REVLIMID®, POMALYST® and THALOMID®
IMPORTANT INFORMATION FOR PRESCRIBERS AND PHARMACISTS

RevAid®

Revlimid® lenalidomide capsules

Pomalyst® pomalidomide capsules

THALOMID® thalidomide capsules

A Controlled Distribution Program for Prescribing, Dispensing and Receiving REVLIMID® (lenalidomide), POMALYST® (pomalidomide) and THALOMID® (thalidomide)

Why RevAid®?

REVLIMID® and POMALYST® are structurally related to thalidomide. Thalidomide is a known human teratogenic active substance that causes severe, life-threatening birth defects. Embryo-fetal development studies in animals indicated that REVLIMID® and POMALYST® produced malformations in the offspring when given the drug during pregnancy, similar to birth defects observed in humans following exposure to thalidomide during pregnancy. The teratogenic effect of REVLIMID® and POMALYST® in humans cannot be ruled out. REVLIMID® and POMALYST® may cause fetal harm when administered to a pregnant female. To avoid embryo-fetal exposure, REVLIMID®, POMALYST® and THALOMID® are only available through a controlled distribution program called RevAid®. RevAid® monitors critical activities and ensures all program requirements are met before the drug is released to a patient.

- Only prescribers who are registered and agree to meet all the conditions of the RevAid® program will have access to REVLIMID®, POMALYST® and THALOMID®.
- Only patients who are enrolled in RevAid® by their registered physician, and agree to comply with the requirements of the RevAid® program will receive REVLIMID®, POMALYST® or THALOMID®.
- Only pharmacies registered with RevAid® can dispense REVLIMID®, POMALYST® and THALOMID®.

To learn more about REVLIMID®, POMALYST® and THALOMID® or register for RevAid®, call 1-888-RevAid1 (1-888-738-2431) or visit www.RevAid.ca.

PATIENT RISK CATEGORIES

1. Female of Child-Bearing Potential (FCBP)

REVLIMID®, POMALYST® and THALOMID® are contraindicated in pregnant women and women at risk of becoming pregnant. A Female of Child-Bearing Potential (FCBP) may be treated with REVLIMID®, POMALYST® and THALOMID® provided adequate contraception, with two simultaneous effective methods of contraception, are used to prevent fetal exposure to the drug.

RevAid® definition for Female of Child-Bearing Potential

1. Any female patient who is still menstruating
2. Any female patient who is amenorrheic from previous chemotherapy treatments
3. Any female who is perimenopausal

Please see below for the definition of a Female Not of Child-Bearing Potential.

2. Male Patients

- All Male patients, regardless of age

REVLIMID®, POMALYST® and THALOMID® are contraindicated in male patients unable to follow or comply with the required contraceptive measures.

3. Female Not of Child-Bearing Potential (FNCBP)

The Society of Obstetricians and Gynecologists of Canada (SOGC) definition of natural menopause helps define Females Not of Child-Bearing Potential. The proposed FNCBP definition is consistent with the SOGC definition of menopause which is provided below.

> *"Natural Menopause: the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Natural menopause is recognized to have occurred after 12 consecutive months of amenorrhea for which there is no other obvious pathological or physiological cause. Menopause occurs with the final menstrual period (FMP), which is known with certainty only in retrospect one year or more after the event.* ***An adequate independent biological marker for the event does not exist, and there is no place for performing serial measurements of serum estradiol or follicle-stimulating hormone (FSH) in an attempt to specify whether or not the FMP has passed."***
>
> Rowe T, Blake J, Belisle S. Canadian Consensus Conference on Menopause, 2006 Update: Chapter 1. Introduction. JOGC 2006; 28:S13-20.

RevAid® definition for Female Not of Child-Bearing Potential, includes any one of the following:

- Patient who is naturally amenorrheic for ≥ 1 year (Amenorrhea following cancer therapy does not rule out child-bearing potential)
- Patient who has premature ovarian failure confirmed by a Gynecologist
- Patient who has had previous bilateral salpingo-oophorectomy, or hysterectomy
- Patient who is XY genotype
- Patient who has Turner syndrome or uterine agenesis

Learn More or Register for RevAid®

To find out more about REVLIMID®, POMALYST®, THALOMID® and the RevAid® program, to register as a Prescriber or Pharmacy, or to get a Patient-Physician Agreement Form to register a patient:

Call 1-888-RevAid1 (1-888-738-2431)

Visit www.RevAid.ca

What You Should Know About RevAid®

The following sections contain important information about your responsibilities as prescribers and dispensers of REVLIMID®, POMALYST® and THALOMID®.

