmed tubal sterilisation). This also includes those women of childbearing potential who confirm absolute and continued sexual abstinence.

There must be no more than 3 days between the dates of the last negative pregnancy test and the prescription. Best practice is for the pregnancy test, prescribing and dispensing to take place on the same day.

If not established on effective contraception, the patient must be referred to an appropriately trained healthcare professional for contraceptive advice in order that contraception can be initiated.

The following can be considered to be examples of suitable methods of contraception:

- Implant
- Levonorgestrel-releasing intrauterine system (IUS)
- Medroxyprogesterone acetate depot
- Tubal sterilisation
- Sexual intercourse with a vasectomised male partner only; vasectomy must be confirmed by two negative semen analyses
- Ovulation inhibitory progesterone-only pills (i.e. desogestrel).

Your patient should be advised that if a pregnancy does occur whilst she is receiving Revlimid, she must immediately stop treatment and inform her physician.
Men

In view of the expected teratogenic risk of Revlimid, foetal exposure should be avoided. Pharmacokinetic data has demonstrated that Revlimid is present in human semen at extremely low levels during treatment and is undetectable in human semen 3 days after stopping the drug in the healthy subject.

As a precaution, all male patients taking Revlimid must meet the following conditions:

- If their partner is pregnant or of childbearing potential and not using effective contraception, male patients should use condoms throughout the duration of treatment, during dose interruption and for 1 week after cessation of treatment, even if the male patient has undergone a vasectomy.

- If pregnancy occurs in a partner of a male patient whilst he is taking Revlimid or shortly after he has stopped taking Revlimid, he should inform his treating doctor immediately. The partner should inform her physician immediately. It is recommended that she be referred to a physician specialised in teratology for evaluation and advice.

### In the event of pregnancy while on treatment with Revlimid

**Stop treatment**

Refer the patient to a physician specialised or experienced in teratology for evaluation and advice.

Notify Celgene immediately of all such occurrences by contacting the Celgene Drug Safety Department (Tel: 0808 238 9908). Please also complete the Pregnancy Reporting Form included in this pack. Celgene will wish to follow-up with you the progress of all pregnancies.

Report the event to the Medicines and Healthcare products Regulatory Agency (MHRA) using the ‘Yellow Card’ Scheme. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

### 2.3 Prescribing Revlimid

**Maximum prescription lengths**

You may prescribe a maximum of four weeks of therapy for women of childbearing potential, or twelve weeks of therapy for all other patients. Revlimid treatment should be supervised by a physician experienced in the use of anti-cancer therapies and a full understanding of the risks of Revlimid therapy and monitoring requirements.

Approval from the Celgene Medical Director is a mandatory requirement prior to any deviation from these stipulated prescription lengths. If there is a need for an exception to the maximum prescription lengths, then you should contact Celgene Risk Management (Tel: 0808 156 3059 Email: rmp.uk.ire@celgene.com).
The following information is required to assess whether a deviation to the maximum prescription length can be approved:

- DOB and Initials of the Patient
- Sex and childbearing potential
- Background to why a deviation has been requested
- Treating hospital
- Capsule Strength
- How the patient will be monitored whilst away
- Stability of patient
- How many months supply.

**Initial prescription**

Before issuing the initial prescription, you must:

- Counsel the patient on the safe use of Revlimid in accordance with the measures described in this booklet and the SmPC, which can be found on the Celgene website: www.celgene.co.uk.
- Obtain their written confirmation (using the Patient Consent Form) that they have received and understood this information, and provide the patient with a copy
- Provide the patient with a Patient Booklet and Health Card
- A ‘Prescription Authorisation Form’ must be provided to the patient with each Revlimid prescription, and this will contain:
  - Patient initials, date of birth and diagnosis
  - Prescriber name, signature and date—Patient category (women of childbearing potential, women of non-childbearing potential, or male).
  - Confirmation that they have received counselling on the safe use of Revlimid
  - For women of childbearing potential, the pregnancy test date and result. The patient must present their ‘Prescription Authorisation Form’ to the pharmacy along with their prescription, and the pharmacy will check this form prior to dispensing Revlimid.

**Repeat of subsequent prescriptions**

The patient must return to the initial prescriber for every repeat prescription of Revlimid. If a patient is transferred or consulted by another prescriber, the initial prescriber must remind them to contact Celgene and obtain a Revlimid ‘Healthcare Professional’s Information Pack’.

If there is a need for a deviation from the Pregnancy Prevention Programme, then you should contact Celgene Risk Management for prior approval from the Celgene Medical Director. This is a mandatory requirement.
2.4 A distribution control system

It is a requirement of the Pregnancy Prevention Programme that pharmacies wishing to purchase and dispense Revlimid are registered with Celgene. Registration involves receiving a Healthcare Professional’s Information Pack and faxing (or posting) to Celgene a signed Pharmacy Registration Form to indicate agreement and compliance with the content.

**Dispensing of Revlimid will only be allowed from pharmacies registered with Celgene.**

**Celgene will not authorise purchase and supply of Revlimid to pharmacies not registered with Celgene.**

In order to be registered, the Chief Pharmacist or appointed deputy of the institution wishing to dispense must agree to implement and audit the use of a Prescription Authorisation Form.

A completed Prescription Authorisation Form must accompany every prescription for Revlimid. Every completed Prescription Authorisation Form must be sent to Celgene.

The Prescription Authorisation Form asks the prescribing physician to confirm:

- The patient’s diagnosis
- Whether the patient is male or female
- If female, the patient’s childbearing potential
- If of childbearing potential that adequate contraception is in place and the date of the last negative pregnancy test, which must be within the 3 days prior to the date of the prescription
- If male that counselling regarding the use of condoms has taken place
- That informed consent has been completed by the patient
- That the physician has read and understands the contents of this pack.

The Prescription Authorisation Form asks the dispensing pharmacist to confirm:

- That the Prescription Authorisation Form has been completed in full by the prescriber
- That dispensing is taking place 7 days or less from the date of prescribing
- That the pharmacist has read and understood the contents of this pack.

For women of child bearing potential, prescriptions for Revlimid should be limited to 4 weeks of treatment and continuation of treatment requires a new prescription. Ideally, pregnancy testing, issuing a prescription and dispensing should occur on the same day. Dispensing of Revlimid should occur within a maximum of 7 days of the prescription, and the date of the last negative pregnancy test, must be within the 3 days prior to the date of the prescription.

For males and women of non child bearing potential, prescriptions of Revlimid should be limited to 12 weeks and continuation of treatment requires a new prescription.

Pharmacists are required to send copies of **every** Prescription Authorisation Form to Celgene (Fax: 0808 100 9910).
### 3.0 Follow-up

#### 3.1 Follow-up assessment of the effectiveness of the programme

The terms of the Revlimid Marketing Authorisation require Celgene to assess the effectiveness of the Pregnancy Prevention Programme in order to ensure that all reasonable steps are being taken to reduce the risk of pregnancy in patients treated with Revlimid.

Celgene is therefore obliged to perform audits at regular intervals and to report appropriately anonymised and aggregated results to the MHRA and the European Medicines Agency (EMA). Previously, Celgene has supplied pharmacists with a self-audit pack, however Celgene now conduct the audit from all of the completed Prescription Authorisation Forms received.

Pharmacies must send every completed Prescription Authorisation Form to Celgene, then Celgene will be able to conduct the pharmacy audit using these forms and a manual self-audit by pharmacies will not be required. It is critical, therefore, that Prescription Authorisation Forms are completed accurately, and that pharmacies thereby assist Celgene to audit the effectiveness of the Pregnancy Prevention Programme.

As previously, Celgene will continue to carry out an obligation to supply anonymised aggregate reports to the MHRA and the EMA.

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### 4.0 Safety Advice Relevant to all Patients

The following section contains advice to healthcare professionals about how to minimise the risk of the principal adverse events associated with the use of Revlimid. For a full list of the adverse events that may be associated with its use please refer to the SmPC, which can be found on the Celgene website: www.celgene.co.uk.

#### 4.1 Myelosuppression

Neutropenia and thrombocytopenia are the major dose-limiting toxicities of treatment with Revlimid. The combination of Revlimid with dexamethasone in multiple myeloma patients is associated with an incidence of Grade 4 neutropenia of 5.1% compared with 0.6% in placebo/dexamethasone-treated patients. Episodes of Grade 4 febrile neutropenia were observed infrequently – occurring in 0.6% in Revlimid/dexamethasone-treated patients compared to 0.0% in placebo/dexamethasone treated patients.

The combination of Revlimid with dexamethasone in multiple myeloma patients is associated with a higher incidence of Grade 3 and Grade 4 thrombocytopenia (9.9% and 1.4%, respectively), in lenalidomide/dexamethasone treated patients compared to 2.3% and 0.0% in placebo/dexamethasone treated patients.
Information for healthcare professionals involved in the prescribing or dispensing of Revlimid

In myelodysplastic syndromes patients, lenalidomide is associated with a higher incidence of grade 3 or 4 neutropenia (74.6% in lenalidomide-treated patients compared with 14.9% in patients on placebo in the Phase III study). Grade 3 or 4 febrile neutropenia episodes were observed in 2.2% of lenalidomide-treated patients compared with 0.0% of patients on placebo. Lenalidomide is associated with a higher incidence of grade 3 or 4 thrombocytopenia (37% in lenalidomide-treated patients compared with 1.5% in patients on placebo in the Phase III study).

A complete blood count, including white blood cell count with differential, platelet count, haemoglobin and haematocrit should be performed at baseline and every week for the first 8 weeks of treatment and then monthly thereafter to monitor for cytopenias. A dose reduction may be required. In case of neutropenia, the physician should consider the use of growth factors in patient management. Patients should be advised to promptly report febrile episodes. Co-administration of lenalidomide with other myelosuppressive agents should be undertaken with caution.

4.2 Multiple Myeloma

Treatment with Revlimid must not be started if the Absolute Neutrophil Count (ANC) is less than 1.0 x 10^9/l, and/or the platelet count is less than 75 x 10^9/l or, dependent on bone marrow infiltration by plasma cells, the platelet count is less than 30 x 10^9/l.

Recommended dosage adjustments during treatment and restart of treatment with Revlimid in multiple myeloma

The recommended starting dose of lenalidomide is 25 mg orally once daily on days 1-21 of repeated 28-day cycles. The recommended dose of dexamethasone is 40 mg orally once daily on days 1-4, 9-12, and 17-20 of each 28-day cycle for the first 4 cycles of therapy and then 40 mg once daily on days 1-4 every 28 days. Dosing is continued or modified based upon clinical and laboratory findings (see section 4.4). Prescribing physicians should carefully evaluate which dose of dexamethasone to use, taking into account the condition and disease status of the patient.

Dose adjustments, as summarised on the following pages, are recommended to manage Grade 3 or 4 neutropenia or thrombocytopenia, or other Grade 3 or 4 toxicity judged to be related to Revlimid.

<table>
<thead>
<tr>
<th>Thrombocytopenia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When platelets</strong></td>
</tr>
<tr>
<td>First fall to &lt; 30 x 10^9/l</td>
</tr>
<tr>
<td>Return to ≥ 30 x 10^9/l</td>
</tr>
<tr>
<td>For each subsequent drop below 30 x 10^9/l</td>
</tr>
<tr>
<td>Return to ≥ 30 x 10^9/l</td>
</tr>
</tbody>
</table>
In the case of neutropenia, the physician should consider the use of growth factors in patient management.

4.3 Myelodysplastic Syndromes

Revlimid treatment must not be started if the Absolute Neutrophil Count (ANC) < 0.5 $\times$ 10^9/l and/or platelet count < 25 $\times$ 10^9/l.

