

Brochure for Women Patients of Childbearing Potential

Revlimid[®]

- **Revlimid is expected to be harmful to the unborn child.**
- Revlimid is structurally related to thalidomide, which is known to cause severe life-threatening birth defects. If thalidomide is taken during pregnancy it can cause severe birth defects or death to an unborn baby. In the 1950s and 1960s thalidomide was prescribed to pregnant women as a sedative and to relieve morning sickness. As a result approximately 12,000 children were born with severe birth defects caused by thalidomide. Birth defects may include shortened arms or legs, malformed hands or feet, eye or ear defects, and internal organ problems.
- **Revlimid has been shown to produce birth defects (short limbs, bent fingers/toes, wrist and/or tail, extra or missing fingers/toes) in animals and it is expected to have a similar effect in humans**
- Prior to treating you with Revlimid, you will be asked to sign a Treatment Initiation Form to confirm that the benefits and risks of Revlimid therapy have been explained to you and that you have understood and agree to comply with the requirements of the Risk Management Plan.
- In order to ensure that an unborn baby is not exposed to Revlimid, you doctor will complete a Patient Card documenting that you have been informed of the requirement for you NOT to become pregnant during treatment with Revlimid and for one month after finishing Revlimid.
- You should never share Revlimid with anyone else
- You should store Revlimid out of the reach of children.
- You should always return any unused capsules to the pharmacist
- You should not donate blood during treatment or for one week after treatment finishes

You should not breastfeed when taking Revlimid, as it is not known if Revlimid passes into human milk.

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.

Venous and Arterial Thromboembolism (Clots in vessels)

Revlimid treatment may increase the risk of you developing blood clots in some blood vessels in the body. This is sometimes called deep vein thrombosis (DVT) or arterial thromboembolic events (ATEEs). People with myeloma may already have a higher risk of blood clots in vessels. You may be prescribed treatment to help prevent blood clots in vessels from forming.

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 shortness of breath.

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.

Other common side-effects with Revlimid are:

- Muscle cramps or weakness
- Diarrhoea
- Constipation
- Nausea (feeling sick)
- Tiredness
- Difficulty sleeping
- Changes in body weight

Peripheral neuropathy

Revlimid is structurally related to thalidomide, which is known to induce severe peripheral neuropathy (numbness, tingling, or pain in your hands and feet which may be due to nerve damage). At this time, the potential for nerve damage associated with long-term Revlimid use cannot be ruled out.

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.

- If you experience any side effects whilst taking Revlimid you should tell your doctor

Pregnancy Prevention Programme

- You should tell your doctor if you are pregnant or think you may be pregnant or are planning to become pregnant, you should not take Revlimid as **Revlimid is expected to be harmful to an unborn child**
- If you are able to become pregnant, you must follow all the necessary measures to prevent you becoming pregnant and ensuring you are not pregnant during treatment and for one month after stopping treatment. Before starting the treatment, you should ask your doctor if you are able to become pregnant, even if you think this is unlikely.
- If you are able to become pregnant and even if you agree and confirm every month that you will not engage in sexual activity you will have pregnancy tests under the supervision of your doctor before treatment. These will be repeated every 4 weeks during treatment and 4 weeks after the treatment has finished (unless it is confirmed that you have had a tubal sterilisation)
- The date and result of the monthly pregnancy test will be documented on the Patient Card. Your pharmacist will check the Patient Card prior to each dispensing of Revlimid.
- If you are able to become pregnant you must either commit yourself to abstaining completely from sexual intercourse or use effective methods of contraception for 4 weeks before starting treatment, during treatment, and until 4 weeks after stopping treatment. Your doctor will advise you on appropriate methods of contraception as some types of contraception are not recommended with Revlimid. It is essential therefore that you discuss this with your doctor
- The following can be considered to be examples of effective methods of contraception:
 - Implant (hormonal pregnancy prevention methods implanted under the skin)

- Levonorgestrel-releasing intrauterine system (IUS) (hormone releasing pregnancy prevention coil placed in the uterus)
- Medroxyprogesterone acetate depot (long acting pregnancy prevention hormonal injection)
- Tubal Sterilisation (female 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) (progestogen-only pill that prevents release of an egg from the ovaries)

Each pregnancy prevention method has a different level of effectiveness and mode of action, including in some cases, the prevention of implantation in the womb. Their published success/failure rate is based on using them perfectly.

You must talk to your doctor, fertility expert or gynaecologist about which method is most appropriate for you.

- If you do not currently have effective contraception, your doctor will be able to advise you where you can obtain this.
- If you suspect you are pregnant at any time whilst taking Revlimid, you must stop Revlimid immediately and immediately inform your doctor.
- If you suspect that you may have become pregnant up to 4 weeks after having stopped your treatment with Revlimid, immediately inform your doctor.

Further Information

Further information regarding your Revlimid treatment for multiple myeloma can be obtained from the following organisations:

International Myeloma Foundation www.myeloma.org

Myeloma Euronet www.myeloma-euronet.org

Myeloma UK www.myelomaonline.org.uk

Revlimid European Public Assessment Report

<http://www.emea.europa.eu/humandocs/Humans/EPAR/revlimid/revlimid.htm>