

Thalidomide Pregnancy Prevention Programme

Information for Patients taking Thalidomide 100mg

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Reporting of side effects:

If you get any side effects, talk to your doctor, pharmacist, or nurse. This includes possible side effects not listed in the Package Leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/> or search for MHRA Yellow Card in the Google Play or Apple App Store.

This Information 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 is present in men's seminal fluid, and as a precaution, all male patients must use condoms during treatment, during dose interruptions and for at least 7 days following discontinuation of treatment, if their partner is pregnant or is of childbearing potential and not using effective contraception.

Thalidomide Pregnancy Prevention Programme: This programme is designed to prevent unborn babies being exposed to thalidomide.

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

This Information 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 must never be used by women who are pregnant, as just one coated tablet can cause severe birth defects.

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

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 coated tablets.

This Information 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 coated tablets.

Please read this Information Guide as well as the Package Leaflet that comes with your medicine carefully. If you do not understand something, please ask your prescriber to explain it.

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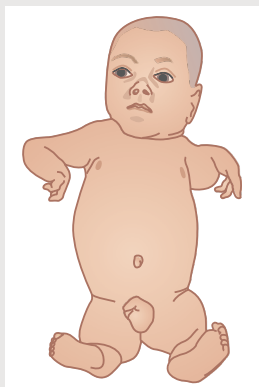
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Introduction

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. Thalidomide was investigated in cancer to see whether it would stop cancer growing by preventing the development of new blood vessels.

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

This Information Guide is part of the 'Thalidomide 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 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 is present in the seminal fluid of men.
2. Thalidomide can cause severe birth defects or death to an unborn baby
3. 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 thalidomide Pregnancy Prevention Programme are met (these conditions are described in this Information Guide).
2. As thalidomide is present in the seminal fluid of men, 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 not using effective contraception (even if the male patient has had a vasectomy), 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 coated tablets to their pharmacist at the end treatment.

This Information Guide contains important information about the thalidomide 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 all 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.
 - a. Please make sure that you understand what your prescriber has told you before starting thalidomide.
 - b. 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 Pregnancy Prevention Programme.

Women of Childbearing Potential

During treatment if you suspect you are pregnant, you must **stop treatment immediately and tell your prescriber straight away.**

Male Patients

Thalidomide is present in seminal fluid. This means that if your partner is pregnant or is able to become pregnant and not using effective contraception, you must use condoms every time you have heterosexual activity during treatment, during dose interruptions and for 7 days after the end of treatment, 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.

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.

You can report suspected pregnancies and side effects online via the Yellow Card Scheme website: <https://yellowcard.mhra.gov.uk> or by searching for MHRA Yellow Card in the Google Play or Apple App Store.

Side effects and suspected pregnancies should also be reported to the relevant MAH immediately, using the contact details available within the Pathfinder PPP Platform or on the UK electronic medicines compendium website: www.medicines.org.uk/emc/.

Stop taking thalidomide and see a doctor 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.

Thalidomide Pregnancy Prevention Programme

Women of Childbearing Potential

You should tell your prescriber if you are pregnant or think you may be pregnant or are planning to become pregnant, as thalidomide is expected to be harmful to an unborn child.

1. If you are able to become pregnant, you must follow all the necessary measures to prevent you becoming pregnant and ensuring 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.
2. 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 at least every 4 weeks during treatment and 4 weeks after the treatment has finished.
3. If you are able to become pregnant you must use at least one effective method of contraception for at least 4 weeks before starting treatment, during treatment, and for 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. Therefore, it is essential to discuss this with your prescriber.
4. If you suspect you are pregnant at any time whilst taking thalidomide, you must stop thalidomide immediately and immediately inform your prescriber.
5. If you suspect you are pregnant in the 4 weeks after stopping thalidomide, you must inform your prescriber immediately.

Male Patients

If you have a female partner who is able to become pregnant and not using effective contraception or is pregnant, you must use condoms during treatment (including during dose interruptions) and for at least 7 days after stopping treatment.

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

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.

Contraceptive Methods for Women of Childbearing Potential

Prior to starting initial treatment your prescriber will talk to you about the contraceptive measures that you must follow. If you could become pregnant you must use at least one effective method of contraception:

1. At least 4 weeks before starting thalidomide treatment.
2. During treatment, and 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 contraceptive (birth control) methods without talking to your prescriber first.

Pregnancy Testing

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.

- You must have been using an effective contraceptive method for at least 4 weeks before thalidomide can be prescribed.
- A pregnancy test will take place at least every 4 weeks except in the case of confirmed tubal sterilisation.
- Your prescriber will perform the pregnancy test during the consultation when thalidomide is prescribed, or in the previous three days.
- A pregnancy test will take place at least 4 weeks after stopping treatment.

