Thalidomide BMS® (thalidomide) Pregnancy Prevention Programme Patient Guide

Information for patients taking thalidomide

IRELAND

Version 7.0

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the Package Leaflet. You can also report side effects directly via HPRA Pharmacovigilance at www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine. Side effects should also be reported to Bristol-Myers Squibb Medical Information on 1 800 749 749 or medical.information@bms.com.

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This guide contains information about:

Preventing harm to unborn babies: If thalidomide is taken during pregnancy it can cause severe birth defects or death to an unborn baby.

Thalidomide BMS® Pregnancy Prevention Programme: This programme is designed to prevent unborn babies being exposed to thalidomide. It will provide you with information about what to expect from your treatment, and explain the risks and your responsibilities.

This guide provides education on thalidomide and will ensure that you know what to do before, during and after taking thalidomide.

This guide will not give you information about multiple myeloma, you should ask your prescriber if you have any questions.

Warning: Severe life-threatening birth defects. If thalidomide is taken during pregnancy it can cause severe birth defects or death to an unborn baby.

Thalidomide BMS® must never be used by women who are pregnant, as just one capsule can cause severe birth defects.

Thalidomide must never be used by women who are able to become pregnant unless they follow the Thalidomide BMS® Pregnancy Prevention Programme.

Thalidomide passes into men's semen, and is expected to cause severe birth defects or death to an unborn baby. So there is a risk if you have unprotected sex with a woman who can become pregnant.

Other side effects of thalidomide include: severe heart disease.

For complete information on all possible side effects please read the Package Leaflet that comes with your thalidomide capsules.

This guide also contains important information about the requirement to avoid blood donation during treatment, the safe handling of thalidomide and the safe disposal of unused thalidomide capsules.

Please read this guide as well the Package Leaflet that comes with your medicine carefully. If you do not understand something, please ask your prescriber for further explanation.

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Introduction

Thalidomide belongs to a group of medicines known as 'Immunosuppressive' medicines. These work by acting on the cells involved in your immune system. The immune system is part of the body's defence which helps to fight illness and infection. Thalidomide also has anti-angiogenic properties. This means that it prevents the development of new blood vessels (angiogenesis). Angiogenesis is important for cancers because they need to produce new blood vessels in order to grow.

The Package Leaflet which came with your medicine tells you more about thalidomide.

This guide is part of the 'Thalidomide BMS® Pregnancy Prevention Programme', which is necessary because 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 and approximately 5,000 are alive today.

The Thalidomide BMS® Pregnancy Prevention Programme is designed to prevent unborn babies being exposed to thalidomide. It makes sure you know what to do before, during and after taking the medicine:

1) Thalidomide can cause severe birth defects or death to an unborn baby.

2) Birth defects may include shortened arms or legs, malformed hands or feet, eye or ear defects, and internal organ problems.

1) Thalidomide must never be used by women who are pregnant or by women who could become pregnant unless all the conditions of the Pregnancy Prevention Programme are met (these conditions are described in this guide).
2) As thalidomide is present in the seminal fluid of a man, as a precaution male patients will need to use a condom if engaged in sexual activity with a pregnant woman or a woman of childbearing potential who is not using effective contraception, even if the male patient has had a vasectomy. This must occur during treatment, during dose interruptions, and for at least 7 days after stopping thalidomide.
3) Male patients must not donate semen or sperm during treatment (including dose interruptions) and for at least 7 days following discontinuation of thalidomide.
4) Patients must not donate blood during treatment (including during dose interruptions) and for at least 7 days following discontinuation of thalidomide.
5) Patients must not give thalidomide to another person and must return unused capsules to their pharmacist at the end treatment.

This guide contains important information about the Thalidomide BMS® Pregnancy Prevention Programme. You must read the information carefully, and before starting your treatment you should:

1) Understand the risks of thalidomide treatment. Please ensure you read the Package Leaflet before you use the medication as it contains information on the side effects that can occur with thalidomide.
2) Understand the instructions for taking thalidomide safely, including how to prevent pregnancy.
3) Understand what to expect during your initial and follow-up consultations with your prescriber.
4) Discuss with your prescriber who will have explained to you the risks of thalidomide treatment and specific instructions that you must follow.
5) Please make sure that you understand what your prescriber has told you before starting thalidomide.

If you don't understand something, please ask your prescriber to explain it again.

Thalidomide and Birth Defects

All medicines can cause unwanted effects or 'side effects'. An extremely important side effect of thalidomide is that if taken during pregnancy, it can cause severe birth defects or death to an unborn baby. The birth defects include shortened arms or legs, malformed hands or feet, eye or ear defects, and internal organ problems. This means thalidomide must never be taken by:

1) Women who are pregnant.