RevAid® PRESCRIBER ESSENTIALS
1. Register as a RevAid® Prescriber
2. Inform and counsel your patient about REVLIMID®, POMALYST® or THALOMID®
3. Enrol your patient using the RevAid® Patient-Physician Agreement Form
4. Complete a prescription for REVLIMID®, POMALYST® or THALOMID®
5. Write your unique ID number and your Patient's unique ID number on the prescription
6. Refer your patient to the Registered RevAid® Pharmacy serving your area
7. Conduct and monitor regular pregnancy tests in Females of Child-Bearing Potential
8. Complete monthly surveys for Females of Child-Bearing Potential

RevAid® PHARMACY ESSENTIALS
1. Pharmacists complete mandatory training to become RevAid® certified. Training is required before a pharmacy can become a Registered RevAid® Pharmacy
2. Register as a RevAid® Pharmacy
3. Only accept prescriptions with a RevAid® Prescriber's unique ID number and the Patient's unique ID number
4. Obtain a confirmation number before dispensing REVLIMID®, POMALYST® or THALOMID®
5. RevAid® certified pharmacist must counsel the patient every time REVLIMID®, POMALYST® or THALOMID® is dispensed
6. Dispense each prescription with the Product Monograph Consumer Information

BEFORE ENROLLING A PATIENT OR DISPENSING A PRESCRIPTION:

Review the following information with your patient prior to writing the prescription or dispensing the prescription.

Risks, Benefits and Requirements of the RevAid® program

You must make certain that your patients understand the risks, benefits, precautions and conditions of use associated with REVLIMID®, POMALYST® or THALOMID® prior to enrolment in the RevAid® program. The RevAid® certified pharmacist must also discuss the requirements for contraception and adherence to the program with the patient.

ALL Patients

- Must be aware of all the potential adverse drug reactions associated with taking REVLIMID®, POMALYST® or THALOMID®.
- Must NEVER donate blood while taking REVLIMID®, POMALYST® or THALOMID®, and for 4 weeks after stopping the medication. If someone who is pregnant gets their donated blood, her baby may be exposed to REVLIMID®, POMALYST® or THALOMID® and may be born with birth defects.
- Must NEVER share REVLIMID®, POMALYST® or THALOMID® with anyone else, even if the person has similar symptoms.
- Must complete ongoing blood tests as outlined in the Product Monograph.

ALL Female Patients of Child-Bearing Potential

- Must be capable of understanding and carrying out instructions. (In some cases, the patient will need a competent support person to ensure RevAid® program compliance.)
- Must not be given REVLIMID®, POMALYST® or THALOMID® until pregnancy is excluded. Even if continuous abstinence is the chosen method of contraception, Females of Child-Bearing Potential must have TWO medically supervised negative pregnancy tests prior to the first dispensed prescription of REVLIMID®, POMALYST® or THALOMID®. The pregnancy tests should be blood tests performed in a licensed laboratory, with a minimum serum hCG sensitivity of at least 25 mIU/mL. The first test must be obtained within 7-14 days, and the second within 24 hours prior to writing an initial prescription for REVLIMID®, POMALYST® or THALOMID®. The dates and results of pregnancy tests must be documented.

- Must commit to regular weekly pregnancy tests for the first month of treatment, monthly thereafter during treatment (or every two weeks if menses are irregular) and for 4 weeks after the discontinuation of treatment.
- Must understand the need to use TWO mandatory simultaneous and effective methods of contraception beginning 4 weeks before therapy, during dose interruptions, during therapy and for 4 weeks following discontinuation of REVLIMID®, POMALYST® or THALOMID®. (The use of hormonal contraceptives is not recommended.)
- Must understand the risk of possible contraceptive failure. It is critically important that Females of Child-Bearing Potential use TWO effective methods of contraception simultaneously.
- Even female patients who have amenorrhea, or who normally do not use contraception due to a history of infertility, must use TWO effective methods of contraception simultaneously while taking REVLIMID®, POMALYST® or THALOMID®.
- Even female patients who commit to abstinence from heterosexual contact must also agree to use TWO effective methods of contraception simultaneously if they discontinue abstinence.
- Must have a consultation with a qualified physician experienced in the use of contraceptive methods to discuss the best and most effective two simultaneous contraceptive methods to be used.
- Must be aware of the potential need for emergency contraception.
- Must understand the risk of teratogenicity, birth defects or fetal death should a pregnancy occur.
- Must consult her physician immediately if there is a risk of pregnancy.
- Must undergo pregnancy testing and consultation with an obstetrician / gynecologist if the patient misses her period, or if there is any abnormal menstrual bleeding.
    - If pregnancy does occur during treatment, the drug should be immediately discontinued. Under these conditions, the patient should be referred to an obstetrician / gynecologist experienced in reproductive toxicity, for further evaluation and counselling.
    - Any suspected embryo-fetal exposure to REVLIMID®, POMALYST® or THALOMID® should be reported to the RevAid® program at 1-888-RevAid1 (1-888-738-2431).
- Must understand the cumulative risks of deep venous thrombosis including, but not limited to, REVLIMID®, POMALYST®, THALOMID®, corticosteroids (dexamethasone, prednisone), cancer and hormonal contraception.
- Must understand the importance of compliance with all the conditions of use.

