

## Prescriber Guide to

# RevlimidREMS<sup>®</sup>

## Risk Evaluation and Mitigation Strategy (REMS) Program

**Due to its structural similarity to thalidomide, a known teratogen, REVLIMID<sup>®</sup> (lenalidomide) is approved for marketing only under a restricted distribution program approved by the Food and Drug Administration. This program is called the REVLIMID Risk Evaluation and Mitigation Strategy (REMS) program.**

This guide contains important information for prescribers about:

- The risks of REVLIMID, including a boxed warning for
  - Embryo-fetal toxicity
  - Hematologic toxicity
  - Venous and arterial thromboembolism
- The REVLIMID REMS<sup>®</sup> program
  - Prescriber Certification
  - Patient Enrollment
  - Contraceptive Requirements and Counseling for Patients
  - Initial and Subsequent Prescription Requirements

### REVLIMID REMS<sup>®</sup> Resources for Prescribers Include:

- Prescriber Guide to REVLIMID REMS<sup>®</sup> Program
- Full Prescribing Information for REVLIMID



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## About REVLIMID® (lenalidomide)

REVLIMID in combination with dexamethasone is indicated for the treatment of patients with multiple myeloma (MM).

REVLIMID is indicated as maintenance therapy in patients with MM following autologous hematopoietic stem cell transplantation (auto-HSCT).

REVLIMID is indicated for the treatment of patients with transfusion-dependent anemia due to low- or intermediate-1–risk myelodysplastic syndromes (MDS) associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities.

REVLIMID is indicated for the treatment of patients with mantle cell lymphoma (MCL) whose disease has relapsed or progressed after two prior therapies, one of which included bortezomib.

## Risks of REVLIMID

**REVLIMID has a Boxed Warning for embryo-fetal toxicity, hematologic toxicity, and deep venous thrombosis (DVT) and pulmonary embolism (PE) as well as risk of myocardial infarction and stroke.**

**Due to its structural similarity to thalidomide, a known teratogen,** REVLIMID is contraindicated in pregnant females or females capable of becoming pregnant. Females of reproductive potential may be treated with REVLIMID if they take adequate precautions to avoid pregnancy.

**REVLIMID is associated with significant neutropenia and thrombocytopenia** in patients with del 5q MDS. Many patients taking REVLIMID may require dose interruption and/or reduction. Evaluate your del 5q MDS patients closely for cytopenias. Patients on REVLIMID should have their complete blood counts monitored weekly for the first 8 weeks of therapy, and at least monthly thereafter.

**There is a significant risk of deep venous thrombosis and pulmonary embolism as well as risk of myocardial infarction and stroke** in patients with MM taking REVLIMID plus dexamethasone in combination. Monitor for and advise patients about signs and symptoms of thromboembolism. Advise patients to seek immediate medical care if they develop symptoms such as shortness of breath, chest pain, or arm or leg swelling. Thromboprophylaxis is recommended and the choice of regimen should be based on an assessment of the patient's underlying risks.

**This is not a comprehensive description of risks associated with the use of REVLIMID. Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed, for further information regarding the use of REVLIMID.**

## The REVLIMID REMS® program

To avoid embryo-fetal exposure, REVLIMID® (lenalidomide) is only available under a restricted distribution program called “REVLIMID Risk Evaluation and Mitigation Strategy (REMS).” Only certified prescribers can prescribe REVLIMID and only certified pharmacies can dispense REVLIMID in the REVLIMID REMS® program.

In order to receive REVLIMID, all patients must be enrolled in REVLIMID REMS® and agree to comply with the requirements of the REVLIMID REMS® program. Information about REVLIMID and the REVLIMID REMS® program can be obtained by visiting [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), accessing the Celgene REMS mobile app, or calling the Celgene Customer Care Center toll-free at **1-888-423-5436**.

## Key points of the REVLIMID REMS® program

### Prescriber

- The prescriber enrolls and becomes certified with Celgene for the REVLIMID REMS® program
- The prescriber counsels patient on benefits and risks of REVLIMID
- The prescriber provides contraception and emergency contraception counseling
- The prescriber verifies negative pregnancy test for all female patients of reproductive potential
- The prescriber completes a REVLIMID® (lenalidomide) Patient-Physician Agreement Form with each patient and sends to Celgene
- The prescriber/patient completes applicable mandatory confidential survey
- The prescriber obtains an authorization number from Celgene and writes it on every prescription, along with the patient risk category
- The prescriber writes no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions
- The prescriber sends REVLIMID prescription to certified pharmacy