2) Women who could become pregnant, unless they follow the Thalidomide BMS® Pregnancy Prevention Programme.

Thalidomide and Other Possible Side Effects

Like all medicines, thalidomide can cause side effects although not everybody gets them. Some side effects are more common than others and some are more serious than others. Ask your prescriber or pharmacist if you would like more information and refer to the Package Leaflet. Most 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 prescriber. It is important that you talk to your prescriber if you have any side effects during thalidomide treatment. Adverse events can be reported via the Health Products Regulatory Authority (HPRA) Pharmacovigilance website: www.hpra.ie

Stop taking thalidomide and see a prescriber straightaway if you notice the following:

- Palpitations, chest pain (including if it spreads to the arms, neck, jaw, back or stomach), pressure in the chest, difficulty in breathing. Sweating, light headedness, dizziness, blurred vision and fatigue.

This is important because the above-mentioned symptoms may be indicators of more severe heart disease, such as a heart attack, which may need urgent medical attention.

Pregnancy Prevention Programme

You should tell your prescriber if you are pregnant, think you may be pregnant, or plan to become pregnant, as thalidomide can harm an unborn child. If you suspect pregnancy during treatment, discontinue immediately and inform your prescriber promptly.

1) Before starting thalidomide treatment you should discuss with your prescriber 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.
2) If you are able to become pregnant, you must follow all the necessary measures to prevent you becoming pregnant and ensure you are not pregnant during treatment. Before starting the treatment, you should ask your prescriber if you are able to become pregnant, even if you think this is unlikely.
3) In order to ensure that an unborn baby is not exposed to thalidomide, your prescriber will complete a Risk Awareness Form documenting that you have been informed of the requirements of the Pregnancy Prevention Programme. Women of childbearing potential will be informed NOT to become pregnant throughout the duration of treatment with thalidomide and for at least 4 weeks after stopping thalidomide.
4) 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 a pregnancy test under medical supervision 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.
5) If you are able to become pregnant, **unless you commit to absolute and continuous abstinence confirmed on a monthly basis**, you must use at least one effective method of contraception for 4 weeks before starting treatment, during treatment, including dose interruptions, and until 4 weeks after stopping treatment unless you commit to absolute and continuous abstinence confirmed on a monthly basis. Your prescriber will advise you on appropriate methods of contraception as some types of contraception are not recommended with thalidomide. Therefore, it is essential to discuss this with your prescriber and if necessary, your hospital team can refer you to a specialist for advice on contraception.
6) If you suspect you are pregnant at any time whilst taking thalidomide or in the 4 weeks after stopping, you must stop thalidomide immediately and immediately inform your prescriber. Your prescriber will refer you to a physician specialised or experienced in teratology for evaluation and advice.

Childbearing Potential Assessment

Female patients will be assessed by their prescribers for childbearing potential, and unless you fall into one of the following categories you must follow the contraceptive advice presented in the next section:

1) You are at least 50 years old, and naturally amenorrhoeic for at least 1 year (amenorrhoea following cancer therapy or during breastfeeding does not rule out childbearing potential)

2) Your womb has been removed (hysterectomy)

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

4) You have premature ovarian failure, confirmed by a specialist gynaecologist.

5) You have the XY genotype, Turner syndrome or uterine agenesis.

If you believe that you are a woman of childbearing potential then please inform your prescriber straight away. Your prescriber may refer you for a gynaecological opinion if they are unsure whether you meet the criteria for being of non-childbearing potential.

Every woman who is able to become pregnant even if they are not planning to must follow the precautions detailed in this section.

Women of Childbearing Potential

Prior to starting initial treatment your prescriber will talk to you about the contraceptive measures that you must follow and will document that you have been fully informed of and understand the risk of teratogenicity and other adverse drug reactions associated with the use of thalidomide on the Risk Awareness Form. If you could become pregnant you must use at least one effective method of contraception, or commit to absolute and continuous abstinence, which you will need to confirm on a monthly basis. If you are able to become pregnant, your prescriber will make sure that you have a pregnancy test:

1) At least 4 weeks before starting thalidomide treatment.

2) Every 4 weeks during treatment, even during treatment interruptions.

3) Until at least 4 weeks after stopping treatment.

Your prescriber will advise you on appropriate methods of contraception as some types of contraception are not recommended with thalidomide. It is essential therefore that you discuss this with your prescriber.

It is important that you do not change or stop contraceptive (birth control) methods without talking to your prescriber first.