ALL Female Patients Not of Child-Bearing Potential

- A female patient with a previous hysterectomy, a bilateral oophorectomy, or who has not had a menstrual period for longer than 12 consecutive months would be exempt from the use of contraception during REVLIMID®, POMALYST® or THALOMID® therapy.

ALL Male Patients

- There is potential risk of birth defects, stillbirths and spontaneous abortions if a developing fetus is exposed to REVLIMID®, POMALYST® or THALOMID® through the semen of male patients. Therefore, male patients must always use a latex or synthetic condom during any sexual contact with Females of Child-Bearing Potential even if they have undergone a successful vasectomy. The condom should be used:
    - While the Male Patient is taking REVLIMID®, POMALYST® or THALOMID®
    - During interruption of treatment
    - For at least 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®
- Male patients must inform any Female of Child-Bearing Potential with whom they are engaging in sexual intercourse of these risks. They must also inform them that they are taking REVLIMID®, POMALYST® or THALOMID® and they must use a latex or synthetic condom.
- Must understand that REVLIMID®, POMALYST® or THALOMID® is present in semen (sperm). Even patients with a successful vasectomy must use a latex or synthetic condom during any sexual contact with Females of Child-Bearing Potential.
- Must understand the options available for emergency contraception.
- Must NEVER donate semen (sperm) while taking, and for 4 weeks after stopping, REVLIMID®, POMALYST® or THALOMID®.
- Must not be given REVLIMID®, POMALYST® or THALOMID® if unable to follow or comply with the required contraceptive measures.
- Must call their physician immediately if their female partner becomes pregnant. Healthcare providers and patients should report all cases of pregnancy to the RevAid® program at 1-888-RevAid1 (1-888-738-2431).

ENROLLING A PATIENT: Patient-Physician Agreement Form

Once you are registered as a RevAid® Physician, you must complete a RevAid® Patient-Physician Agreement Form (PPAF) with each of your REVLIMID®, POMALYST® or THALOMID® patients, in one of three ways:

1. Complete PPAF electronically online at www.RevAid.ca.
2. Complete PPAF online at www.RevAid.ca then print, sign and fax it to 1-877-585-2382.
3. Complete PPAF tear-off form provided to you, sign and fax it to 1-877-585-2382.

If you have questions or need help, call 1-888-RevAid1 (1-888-738-2431) for assistance.

Agreement Form Requirements

- The patient, a parent/legal guardian, and/or an authorized representative must read the REVLIMID®, POMALYST® or THALOMID® Patient-Physician Agreement Form.
- The physician must be present to explain the program to the patient and answer any questions.
- Each statement must be initialled by the patient to indicate understanding.
- The form must be completed and signed by both patient and physician and a signed copy should be inserted in the patient chart.
- If the patient is under 18 years of age, his or her legal guardian must read the Patient-Physician Agreement Form, initial the statements, and agree to ensure compliance. The legal guardian should sign the form and a signed copy should be inserted in the patient chart.

Incompetent Adult Patients

- In the case of an incompetent adult patient, an authorized representative must sign the Patient-Physician Agreement Form. An authorized representative is a caretaker authorized to consent to treatment on the incompetent patient's behalf. The authorized representative must read the material, initial the statements, sign the form and agree to ensure compliance.
- For incompetent adult patients ONLY, the prescriber must also submit a signed and dated letter from the prescriber, on the prescriber's letterhead, to the RevAid® program. This letter must contain the following:
    - A statement that the incompetent patient lacks the capacity to complete the Patient-Physician Agreement Form, including identification of the medical condition causing the incapacity.
    - The name and address of the authorized representative.
    - The authorized representative's relationship to the patient.
    - An opinion that the authorized representative accepts responsibility for the patient's compliance with RevAid® and is authorized to consent to treatment with REVLIMID®, POMALYST® or THALOMID® on behalf of the patient.