### Pharmacy

- The pharmacy certifies with Celgene for REVLIMID REMS®
- The certified pharmacy must obtain a confirmation number from Celgene before dispensing
- The certified pharmacy dispenses REVLIMID to patient along with a Medication Guide

# Prescribing REVLIMID® (lenalidomide) under the REVLIMID REMS® program

## FEMALES

### Patient Counseling

Instruct your patients on why and how they and their partners should prevent pregnancy. Also inform them not to share the drug, not to donate blood, and about using 2 effective methods of contraception (at least one highly effective method and one effective method) at the same time. Patients should be instructed not to extensively handle or open REVLIMID capsules

### Pregnancy Tests Only in Females of Reproductive Potential

Conduct initial pregnancy test within 10-14 days. Confirm the patient is not pregnant with a second pregnancy test within 24 hours prior to writing an initial prescription. During treatment, pregnancy testing should be repeated every 4 weeks if the patient has regular menses or is amenorrheic, or every 2 weeks if the patient has irregular menses

### Enrollment

Both you and your patients must understand and agree to comply with the requirements of the REVLIMID REMS® program, including the pregnancy-prevention steps. The REVLIMID® (lenalidomide) Patient-Physician Agreement Form must be signed by both patient and physician and submitted to the Celgene Customer Care Center via mail (86 Morris Avenue, Summit, NJ 07901), email (customer care@celgene.com), or fax (1-888-432-9325), or electronically at [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or the Celgene REMS mobile app. If enrolling a patient online, the system generates an online prescription that you should complete and print, sign (include the authorization number and risk category), and fax to the certified pharmacy

### Complete Mandatory Confidential Survey

Your female patients will need to complete a brief survey by phone or online. You will also need to complete a mandatory survey by phone or online, after which you will receive an authorization number. You must complete this survey to obtain a new authorization number every time a REVLIMID prescription is written. Female patients of reproductive potential and all female children must complete surveys monthly in order to obtain subsequent prescriptions. Adult female patients not of reproductive potential must complete surveys every 6 months

## MALES

### Patient Counseling

Instruct your patients on why and how they and their partners should prevent pregnancy. Also inform them not to share the drug, not to donate blood or sperm, and about appropriate contraceptive use. Patients should be instructed not to extensively handle or open REVLIMID capsules

### Enrollment

Both you and your patients must understand and agree to comply with the requirements of the REVLIMID REMS® program, including the pregnancy-prevention steps. The REVLIMID® (lenalidomide) Patient-Physician Agreement Form must be signed by both patient and physician and submitted to the Celgene Customer Care Center via mail (86 Morris Avenue, Summit, NJ 07901), email (customer care@celgene.com), or fax (1-888-432-9325), or electronically at [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or the Celgene REMS mobile app. If enrolling a patient online, the system generates an online prescription that you should complete and print, sign (include the authorization number and risk category), and fax to the certified pharmacy

### Complete Mandatory Confidential Survey

Your male patients will need to complete a brief survey by phone or online. You will also need to complete a mandatory survey by phone or online, after which you will receive an authorization number. You must complete this survey to obtain a new authorization number every time a REVLIMID prescription is written. The *initial survey* is *not required* for male patients, but they must complete surveys monthly in order to obtain subsequent prescriptions

## ALL PATIENTS

**Fax Prescription** Obtain an authorization number from Celgene and write it on the prescription, along with the patient risk category, and then fax it to a certified pharmacy. The certified pharmacy will contact patients for mandatory counseling and coordinate delivery of REVLIMID to them.

## REVLIMID REMS® patient enrollment

- Obtain, review, and complete the REVLIMID® (lenalidomide) Patient-Physician Agreement Form online by visiting [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), accessing the Celgene REMS mobile app, or by calling the Celgene Customer Care Center for assistance at **1-888-423-5436**
- Prescribers who do not have access to a computer will be provided with REVLIMID REMS® program materials. For additional assistance, please contact the Celgene Customer Care Center or your Celgene Hematology Oncology Consultant
- Patient, parent/legal guardian, and/or authorized representative must read the REVLIMID® (lenalidomide) Patient-Physician Agreement Form in the language of their choice

## Help ensure timely processing of each prescription

### Fill Out Form as Directed

- Write only in the designated areas on the REVLIMID® (lenalidomide) Patient-Physician Agreement Form
- The box next to each statement must be marked (with an “X”) to indicate understanding
- The form must be completed and signed by both prescriber and patient

