

# Pomalyst REMS®

## Prescriber Enrollment Form

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All prescribers must be certified to prescribe POMALYST® (pomalidomide). To become certified the prescriber must:

1. Complete the Prescriber Enrollment Form, which is required for POMALYST REMS® certification.
2. Agree to steps on the following page that must be followed with every patient.

To submit this form electronically, please visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or access the Celgene REMS mobile app.

To submit this form via fax, please complete the following page and fax it to 1-888-432-9325.

POMALYST is contraindicated in pregnant females and females capable of becoming pregnant. Females of reproductive potential may be treated with POMALYST provided adequate precautions are taken to avoid pregnancy.

Please review the steps on the following page that must be followed with every patient.

## POMALYST REMS® Prescriber Enrollment Form

When prescribing POMALYST® (pomalidomide), I agree to:

- Provide patient counseling on the benefits and risks of POMALYST therapy, including Boxed Warnings
- Submit a completed POMALYST® (pomalidomide) Patient-Physician Agreement Form for each new patient
- Provide contraception and emergency contraception counseling with each new prescription prior to and during POMALYST treatment
- Provide scheduled pregnancy testing for females of reproductive potential and verify negative pregnancy test results prior to writing a new prescription or subsequent prescriptions
- Report any pregnancies in female patients or female partners of male patients prescribed POMALYST immediately to Celgene Drug Safety (or the Celgene Customer Care Center)
- Complete a mandatory and confidential prescriber survey online or by telephone for all patients and obtain a new authorization number for each prescription written. The authorization number and patient risk category must then be written on each prescription
- Facilitate female patient compliance with an initial mandatory confidential patient survey online or by telephone
- Prescribe no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions
- Contact a POMALYST REMS® certified pharmacy to fill the prescription
- Remind patients to return all POMALYST capsules to Celgene Corporation or their POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to them
- Return to Celgene all POMALYST capsules that are returned by patients. Shipping fees will be paid by Celgene Corporation. To arrange returns, call the Celgene Customer Care Center
- Re-enroll patients in the POMALYST REMS® program if POMALYST is required and previous therapy with POMALYST has been discontinued for 12 consecutive months

Please fill out the spaces below completely.

Prescriber Name \_\_\_\_\_

Degree: MD/DO/PA/NP/Fellow/Medical Resident

Specialty \_\_\_\_\_

Prescriber Identification Number (eg, DEA Number, Social Security Number, NPI Number, etc.) \_\_\_\_\_

Please indicate which office(s) will receive POMALYST REMS® materials and updates:

Primary Office Name \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Office Name \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that if I fail to comply with all requirements of the POMALYST REMS® program, my prescriptions for POMALYST® (pomalidomide) will not be honored at certified pharmacies.

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the Celgene Customer Care Center via fax or mail.

Mail to: Celgene Customer Care Center, 86 Morris Avenue, Summit, NJ 07901

Phone: 1-888-423-5436

Fax: 1-888-432-9325

[www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com)



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