The recommended starting dose of lenalidomide is 10 mg orally once daily on days 1-21 of repeated 28-day cycles. Dosing is continued or modified based upon clinical and laboratory findings.

**Recommended dose adjustments during treatment and restart of treatment**

Dose adjustments, as summarized below, are recommended to manage grade 3 or 4 neutropenia or thrombocytopenia, or other grade 3 or 4 toxicity judged to be related to lenalidomide.

**Dose reduction steps**

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Dose</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting Dose</td>
<td>10 mg once daily on days 1-21 every 28 days</td>
<td></td>
</tr>
<tr>
<td>Dose Level -1</td>
<td>5.0 mg once daily on days 1-28 every 28 days</td>
<td></td>
</tr>
<tr>
<td>Dose Level -2</td>
<td>2.5 mg once daily on days 1-28 every 28 days</td>
<td></td>
</tr>
<tr>
<td>Dose Level -3</td>
<td>2.5 mg every other day 1-28 every 28 days</td>
<td></td>
</tr>
</tbody>
</table>
For patients who are dosed initially at 10 mg and who experience thrombocytopenia or neutropenia:

### Thrombocytopenia

<table>
<thead>
<tr>
<th>When platelets</th>
<th>Recommended Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall to &lt; 25 x 10^9/l</td>
<td>Interrupt Revlimid treatment</td>
</tr>
<tr>
<td>Return to ≥ 25 x 10^9/l - &lt; 50 x 10^9/l on at least 2 occasions for ≥ 7 days or when the platelet count recovers to ≥ 50 x 10^9/l at any time</td>
<td>Resume Revlimid treatment at next lower dose level (Dose Level -1, -2 or -3)</td>
</tr>
</tbody>
</table>

### Neutropenia

<table>
<thead>
<tr>
<th>When neutrophils</th>
<th>Recommended Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall to &lt; 0.5 x 10^9/l</td>
<td>Interrupt Revlimid treatment</td>
</tr>
<tr>
<td>Return to ≥ 0.5 x 10^9/l</td>
<td>Resume Revlimid treatment at next lower dose level (Dose Level -1, -2 or -3)</td>
</tr>
</tbody>
</table>

For patients who experience other toxicities

For other grade 3 or 4 toxicities judged to be related to lenalidomide, stop treatment and restart at next lower dose level when toxicity has resolved to ≤ grade 2 depending on the physician’s discretion.

Lenalidomide interruption or discontinuation should be considered for grade 2 or 3 skin rash. Lenalidomide must be discontinued for angioedema, grade 4 rash, exfoliative or bullous rash, or if Stevens-Johnson syndrome or toxic epidermal necrolysis is suspected, and should not be resumed following discontinuation from these reactions.

### Discontinuation of lenalidomide

Patients without at least a minor erythroid response within 4 months of therapy initiation, demonstrated by at least a 50% reduction in transfusion requirements or, if not transfused, a 1g/dl rise in haemoglobin, should discontinue lenalidomide treatment.
4.4 Venous and arterial thromboembolism

In patients with multiple myeloma, the combination of Revlimid and dexamethasone is associated with an increased risk of venous and arterial thromboembolic events (mainly deep vein thrombosis, pulmonary embolism, myocardial infarctions and cerebrovascular events) in patients with multiple myeloma. In patients with myelodysplastic syndromes, treatment with lenalidomide monotherapy was also associated with a risk of venous thromboembolism (predominantly deep vein thrombosis and pulmonary embolism), but to a lesser extent than in patients with multiple myeloma. Concomitant administration of erythropoietic agents and previous history of deep vein thrombosis may increase the thrombotic risk in patients. Action should be taken to try to minimize all modifiable risk factors for thromboembolic events (e.g. smoking cessation, control of hypertension and hyperlipidaemia). Patients with known risk factors for thromboembolism should be closely monitored.

Prophylactic antithrombotic medications, such as low molecular weight heparins or warfarin are recommended, especially in patients with additional thrombotic risk factors. The decision to take antithrombotic prophylactic measures should be made after careful assessment of an individual patient’s underlying risk factors. If the patient experiences any thromboembolic events, treatment must be discontinued and standard anticoagulation therapy started. Once the patient has been stabilised on the anticoagulation treatment and any complications of the thromboembolic event have been managed, the Revlimid treatment may be restarted at the original dose, dependant upon a benefit risk assessment. The patient should continue anticoagulation therapy during the course of Revlimid treatment.

4.5 Initial dosing in patients with impaired renal function

Revlimid is substantially excreted by the kidney and therefore care should be taken in dose selection. Regular monitoring of renal function is advised.

The following dose adjustments are recommended at the start of therapy for patients with moderately or severely impaired renal function or end stage renal disease.
Multiple Myeloma

### Dosing adjustments

<table>
<thead>
<tr>
<th>Renal Function (CLcr)</th>
<th>Dose Adjustment (Days 1 to 21 of repeated 28-day cycles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild renal impairment (≥ 50 ml/min)</td>
<td>No dose adjustment required</td>
</tr>
<tr>
<td>Moderate renal impairment (30 ≤ CLcr &lt; 50 ml/min)</td>
<td>10 mg once daily¹</td>
</tr>
<tr>
<td>Severe renal impairment (CLcr &lt; 30 ml/min, not requiring dialysis)</td>
<td>7.5 mg once daily²,³</td>
</tr>
<tr>
<td>Severe renal impairment (CLcr &lt; 30 ml/min, requiring dialysis)</td>
<td>15 mg every other day³</td>
</tr>
<tr>
<td>End Stage Renal Disease (ESRD) (CLcr &lt; 30 ml/min)</td>
<td>5 mg once daily. On dialysis days, the dose should be administered following dialysis</td>
</tr>
</tbody>
</table>

¹ The dose may be escalated to 15 mg once daily after 2 cycles if the patient is not responding to treatment and is tolerating the treatment.
² In countries where the 7.5 mg capsule is available
³ The dose may be escalated to 10 mg once daily if the patient is tolerating the treatment.

### Myelodysplastic syndromes

<table>
<thead>
<tr>
<th>Renal Function (CLcr)</th>
<th>Dose Adjustment (Days 1-21 of repeated 28-day cycles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate renal impairment 30 &lt; CLcr &lt; 50 ml/min</td>
<td>Starting dose 5 mg once daily (days 1-21 of repeated 28-day cycles)</td>
</tr>
<tr>
<td></td>
<td>Dose level -1 2.5 mg once daily (days 1-28 of repeated 28-day cycles)</td>
</tr>
<tr>
<td></td>
<td>Dose level -2 2.5 mg every other day (days 1-28 of repeated 28-day cycles)</td>
</tr>
<tr>
<td>Severe renal impairment (CLcr &lt; 30 ml/min, not requiring dialysis)</td>
<td>Starting dose 2.5 mg once daily (days 1-21 of repeated 28-day cycles)</td>
</tr>
<tr>
<td></td>
<td>Dose level -1 2.5 mg every other day (days 1-28 of repeated 28-day cycles)</td>
</tr>
<tr>
<td></td>
<td>Dose level -2 2.5 mg twice a week (days 1-28 of repeated 28-day cycles)</td>
</tr>
<tr>
<td>End Stage Renal Disease (ESRD) (CLcr &lt; 30 ml/min, requiring dialysis)</td>
<td>Starting dose 2.5 mg once daily (days 1-21 of repeated 28-day cycles)</td>
</tr>
<tr>
<td>On dialysis days, the dose should be administered following dialysis.</td>
<td>Dose level -1 2.5 mg every other day (days 1-28 of repeated 28-day cycles)</td>
</tr>
<tr>
<td></td>
<td>Dose level -2 2.5 mg twice a week (days 1-28 of repeated 28-day cycles)</td>
</tr>
</tbody>
</table>
4.6 Thyroid function

Cases of hypothyroidism have been reported, and monitoring of thyroid function should be considered.

4.7 Peripheral neuropathy

Revlimid is structurally related to thalidomide, which is known to induce severe peripheral neuropathy. At this time, the neurotoxic potential of Revlimid associated with long-term use cannot be ruled out.

4.8 Use in patients with impaired hepatic function

Revlimid has not formally been studied in patients with impaired hepatic function and there are no specific dose recommendations.

4.9 Tumour lysis syndrome

Because Revlimid has anti-neoplastic activity, the complications of tumour lysis syndrome may occur. The patients at risk of tumour lysis syndrome are those with high tumour burden prior to treatment. These patients should be monitored closely and appropriate precautions taken.

4.10 Allergic Reactions

Cases of allergic reaction/hypersensitivity reactions have been reported. Patients who had previous allergic reactions while treated with thalidomide should be monitored closely, as a possible cross-reaction between Revlimid and thalidomide has been reported in the literature.

4.11 Severe skin reactions

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have been reported. Revlimid must be discontinued for exfoliative or bullous rash, or if SJS or TEN is suspected, and should not be resumed following discontinuation for these reactions. Interruption or discontinuation of Revlimid should be considered for other forms of skin reaction depending on severity. Patients with a history of severe rash associated with thalidomide treatment should not receive Revlimid.

4.12 Second primary malignancies

An increase of second primary malignancies (SPM) has been observed in clinical trials in previously treated myeloma patients receiving lenalidomide/dexamethasone (3.98 per 100 patient-years) compared to controls (1.38 per 100 patient-years). Non-invasive SPM comprise basal cell or squamous cell skin cancers. Most of the invasive SPMs were solid tumour malignancies.
In clinical trials of newly diagnosed multiple myeloma, a 4-fold increased incidence of SPM has been observed in patients receiving Revlimid (7.0%) compared with controls (1.8%). Among invasive SPMs, cases of AML, MDS and solid tumours were observed in patients receiving Revlimid in combination with melphalan or immediately following high dose melphalan and ASCT; cases of B-cell malignancies (including Hodgkin’s lymphoma) were observed in the clinical trials where patients received Revlimid in the post ASCT setting.

The risk of occurrence of SPM must be taken into account before initiating treatment with Revlimid. Physicians should carefully evaluate patients before and during treatment using standard cancer screening for occurrence of SPM and institute treatment as indicated.

**Progression to acute myeloid leukaemia in low- and int-1-risk MDS**

Baseline variables including complex cytogenetics and TP53 mutation are associated with progression to AML in patients who are transfusion dependent and have a Del (5q) abnormality. The estimated 2-year cumulative risk of progression to AML were 13.8% in patients with an isolated Del (5q) abnormality compared to 17.3% for patients with Del (5q) and one additional cytogenetic abnormality and 38.6% in patients with a complex karyotype.

In a post-hoc analysis of a clinical trial of Revlimid in myelodysplastic syndromes, the estimated 2-year rate of progression to AML was 27.5 % in patients with IHC-p53 positivity and 3.6% in patients with IHC-p53 negativity (p=0.0038). In the patients with IHC-p53 positivity, a lower rate of progression to AML was observed amongst patients who achieved a transfusion independence (TI) response (11.1%) compared to a non-responder (34.8%).

**4.13 Safety and off-label use**

Please note that the posology, adverse event profile and recommendations outlined above, particularly in respect of neutropenia and thrombocytopenia, relate to the use of Revlimid within its licensed indication. There is currently insufficient evidence regarding safety and efficacy in any other indication.

Revlimid must always be used according to the Pregnancy Prevention Programme described in this pack – these precautions must be followed, irrespective of the treatment setting, including the indication for treatment.

It is essential that the patient’s diagnosis is entered on the Prescription Authorisation Form - this will allow an assessment of the clinical usage of Revlimid, which is important for ongoing monitoring of safety, and to ensure that free-of-charge Revlimid is supplied for the treatment of eligible patients (see Section 1.5).