If you are pregnant or trying to become pregnant, you must not take thalidomide. If you are able to become pregnant, your prescriber will perform regular pregnancy tests to confirm that you are not pregnant before taking thalidomide.

It is important that you understand and follow **appropriate methods of contraception** and **pregnancy testing** information described.

1) You must have been using an effective contraceptive method for at least 4 weeks before thalidomide can be prescribed. You will need to continue to use an effective contraceptive method during treatment, even during dose interruptions, and until at least 4 weeks after stopping treatment.

2) Your prescriber will perform the pregnancy test during the consultation when thalidomide is prescribed, or in the previous three days.

3) A pregnancy test will take place at least every 4 weeks (except in the case of confirmed tubal sterilisation) even if you think there is no chance you have become pregnant since your last test.

4) During treatment if you miss or think you have missed a period, or you have any unusual menstrual bleeding, you must stop treatment and tell your prescriber straightaway.

5) You must stop treatment and inform your doctor straight away if you have heterosexual intercourse without using an effective method of contraception.

6) Talk to your prescriber before changing or stopping any method of contraception.

7) A pregnancy test will take place at least 4 weeks after stopping treatment.

If you think you are pregnant, stop taking thalidomide and contact your prescriber straightaway.

Do not take Thalidomide BMS® if you are pregnant or think you may be pregnant or are planning to become pregnant, **as Thalidomide BMS® causes birth defects and foetal death.**

Males

Thalidomide is present in seminal fluid. Prior to starting initial treatment your prescriber will talk to you about the contraceptive measures that you must follow if you have a female partner who is pregnant or who is able to become pregnant, as you must protect her against any exposure to thalidomide. Your prescriber will document that you have been fully informed of and understand the risk of teratogenicity and other adverse drug reactions associated with the use of thalidomide on the Risk Awareness Form. This means that if your partner is pregnant, or is able to get pregnant and not using an effective method of contraception, you must use condoms every time you have heterosexual intercourse:

1) During treatment, even during dose interruptions.

2) Until at least 7 days after stopping treatment.

3) Even if you have had a vasectomy as seminal fluid may still contain thalidomide in the absence of spermatozoa.

If your partner does become pregnant whilst you are taking or within 7 days after you have stopped taking thalidomide, you should inform your prescriber immediately and your partner should also inform her physician immediately.

You must not donate semen or sperm during treatment (including during dose interruptions) and for at least 7 days after stopping treatment.

Women of Non-Childbearing Potential

In order to ensure that an unborn baby is not exposed to thalidomide, your prescriber will complete a Risk Awareness Form documenting that you are not able to become pregnant, and you are aware about the restrictions regarding blood donation, sharing medication and safe disposal of unwanted capsules.

Thalidomide Treatment

Before Starting Your Treatment

Your prescriber will talk to you about what to expect from your treatment, and explain the risks and your responsibilities.

If there is anything you do not understand, please ask your prescriber to explain it again.

Before starting treatment, your prescriber will ask you to read and sign a Risk Awareness Form, which confirms that while taking thalidomide:

1) You understand the risk of birth defects and the actions you must take to prevent this risk from occurring depending on whether you are a female patient who can become pregnant, a male patient or a female patient who cannot become pregnant.
2) If you are able to become pregnant you will follow the necessary requirements to prevent pregnancy.
3) You understand the other important safety messages.
4) As a male patient, you understand the need to use condoms during treatment (including dose interruptions) and for at least 7 days after stopping thalidomide if your partner is pregnant or is of childbearing potential and not using effective contraception.

Your prescriber will keep one copy for your medical file and provide one copy to you.

Receiving Your Prescription

Your prescriber must complete a 'Prescription Authorisation Form' in addition to your prescription, which will be given to you to present at your nominated pharmacy each time you are prescribed thalidomide. This form confirms that all of the Pregnancy Prevention Programme measures have been followed. Your pharmacist will ask to review this documentation prior to ordering and dispensing your thalidomide.

For women of childbearing potential your prescriber will write a prescription for no more than 4 weeks supply and you must have the medication dispensed within 7 days of the prescription date. A negative pregnancy test must also be confirmed on the prescription authorisation form before thalidomide can be dispensed.

For women of non-childbearing potential and male patients your prescriber will write a prescription for no more than 12 weeks supply.

You will need to see your prescriber each time you need a repeat prescription.

Safety Measures During Treatment

1) Please remember that your thalidomide must only be used by you. Do not share your medicine with anyone else, even if they have similar symptoms to you.
2) Store your thalidomide capsules safely, so no one else could take them by accident.
3) Keep thalidomide out of reach and sight of children.
4) You must not donate blood, and men must also not donate semen or sperm, while being treated with thalidomide, (including dose interruptions), and for at least 7 days after stopping treatment.

