

Erivedge <sup>®</sup> ▼ (vismodegib) Verification of Counselling Form	Initials
<p><b>WARNING: EMBRYO-FOETAL DEATH AND SEVERE BIRTH DEFECTS</b></p> <p>Erivedge may cause embryo-foetal death or severe birth defects when administered to a pregnant woman. Hedgehog pathway inhibitors such as Erivedge have been demonstrated to be embryotoxic and/or teratogenic in multiple animal species and can cause severe malformations, including craniofacial anomalies, midline defects and limb defects. Erivedge must not be used during pregnancy.</p>	
<p><b>For All Patients</b></p>	
<p><i>I understand that:</i></p>	
<ul style="list-style-type: none"> <li>• Erivedge may cause serious birth defects and can cause the death of an unborn child</li> </ul>	
<ul style="list-style-type: none"> <li>• I must not share Erivedge with anyone. Erivedge is only prescribed for me</li> </ul>	
<ul style="list-style-type: none"> <li>• I must keep Erivedge out of the sight and reach of children</li> </ul>	
<ul style="list-style-type: none"> <li>• I must not donate blood while taking Erivedge and for 24 months after the last dose</li> </ul>	
<ul style="list-style-type: none"> <li>• I must return the unused capsules to my pharmacist or healthcare professional at the end of the treatment</li> </ul>	
<p><b>For Women Who Could Become Pregnant</b></p>	
<p><i>I understand that:</i></p>	
<ul style="list-style-type: none"> <li>• I must not take Erivedge if I am pregnant or plan to become pregnant</li> </ul>	
<ul style="list-style-type: none"> <li>• I must not become pregnant while taking Erivedge and for 24 months after my final dose</li> </ul>	
<ul style="list-style-type: none"> <li>• My healthcare professional talked with me about recommended forms of birth control:               <ul style="list-style-type: none"> <li>– Whilst I am taking Erivedge and for 24 months after my final dose, I must use 2 recommended forms of birth control at the same time unless I commit to not having sexual intercourse (abstinence)</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• I must have a negative pregnancy test conducted by my healthcare professional within 7 days before starting Erivedge and each month during treatment</li> </ul>	
<ul style="list-style-type: none"> <li>• I must talk to my healthcare professional immediately during treatment and for 24 months after my last dose:               <ul style="list-style-type: none"> <li>– If I become pregnant or think for any reason that I may be pregnant</li> <li>– If I miss my expected menstrual period</li> <li>– If I stop using birth control</li> <li>– If I need to change my birth control during treatment</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• In case of pregnancy during treatment with Erivedge, I must stop treatment immediately</li> </ul>	
<ul style="list-style-type: none"> <li>• I must not breast-feed while I am taking Erivedge and for 24 months after my last dose</li> </ul>	
<ul style="list-style-type: none"> <li>• My healthcare professional will report any pregnancy to Roche, the maker of Erivedge</li> </ul>	
<p><b>For Male Patients</b></p>	
<p><i>I understand that:</i></p>	
<ul style="list-style-type: none"> <li>• I must always use a condom when having sex with a woman while I take Erivedge and for 2 months after my last dose, even if I have had a vasectomy. It is also important that my female partner uses contraception to avoid pregnancy</li> </ul>	
<ul style="list-style-type: none"> <li>• I will tell my healthcare professional if my female sexual partner becomes pregnant while I am taking Erivedge or within 2 months after my last dose</li> </ul>	
<ul style="list-style-type: none"> <li>• I should not donate semen at any time during treatment and for 2 months after my final dose of this medicine</li> </ul>	
<p><b>Report Pregnancy and Adverse Events to Roche on +44 (0)1707 367554</b></p>	

<b>Patient gender</b> <i>(circle one)</i> : Male Female	<b>Age:</b> _____ years	<b>Woman of childbearing potential</b> <i>(circle one)</i> : Yes No
<b>Pre-treatment pregnancy test results</b> <i>(circle one)</i> : Positive Negative	<b>Date of the pre-treatment pregnancy test:</b> _____ / _____ / _____	

### Patient Confirmation

My doctor has reviewed with me the risks to an unborn baby or infant if they are exposed to Erivedge during pregnancy or breast-feeding. He/she has answered any questions I may have about these risks, and how to prevent them.

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Prescriber Confirmation

I have explained to the patient named \_\_\_\_\_ (or the parent or guardian if the patient is mentally challenged) the risks of the treatment associated with Erivedge, including the risk of exposure to the unborn baby and/or infant during pregnancy and breast-feeding. I have asked the patient (or the parent or guardian if the patient is mentally challenged) if she/he has any questions regarding treatment and have answered those questions to the best of my ability.

Prescriber Name (please print): \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE RETAIN THE ORIGINAL SIGNED DOCUMENT AND PROVIDE A COPY TO THE PATIENT

Prescribers must confirm completion of this Verification of Counselling Form for all new patients taking Erivedge via the healthcare professional web portal [www.erivedge-ppp.com.mt](http://www.erivedge-ppp.com.mt)

▼ This medicinal product is subject to additional monitoring. Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Any suspected adverse reaction should be reported. Report forms can be found at [www.medicinesauthority.gov.mt/adrportal](http://www.medicinesauthority.gov.mt/adrportal) and sent by email to [postlicensing.medicinesauthority@gov.mt](mailto:postlicensing.medicinesauthority@gov.mt) or posted to ADR Reporting, The Medicines Authority Post-licensing Directorate, 203, Level 3, Rue D'Argens, Gżira GŻR 1368, MALTA.

Adverse events should also be reported to Roche Products Ltd. Please contact Roche Drug Safety Centre by emailing [welwyn.uk\\_dsc@roche.com](mailto:welwyn.uk_dsc@roche.com) or calling +44 (0)1707 367554.