

# LENALIDOMIDE PATIENT CARD

## Australia

Patient initials:	Date of birth:
Doctor's name:	
Doctor's phone number:	
<b>Information for Patients and Healthcare Professionals</b>	
<p><b>Lenalidomide is structurally related to thalidomide and is expected to cause severe birth defects or death to an unborn baby, therefore:</b></p> <ul style="list-style-type: none"><li>➤ Female patients of childbearing potential must always use effective contraception</li><li>➤ Female patients of childbearing potential must have a negative pregnancy test every four weeks before each prescription refill to ensure the patient is not pregnant.</li><li>➤ Male patients with pregnant partners or with partners of childbearing potential not using effective contraception must always use condoms (even if the man has had a vasectomy)</li><li>➤ If a female patient or female partner of a male patient suspects they are pregnant, they must contact their prescriber immediately</li><li>➤ You <b>MUST</b> immediately contact your prescriber if you experience any adverse effects.</li></ul> <p>For complete information on the side effects of Lenalidomide, patients should read the Consumer Medicine Information (CMI), while HCPs should read the Product Information (PI).</p>	

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Prescriber to complete the following:	
1. INDICATIONS	
Multiple myeloma:	<input type="checkbox"/> Patient with Multiple Myeloma
Myelodysplastic Syndromes (MDS):	<input type="checkbox"/> Transfusion-dependent anaemia due to low- or intermediate risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities
Mantle Cell Lymphoma	<input type="checkbox"/> Patients with relapsed and/or refractory mantle cell lymphoma.
Other:	If others, Please Specify _____

2. STATUS OF PATIENT (tick one)	
Male	<input type="checkbox"/> Using condoms: Yes/No/Not Applicable
Women of Non-Childbearing Potential	<input type="checkbox"/>
Women of childbearing potential (Complete Section 4)	<input type="checkbox"/> Using effective contraception: Yes/No

3. Before the first administration, counselling was provided on the expected teratogenicity of Lenalidomide in humans and the need to avoid pregnancy.	
Patient's Signature: .....	Doctor's Signature: .....
Date: .....	Date: .....

### 4. FOR WOMEN OF CHILDBEARING POTENTIAL

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Date of visit	An effective method of contraception is being used (Yes/No)	Date of pregnancy test	Pregnancy Test Result  IF POSITIVE, DO NOT DISPENSE	Prescription Date	Doctor's signature	Date of Dispensing	Pharmacist's Name and Signature

A completed electronic Prescription Authorisation Form (ePAF) must accompany each prescription to confirm that the patient continues to use effective contraception (if required) and, in the case of a female patient of childbearing potential, has a negative pregnancy test performed every four weeks prior each prescription.

### Emergency contact information:

Emergency Prescriber Contact:

Further information is available in the patient brochure.



For information and questions on the Risk Management of Cipla products, the Pregnancy Prevention Programme, pharmacy registrations and the pregnancy reporting form, please contact Cipla:

Email: [Lenalidomide.cipla@cipla.com](mailto:Lenalidomide.cipla@cipla.com)

For Adverse events: [drugsafety@Cipla.com](mailto:drugsafety@Cipla.com)