**4.14 Disposal of unwanted medicine**

Patients must be advised never to give Revlimid to another person and to return any unused capsules to their pharmacist at the end of the treatment.

**4.15 Blood donation**

Patients should not donate blood during treatment and for 1 week after cessation of treatment with Revlimid.
5.0 Reporting Adverse Events

The safe use of Revlimid is of paramount importance.

Adverse events (and cases of suspected or confirmed pregnancy or foetal exposure) should be reported. Adverse event report forms and pregnancy reporting forms are included in this pack and should be forwarded to the Celgene Drug Safety Department (Tel: 0808 238 9908 Fax: 0844 801 0468; Email: drugsafetyuk@celgene.com).

Report the event to the MHRA using the 'Yellow Card' scheme. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
6.0 Contact details

The Revlimid Treatment Continuation Scheme™:
For questions on the operation of the scheme, including registering your pharmacy onto the scheme and patient registration and eligibility.
Tel: 0808 156 3057
Fax: 0808 100 9910
Email: paf.uk.ire@celgene.com

Risk Management:
For information and questions on the risk management of Celgene’s products, the Pregnancy Prevention Programme, pharmacy registrations and the use and submission of the Prescription Authorisation Form.
Tel: 0808 156 3059
Fax: 0808 156 3058
Email: rmp.uk.ire@celgene.com

Drug Safety:
To report any adverse events to Celgene.
Tel: 0808 238 9908
Fax: 0844 801 0468
Email: drugsafetyuk@celgene.com
Adverse events can also be reported to the MHRA using a ‘Yellow Card’ — reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Medical Information:
To obtain Medical Information on Celgene’s products.
Tel: 0844 801 0045
Fax: 0844 801 0046
Email: medinfo.uk.ire@celgene.com

Distributor:
For product delivery enquiries.
Celgene Order Contact Centre
Tel: 0208 831 8483
Fax: 0208 831 8792
Email: orders-uk@celgene.com
Pharmacy Registration Form
You will need this form to register your pharmacy in order to be able to obtain Revlimid
To be completed by the Chief Pharmacist or appointed deputy.

Institution name:

Chief Pharmacist (or appointed deputy):

Contact telephone number:

Email:

Delivery Address:

Invoice Address (if different):

Tel:  Tel:

Fax:  Fax:

Email:  Email:

On behalf of __________________________, I agree to implement the following risk minimisation procedures when dealing with prescriptions for Revlimid as specified by Celgene in the Revlimid Healthcare Professional’s Information Pack.

1. Revlimid will be dispensed, checked and stored according to our standard documented procedures for oral anti-cancer medicines.

2. Prescriptions for Revlimid will be dispensed only if accompanied by a completed Revlimid Prescription Authorisation Form.

3. All pharmacists who dispense Revlimid will have read and understood the Revlimid Healthcare Professional’s Information Pack.

4. The pharmacist dispensing Revlimid will check each prescription and Prescription Authorisation Form for completeness and countersign the authorisation form prior to dispensing.

5. Dispensing will be limited to no more than a 4-week supply for women of childbearing potential, and 12 weeks for males and non-childbearing potential.

6. After dispensing, Revlimid Prescription Authorisation Forms will be kept in pharmacy for a minimum of 2 years. A copy of each completed Prescription Authorisation Form will be sent to Celgene.

7. The information supplied to Celgene on Prescription Authorisation Forms will be used to provide anonymised aggregate reports to the regulatory agencies to assess implementation of the Pregnancy Prevention Programme.

8. I have read and understood the Revlimid Healthcare Professional’s Information Pack.

I understand that registration to obtain and supply Revlimid will only be granted if I agree to items 1–8 described above. Registration is valid for 2 years at which point I will confirm that we are continuing to follow the risk minimisation procedures by completing this form and sending to Celgene.

Sign:

Print:  Date:  DD  MM  YYYY

Fax the completed forms to Celgene on 0808 156 3058

Celgene Limited, 1 Longwalk Road, Stockley Park, Uxbridge UB11 1DB, United Kingdom
Revlimid® (lenalidomide) Pharmacy Registration Form – Part 2

If you would like to register additional pharmacy sites to be covered by your registration please provide details below.

<table>
<thead>
<tr>
<th>Institution name:</th>
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Addition pharmacy sites covered by registration with Celgene to supply Revlimid

<table>
<thead>
<tr>
<th>Name of Hospital/Pharmacy:</th>
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<tbody>
<tr>
<td>Pharmacy purchasing contact:</td>
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<tr>
<td>Delivery Address:</td>
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<tr>
<td>Tel:</td>
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<td>Email:</td>
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<td>Invoice Address (if different):</td>
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<td>Invoice Address (if different):</td>
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<td>Tel:</td>
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<td>Fax:</td>
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<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

Fax the completed forms to Celgene on 0808 156 3058

Celgene Limited, 1 Longwalk Road, Stockley Park, Uxbridge UB11 1DB, United Kingdom
Prescription Authorisation Forms
You will need to complete a prescription authorisation form with every prescription for Revlimid (completed forms must be sent to Celgene)
Prescription Authorisation Form (PAF) completion guide - Dual Format

This guide will help you to complete the Revlimid® Prescription Authorisation Form. The form is in the Healthcare Professional's Information Pack and the 'How-to Guide' for Pharmacists, and must be completed each time you prescribe Revlimid® for all patients.

Instructions for prescribers
1. Print the full hospital name where the patient is treated.
2. Print the patient's date of birth and initials. If the middle initial is not known please use an underscore (e.g. J_S for John Smith). Do not provide confidential information (e.g. Patient Name and Hospital Number) – this allows Celgene to track patients for the Revlimid® TCS™ while maintaining anonymity.
3. Print your name clearly.
4. Print the diagnosis – this will allow an assessment of the clinical usage of Revlimid®, which is important for ongoing monitoring of the appropriateness of the Pregnancy Prevention Programme.
5. Please tick this box if the patient is a private patient and not receiving treatment through the NHS.
6. Enter the capsule strength and the patient's treatment cycle number – this should be completed for all patients, irrespective of the diagnosis. Celgene will also use this information to provide free-of-charge Revlimid® for the treatment of eligible NHS patients only after 26 cycles.
7. Complete this section appropriately to indicate that counselling and appropriate pregnancy prevention has occurred. This is a requirement of the Pregnancy Prevention Programme.
8. For women of childbearing potential you must provide a valid negative pregnancy test date (within 3 days prior to prescribing). If this is not the case Revlimid® must not be dispensed.
9. You must sign, date and print your name to declare that all steps have been observed and that you authorise the prescription.

Instructions for pharmacists
A. Check that all relevant sections of the form have been fully completed by the prescriber.
   a. Counselling and pregnancy prevention measures must be in place
   b. The prescription and prescriber signature dates must be the same
   c. Revlimid® can only be dispensed within 7 days of the prescription date
   d. Only one month’s supply for women of childbearing potential, or three month’s supply for all other patients, of Revlimid can be dispensed at any one time, without prior agreement from Celgene.
   e. The diagnosis, capsule strength and cycle number have been provided
B. Check the form does not contain confidential information (e.g. Patient Name and Hospital Number) - Celgene will not accept PAFs that do not maintain patient anonymity.
C. Check the form is complete and legible - Celgene will request that ALL incomplete or illegible forms are resent.
D. You must sign, date and print your name to declare that the form has been completed fully and dispensing is taking place within 7 days of the date of prescription.
E. Complete the "Date faxed to Celgene" and "Faxed by (Name)" fields and FAX completed forms to Celgene on 0808 100 9910

Further information and materials are available from Celgene.
Website: www.celgene.co.uk  E-mail: rmp.uk.ire@celgene.com
Pregnancy Prevention Programme: 0808 156 3059
Revlimid TGS: 0808 156 3057

UK-REV130100  © Celgene Limited 2013
Both signatures must be present prior to dispensing Revlimid®

Prescriber’s declaration
I am a physician experienced in managing anti-cancer therapies and I have read and understood the Revlimid® Healthcare Professional’s Information Pack and confirm that the patient has signed an informed consent for Revlimid® treatment.

Pharmacist’s declaration
I am satisfied that this Revlimid® Prescription Authorisation Form has been completed fully, confirm that dispensing is taking place within 7 days of the date of prescription and that I have read and understood the Revlimid® Healthcare Professional’s Information Pack.

Note to pharmacist – prescription and Prescription Authorisation Form must have the same date

Note to pharmacist – do not dispense unless ticked

Woman of non-childbearing potential

Male

The patient has been counselled about the teratogenic risk of treatment with Revlimid® and understands the need to use a condom if involved in sexual activity with a woman of childbearing potential (even if the patient has had a vasectomy).

Note to pharmacist – do not dispense unless ticked

Woman of childbearing potential (maximum 4 weeks prescription only)

The patient has been counselled about the teratogenic risk of treatment and the need to avoid pregnancy, and has been on effective contraception for at least 4 weeks?

Date of last negative pregnancy test

Note to pharmacist – do not dispense unless ticked and a negative test has been conducted within 3 days prior of the prescription date

FAX the completed form to Celgene on 0808 100 9910

Date faxed to Celgene

Faxed by (Name)
Information for patients
This section contains information about Revlimid that you should give to your patients
Patient Booklet

Treatment with Revlimid® (lenalidomide)
for Multiple Myeloma
and Myelodysplastic Syndromes
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<th>Contents</th>
<th>Page</th>
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<tr>
<td>Information for women who are able to become pregnant</td>
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<tr>
<td>Information for women who are not able to become pregnant</td>
<td>9</td>
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<td>Information for men</td>
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<tr>
<td>What should you tell your doctor before taking Revlimid</td>
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<td>How to take your medication</td>
<td>12</td>
</tr>
<tr>
<td>End of Treatment Requirements</td>
<td>15</td>
</tr>
</tbody>
</table>
**Summary**

- Revlimid is the trade name for lenalidomide
- Revlimid has been shown to produce birth defects in animals and it is expected to have a similar effect in humans
- Revlimid is expected to be harmful to the unborn child
- Revlimid must never be taken by a woman who is pregnant or who could become pregnant
- Men taking Revlimid must use a condom during sexual contact with pregnant women or a woman who is able to become pregnant and who does not use effective contraception while he is taking Revlimid or for 1 week after stopping treatment
- People taking Revlimid must not donate blood while they are taking Revlimid or for 1 week after stopping
- Revlimid must never be shared with anyone else
- Unused Revlimid capsules must be returned to a pharmacy for safe disposal as soon as possible.

You **must** contact your hospital team **urgently** if you suspect that you or your partner is pregnant.

Like all medicines Revlimid can cause side-effects, although not everybody gets them. Some are more common than others and some are more serious than others. If you notice any of the problems below you must contact your doctor or hospital team immediately (you will find more details on these, and other side-effects in this brochure). The most common, serious side effects of Revlimid are a reduction in the number of blood cells that fight infection and also the blood cells which help the blood to clot. For this reason your doctor will arrange for you to have blood tests weekly for at least the first 8 weeks of treatment. Revlimid may also cause thromboembolic events (blood clots in the veins and arteries).

You **must** contact your hospital team **urgently** if you feel unwell or develop any of the following:

- Any fever, chills, sore throat, cough, mouth ulcers or any other symptoms of infection
- Any bleeding or bruising in the absence of injury
- Any chest or leg pain
- Any shortness of breath
- Any other symptom that causes concern
• If you have any risk factors for developing thromboembolic events, e.g. smoking, high blood pressure, high cholesterol, a clotting disorder, a previous blood clot (in a vein or artery), you should tell your doctor.