What to do if You Have Taken More Than the Prescribed Dose of Thalidomide

If you take more thalidomide than you should, talk to a prescriber or go to a hospital straightaway. If possible, take the medicine pack and this guide with you.

What to do if You Forget to Take Thalidomide

1) If you forget to take thalidomide at your regular time and less than 12 hours have passed: take your capsules immediately.

2) If more than 12 hours have passed: do not take your capsules. Take your next capsules at the usual time the next day.

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

Taking Other Medicines

Please tell your prescriber 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 prescriber or other healthcare professional for treatment (your dentist for example) you should tell them that you are taking thalidomide and any other medications.

How to Take Your Medication

Your pharmacist can provide you help and advice on taking your medications. 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 themselves to take their medications.

- Your prescriber will prescribe a dose of thalidomide suited to you.
- When thalidomide is used to treat Multiple Myeloma, thalidomide is used in combination with two other medications (melphalan and prednisone).

Always take your medication exactly how your prescriber has told you. Check with your prescriber or pharmacist if you are not sure.

- Your prescriber 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 prescriber has prescribed. If in doubt, ask your prescriber or pharmacist for advice.
- Thalidomide capsules should be swallowed whole, with a glass of water.
- Thalidomide should be taken as a single dose before going to bed. This will make you less likely to feel sleepy at other times.
- Thalidomide can be taken with or without food.

End of Treatment Requirements

After completing your thalidomide treatment, it is important that:

1) You return any unused thalidomide capsules to your pharmacist.

2) You do not donate blood for at least 7 days.

Additional advice for women of childbearing potential:

1) Continue using your effective method of contraception for at least 4 weeks after the end of treatment.

2) You have to undergo a final pregnancy test at least 4 weeks after the end of treatment.

Additional advice for male patients:

1) If you have been using condoms a method of contraception, you must continue doing so for at least 7 days.

2) If your female partner has been using an effective method of contraception, she must continue doing so for at least 4 weeks.

3) Do not donate semen or sperm for at least 7 days after the end of treatment.

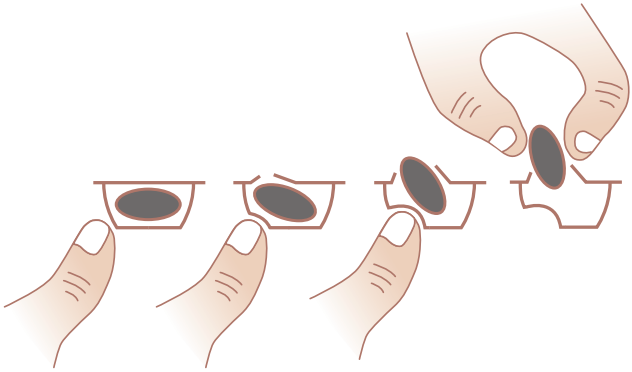
Points to Consider for Handling the Medicinal Product: For Patients, Family Members and Caregivers

Do not share the medicinal product with anyone else, even if they have similar symptoms. Store them safely so that no one else can take them by accident and keep them out of the reach of children.

Keep the blisters with the capsules in the original pack.

Capsules can occasionally become damaged when pressing them out of the blister, especially when the pressure is put onto the middle of the capsule. Capsules should not be pressed out of the blister by putting pressure on the middle. The pressure should be located at one site only, which reduces the risk of the capsule deforming or breaking (see figure below).

Healthcare professionals, family members and caregivers should wear disposable gloves when handling the blister or capsule. Remove gloves carefully to prevent skin exposure. Place in a sealable plastic polyethylene bag. Dispose of any unused medication in accordance with local regulations. Hands should then be washed thoroughly with soap and water. Women who are pregnant or suspect they may be pregnant should not handle the blister or capsule. Refer overleaf for further guidance.



When handling the medicinal product use the following precautions to prevent potential exposure if you are a family member and/or caregiver:

- If you are a woman who is pregnant or suspect that you may be pregnant, you should not handle the blister or capsule.
- Wear disposable gloves when handling product and or packaging (i.e. blister or capsule).
- Use proper technique when removing gloves to prevent potential skin exposure (see overleaf).
- Place gloves in a sealable plastic polyethylene bag and dispose them according to local requirements.
- Wash hands thoroughly with soap and water after removing gloves.
- Do not give thalidomide to another person.

If a drug product package appears visibly damaged, use the following extra precautions to prevent exposure.

