

Pomalyst REMS[®]

At-A-Glance

Important information about POMALYST[®] (pomalidomide) and the POMALYST Risk Evaluation and Mitigation Strategy (REMS) program

- 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
- To avoid embryo-fetal exposure, POMALYST is only available under a restricted distribution program called “POMALYST REMS[®]”
- Only prescribers and pharmacies certified by the POMALYST REMS[®] program can prescribe and dispense POMALYST to patients who are enrolled and meet all the conditions of the POMALYST REMS[®] program
- Information about POMALYST and the POMALYST REMS[®] program can be obtained by visiting www.CelgeneRiskManagement.com, or calling the Celgene Customer Care Center toll-free at **1-888-423-5436**

There are other risks associated with POMALYST treatment. Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed.



Pomalyst REMS[®]



Prescribing POMALYST under the POMALYST REMS® program

Initial prescription (for all patients unless otherwise noted)

1. For females of reproductive potential, obtain 2 negative pregnancy tests sensitive to at least 50 mIU/mL, even if continuous abstinence is the chosen method of birth control. One test must be obtained 10 to 14 days and one test within 24 hours prior to writing an initial prescription for POMALYST® (pomalidomide).
2. Provide mandatory counseling: no drug sharing, no blood or sperm donation, and appropriate contraceptive methods. For appropriate contraceptive use, refer to the Prescriber Guide to POMALYST REMS®. Patients should be instructed to not extensively handle or open POMALYST capsules.
3. Obtain, review, and complete the POMALYST® (pomalidomide) Patient-Physician Agreement Form online by visiting www.CelgeneRiskManagement.com or by calling the Celgene Customer Care Center for assistance at **1-888-423-5436**.
 - **Males (adults and children)**
 - **Females of reproductive potential include all females who are menstruating**, amenorrheic from previous medical treatments, under 50 years of age, and/or perimenopausal, and do not qualify for the females not of reproductive potential category
 - **Females not of reproductive potential include females who have been in natural menopause for at least 24 consecutive months**, or who have had a hysterectomy and/or bilateral oophorectomy, or female children who have not started menstruating
4. Send the completed and signed POMALYST® (pomalidomide) Patient-Physician Agreement Form online through www.CelgeneRiskManagement.com or to the Celgene Customer Care Center via fax (1-888-432-9325), email (customercare@celgene.com), or mail (86 Morris Avenue, Summit, NJ 07901).
5. Instruct female patients to complete a brief initial mandatory confidential survey by visiting www.CelgeneRiskManagement.com, accessing the REMS Patient Companion app or by calling **1-888-423-5436**, prior to prescriber obtaining an authorization number.
 - Males do not need to complete the initial survey
6. Complete a prescriber brief mandatory confidential survey by visiting www.CelgeneRiskManagement.com or calling the Celgene Customer Care Center at **1-888-423-5436**, for **every patient** before each prescription is written.
 - You will need to enter the following information:
 - Prescriber's identification number
 - Patient's identification number
 - Date and result of patient's last pregnancy test(s) (if applicable); valid only for 7 days from date of last pregnancy test
 - Average daily dose
 - Total number of days supplied (cannot exceed 28 days)

7. An authorization number will be issued upon completion of the survey and must be written along with the patient risk category on the prescription. Authorization numbers are valid for 7 days from date of last pregnancy test for females of reproductive potential and 30 days from the date it is issued for all other patients. No automatic refills or telephone prescriptions are permitted.
8. Send the prescription to a certified pharmacy.