Please ask your doctor or nurse if you need more information or an explanation of any of the terms used in this booklet.

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**Safety information for all patients**

**You must never take Revlimid if:**

- You are pregnant
- You are breastfeeding
- You are a woman who is able to become pregnant, even if you are not planning to become pregnant. Women able to become pregnant must use an effective form of contraception for 4 weeks before starting Revlimid, throughout the duration of the treatment and for 4 weeks after stopping treatment
- You are allergic to Revlimid or to any of the other ingredients contained in the capsule.

**Revlimid would be harmful to an unborn baby**

- Revlimid is structurally related to thalidomide, which is known to cause severe, life-threatening birth defects
- An unborn child would be likely to be harmed if exposed to Revlimid during pregnancy.
Women

If Revlimid is taken during pregnancy, severe, life-threatening birth defects are expected. If you are pregnant, if you think you may be pregnant or if you are planning to become pregnant you must not take Revlimid. Even if you are not having regular periods or are approaching the menopause you may still be able to become pregnant.

If for any reason you think you may be pregnant while you are taking Revlimid, or in the 4 weeks after stopping, you must immediately stop taking Revlimid and contact your doctor.

Men

Revlimid passes into human semen. If your partner is pregnant or able to become pregnant, and she doesn’t use effective contraception, you must use condoms, during treatment, during dose interruptions and 1 week after the end of treatment even if you have had a vasectomy.

You must contact your hospital team or doctor urgently if you suspect that your partner may be pregnant while you are taking Revlimid, or in the 4 weeks after you stop.

Side effects

Like all medicines, Revlimid can cause side-effects, although not everybody gets them. Some are more common than others and some are more serious than others. These are not all the side-effects that have been reported with Revlimid. Ask your doctor or pharmacist if you would like more information.

Almost all side-effects are temporary and can be easily prevented or treated. The most important thing is to be aware of what to expect and what to report to your doctor.

It is important that you talk to your doctor if you have any side-effects during Revlimid treatment. You may also report any side-effect to the UK Medicines and Healthcare products Regulatory Agency via their ‘Yellow Card’ scheme, by using their web site at www.mhra.gov.uk/yellowcard

Serious side-effects and what to look out for:

Low white blood cells and platelets

The most common, serious side effects of Revlimid are a reduction in the number of blood cells that fight infection and also the blood cells which help the blood to clot. For this reason your doctor will arrange for you to have blood tests weekly for at least the first 8 weeks of treatment. Revlimid may also cause thromboembolic events (blood clots in the veins and arteries).
You should contact your doctor immediately if you experience any of the following:

- Any fever, chills, sore throat, cough, mouth ulcers or any other symptoms of infection
- Any bleeding or bruising in the absence of injury
- Any chest or leg pain
- Any other symptom that causes concern
- If you have any risk factors for developing thromboembolic events, e.g. smoking, high blood pressure, high cholesterol, a clotting disorder, a previous blood clot (in a vein or artery), you should tell your doctor.

**Blood clots in veins and arteries and in the lungs**

Revlimid treatment may increase the risk of you developing blood clots in some veins and arteries (“thromboembolic events”) in the body. People with myeloma may already have a higher risk of blood clots. Symptoms of a blood clot can be leg pains, swelling and redness of the lower legs or arms. This may be due to blood clots in the veins of your leg (deep vein thrombosis). Sometimes the clots can travel in your bloodstream to your lungs producing symptoms of chest pain and breathlessness. Any chest pain spreading to the arms, neck, jaw, back or stomach, feeling sweaty and breathless (called “pulmonary embolism”), feeling sick or vomiting may be due to blood clots in the arteries (which may be symptoms of a heart attack or “myocardial infarction”). You may be prescribed treatment to help prevent blood clots from forming.

If you have any risk factors for developing thromboembolic events, e.g. smoking, high blood pressure, high cholesterol, a clotting disorder, a previous blood clot (in a vein or artery), you should tell your doctor.

**You should contact your doctor immediately if you experience any of the following:**

- chest pain or difficulty breathing
- pain or swelling in your arms or legs
- any other symptom that causes concern.
Other common side-effects with Revlimid are:

- muscle cramps or weakness
- tiredness
- diarrhoea
- decreased appetite
- constipation
- oedema (swelling)
- rashes
- blurred vision
- decreased appetite
- constipation
- oedema (swelling)
- rashes
- blurred vision

Remember, almost all side-effects are temporary and can be easily prevented or treated. If you experience any side-effect that causes you concern, contact your doctor or hospital team.

Special monitoring

Because Revlimid can cause a drop in white blood cell and platelet counts you will have regular blood tests during treatment. Your doctor will also monitor how well your kidneys are working. You will have blood tests more frequently in the first few months when you start treatment.

Your doctor may adjust your dose of Revlimid or stop your treatment based on the results of your blood tests and on your general condition. If treatment has to be stopped for any reason your doctor will discuss other treatment options with you.

Information for women who are able to become pregnant

Revlimid is expected to be harmful to an unborn baby

- Revlimid has been shown to produce birth defects in animals and it is expected to have a similar effect in humans
- An unborn child would be likely to be harmed if exposed to Revlimid during pregnancy
- If you are pregnant, if you think you may be pregnant or if you are planning to become pregnant you must not take Revlimid
- Some women who are not having regular periods or who are approaching the menopause may still be able to become pregnant
- Every woman who is able to become pregnant, even if they are not planning to, must follow the precautions detailed in this section, designed to prevent you becoming pregnant, and to ensure you are not pregnant. By signing your treatment consent form you are agreeing to follow these precautions
- You should start your Revlimid treatment as soon as possible after having a negative pregnancy test result.
If for any reason you think you may be pregnant while you are taking Revlimid, or in the 4 weeks after stopping, you must immediately stop taking Revlimid and contact your doctor.

Before starting Revlimid treatment you should discuss with your doctor whether or not there is any possibility that you could become pregnant. Some women who are not having regular periods or who are approaching the menopause may still be able to become pregnant.

Unless you fall into one of the following categories you must follow the pregnancy prevention advice presented in this section:

- You are at least 50 years old and it has been at least one year since your last period (if your periods have stopped because of cancer therapy, then there is still a chance you could become pregnant)
- Your womb has been removed (hysterectomy)
- Your fallopian tubes and both ovaries have been removed (bilateral salpingo oophorectomy)
- You have premature ovarian failure, confirmed by a specialist gynaecologist
- You have the XY genotype, Turner’s syndrome or uterine agenesis

You may need an appointment and tests with a specialist in female medicine to confirm that you cannot become pregnant. Every woman who is able to become pregnant even if they are not planning to must follow the precautions detailed in this section.

Contraception to prevent pregnancy

If you are a woman who could become pregnant you must either:

- Use adequate contraception starting 4 weeks before Revlimid treatment, during Revlimid treatment, during any breaks in Revlimid treatment and for 4 weeks after stopping Revlimid treatment

Or

- Agree you will not engage in sexual activity with a male partner starting 4 weeks before Revlimid treatment, during Revlimid treatment, during any breaks in Revlimid treatment and for 4 weeks after stopping Revlimid treatment. You will be asked to confirm this every month.
Not all types of contraception are suitable during Revlimid treatment. You and your partner should discuss with your doctor suitable forms of contraception that you both find acceptable. If necessary, your hospital team can refer you to a specialist for advice on contraception.

**Pregnancy tests to ensure you are not pregnant**

- If you are a woman who could become pregnant you must have a pregnancy test to make sure you are not pregnant before you start Revlimid treatment.
- You must also have a pregnancy test every 4 weeks during your treatment, to make sure you are not pregnant.
- Your next prescription for Revlimid cannot be dispensed until it is confirmed that you are not pregnant.
- Pregnancy tests must be overseen by a doctor or nurse looking after you.
- If you have had surgery to stop you becoming pregnant (tubal sterilisation) you do not need to have pregnancy tests.

To ensure that an unborn baby is not exposed to Revlimid your doctor will complete a Prescription Authorisation Form with each prescription. The form documents that you have given consent for Revlimid treatment and have been told about the risks to an unborn baby and the precautions you must take. You must ensure that you receive your Revlimid within 7 days of it being prescribed or you will need a new prescription.

---

**Information for women who are not able to become pregnant**

**Revlimid is expected to be harmful to an unborn baby**

- Revlimid has been shown to produce birth defects in animals and it is expected to have a similar effect in humans.
- An unborn child would be likely to be harmed if exposed to Revlimid during pregnancy.
- Before starting Revlimid treatment you should discuss with your doctor whether or not there is any possibility that you could become pregnant.
• Some women who are not having regular periods or who are approaching the menopause may still be able to become pregnant

• You may need an appointment and tests with a specialist in female medicine to confirm that you cannot become pregnant

• Every woman who is able to become pregnant even if they are not planning to must follow the precautions detailed in the section ‘Information for women who are able to become pregnant’.

You are considered to be a women who is not able to become pregnant if you fall into one of the following categories:

• You are at least 50 years old and it has been at least one year since your last period (if your periods have stopped because of cancer therapy, then there is still a chance you could become pregnant)

• Your womb has been removed (hysterectomy)

• Your fallopian tubes and both ovaries have been removed (bi-lateral salpingo oophorectomy)

• You have premature ovarian failure, confirmed by a specialist gynaecologist

• You have the XY genotype, Turner’s syndrome or uterine agenesis.

To ensure that an unborn baby is not exposed to Revlimid your doctor will complete a Prescription Authorisation Form with each prescription. The form documents that you have given consent for Revlimid treatment and have been told about the risks to an unborn baby and the precautions you must take.

You must ensure that you receive your Revlimid within 7 days of it being prescribed or you will need a new prescription.
Information for men

Revlimid is expected to be harmful to an unborn baby

- Revlimid has been shown to produce birth defects in animals and it is expected to have a similar effect in humans

- An unborn child would be likely to be harmed if exposed to Revlimid during pregnancy

- Revlimid passes into human semen

- You must use a condom every time you have sexual contact with a woman who is pregnant or able to become pregnant and who does not use effective contraception

- Even if you have had a vasectomy you must use a condom throughout your Revlimid treatment, during any breaks in treatment and for 1 week after stopping treatment

- If your partner does become pregnant while you are taking Revlimid, you must contact your doctor immediately, and your partner should also inform her doctor immediately.

To ensure that an unborn baby is not exposed to Revlimid your doctor will complete a Prescription Authorisation Form with each prescription. The form documents that you have given consent for Revlimid treatment and have been told about the risks to an unborn baby and the precautions you must take.

You must ensure that you receive your Revlimid within 7 days of it being prescribed or you will need a new prescription.
What should you tell your doctor before taking Revlimid

- If you are pregnant, if you think you may be pregnant or if you are planning to become pregnant, as Revlimid may be harmful to an unborn child
- If you think you are able to become pregnant and need advice on effective contraception
- If you are breastfeeding
- If you have previously had an allergic (hypersensitive) reaction to Revlimid
- If you have previously had an allergic (hypersensitive) reaction to any other ingredient in Revlimid capsules. Ask your pharmacist for advice
- If you have a history of kidney problems
- If you have a history of thrombosis (blood clots)
- If you are taking or have recently taken any other medicines, including medicines bought without a prescription.