Confirmation of Patient Enrolment

- When enrolment is confirmed, patients will be provided with a unique patient ID number by the RevAid® program and a website password.
- When completing the PPAF, please ensure you answer the questions appropriate to your patient's assigned Risk Category:
    - Female of Child-Bearing Potential
    - Male
    - Female NOT of Child-Bearing Potential

PHYSICIANS: INITIAL REVLIMID®, POMALYST® or THALOMID® PRESCRIPTION

Before prescribing REVLIMID®, POMALYST® or THALOMID®, you must:

- Be registered in the RevAid® program.
- Provide ALL patients with comprehensive REVLIMID®, POMALYST® or THALOMID® risk / benefit counselling and explicit precautionary measures to avoid embryo-fetal exposure.
- Complete a RevAid® Patient-Physician Agreement Form.
- Contact the RevAid® program to locate the registered RevAid® pharmacy serving your area.

ALL Patients Under 19 Years Old

Contact the RevAid® program at 1-888-RevAid1 (1-888-738-2431). In addition to your dialogue with the patient and / or his or her caregivers, you will be referred to Celgene Risk Management in order to discuss the patient's status and treatment plan. If the patient (male or female) has not yet reached puberty or menses, you agree to notify the RevAid® program when such a change occurs and follow the requirements of the program based on the patient's reclassification.

COMPLETING MANDATORY SURVEYS

ALL Female Patients of Child-Bearing Potential

- You must instruct all Females of Child-Bearing Potential to complete a survey for each prescription, either by calling 1-888-RevAid1 (1-888-738-2431) or logging into the RevAid® website at www.RevAid.ca using the patient's unique ID number and password.

Prescribers

- As a prescriber to Females of Child-Bearing Potential, you must complete a survey prior to writing each prescription, either by calling 1-888-RevAid1 (1-888-738-2431) or logging into the RevAid® website at www.RevAid.ca using your unique ID number and password.

SUBSEQUENT REVLIMID®, POMALYST® or THALOMID® PRESCRIPTIONS

ALL Female Patients of Child-Bearing Potential

- You must repeat comprehensive REVLIMID®, POMALYST® or THALOMID® risk / benefit counselling and explain precautionary measures to avoid embryo-fetal exposure.
- Continue to carry out regular weekly pregnancy tests for the first month, monthly thereafter during treatment (or every two weeks if menses is irregular), and for 4 weeks after the discontinuation of treatment.
- Ensure that prescriptions for REVLIMID®, POMALYST® or THALOMID® are filled within seven days of the negative pregnancy test date.
- Complete a patient and physician survey for each prescription.

ALL other patients

- You must repeat comprehensive REVLIMID®, POMALYST® or THALOMID® risk / benefit counselling and explain precautionary measures to avoid fetal exposure.

After the Last Dose

- Remind patients that:
  - They must not become pregnant for 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®.
  - They must not give blood for 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®. If someone who is pregnant gets their donated blood, her baby may be exposed to REVLIMID®, POMALYST® or THALOMID® and may be born with birth defects.
  - Male patients must not donate semen (sperm) for 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®.
  - Male patients must continue to use a latex or synthetic condom during any sexual contact with Females of Child-Bearing Potential for at least 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®.

PHARMACISTS: DISPENSING REVLIMID®, POMALYST® or THALOMID®

RevAid® Program Adherence

You must discuss the requirements for contraception and adherence to the RevAid® program with the patient. Never release REVLIMID®, POMALYST® or THALOMID® to a patient without a valid prescription and a confirmation number from the RevAid® program, no matter how small the quantity dispensed.