### Instructions for Female Patients

- For female patients, the prescriber will need to provide information on whether the patient has been in surgical menopause, chemical menopause, or natural menopause for at least 24 months

### Instructions for Minors

- If the patient is under 18 years of age, his or her legal guardian must read this material, mark the statement in each block of the form (with an “X”), and agree to ensure compliance by signing and dating the form

### Instructions for Incompetent Adult Patients

- For an incompetent adult patient, an authorized representative must sign the REVLIMID® (lenalidomide) Patient-Physician Agreement Form

## REVLIMID REMS® patient enrollment (continued)

- An authorized representative is a caretaker authorized under applicable state law to consent to treatment on the incompetent patient's behalf
- The authorized representative must read the material, mark the statements, and agree to ensure compliance by signing and dating the form
- If the authorized representative does not have the power of attorney, **a signed and dated letter from the prescriber, on the prescriber's letterhead, must be submitted to the Celgene Customer Care Center, along with the REVLIMID® (lenalidomide) Patient-Physician Agreement Form.** This letter must contain the following: a statement that the incompetent patient lacks the capacity to complete the REVLIMID® (lenalidomide) 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; and an opinion that the authorized representative accepts responsibility for the patient's compliance with the REVLIMID REMS® program and is authorized to consent to treatment with REVLIMID on behalf of the patient

### Send in Completed Forms

- Send the completed REVLIMID® (lenalidomide) Patient-Physician Agreement Form online through **www.CelgeneRiskManagement.com**, the Celgene REMS mobile app, or to the Celgene Customer Care Center via mail (86 Morris Avenue, Summit, NJ 07901), email (customer care@celgene.com), or fax (1-888-432-9325)
- You will receive confirmation electronically or via fax to your office once the patient is enrolled
- Once REVLIMID® (lenalidomide) Patient-Physician Agreement Form is received, both female patients and prescriber can take their surveys as required. Male patients do not take initial surveys
- In the event that you do not receive this confirmation within 15 minutes, call the Celgene Customer Care Center

**Note:** If therapy with REVLIMID is discontinued for 12 consecutive months, the patient must enroll again in the REVLIMID REMS® program. Follow the above procedures to re-enroll the patient.

# Prescription requirements

## All patients

- Provide comprehensive counseling on the benefits and risks of therapy with REVLIMID® (lenalidomide)
- Patients must be counseled on the potential risks of birth defects, other side effects, and important precautions associated with REVLIMID
- Provide counseling not to share REVLIMID capsules, and not to donate blood during treatment (including dose interruptions) and for 4 weeks after receiving their last dose of REVLIMID, as well as counseling on appropriate contraceptive use, including emergency contraception
- Provide patients with educational materials provided in the REVLIMID REMS® Patient Resource Pack
- Patients should be instructed to not extensively handle or open REVLIMID capsules
- Instruct patients to return unused REVLIMID capsules for disposal to Celgene or to their REVLIMID prescriber, or to the pharmacy that dispensed the REVLIMID to them

## Female patients

### Determine if female patient is of reproductive potential

#### Two categories:

#### 1. Females of Reproductive Potential

- All females who are menstruating, amenorrheic from previous medical treatments, under 50 years of age, and/or perimenopausal, and do not qualify for the females not of reproductive potential category

#### 2. Females Not of Reproductive Potential

- Females who have been in natural menopause for at least 24 consecutive months, or who have had a hysterectomy and/or bilateral oophorectomy, or female children who have not started menstruating

### 1. Females of Reproductive Potential

#### Pregnancy test requirements

- Obtain a **negative** pregnancy test 10 to 14 days prior to writing an initial prescription for REVLIMID and again within 24 hours prior to writing an initial prescription for REVLIMID even if continuous abstinence is the chosen method of birth control
  - The pregnancy test must be sensitive to at least 50 mIU/mL
  - Pregnancy testing should occur weekly during the first 4 weeks of use

## Prescription requirements (continued)

- Pregnancy testing should be repeated every 4 weeks if patient has regular menses or is amenorrheic, or every 2 weeks if irregular menses
- If a patient misses her period or if there is any abnormality in menstrual bleeding, REVLIMID® (lenalidomide) should be discontinued immediately. Obtain a pregnancy test and counsel the patient
- **If pregnancy does occur during treatment, REVLIMID must be immediately discontinued.** Any suspected embryo-fetal exposure to REVLIMID must be reported immediately to the FDA via the MedWatch number at **1-800-FDA-1088** and also to the Celgene Customer Care Center at **1-888-423-5436**. The patient should be referred to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling
- The patient must not breastfeed a baby while being treated with REVLIMID