How to take your medication

Your pharmacist can give you help and advice on taking your medicines. Some people find it helpful to mark on a calendar when they have taken their medicines each day or to set an alarm clock to remind them to take their medicines.
**Revlimid**

- Your doctor will prescribe a dose of Revlimid suited to you.
- When used to treat multiple myeloma, Revlimid is taken in combination with dexamethasone. When used to treat myelodysplastic syndromes, it is taken alone. Always take Revlimid alone or Revlimid and dexamethasone in combination exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure. You should refer to the package leaflet of dexamethasone for further information on its use and effects.
- Your doctor may adjust your dose depending on the result of blood tests and any side-effects you may experience.
- Do not take more capsules than your doctor has prescribed. If in doubt, ask your doctor or pharmacist for advice.
- Revlimid capsules should be swallowed whole, with a glass of water.
- Revlimid can be taken at any time of day but it should be taken at approximately the same time each day.
- Revlimid can be taken with or without food.

**Multiple Myeloma Revlimid dose**

The recommended dose is 25 mg once per day. Revlimid is taken in treatment cycles, each cycle lasting 28 days.

**Treatment cycle:**

- On days 1-21: take 25 mg of Revlimid once per day
- On days 22-28: do NOT take Revlimid

*After completing each cycle, start a new one.*

**Myelodysplastic syndromes Revlimid dose**

The usual starting dose is 10 mg once per day. Revlimid is taken in treatment cycles, each cycle lasting 28 days.

**Treatment cycle:**

- On days 1-21: take 10 mg of Revlimid once per day
- On days 22-28: do NOT take Revlimid

*After completing each cycle, start a new one.*
Dexamethasone

- The usual starting dose is 40 mg once per day. Dexamethasone is also taken in treatment cycles, each cycle lasting 28 days.

First 4 treatment cycles:
- On days 1-4, 9-12 and 17-20: take 40 mg dexamethasone once per day
- On days 21-28: do NOT take dexamethasone

Following treatment cycles:
- On days 1-4: take 40 mg dexamethasone once per day
- On days 5-28: do NOT take dexamethasone

- If you are also taking dexamethasone tablets you can take these at the same time as your Revlimid
- Dexamethasone is usually only taken for a few days each week. Follow the instructions from your doctor/pharmacist carefully
- Dexamethasone should, if possible, be taken with or after food in the morning.

What to do if you have taken more than the prescribed dose of Revlimid:
If you accidentally take too many capsules, contact your doctor immediately.

What to do if you forget to take your Revlimid:
If you forget to take your Revlimid and you remember within 12 hours of the missed dose you can take your Revlimid as soon as you remember and continue with the next dose at the normal time. If it is more than 12 hours since the missed dose, leave out that dose altogether and take the next dose at the normal time. Let your doctor know if you have missed any doses at your next visit.

Taking other medicines
Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines bought without a prescription. If you are seeing a different doctor or other healthcare professional for treatment (your dentist for example) you should tell them that you are taking Revlimid and dexamethasone.
How to store Revlimid safely

Keep your Revlimid in a safe place out of the reach and sight of children.
Keep your Revlimid capsules in the original box at room temperature.
Do not use after the expiry date written on the box.

End of Treatment Requirements

After completing your Revlimid treatment, it is important that:

- You return any unused Revlimid capsules to your pharmacist
- You do not donate blood for 1 week.

Additional advice for women who are able to become pregnant:

- Continue using your effective pregnancy prevention method for a further 4 weeks
- Your doctor will perform a final pregnancy test after 4 weeks.

Additional advice for male patients:

- If you have been using an effective pregnancy prevention method, you must continue doing so for 1 week
- If your female partner has been using an effective pregnancy prevention method, she must continue doing so for 4 weeks.
What is multiple myeloma?

Myeloma is a type of cancer that affects plasma cells. Plasma cells are produced in the bone marrow and form part of the body’s immune system. The function of the immune system is to fight disease and infection. Myeloma can occur in multiple parts of the bone marrow which is why it is often called multiple myeloma. Multiple myeloma that does not respond to or returns after initial treatment is referred to as relapsed or refractory multiple myeloma.

What are Myelodysplastic syndromes (MDS)?

Myelodysplastic syndromes (MDS) are a collection of many different blood and bone marrow diseases. The blood cells become abnormal and do not function properly. Patients can experience a variety of signs and symptoms including a low red blood cell count (anaemia), the need for a blood transfusion, and a risk of infection.

What is Revlimid?

Revlimid belongs to a group of medicines called immunomodulatory drugs or IMiDs. They work by modifying or regulating the immune system. Revlimid is licensed in Europe for use in combination with the steroid dexamethasone, for patients who have received at least one prior treatment for multiple myeloma. Revlimid is also used alone to treat adult patients who have been diagnosed with myelodysplastic syndromes, regular blood transfusions are needed to treat low levels of red blood cells, when there is an abnormality of cells in the bone which do not make enough healthy blood cells and when other treatments have been used before and are not suitable or do not work well enough. Revlimid is structurally related to thalidomide, which is known to cause severe, life-threatening birth defects. Precautions must be taken to avoid exposure to Revlimid in an unborn baby.
How can Revlimid help me?

Revlimid works by affecting the body’s immune system and directly attacking the cancer. It works in a number of different ways:

- by stopping the cancer cells developing
- by stopping blood vessels growing in the cancer
- by stimulating part of the immune system to attack the cancer cells

Multiple Myeloma

Revlimid can stop the signs and symptoms of multiple myeloma getting worse:

- Revlimid delayed the recurrence of multiple myeloma for up to 48 weeks compared to 20 weeks for those who were not taking Revlimid.

Myelodysplastic syndromes

Revlimid can increase the number of healthy red blood cells that the body produces by reducing the number of abnormal cells:

- This can reduce the number of blood transfusions needed. It is possible that no transfusions will be needed.
Emergency contact phone numbers:
Office hours: ____________________________
Out of hours: ____________________________

Further information for patients, carers and healthcare professionals, on Revlimid, its side effects, and pregnancy prevention, can be found at www.celgene.co.uk

REVLIMID® (lenalidomide) Information for patients:
You must contact your hospital team urgently if you feel unwell, or develop any of the following:

- Any fever, chills, sore throat, cough, mouth ulcers or any other symptoms of infection
- Any bleeding or bruising in the absence of injury
- Any chest or leg pain
- Any shortness of breath
- Any other symptom that causes concern

You must contact your hospital team urgently if you suspect that you, or your partner, is pregnant.
Information for patients and healthcare professionals:

Revlimid is an immunomodulator and is structurally related to thalidomide therefore;

- Female patients of childbearing potential must always use effective contraception.
- Female patients of childbearing potential must have regular pregnancy tests to ensure that they are not pregnant.
- Male patients with pregnant partners or partners of childbearing potential not using effective contraception must always use condoms (even if man has had vasectomy)
- If a patient or partner of a patient suspects they are pregnant they must contact their hospital team immediately.

Information for healthcare professionals:

This patient is receiving Revlimid for the treatment of Multiple Myeloma or Myelodysplastic Syndromes.

This patient is at risk of:

- Neutropenia
- Thrombocytopenia
- Thromboembolism

They should receive immediate medical assessment and treatment if experiencing any of the symptoms described overleaf.
Adverse event and pregnancy reporting forms
Please report adverse events. This section contains forms you can use
# Adverse Event Report

## Reporter's details

<table>
<thead>
<tr>
<th>Title: Mr, Mrs, Miss, Ms, Dr. etc</th>
<th>First Name(s):</th>
<th>Surname:</th>
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<td>Email address:</td>
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</table>

## Patient information

<table>
<thead>
<tr>
<th>Patient ID (initials):</th>
<th>Age:</th>
<th>Date of Birth: DD MM YYYY</th>
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</thead>
<tbody>
<tr>
<td>Weight (Kg):</td>
<td>Height (cm):</td>
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</tbody>
</table>

## Adverse event

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<thead>
<tr>
<th>Overall diagnosis of the event</th>
<th>Event onset date: DD MM YYYY</th>
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<tbody>
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<td></td>
<td>Event stop date: DD MM YYYY</td>
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<td></td>
<td>Or ongoing at time of reporting (If less than 24 hours)</td>
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</table>

## Description of adverse event

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<thead>
<tr>
<th>Symptoms and treatment</th>
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</table>

## Outcome of adverse event

<table>
<thead>
<tr>
<th>Recovered</th>
<th>Recovered with sequelae</th>
<th>Not recovered</th>
<th>Unknown</th>
<th>Death</th>
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### Seriousness of adverse event

- **Death**
- **Life-threatening**
- **Hospitalisation or prolonged hospitalisation**
- **Persistent or significant disability or incapacity**
- **Congenital anomaly/birth defect**
- **Other medically important condition or event**
- **Non-serious**

### Seriousness of adverse event (tick all that apply)

- **Death**
- **Life-threatening**
- **Hospitalisation or prolonged hospitalisation**
- **Persistent or significant disability or incapacity**
- **Congenital anomaly/birth defect**
- **Other medically important condition or event**
- **Non-serious**

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**Celgene Limited**
**1 Longwalk Road, Stockley Park Uxbridge**
**UB11 1DB**
**United Kingdom**
**Tel: 08082 389 908**
**Fax: 08448 010 468**
**Email: drugsafetyuk@celgene.com**
### Suspect drug

<table>
<thead>
<tr>
<th>Drug, Dosage-form, Strength, Route (eg. Tab 5mg, oral)</th>
<th>Dose &amp; frequency</th>
<th>Batch no.</th>
<th>Therapy Start date</th>
<th>Therapy Stop date</th>
<th>Causal relationship</th>
<th>Indication for use of drug</th>
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</thead>
<tbody>
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</table>

### OTHER MEDICATION

(Medication taken during the past 3 months prior to the event - May be supplied as a copy of Medical file if up to date)

<table>
<thead>
<tr>
<th>Drug, Dosage-form, Strength, Route (eg. Tab 5mg, oral)</th>
<th>Dose &amp; frequency</th>
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<td>DD MM YYYY</td>
<td>DD MM YYYY</td>
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</tbody>
</table>

### Action taken, suspect drug

- Continued unchanged [TICK]
- Continued, dose or dose regimen changed [TICK]
- Withdrawn [TICK]
- N/A [TICK]
- Follow-up report [TICK]

Please specify if dose or dose regimen changed:

### Notification

- Initial report [TICK]
- Final report [TICK]
- Follow-up report [TICK]

Name: 

Title: 

Signature:
Pregnancy Reporting Form

Please complete this form to report a pregnancy in a patient (or in a female partner of a male patient) treated with Revlimid.

As part of Celgene’s Safety Monitoring System, it is essential that we follow-up on all reported pregnancies. Celgene will therefore be in contact with you for further information in due course and would value your co-operation to ensure we are able to obtain all relevant information regarding foetal exposure to our products.