Dispensing Instructions

- Only pharmacies that are registered with, and have received confirmation from, the RevAid® program can dispense REVLIMID®, POMALYST® and THALOMID®.
- Only accept prescriptions with a RevAid® prescriber and patient unique ID numbers clearly written on the front.
- You can only dispense REVLIMID®, POMALYST® or THALOMID® if you have a confirmation number. You obtain this by calling 1-888-RevAid1 (1-888-738-2431) or logging onto www.RevAid.ca.
    - Please have the prescriber and patient unique ID numbers available, as well as your RevAid® Pharmacy ID number.
    - Enter, or provide the RevAid® agent with, the appropriate unique ID numbers.
    - Enter, or provide the RevAid® agent with, the number of capsules, milligram (mg) strength and days of supply being dispensed.
    - Document the confirmation number on the prescription before dispensing REVLIMID®, POMALYST® or THALOMID®.
        - Prescriptions for Females of Child-Bearing Potential must be dispensed within 24 hours of obtaining the confirmation number.
        - For all other patients the prescription must be dispensed within 14 days of obtaining the confirmation number.
- Document the REVLIMID®, POMALYST® or THALOMID® LOT # on the prescription.
- Counsel the patient according to the section entitled “Risks, Benefits and Requirements of the RevAid® program” every time a REVLIMID®, POMALYST® or THALOMID® prescription is dispensed, and document this on every REVLIMID®, POMALYST® or THALOMID® prescription dispensed according to local pharmacy practice legislation.
- Document patient counselling on each prescription and according to local pharmacy practice legislation.
- Dispense each prescription with Part III, Consumer Information of the Product Monograph.
- Never dispense more than the allowable amount:
    - Maximum of 28 days supply for a Female of Child-Bearing Potential.
    - Maximum of 84 days supply for male patients and Females NOT of Child-Bearing Potential.
- Prescriptions must be filled within seven days of the negative pregnancy test for Females of Child-Bearing Potential.
- You must provide emergency contraception counselling if necessary, and inform the RevAid® program and prescriber immediately if a patient or a patient’s partner becomes pregnant.
- You must notify the RevAid® program as soon as you know that a female child has begun menses.
    - As a result of this change in risk category, you must counsel the patient according to the requirements of the RevAid® program. You must document these changes on the prescription.

REVLIMID®, POMALYST® AND THALOMID® PRODUCT HANDLING

- Segregate REVLIMID®, POMALYST® and THALOMID® stock in your pharmacy, and position RevAid® shelf-tags to remind pharmacy staff of dispensing requirements.
- Retrieve all remaining product for proper disposal when a patient's therapy is discontinued.
- **Healthcare providers may consider wearing gloves when directly handling REVLIMID®, POMALYST® or THALOMID® capsules, along with standard hand washing. Females who could become pregnant, or who plan to become pregnant can handle REVLIMID®, POMALYST® or THALOMID® capsules if they are using latex gloves.**
- **Patients should be instructed to not extensively handle or open the capsules and to maintain storage of capsules in blister packs until ingestion wherever possible. If there is contact with non-intact capsules or the powder contents, the exposed area should be washed with soap and water.**
- Repackaging of REVLIMID®, POMALYST® or THALOMID® must only be done in exceptional circumstances. This should only be done by pharmacists.

After the Last Dose

- Remind patients that:
  - Females of Child-Bearing Potential must not become pregnant for 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®.
  - They must not give blood for 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®. If someone who is pregnant gets their donated blood, her baby may be exposed to REVLIMID®, POMALYST® or THALOMID® and may be born with birth defects.
  - Male patients must not donate semen (sperm) for 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®.
  - Male patients must continue to use a latex or synthetic condom during any sexual contact with Females of Child-Bearing Potential for at least 4 weeks after stopping REVLIMID®, POMALYST® or THALOMID®.

REVLIMID® (lenalidomide capsules) in combination with dexamethasone is indicated for the treatment of multiple myeloma patients who are not eligible for stem cell transplant.

Please consult the Product Monograph at revlimidpm.ca for contraindications, warnings, precautions, adverse reactions, indications, dosing and conditions of clinical use. The Product Monograph is also available by calling 1-877-923-5436.

POMALYST® (pomalidomide capsules) in combination with dexamethasone (POMALYST + LD-dex) is indicated for patients with multiple myeloma (MM) for whom both bortezomib and lenalidomide have failed and who have received at least two prior treatment regimens and have demonstrated disease progression on the last regimen.

Please consult the Product Monograph at pomalystpm.ca for important information relating to contraindications, warnings, precautions, adverse reactions, indications, dosing and conditions of clinical use. The Product Monograph is also available by calling 1-877-923-5436.

THALOMID® (thalidomide capsules) in combination with melphalan and prednisone (MPT) is indicated for the treatment of patients with previously untreated multiple myeloma who are 65 years of age or older.

Please consult the Product Monograph at thalomidpm.ca for contraindications, warnings, precautions, adverse reactions, indications, dosing and conditions of clinical use. The Product Monograph is also available by calling 1-877-923-5436.

RevAid®

Pr Revlimid® lenalidomide capsules

Pr Pomalyst® pomalidomide capsules

Pr THALOMID® thalidomide capsules

Celgene