Contraception Summary

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

- Pregnancy tests must be performed at least every 4 weeks even if you think there is no chance you have become pregnant since your last test.
- Contraceptive methods must be followed at least 4 weeks before starting treatment, during treatment, even during dose interruptions, and until at least 4 weeks after stopping treatment.
- Talk to your prescriber before changing any method of contraception.
- 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.
- If you think you are pregnant, stop taking thalidomide and contact your prescriber straightaway.
- **Do not take thalidomide if you are pregnant or think you may be pregnant or are planning to become pregnant, as thalidomide causes birth defects and foetal death.**

Contraceptive Methods for Males

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. 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 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.

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.

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 and safe disposal of unwanted coated tablets.

Thalidomide Treatment

Before starting initial 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. 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.
4. You understand the other important safety messages that must be followed.

Your prescriber will keep this form for your medical records, and you will be given a copy.

If you have a female partner who is pregnant or is able to become pregnant, it is important that she understands her risks of exposure to thalidomide during your treatment.

Safety Measures During Treatment

- 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.
- Store your thalidomide coated tablets safely, so no one else could take them by accident.
- Keep thalidomide out of the sight and reach of children.
- 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.

Receiving Your Prescription

Your prescriber will complete a 'Prescription Authorisation Form' (PAF) which will be provided to pharmacist and will confirm that all of the thalidomide Pregnancy Prevention Programme measures have been followed. Your pharmacist will review this documentation prior to dispensing your thalidomide. PAFs are completed electronically and in the unlikely event of a system outage, your prescriber may present you with an off-line PAF form accompanying your prescription which you would need to present to the pharmacists.

For women of childbearing potential, your prescriber will issue a prescription for no more than 4 weeks supply, provided you have had a valid negative pregnancy test within 3 days prior to your prescription date. Ideally, you should have the prescription dispensed within 7 days of the prescription date.

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

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

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 them to take their medications.

1. Your prescriber will prescribe a dose of thalidomide suited to you.
2. When thalidomide is used to treat Multiple Myeloma, thalidomide is used in combination with two other medications (melphalan and prednisone).
3. Always take your medication exactly how your prescriber has told you. Check with your prescriber or pharmacist if you are not sure.
4. Your prescriber may adjust your dose depending on the result of blood tests and any side-effects you may experience.
5. Do not take more coated tablets than your physician has prescribed. If in doubt, ask your prescriber or pharmacist for advice.
6. Thalidomide coated tablets should be swallowed whole, with a glass of water.
7. Thalidomide coated tablets should not be split or crushed.
8. Thalidomide should be taken as a single dose before going to bed. This will make you less likely to feel sleepy at other times.
9. Thalidomide can be taken with or without food.

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 leaflet 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 coated tablets immediately.

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2. If more than 12 hours have passed: do not take your coated tablets. Take your next coated tablets 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.

End of Treatment Requirements

After completing your thalidomide treatment, it is important that:

1. You return any unused thalidomide coated tablets to your pharmacist.
2. You do not donate blood for at least 7 days after the end of treatment.

Additional advice for women of childbearing potential:

1. Continue using your effective method of contraception for at least 4 weeks.
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 as 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 blood, 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 coated tablets in the original pack.

Healthcare professionals, family members and caregivers should wear disposable gloves when handling the blister or coated tablet. 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 coated tablet. Refer below 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 coated tablet.
- Wear disposable gloves when handling product and or packaging (i.e., blister or coated tablet)
- Use the proper technique when removing gloves to prevent potential skin exposure (see page 18).
- Place gloves in sealable plastic polyethylene bag and dispose 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:

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- If the outer carton is visibly damaged – **Do Not Open**
- If blister strips or coated tablets are noted to be damaged or leaking – **Close the 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, take proper precautions to minimise exposure by using appropriate personal protection:

- If coated tablets are crushed or broken, dust containing drug substance may be released. Avoid dispersing the powder and avoid breathing 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 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.

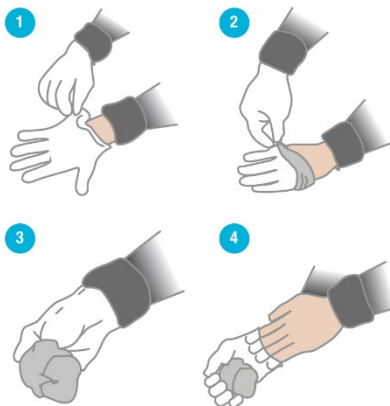
If the contents of the coated tablet are attached to the skin or mucous membranes

- 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, be 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.



Coated tablets should not be split 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 understood that I should never share thalidomide with anyone else.
- ☐ Yes, I have understood that I should always return any unused coated tablets to the pharmacist for safe disposal as soon as possible.
- ☐ 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.

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 at least 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).