

Education and Counseling Checklist for Pharmacies

THALOMID Risk Evaluation and Mitigation Strategy (REMS) program education and prescribing safety

Authorization No.:	Confirmation No.:	Confirmation Date:	
Pharmacy Name:			
		Ext.:	•
Patient Name:	Date of Bir	rth:	
Risk Category:			
			<u> </u>
Checklist for female patients	of reproductive potential		
☐ I will make sure that patients	are aware that they will receive the	Medication Guide along with their prescript	tion
COUNSELED ADULTS AND CHILDREN	ON:		
☐ Potential embryo-fetal toxicity☐ Not taking THALOMID® (thalic	/ domide) if pregnant or breastfeeding	a	
Using at the same time at lease patches, injections, vaginal ring	st 1 highly effective method—tubal li	igation, intrauterine device (IUD), hormonal (bio imy—and at least 1 additional effective methole e they have sex with a male, or abstaining fro	d of birth control—male
planning (rhythm method) or b		nini-pills," IUD Progesterone T, female condoi vithdrawal, and cervical shield (a cervical shie om of contraception)	
beginning at least 4 weeks bet	e time at least 1 highly effective met fore taking THALOMID, while taking me they have sex with a male, or a	thod and at least 1 additional effective method THALOMID, during dose interruptions, and fo abstaining from sex with a male	d of birth control or at least 4 weeks after
☐ Obtaining a pregnancy test— testing should be repeated ev	performed by their healthcare provide	der—weekly during the first 4 weeks of use. treatment in females with regular menstrual	
	OMID right away in the event of be	ecoming pregnant, or if they think for any reas	son they may be
	deep vein thrombosis and pulmonal	•	
	ules with anyone—especially with fe	emales who can get pregnant rruptions) and for 4 weeks after stopping TH <i>i</i>	AL OMID
☐ Not breaking, chewing, or ope	` `	ruptions) and for 4 weeks after stopping 1 H/	ALOWID
☐ Instructions on THALOMID do			
Milligram (mg) Strength	Numbe	er of Capsules Dispensed	
FEMALE CHILDREN (<18 YEARS OF AG	iE):		
☐ Parent or legal guardian must	have read the THALOMID REMS e	ducation material and agreed to ensure com	pliance
Checklist for female patients a hysterectomy, and/or bilate		atural menopause for at least 24 consec	eutive months,
•	• • • • • • • • • • • • • • • • • • • •	Medication Guide along with their prescription	on
COUNSELED ADULTS AND CHILDREN	·		
		ov embolism	
□ Possible side effects include deep vein thrombosis and pulmonary embolism □ Not sharing THALOMID capsules with anyone—especially with females who can get pregnant			
☐ Not donating blood while taking THALOMID (including dose interruptions) and for 4 weeks after stopping THALOMID			
□ Not breaking, chewing, or opening THALOMID capsules			
☐ Instructions on THALOMID do	·		
Milligram (mg) Strength		er of Capsules Dispensed	
FEMALE CHILDREN (<18 YEARS OF A	GE):		

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☐ Parent or legal guardian must have read the THALOMID REMS education material and agreed to ensure compliance

☐ Parent or legal guardian must inform the child's healthcare provider when the child begins menses

Checklist for male patients			
☐ I will make sure that patients are aware that they will receive the Medication Guide along with their prescription			
I COUNSELED ADULTS AND CHILDREN ON:			
 □ Potential embryo-fetal toxicity and contraception (wearing a latex or synthetic condom every time when engaging in sexual intercourse with a female who can get pregnant, even if the patient has had a successful vasectomy) □ Female partners of males taking THALOMID® (thalidomide) must call their healthcare provider right away if they get pregnant □ Possible side effects include deep vein thrombosis and pulmonary embolism □ Not sharing THALOMID capsules with anyone—especially with females who can get pregnant □ Not donating blood or sperm while taking THALOMID (including dose interruptions) and for 4 weeks after stopping THALOMID □ Not breaking, chewing, or opening THALOMID capsules □ Instructions on THALOMID dose and administration 			
Milligram (mg) Strength Number of Capsules Dispensed			
MALE CHILDREN (<18 YEARS OF AGE):			
☐ Parent or legal guardian must have read the THALOMID REMS® education material and agreed to ensure compliance			
All boxes and spaces must be marked or filled in during counseling with the patient for every prescription.			
Counselor Signature: Date:			

For more information about THALOMID and the THALOMID REMS program, please visit **www.ThalomidREMS.com**, or call the REMS Call Center at **1-888-423-5436**.

THALOMID is only available under a restricted distribution program, THALOMID REMS.

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