Please fax or email immediately to Celgene Drug Safety at the number/address below:

Celgene Drug Safety: Tel: 08082 389 908 Celgene Limited
Fax: 08448 010 468 1 Longwalk Road, Stockley Park
Email: drugsafetyuk@celgene.com Uxbridge, UB11 1DB, United Kingdom

Reporters Details

<table>
<thead>
<tr>
<th>Title: Mr, Mrs, Miss, Ms, Dr, etc</th>
<th>First Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Surname:</td>
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<td>Address:</td>
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<td>County:</td>
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<td>Post code:</td>
<td>Country:</td>
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<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Email address:</td>
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</tbody>
</table>

Female patient information

<table>
<thead>
<tr>
<th>Patient ID:</th>
<th>Age:</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Female partner of male patient information

<table>
<thead>
<tr>
<th>Patient ID:</th>
<th>Age:</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Exposure of a pregnant female - not patient or partner

<table>
<thead>
<tr>
<th>Patient ID:</th>
<th>Age:</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Patient treatment information: Revlimid capsule

<table>
<thead>
<tr>
<th>Batch No.:</th>
<th>Expiry Date:</th>
<th>Dose:</th>
<th>Frequency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>DD MM YYYY</td>
<td>Stop date:</td>
<td>DD MM YYYY</td>
</tr>
</tbody>
</table>

Indication for use:

Menses information

<table>
<thead>
<tr>
<th>Date of last menses:</th>
<th>DD MM YYYY</th>
<th>Regular menses:</th>
<th>No?</th>
<th>Yes?</th>
</tr>
</thead>
</table>

Pregnancy information

<table>
<thead>
<tr>
<th>Has the pregnancy been confirmed?</th>
<th>No?</th>
<th>Yes?</th>
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<tbody>
<tr>
<td>Estimated gestational stage:</td>
<td></td>
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<tr>
<td>Estimated date of delivery:</td>
<td>DD MM YYYY</td>
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<tr>
<td>Has the patient already been referred to an obstetrician/gynaecologist?</td>
<td>No?</td>
<td>Yes?</td>
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</tbody>
</table>

If yes, please specify his/her name and contact detail

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact:</th>
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</thead>
</table>

Reporter

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date: DD MM YYYY</th>
</tr>
</thead>
</table>
### Background Information on Reason for Pregnancy

<table>
<thead>
<tr>
<th><strong>Was patient erroneously considered not to be of child bearing potential</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If yes, state reason for considering not to be of childbearing potential**

a. Age \( \geq 50 \) years and naturally amenorrhoeic* for \( \geq 1 \) year  

*amenorrhoea following cancer therapy or during lactation does not rule out childbearing potential

b. Premature ovarian failure confirmed by a specialist gynaecologist  
c. Previous bilateral salpingo-oophorectomy, or hysterectomy  
d. XY genotype, Turner syndrome, uterine agenesis  

### Indicate from the list below what contraception was used

a. Implant  
b. Levonorgestrel-releasing intrauterine system (IUS)  
c. Medroxyprogesterone acetate depot  
d. Tubal sterilization (specify below)  
   I. Tubal ligation  
   II. Tubal diathermy  
   III. Tubal clips  
e. Sexual intercourse with a vasectomised male partner only; vasectomy must be confirmed by two negative semen analyses  
f. Ovulation inhibitory progesterone-only pills (i.e., desogestrel)  
g. Other progesterone-only pills  
h. Combined oral contraceptive pill  
i. Other intra-uterine devices  
j. Condoms  
k. Cervical cap  
l. Sponge  
m. Withdrawal  
n. Other  
o. None  

### Indicate from the list below the reason for contraceptive failure

- Missed oral contraception  
- Other medication or intercurrent illness interacting with oral contraception  
- Identified mishap with barrier method  
- Unknown  
- Had the patient committed to complete and continuous abstinence  
- Was lenalidomide started despite patient already being pregnant  
- Did patient receive educational materials on the potential risk of teratogenicity  
- Did patient receive instructions on need to avoid pregnancy
### Prenatal Information

<table>
<thead>
<tr>
<th>Date of last menstrual period:</th>
<th>Estimated Delivery Date:</th>
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### PREGNANCY TEST

<table>
<thead>
<tr>
<th></th>
<th>REFERENCE RANGE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Urine Qualitative</td>
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<tr>
<td>Serum quantitative</td>
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</table>

### Past Obstetric History

<table>
<thead>
<tr>
<th>Year of pregnancy</th>
<th>Outcome</th>
<th>Spontaneous abortion</th>
<th>Therapeutic abortion</th>
<th>Live birth</th>
<th>Still birth</th>
<th>Gestational Age</th>
<th>Type of delivery</th>
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<tbody>
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### Birth Defects

- Was there any birth defect from any pregnancy
- Is there any family history of any congenital abnormality
- If yes to either of these questions, please provide details below:

### Maternal Past Medical History

<table>
<thead>
<tr>
<th>Condition</th>
<th>Dates</th>
<th>Treatment</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
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### Maternal Current Medical Conditions

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### Maternal Social History

- **Alcohol**
  - If yes, amount/units per day:
  
- **Tobacco**
  - If yes, amount per day:
  
- **IV or recreational drug use**
  - If yes, provide details

### MATERNAL MEDICATION DURING PREGNANCY AND IN 4 WEEKS BEFORE PREGNANCY
(including herbal, alternative and over the counter medicines and dietary supplements)

<table>
<thead>
<tr>
<th>Medication/treatment</th>
<th>Start Date</th>
<th>Stop Date/Continuing</th>
<th>Indication</th>
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</table>

**Name of person completing this form**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>
Treatment checklists and algorithms
**Algorithm for implementation of Pregnancy Prevention Programme**

Evaluate new patient

- **Male**
- **Female**

**Non-childbearing potential**

- **Start Revlimid.**
  - Condom required for sexual activity (even if vasectomised) for the duration of Revlimid treatment, including dose interruptions, and for 1 week after treatment if partner is pregnant or of childbearing potential who is not using effective contraception

**With childbearing potential**

- **If not already practising effective contraception start effective contraception at appropriate time, based on the method used and menstrual cycle. Unless practising complete and continued abstinence**
  - Either implant, levonorgestrel-releasing intrauterine system, medroxyprogesterone acetate depot, tubal sterilisation, vasectomised partner, ovulation inhibitory progesterone-only pill (i.e desogestrel)
  - Contraception continues during treatment, including dose interruptions, and for 4 weeks after treatment discontinuation

- **Test for pregnancy after 4 weeks of adequate contraception (even if abstinent)**

**Negative**

- **Start Revlimid treatment.**
  - Pregnancy testing at 4-weekly intervals (even if sexually abstinent)

**Positive**

- **DO NOT START TREATMENT.**
  - Refer to appropriately trained healthcare professional
# Combined checklist for commencing Revlimid® treatment

## Counselling

<table>
<thead>
<tr>
<th>Counselling</th>
<th>Women CBP</th>
<th>Women NCBP</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform of expected teratogenic risk to the unborn child</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform of the need for effective contraception 4 weeks before starting treatment, during treatment interruption, throughout the entire duration of treatment and for 4 weeks after the end of treatment or absolute and continued abstinence</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform that even if patient has amenorrhoea they must comply with advice on contraception</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Confirm patient is capable of complying with contraceptive measures</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Inform of the potential consequences of pregnancy and the need to stop treatment and consult rapidly if there is a risk of pregnancy</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Confirm patient agrees to undergo pregnancy testing at 4 weekly intervals</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform of hazards and necessary precautions associated with use of Revlimid</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform patient not to share medication</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform to return unused capsules to pharmacist</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform not to donate blood whilst taking Revlimid or for 1 week after stopping</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform of need to use condoms (even if he has had vasectomy) throughout treatment duration, during dose interruption, and for one week after cessation of treatment if partner is of childbearing potential who is not using effective contraception</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform about the thromboembolic risk and possible requirement to take thromboprophylaxis during treatment with Revlimid</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inform about which are effective contraceptive methods that the female partner of a male patient can use</td>
<td>✔</td>
<td>✔</td>
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</tr>
<tr>
<td>Inform that if his female partner becomes pregnant whilst he is taking Revlimid or shortly after he has stopped taking Revlimid, he should inform his treating physician immediately and that it is recommended to refer the female partner to a physician specialised or experienced in teratology for evaluation and advice</td>
<td>✔</td>
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</tr>
</tbody>
</table>

## Contraceptive referral

<table>
<thead>
<tr>
<th>Contraceptive referral</th>
<th>Women CBP</th>
<th>Women NCBP</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive referral required</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Contraceptive referral made</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Contraceptive consultation completed</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
**Contraception**

Patient is currently established on one of the following for at least 4 weeks

<table>
<thead>
<tr>
<th>Method</th>
<th>Women CBP</th>
<th>Women NCBP</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>•</td>
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<tr>
<td>Levonorgestrel-releasing intrauterine system (IUS)</td>
<td>•</td>
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<tr>
<td>Medroxyprogesterone acetate depot</td>
<td>•</td>
<td></td>
<td></td>
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<tr>
<td>Sterilisation</td>
<td>•</td>
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<tr>
<td>Sexual intercourse with a vasectomised male partner only: vasectomy must be confirmed by negative semen analysis</td>
<td>•</td>
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<tr>
<td>Ovulation inhibitory progesterone-only pill (desogestrel)</td>
<td>•</td>
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</tr>
<tr>
<td>Patient commits to complete and absolute abstinence</td>
<td>•</td>
<td></td>
<td></td>
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<tr>
<td>Negative pregnancy test before starting treatment</td>
<td>•</td>
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</table>

**Not of childbearing potential**

One of the following criteria have been met to determine patient is women NCBP

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Women CBP</th>
<th>Women NCBP</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ≥50 years and naturally amenorrhoeic for ≥1 year not induced by chemotherapy</td>
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<tr>
<td>Premature ovarian failure confirmed by specialist gynaecologist</td>
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<tr>
<td>Bilateral salpingo-oophorectomy</td>
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<tr>
<td>XY genotype, Turner’s syndrome, uterine agenesis</td>
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</tbody>
</table>

*Amenorrhoea following cancer therapy or during lactation does not rule out childbearing potential.*
Pharmacy registration and dispensing of Revlimid®

1. Identify patient for Revlimid, obtain Healthcare Professional's Information Pack from Celgene

2. Read Pack, fax Pharmacy Registration Form to Celgene

3. Read Pack

4. Order Revlimid

Patient presents at pharmacy, pharmacist:
- Cross-checks Prescription Authorisation Form
- Signs Prescription Authorisation Form
- Dispenses Revlimid to patient
- Sends Prescription Authorisation Form to Celgene

Counsel patient:
- Pregnancy prevention
- Complete Prescription Authorisation Form
- Provide patient educational materials
Frequently asked questions
Where can I get further copies of the Revlimid Healthcare Professional’s Information Pack or the patient materials?

The CD provided with the Revlimid Healthcare Professional’s Information Pack contains electronic versions of all the important forms and may be used to print out further copies.

If you would like further copies of the Revlimid Healthcare Professional’s Information Pack or any other materials for healthcare professionals or patients, please telephone or e-mail Celgene using the contact details below, or by speaking to any Celgene representative.

Tel: 0808 156 3059
Fax: 0808 156 3058
Email: rmp.uk.ire@celgene.com

What must I do prior to ordering or dispensing Revlimid?

All pharmacies must register with Celgene prior to ordering or dispensing Revlimid. You will need to register the dispensing pharmacy using the Pharmacy Registration Form. This form is contained within this pack. Completed Pharmacy Registration Forms should be faxed to Celgene (Fax: 0808 156 3058). Once you have returned a completed Pharmacy Registration Form, we will inform the distributors who will place you on the registered list.

Do I need a registration number to order Revlimid?

No, you just need to register with Celgene by returning the Pharmacy Registration Form. We will register you and inform the distributor that you are registered and can receive Revlimid.

Where do I order Revlimid?

Once registered, to order Revlimid please contact Celgene Order Contact Centre. You must have returned the Pharmacy Registration Form to Celgene before you can place an order. You will need to fax or email your order to the distributors (all orders must be received in writing).

Distributor: Celgene Order Contact Centre
Tel: 0208 831 8483
Fax: 0208 831 8792
Email: orders-uk@celgene.com

Orders placed Mondays – Fridays before 13.30 will generally be delivered the following working day.
How should I report an adverse event?

Adverse events should be reported to Celgene Drug Safety. Adverse event reporting forms are included in this Healthcare Professional’s Information Pack. Completed forms should be forwarded to the Celgene Drug Safety using the contact details below:

Tel: 0808 238 9908
Fax: 0844 801 0468
Email: drugsafetyuk@celgene.com

You may also report any adverse events to the MHRA using a ‘Yellow Card’. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

What are the contact details for Celgene Medical Information?