### Patient Counseling on Contraception Requirements

#### Contraception requirements

- Female patients of reproductive potential must either completely abstain from heterosexual sexual contact or must use 2 effective methods of contraception (at least one highly effective method and one effective method) at the same time
- The 2 effective contraceptive methods include using at the same time at least 1 highly effective method and at least 1 additional method of birth control every time they have sex with a male
- The 2 effective contraceptive methods must be started at least 4 weeks before REVLIMID therapy, during therapy (including dose interruptions), and for at least 4 weeks following discontinuation of therapy

#### Effective Methods of Birth Control Used at the Same Time

Highly effective birth control methods	Additional effective birth control methods
<ul style="list-style-type: none"><li>● Intrauterine device (IUD)</li><li>● Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)</li><li>● Tubal ligation (having your tubes tied)</li><li>● Partner's vasectomy (tying of the tubes to prevent the passing of sperm)</li></ul>	<ul style="list-style-type: none"><li>● Male latex or synthetic condom</li><li>● Diaphragm</li><li>● Cervical cap</li></ul>

## Prescription requirements (continued)

**Remind all patients that not having any sexual intercourse is the only birth control method that is 100% effective.**

- **Unacceptable forms of contraception:**

- Progesterone-only “mini-pills”
  - IUD Progesterone T
  - Female condoms
  - Natural family planning (rhythm method) or breastfeeding
  - Fertility awareness
  - Withdrawal
  - Cervical shield\*
- Patients should be counseled that concomitant use of certain prescription drugs and/or dietary supplements can decrease the effects of hormonal contraception. If hormonal or IUD contraception is medically contraindicated, 2 other contraceptive methods may be used simultaneously during periods of concomitant use and for 4 weeks after stopping therapy

### 2. Females Not of Reproductive Potential

- The patient must confirm that she is currently not pregnant, nor of reproductive potential as she has been in natural menopause for at least 24 months, or had a hysterectomy and/or bilateral oophorectomy
- The parent or guardian must confirm that a prepubertal female child is not now pregnant, nor is of reproductive potential as menstruation has not yet begun, and/or the child will not be engaging in heterosexual sexual contact for at least 4 weeks before REVLIMID® (lenalidomide) therapy, during therapy, during dose interruptions, and for at least 4 weeks after stopping therapy

## Male patients

- Male patients must be instructed to use a latex or synthetic condom every time they have sexual intercourse with a female of reproductive potential, even if they have undergone a successful vasectomy. The risk to the developing baby from the semen of male patients taking REVLIMID therapy is unknown
- Male patients must be instructed not to donate sperm during treatment (including dose interruptions) and for 4 weeks after their last dose of REVLIMID

## Del 5q MDS patients

- Evaluate your del 5q MDS patients closely for cytopenias. Obtain a weekly CBC for the first 8 weeks of treatment, and at least monthly thereafter

\*A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception.

## Initial mandatory confidential survey

### Females

- Instruct the female patient to complete a brief initial mandatory confidential survey by visiting **www.CelgeneRiskManagement.com**, accessing the Celgene REMS mobile app, or by calling **1-888-423-5436**. See page 12 for subsequent prescription requirements

### Males

- Males do not need to take the initial survey

### Prescribers

- Prescriber will complete a brief mandatory confidential survey by visiting **www.CelgeneRiskManagement.com**, accessing the Celgene REMS mobile app, or by calling the Celgene Customer Care Center at **1-888-423-5436**, for every patient before each prescription is written. Be prepared to enter some of the following information:
  - Prescriber's identification number
  - Patient's identification number
  - Date and result of patient's pregnancy test(s) (if applicable); valid only for 7 days from date of last pregnancy test
  - Average daily dose
  - Total number of days supply (cannot exceed 28 days)
- An authorization number will be issued upon completion of the survey and must be written along with the patient risk category on the prescription. Authorization numbers are valid for 7 days from date of last pregnancy test for females of reproductive potential and 30 days from the date it is issued for all other patients. No automatic refills or telephone prescriptions are permitted

### Additional information for the prescriber

- Healthcare provider must send the prescription to a REVLIMID REMS® certified pharmacy. To locate a certified pharmacy, please visit **www.Celgene.com/PharmacyNetwork**
- Prescribe no more than 4 weeks (28 days) of therapy, with no automatic refills

## Subsequent prescription requirements

The prescriber must complete a brief mandatory confidential survey to obtain a new authorization number **every time** a prescription for REVLIMID® (lenalidomide) is written.