- If outer carton is visibly damaged – **do not open.**
- If blister strips are damaged or leaking or capsules are noted to be damaged or leaking – **close outer carton immediately.**
- Place the product inside a sealable plastic polyethylene bag.
- Return unused pack to the pharmacist for safe disposal as soon as possible.

If product is released or spilled, take proper precautions to minimise exposure by using appropriate personal protection.

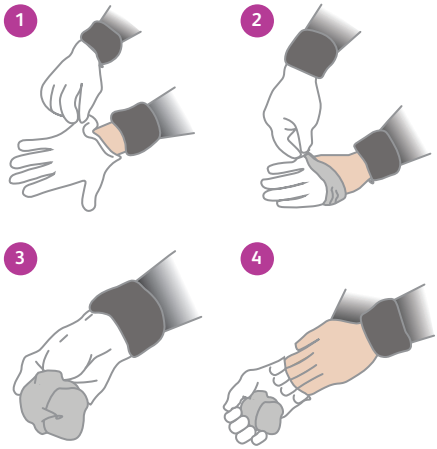
- If capsules are crushed or broken, dust containing drug substance may be released. Avoid dispersing the powder and avoid breathing or inhaling the powder.
- Wear disposable gloves to clean up the powder.
- Place a damp cloth or towel over the powder area to minimise entry of powder into the air. Add excess liquid to allow the material to enter solution. After handling, clean the area thoroughly with soap and water, then dry it.

- Place all contaminated materials, including damp cloth or towel, and the gloves, into a sealable polyethylene plastic bag. Dispose of it according to local requirements for medicinal products.
- Wash your hands thoroughly with soap and water after removing the gloves.
- Please report to the prescriber and/or pharmacist immediately.

If the contents of the capsule are attached to the skin or mucous membranes.

- If you touch the drug powder, please wash exposed area thoroughly with running water and soap.
- If drug powder makes contact with one or both of your eyes, remove and discard any contact lenses in use. Then, thoroughly flush eyes with water for at least 15 minutes. If irritation occurs, please contact an ophthalmologist.

Proper technique for removing gloves.



- Grasp outside edge near wrist (1).
- Peel away from hand, turning glove inside-out (2).
- Hold in opposite gloved hand (3).
- Slide ungloved finger under the wrist of the remaining glove, being careful not to touch the outside of the glove (4).
- Peel off from inside, creating a bag for both gloves.
- Discard in appropriate container.
- Wash your hands with soap and water thoroughly.

Capsules should not be opened or crushed. If powder from thalidomide makes contact with the skin, the skin should be washed immediately and thoroughly with soap and water. If thalidomide makes contact with the mucous membranes, they should be thoroughly flushed with water.

Personal Notes

Please use this space to write down any questions for your prescriber for discussion at your next appointment.

Checklist

Please use this checklist to confirm that you have understood all of the important information regarding your thalidomide treatment.

All Patients

- ☐ Yes, I have received and understood all the information on the risks of birth defects associated with taking thalidomide.
- ☐ Yes, I have received and understood all the information on the risks of other side effects associated with taking thalidomide.
- ☐ Yes, I have understood that I must not donate blood during treatment (including dose interruptions) and for at least 7 days after stopping treatment.
- ☐ Yes, I understand that I need to sign the Risk Awareness Form before starting treatment.
- ☐ Yes, I have understood that I should never share thalidomide with anyone else.
- ☐ Yes, I have understood that I should always return any unused capsules to the pharmacist for safe disposal as soon as possible.

Male Patients

- ☐ Yes, I have understood the need to use condoms during treatment, during dose interruption and for at least 7 days after stopping thalidomide if I have a female partner who is pregnant or is able to get pregnant and not using effective contraception.
- ☐ Yes, I have understood I must not donate semen or sperm during treatment (including during dose interruptions) and for at least 7 days after stopping thalidomide.

Female patients who can become pregnant

- ☐ Yes, I have received and understood the contraceptive advice.
- ☐ Yes, I will use one effective method of contraception for at least 4 weeks before starting thalidomide, during therapy (even in the case of dose interruptions) and for at least 4 weeks after I have stopped thalidomide treatment.
- ☐ Yes, I understand that I need to have a negative pregnancy test result before starting to take my treatment, and for at least every 4 weeks during treatment and at least 4 weeks after stopping treatment (except in the case of confirmed tubal sterilisation).

Remember, your pharmacist can give you help and advice on taking your medicines.

This Patient Guide is produced by BMS.

Medical Information:

To report any Adverse Events or suspected pregnancies, or to obtain Medical Information on BMS products.

Tel: 1800 749 749
Email: medical.information@bms.com

Data Protection:

Data Protection queries can be sent to: eudpo@bms.com

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