Lenalidomide Grindeks

(lenalidomide)

Patient card

Lenalidomide Grindeks (lenalidomide) - key elements of the patient card

Patient date of birth:…… Patient name, surname:……..……

Physician name:……

Institution:……;……

Telephone number during office hours:……...…

Telephone number after office hours:……..…….

Information for Healthcare Professionals

1. This patient is receiving lenalidomide for the treatment of:……

……..……

2. Type of patient (tick one):

☐ Woman of non-childbearing potential

☐ Male

☐ Woman of childbearing potential*
* fill out a pregnancy test schedule

3. Before the first prescription, the patient has been given instructions about lenalidomide's expected teratogenicity and the need to avoid pregnancy:

Physician name…….

Signature……...

Date……...

4. Pregnancy test schedule

Date of Visit	Patient is using one effective method of contraception	Date of pregnancy test	Pregnancy test result***	Next appointment date	Date of prescription	Physician signature
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			
	☐ Yes ☐ No		☐ Positive ☐ Negative ☐ Unclear ☐ Not done			

***Women of childbearing potential must have a medically supervised pregnancy tests with a minimum sensitivity of 25 mIU/mL prior to starting the treatment once she has been established on effective contraception for at least 4 weeks, every 4 weeks and 4 weeks after the end of therapy except in the case of confirmed tubal sterilisation. This requirement includes women of childbearing potential who practice absolute and continuous abstinence. For further information see Summary of Product Characteristics.

Suspected adverse reactions that may occur during treatment with Lenalidomide Grindeks should be reported via adverse drug reactions (ADRs) to Malta Medicines Authority via the ADR Reporting Website: www.medicinesauthority.gov.mt/adrportal.

For further information regarding this medication please contact local representative: EJ Busuttil Ltd.
Phone: 2147184 (service is available 24/7)
Email: safety@ejbusuttil.com
Office Adress:
Busuttil Buildings, Triq l-Ghadam,
Central Business District Zone 1,
Birkirkara CBD1060 MALTA

Adverse events should also be reported to AS GRINDEKS. Krustpils iela 53, Rīga, LV-1057, Latvia (Marketing Authorisation Holder) at: +371 67083644, E-mail: vigilance@grindeks.com