No automatic refills or telephone prescriptions are permitted. The patient risk category must be written on the prescription.

### Female patients

- Provide counseling as outlined in the “Female patients” section on pages 8-10
- Follow pregnancy test requirements as outlined in “Pregnancy test requirements” section on pages 8-9
- Female patients must complete a brief mandatory confidential survey according to the following schedule:
  - Before prescription is obtained
  - Monthly
    - Adult females of reproductive potential
    - All female children
  - Every 6 months
    - Adult females not of reproductive potential

### Male patients

- Provide patient counseling as outlined in the “Male patients” section on page 10
- Male patients must complete a brief mandatory confidential survey once a month
  - Males do not complete an initial survey

### Del 5q MDS patients

- Evaluate your del 5q MDS patients closely for cytopenias. Obtain a weekly CBC for the first 8 weeks of treatment and at least monthly thereafter

## After the last dose of REVLIMID® (lenalidomide)

After patients have stopped taking REVLIMID, they must do the following:

### All patients

- Must not share REVLIMID capsules—especially with females of reproductive potential
- Must return any unused REVLIMID capsules for disposal to Celgene or their REVLIMID prescriber, or to the pharmacy that dispensed the REVLIMID to them
- Must not donate blood for 4 weeks after stopping REVLIMID

### Female patients of reproductive potential

- Must not get pregnant for at least 4 weeks after stopping REVLIMID by using at the same time, 2 effective methods of contraception (at least one highly effective method and one effective method) each time engaging in sexual activity with a male

### Male patients

- Must use a latex or synthetic condom each time when engaging in sexual activity for 4 weeks after stopping REVLIMID, even if they have undergone a successful vasectomy
- Must not donate sperm for 4 weeks after stopping REVLIMID

## Ordering English and non-English materials

Call the Celgene Customer Care Center at 1-888-423-5436

- Materials are available in 16 languages and include:
  - REVLIMID® (lenalidomide) Patient-Physician Agreement Forms
  - Patient Guide to REVLIMID REMS® Program
  - Mandatory confidential survey forms

### Available languages:

Arabic	French	Japanese	Portuguese
Cambodian	German	Korean	Russian
Chinese	Greek	Laotian	Spanish
English	Italian	Polish	Vietnamese

- REVLIMID® (lenalidomide) Patient-Physician Agreement Forms, Patient Guide to REVLIMID REMS® Program, and mandatory confidential survey forms requested will be faxed directly to the number you indicate. Please be prepared to provide:

### Prescriber's:

Name  
Identification Number  
Full Address  
Fax Number

### Patient's:

Name  
Full Address  
Phone Number  
Date of Birth  
Identification Number  
Diagnosis (most recent version of ICD code)

## Adverse drug experience reporting procedure for healthcare professionals

Celgene is committed to ensuring patient safety through the monitoring of adverse drug experiences associated with the use of REVLIMID® (lenalidomide).

Please report adverse drug experiences that are suspected to be associated with the use of REVLIMID and any suspected pregnancy occurring during the treatment with REVLIMID to Celgene using any of the following methods.

### Reporting to Celgene

- Online: [www.celgene.com/contact-us/](http://www.celgene.com/contact-us/)
- Email: [drugsafety@celgene.com](mailto:drugsafety@celgene.com)
- Telephone: **1-908-673-9667**
- Toll free: **1-800-640-7854** (Global Drug Safety & Risk Management) or **1-888-423-5436** (Celgene Customer Care Center)
- Fax: **1-908-673-9115**
- Mail to: Global Drug Safety & Risk Management, Celgene Corporation, 86 Morris Avenue, Summit, New Jersey 07901
- Other: Per individual agreement between the reporting organization and Celgene Global Drug Safety & Risk Management

### Reporting to the FDA

Adverse drug experiences that are suspected to be associated with the use of REVLIMID and any suspected pregnancy occurring during the treatment with REVLIMID may also be reported to the FDA MedWatch Reporting System using any of the following methods:

- Online: <https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm>
- Telephone: **1-800-FDA-1088**
- Fax: **1-800-FDA-0178**
- Mail to: MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787

For more information about REVLIMID® (lenalidomide) and the REVLIMID REMS® program, please visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at **1-888-423-5436**.

Celgene Corporation  
86 Morris Ave  
Summit, NJ 07901

**REVLIMID is only available under a restricted distribution program, REVLIMID REMS®.**

**Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed.**



**RevlimidREMS®**

  
**Revlimid®**  
*(lenalidomide) capsules*