To contact Celgene in the UK for medical information, please telephone or Email the Medical Information department using the contact details below:

Tel: 0844 801 0045
Fax: 0844 801 0046
Email: medinfo.uk.ire@celgene.com

How will Celgene audit pharmacies registered for the Revlimid Pregnancy Prevention Programme?

Celgene’s audits will be performed remotely as an ongoing process, using the information supplied on the Prescription Authorisation Forms, and the collated results will be shared with the MHRA and the EMA. Celgene will contact the pharmacy in cases where there are irregularities or queries on Prescription Authorisation Forms so that any potential problems or errors can be dealt with as they arise.

The Prescription Authorisation Forms must be sent to Celgene for every cycle of Revlimid treatment for all patients, to allow audit obligations (which were agreed by the Chief Pharmacist when they signed the Pharmacy Registration Form) to be effectively fulfilled by Celgene collating the data from the Prescription Authorisation Forms you have supplied. It is therefore critical that Prescription Authorisation Forms are completed fully and accurately.
What is the Revlimid Treatment Continuation Scheme™?
The Revlimid Treatment Continuation Scheme™ (Revlimid TCS™) provides Revlimid free of charge to NHS patients, in England, Wales and Northern Ireland, who have already undergone 26 NHS-funded Revlimid treatment cycles and are continuing to benefit from treatment.

Revlimid TCS™ operates alongside the existing Revlimid Pregnancy Prevention Programme. Both programmes use a modified version of the Prescription Authorisation Form, which must be sent to Celgene for each Revlimid treatment cycle for every patient.

This pack contains the new version of the Prescription Authorisation Form, that you will need for both the Pregnancy Prevention Programme and the Revlimid TCS™. You will also need a copy of the Revlimid TCS™ ‘How-to’ Guide - please contact Celgene if you have not received this.

Where and how do I send Prescription Authorisation Forms?
Please send each completed Prescription Authorisation Form to Celgene.

Prescription Authorisation Forms can be sent by fax, post (a photocopy of the form) or e-mail to Celgene, using the following contact details:

Celgene Limited
1 Longwalk Road
Stockley Park
Uxbridge
UB11 1DB

Tel: 0808 156 3057
Fax: 0808 100 9910
Email: paf.uk.ire@celgene.com

If you wish to use e-mail, please scan the completed form and e-mail it as an attachment, or complete the modifiable PDF file contained on the CD ROM in this pack.

Please keep a copy of the Prescription Authorisation Forms for your records.
Important contact information
Contact Details

The Revlimid Treatment Continuation Scheme™:
For questions on the operation of the scheme, including registering your pharmacy onto the scheme and patient registration and eligibility.
Tel: 0808 156 3057

Risk Management:
For information and questions on the risk management of Celgene’s products, the Pregnancy Prevention Programme, pharmacy registrations and the use and submission of the Prescription Authorisation Form.
Tel: 0808 156 3059
Fax: 0808 156 3058
Email: rmp.uk.ire@celgene.com

Drug Safety:
To report any adverse events to Celgene.
Tel: 0808 238 9908
Fax: 0844 801 0468
Email: drugsafetyuk@celgene.com
Adverse events can also be reported to the MHRA using a ‘Yellow Card’— reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Medical Information:
To obtain Medical Information on Celgene’s products.
Tel: 0844 801 0045
Fax: 0844 801 0046
Email: medinfo.uk.ire@celgene.com

Distributor:
For product delivery enquiries.
Tel: 0208 831 8483
Fax: 0208 831 8792
Email: orders-uk@celgene.com
Examples of informed consent documents and letter to patient’s general practitioner
Example patient information for informed consent and consent form

Treatment with Revlimid® (lenalidomide) for Multiple Myeloma and Myelodysplastic Syndromes

- Revlimid is the trade name for lenalidomide
- Revlimid is expected to be harmful to the unborn child
- Revlimid has been shown to produce birth defects in animals and it is expected to have a similar effect in humans
- Revlimid must never be shared with anyone else
- Revlimid must never be taken by a woman who is pregnant or who could become pregnant
- Men taking Revlimid must use a condom during sexual contact with a woman who is pregnant or able to become pregnant and who does not use effective contraception during treatment, during dose interruptions and 1 week after the end of treatment even if he has had a vasectomy
- Unused Revlimid capsules must be returned to a pharmacy for safe disposal as soon as possible
- Patients taking Revlimid must not donate blood while they are taking Revlimid or for 1 week after stopping

Like all medicines Revlimid can cause side-effects, although not everybody gets them. Some are more common than others and some are more serious than others. If you notice any of the problems below you must contact your doctor or hospital team immediately. More details on these and other side-effects are given on page 3.

You must contact your hospital team urgently if you feel unwell or develop:
- Any fever, chills, sore throat, cough, mouth ulcers or any other symptoms of infection
- Any bleeding or bruising in the absence of injury
- Any chest or leg pain
- Any shortness of breath
- Any shortness of breath

You must contact your hospital team urgently if you suspect that you or your female partner is pregnant.

Information for all patients

Please ask your doctor or nurse if you need more information or an explanation of any of the terms used in this booklet.

1. What is myeloma?
Myeloma is a type of cancer that affects plasma cells. Plasma cells are produced in the bone marrow and form part of the body’s immune system. The function of the immune system is to fight disease and infection. Myeloma can occur in multiple parts of the bone marrow which is why it is often called multiple myeloma. Multiple myeloma that does not respond to or returns after initial treatment is referred to as relapsed or refractory multiple myeloma.

2. What are Myelodysplastic syndromes (MDS)?
Myelodysplastic syndromes (MDS) are a collection of many different blood and bone marrow diseases. The blood cells become abnormal and do not function properly. Patients can experience a variety of signs and symptoms including a low red blood cell count (anaemia), the need for a blood transfusion, and a risk of infection.

3. What is Revlimid?
Revlimid belongs to a group of medicines called immunomodulatory drugs or IMiDs. They work by modifying or regulating the immune system. Revlimid is licensed in Europe for use in combination with the steroid dexamethasone for patients who have received at least one prior treatment for multiple myeloma. Revlimid is also used alone to treat adult patients who have been diagnosed with myelodysplastic syndromes, when regular blood transfusions are needed to treat low levels of red blood cells, there is an abnormality of cells in the bone and do not make enough healthy blood cells and when other treatments have been used before and are not suitable or do not work well enough.
4. How can Revlimid help me?
Revlimid works by affecting the body’s immune system and directly attacking the cancer. It works in a number of different ways:
● by stopping the cancer cells developing
● by stopping blood vessels growing in the cancer
● by stimulating part of the immune system to attack the cancer cells

Multiple Myeloma
Revlimid can stop the signs and symptoms of multiple myeloma getting worse:
- Revlimid delayed the recurrence of multiple myeloma for up to 48 weeks compared to 20 weeks for those who were not taking Revlimid.

Myelodysplastic syndromes (sub heading)
Revlimid can increase the number of healthy red blood cells that the body produces by reducing the number of abnormal cells:
● This can reduce the number of blood transfusions needed. It is possible that no transfusions will be needed.

5. You must never take Revlimid if:
● You are a woman who is pregnant
● You are a woman who is breastfeeding
● You are a woman who is able to become pregnant, even if you are not planning to become pregnant. Women able to become pregnant must use an effective form of contraception for 4 weeks before starting Revlimid, throughout the duration of the treatment and for 4 weeks after stopping treatment. See the section called ‘Information for women’
● You are a man and you do not use a condom every time you have sexual contact with a woman who is pregnant or able to become pregnant even if you have had a vasectomy. Men should use a condom throughout the duration of treatment with Revlimid and for 1 week after stopping treatment. See the section called ‘Information for men’
● If you are allergic to Revlimid or to any of the other ingredients contained in the capsule

6. What you should tell your doctor before starting Revlimid:
● If you are pregnant, if you think you may be pregnant or if you are planning to become pregnant, as Revlimid may be harmful to an unborn child
● If you think you are able to become pregnant and need advice on effective contraception
● If you are breastfeeding
● If you have previously had an allergic (hypersensitive) reaction to Revlimid
● If you have previously had an allergic (hypersensitive) reaction to any other ingredient in Revlimid capsules. Ask your pharmacist for advice
● If you have a history of kidney problems
● If you have any risk factors for developing thromboembolic events, e.g. smoking, high blood pressure, high cholesterol, a clotting disorder, a previous blood clot (in a vein or artery)
● If you are taking or have recently taken any other medicines, including medicines bought without a prescription

7. Possible side-effects
Like all medicines, Revlimid can cause side-effects, although not everybody gets them. Some are more common than others and some are more serious than others. These are not all the side-effects that have been reported with Revlimid. Ask your doctor or pharmacist if you would like more information.

Almost all side-effects are temporary and can be easily prevented or treated. The most important thing is to be aware of what to expect and what to report to your doctor.
Serious side-effects and what to look out for:

Low white blood cells and platelets
Revlimid may cause a drop in the number of white blood cells in your blood. This can make you more prone to infections. You may be prescribed treatments to prevent infections or to boost your blood counts.

Revlimid may also cause a drop in the number of platelets in your blood. If the count drops too low you may be at risk of bleeding.

You should **contact your doctor immediately if you experience**:

- Symptoms of infection such as; any fever, chills, sore throat, cough, mouth ulcers, or any other symptoms suggestive of infection
- Gum or nose bleeds
- Bruising or bleeding that happens without being injured

Blood clots in veins and in the lungs
Revlimid treatment may increase the risk of you developing blood clots in some veins in the body. This is sometimes called deep vein thrombosis (DVT). People with myeloma may already have a higher risk of blood clots. Symptoms of a blood clot can be leg pains, swelling and redness of the lower legs or arms. Sometimes the clots can travel in your bloodstream to your lungs producing symptoms of chest pain and breathlessness. You may be prescribed treatment to help prevent blood clots from forming. Other contributing factors include smoking, high blood pressure and high cholesterol level. For MDS treated patients the risk of developing blood clots is less than myeloma treated patients.

You should **contact your doctor immediately if you experience any of the following**:

- shortness of breath
- chest pain
- leg pain

Other common side-effects with Revlimid are:

- A fall in the number of red blood cells which may cause anaemia leading to tiredness and weakness
- Constipation, diarrhoea, nausea, redness of skin, rashes, vomiting, muscle cramps, muscle aches, bone pain, joint pain, tiredness, generalised swelling including swelling of the limbs
- Fever and flu like symptoms including fever, muscle ache, headache, earache and chills
- Numbness, tingling or burning sensation to the skin, pains in hands or feet, dizziness, tremor, taste disturbance
- Decreased appetite
- Low levels of potassium in the blood
- Leg pain (which could be a symptom of thrombosis), chest pain or shortness of breath (which may be a symptom of blood clots in the lungs, called pulmonary embolism)
- Infections of all types
- Infection of the lung and the upper respiratory tract, shortness of breath
- Blurred vision
- Headache
- Dry skin
- Abdominal pain

Remember, almost all side-effects are temporary and can be easily prevented or treated. If you experience any side-effect that causes you concern, contact your doctor or hospital team.
8. Special monitoring
Because Revlimid can cause a drop in white blood cell and platelet counts you will have regular blood tests during treatment. Your doctor will also monitor how well your kidneys are working. You will have blood tests more frequently in the first few months when you start treatment.

Your doctor may adjust your dose of Revlimid or stop your treatment based on the results of your blood tests and on your general condition. If treatment has to be stopped for any reason your doctor will discuss other treatment options with you.

