

# RevlimidREMS<sup>®</sup>

## Prescriber Enrollment Form

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All prescribers must be certified to prescribe REVLIMID<sup>®</sup> (lenalidomide). To become certified the prescriber must:

1. Complete the Prescriber Enrollment Form, which is required for REVLIMID REMS<sup>®</sup> 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.

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

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

## REVLIMID REMS® Prescriber Enrollment Form

### When prescribing REVLIMID® (lenalidomide), I agree to:

- Provide patient counseling on the benefits and risks of REVLIMID therapy, including Boxed Warnings
- Submit a completed REVLIMID® (lenalidomide) Patient-Physician Agreement Form for each new patient
- Provide contraception and emergency contraception counseling with each new prescription prior to and during REVLIMID 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 REVLIMID 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 REVLIMID REMS® certified pharmacy to fill the prescription
- Remind patients to return all REVLIMID capsules to Celgene Corporation or their REVLIMID prescriber, or to the pharmacy that dispensed the REVLIMID to them
- Return to Celgene all REVLIMID 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 REVLIMID REMS® program if REVLIMID is required and previous therapy with REVLIMID 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 REVLIMID 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 REVLIMID REMS® program, my prescriptions for REVLIMID® (lenalidomide) 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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