9. How to take Revlimid

- Your doctor will prescribe a dose of Revlimid suited to you
- When used to treat multiple myeloma, Revlimid is taken in combination with dexamethasone. When used to treat myelodysplastic syndromes, it is taken alone. Always take Revlimid alone or Revlimid and dexamethasone in combination exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure. You should refer to the package leaflet of dexamethasone for further information on its use and effects
- Your doctor may adjust your dose depending on the result of blood tests and any side effects you may experience
- Do not take more capsules than your doctor has prescribed. If in doubt, ask your doctor or pharmacist for advice
- Revlimid capsules should be swallowed whole, with a glass of water
- Revlimid can be taken at any time of day but it should be taken at approximately the same time each day
- Revlimid can be taken with or without food

Multiple Myeloma Revlimid dose
The recommended dose is 25 mg once per day. Revlimid is taken in treatment cycles, each cycle lasting 28 days.

Treatment cycle:
- On days 1-21: take 25 mg of Revlimid once per day
- On days 22-28: do NOT take Revlimid
  After completing each cycle, start a new one.

Myelodysplastic syndromes Revlimid dose
The usual starting dose is 10 mg once per day. Revlimid is taken in treatment cycles, each cycle lasting 28 days.

Treatment cycle:
- On days 1-21: take 10 mg of Revlimid once per day
- On days 22-28: do NOT take Revlimid
  After completing each cycle, start a new one.

Dexamethasone
Revlimid is licensed to be taken in combination with dexamethasone for multiple myeloma and therefore you are likely to receive both

The usual starting dose is 40 mg once per day. Dexamethasone is also taken in treatment cycles, each cycle lasting 28 days.

First 4 treatment cycles:
- On days 1-4, 9-12 and 17-20: take 40 mg dexamethasone once per day
- On days 21-28: do NOT take dexamethasone

Following treatment cycles:
- On days 1-4: take 40 mg dexamethasone once per day
- On days 5-28: do NOT take dexamethasone
If you are also taking dexamethasone tablets you can take these at the same time as your Revlimid.

Dexamethasone is usually only taken for a few days each week. Follow the instructions from your doctor/pharmacist carefully.

Dexamethasone should, if possible, be taken with or after food in the morning.

What to do if you have taken more than the prescribed dose of Revlimid:
If you accidentally take too many capsules, contact your doctor immediately.

What to do if you forget to take your Revlimid:
If you forget to take your Revlimid and you remember within 12 hours of the missed dose you can take your Revlimid as soon as you remember and continue with the next dose at the normal time. If it is more than 12 hours since the missed dose, leave out that dose altogether and take the next dose at the normal time.

Let your doctor know if you have missed any doses at your next visit.

Remember, your pharmacist can give you help and advice on taking your medicines. Some people find it helpful to mark on a calendar when they have taken their medicines each day or to set an alarm clock to remind them to take their medicines.

Taking other medicines
Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines bought without a prescription. If you are seeing a different doctor or other healthcare professional for treatment (your dentist for example) you should tell them that you are taking Revlimid and dexamethasone.

10. How to store Revlimid safely
Keep your Revlimid in a safe place out of the reach and sight of children.

Keep your Revlimid capsules in the original box at room temperature.

Do not use after the expiry date written on the box.

Information for men

- Revlimid would be harmful to an unborn baby
- Revlimid is passes into human semen
- You must use a condom every time you have sexual contact with a woman who is pregnant or able to become pregnant and who does not use effective contraception
- Even if you have had a vasectomy you must use a condom throughout your Revlimid treatment, during any breaks in treatment and for 1 week after stopping treatment
- If your partner does become pregnant while you are taking Revlimid, you must contact your doctor immediately

In order to ensure that an unborn baby is not exposed to Revlimid your doctor will complete an Authorisation Form with each prescription. The form documents that you have given consent for Revlimid treatment and been told about the risks to an unborn baby and the precautions you must take. You must take the form with your prescription to the pharmacy. **You must ensure that you receive your Revlimid within 7 days of it being prescribed or you will need a new prescription.**
Information for women

Information for women who cannot become pregnant

- Revlimid may be harmful to an unborn baby

- Before starting Revlimid treatment you should discuss with your doctor whether or not there is any possibility that you could become pregnant

- Some women who are not having regular periods or who are approaching the menopause may still be able to become pregnant

- You may need an appointment and tests with a specialist in female medicine to confirm that you cannot become pregnant

- Every woman who is able to become pregnant even if they are not planning to must follow the precautions detailed in the section ‘Information for women who are able to become pregnant’

In order to ensure that an unborn baby is not exposed to Revlimid your doctor will complete an Authorisation Form with each prescription. The form documents that you have given consent for Revlimid treatment and been told about the risks to an unborn baby and the precautions you must take. You must take the form with your prescription to the pharmacy. You must ensure that you receive your Revlimid within 7 days of it being prescribed or you will need a new prescription.

Information for women who are able to become pregnant

- Revlimid may be harmful to an unborn baby

- If you are pregnant, if you think you may be pregnant or if you are planning to become pregnant you must not take Revlimid

- Some women who are not having regular periods or who are approaching the menopause may still be able to become pregnant

- Every woman who is able to become pregnant even if they are not planning to must follow the precautions detailed in this section to prevent you becoming pregnant and to ensure you are not pregnant. By signing your treatment consent form you are agreeing to follow these precautions

- You should start your Revlimid treatment as soon as possible after having a negative pregnancy test result and your prescription dispensed

- If for any reason you think you may be pregnant while you are taking Revlimid, or in the 4 weeks after stopping, you must stop taking Revlimid and contact your doctor immediately

Contraception to prevent pregnancy

If you are a woman who could become pregnant you must either:

- use adequate contraception starting 4 weeks before Revlimid treatment, during treatment, during any breaks in treatment and for 4 weeks after stopping treatment

  or

- agree you will not engage in sexual activity with a male partner. You will be asked to confirm this every month

Not all types of contraception are suitable during Revlimid treatment. You and your partner should discuss with your doctor suitable forms of contraception that you would find acceptable. If necessary, your hospital team can refer you to a specialist for advice on contraception.
Pregnancy tests to ensure you are not pregnant

- If you are a woman who could become pregnant you must have a pregnancy test to make sure you are not pregnant before you start Revlimid treatment.
- You must also have a pregnancy test every 4 weeks during your treatment to make sure you are not pregnant.
- Your next prescription for Revlimid cannot be dispensed until it is confirmed that you are not pregnant.
- Pregnancy tests must be overseen by a doctor or nurse looking after you.
- If you have had surgery to stop you becoming pregnant (tubal sterilisation) you do not need to have pregnancy tests.

To ensure that an unborn baby is not exposed to Revlimid your doctor will complete an Authorisation Form with each prescription. The form documents that you have given consent for Revlimid treatment and been told about the risks to an unborn baby and the precautions you must take. You must take the form with your prescription to the pharmacy. You must ensure that you receive your Revlimid within 7 days of it being prescribed or you will need a new prescription.
To be used in conjunction with local policy.

[Hospital name]
Patient identifier/label: .................................................................

Patient agreement to treatment with Revlimid (lenalidomide)

☐ Revlimid for Multiple Myeloma
   ● Revlimid is a capsule taken each day for 21 days of a 28-day cycle
   ● The cycle is then repeated
   ● To be taken in combination with:

☐ Revlimid for Myelodysplastic Syndromes
   ● Revlimid is a capsule taken each day for 21 days of a 28-day cycle
   ● The cycle is then repeated

Statement of healthcare professional (to be filled in by healthcare professional with appropriate knowledge of proposed procedure, as specified in local consent policy and Revlimid (lenalidomide) Healthcare Professional’s Information pack)

I have explained the procedure to the patient/parent. In particular, I have explained:

The intended benefits: ........................................................................................................

Serious or frequently occurring risks: ................................................................................

I have explained and discussed with the patient the special precautions required to prevent the exposure of an unborn child to Revlimid.

● I have also discussed:
   – what the therapy is likely to involve
   – the benefits and risks of any available alternative treatments (including no treatment)
   – any particular concerns of this patient

The following leaflet(s) have been provided:

☐ Revlimid Patient Information Brochure ........................................................................

Signed: ............................................................................................................... Date

Name (PRINT) .................................................................................................... Job title

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand. She/he/they agree to follow the necessary precautions to prevent an unborn child being exposed to Revlimid.

Signed ........................................................................................................ Date Name (PRINT) ........................................................................

Statement of patient

I agree to the treatment described above. I agree to follow the necessary precautions to prevent an unborn child being exposed to Revlimid.

Signature ........................................................................................................ Date

Name (PRINT) ............................................................................................ Relationship to patient

Copy accepted by patient: yes/no (please ring)
Example letter to patient’s GP

Dr Name
Address line1
Address line2
Address line3

Dear Dr

Your patient (named above) has been prescribed Revlimid (lenalidomide) for the treatment of multiple myeloma or myelodysplastic syndromes.

Revlimid belongs to a group of drugs called ‘immunomodulatory drugs’ (IMiDs).

Revlimid is an oral therapy and has been prescribed for Multiple Myeloma at a starting dose of ........... mg every day for ................days as part of a 28-day cycle in combination with ..............................................................

Revlimid is an oral therapy and has been prescribed for myelodysplastic syndromes at a starting dose of ........... mg every day for ................days as part of a 28-day cycle.

Safety information

Revlimid is structurally related to thalidomide, which is a known human teratogen that causes severe life-threatening birth defects. An unborn child would be likely to be harmed if exposed to Revlimid during pregnancy, therefore:

- Female patients must avoid pregnancy whilst taking Revlimid. Any female of child-bearing potential, must use one form of effective contraception as described in the Revlimid Summary of Product Characteristics (SmPC) starting 4 weeks before treatment, during treatment and continuing until 4 weeks after stopping Revlimid. In addition a monthly pregnancy test must be taken to confirm that she is not pregnant
- Male patients are advised that they must use a condom every time they have sexual contact with a pregnant woman or a female of child-bearing potential who is not using effective contraception even if they have been vasectomised

Revlimid therapy is associated with neutropenia and thrombocytopenia. This should be borne in mind if the patient presents with signs and symptoms suggestive of infection. Patients should have their full blood-count checked, every week for the first 8 weeks of therapy and at least once a month thereafter. This will be done by the hospital unless otherwise arranged.

There is a risk of venous and arterial thromboembolic events (mainly deep vein thrombosis, pulmonary embolism, myocardial infarctions and cerebrovascular events) in patients treated with Revlimid in combination with dexamethasone for multiple myeloma. In patients with myelodysplastic syndromes, treatment with lenalidomide monotherapy was also associated with a risk of venous thromboembolism (predominantly deep vein thrombosis and pulmonary embolism), but to a lesser extent than in patients with multiple myeloma. Patients and doctors are advised to be observant for the signs and symptoms of thrombosis. The combined oral contraceptive, hormone replacement therapy and erythropoietic agents are thus not recommended. Some patients may be prescribed prophylactic anti-coagulant drugs.

Other most frequently reported adverse events are: constipation, diarrhoea, nausea, changes in body weight, rash, muscle cramp & muscle weakness, somnolence, peripheral oedema.

Revlimid is not metabolised by cytochrome p450 enzymes and does not induce or inhibit these enzymes. In addition warfarin interaction studies were negative. Revlimid does interact with digoxin to produce a small increase (14%) in C_{max} – routine monitoring of digoxin is advised.

Further information on Revlimid can be found in the SmPC or in the Healthcare Professional’s Information pack which can be found at www.celgene.co.uk or by calling Celgene Risk Management on: 0808 156 3059

Kind regards,

Signed: ..........................................................