Subsequent prescriptions (for all patients unless otherwise noted)

1. For females of reproductive potential, obtain scheduled pregnancy tests weekly during the first 4 weeks of use; then pregnancy testing should be repeated every 4 weeks in females with regular menstrual cycles. If menstrual cycles are irregular, the pregnancy testing should occur every 2 weeks.
2. Provide mandatory counseling: no drug sharing, no blood or sperm donation, and appropriate contraceptive methods. For appropriate contraceptive use, refer to the Prescriber Guide to POMALYST REMS®. Patients should be instructed to not extensively handle or open POMALYST capsules.
3. Instruct patient to complete a brief mandatory confidential survey **as scheduled**, prior to prescriber obtaining an authorization number and filling the prescription.
 - Monthly:
 - **Males (adults and children)**
 - **Females of reproductive potential (adults and children)**
 - **Female children not of reproductive potential**
 - Every 6 months:
 - **Adult females not of reproductive potential**
4. Complete a prescriber brief mandatory confidential survey by visiting www.CelgeneRiskManagement.com or calling the Celgene Customer Care Center at **1-888-423-5436**, for every patient before each prescription is written.
 - You will need to enter the following information:
 - Prescriber's identification number
 - Patient's identification number
 - Date and result of patient's last pregnancy test(s) (if applicable); valid only for 7 days from date of last pregnancy test
 - Average daily dose
 - Total number of days supplied (cannot exceed 28 days)
5. An authorization number will be issued upon completion of the survey and must be written along with the patient risk category on the prescription. Authorization numbers are valid for 7 days from date of last pregnancy test for females of reproductive potential and 30 days from the date it is issued for all other patients. No automatic refills or telephone prescriptions are permitted.
6. Send the prescription to a certified pharmacy.

Prescribing POMALYST under the POMALYST REMS® program

(Note: Prescriber has already enrolled in POMALYST REMS® program)

1. New Patient: Complete the Patient-Physician Agreement Form (PPAF)

Send the completed PPAF via

- www.CelgeneRiskManagement.com
- Fax (1-888-432-9325), email (customercare@celgene.com), or mail (86 Morris Avenue, Summit, NJ 07901) the Celgene Customer Care Center



2. Complete Prescriber Survey

Complete the Prescriber Survey via

- www.CelgeneRiskManagement.com
- Call the Celgene Customer Care Center at **1-888-423-5436**



3. Obtain Authorization Number

An authorization number will be issued upon completion of the survey



4. Write Prescription

Include the authorization number, patient risk category, daily dose, and total number of days supplied



5. Send the Prescription to a Certified Pharmacy

Prescribe no more than a 28-day supply, with no automatic refills or telephone prescriptions

Initial Prescription

Provide mandatory counseling:

- No drug sharing
- No blood or sperm donation
- Appropriate contraceptive use. Please refer to the table on the back page for appropriate contraception
- Patients should be instructed to not extensively handle or open POMALYST® (pomalidomide) capsules

For Females of Reproductive Potential:

- Obtain 2 negative pregnancy tests sensitive to at least 50 mIU/mL, even if continuous abstinence is the chosen method of birth control (blood or urine test by laboratory or prescriber's office depending on test sensitivity)
 - 10 to 14 days prior
 - 24 hours prior to writing prescription

Initial Patient Survey

- Instruct female patients to complete the survey via
 - www.CelgeneRiskManagement.com
 - The REMS Patient Companion app, or
 - Call the Celgene Customer Care Center at **1-888-423-5436**
- Males do not need to complete the initial survey

Subsequent Prescriptions

- **For Females of Reproductive Potential**, obtain scheduled pregnancy tests weekly during the first 4 weeks of use; then pregnancy testing should be repeated every 4 weeks in females with regular menstrual cycles. If menstrual cycles are irregular, the pregnancy testing should occur every 2 weeks
- A prescriber survey is needed for every prescription. An authorization number from Celgene is needed for every prescription
- **Patient surveys**
 - Monthly:
 - Males (adults and children)
 - Females of reproductive potential (adults and children)
 - Female children not of reproductive potential
 - Every 6 months:
 - Adult females not of reproductive potential

Questions

- Call the Celgene Customer Care Center at **1-888-423-5436**
- Contact your local Hematology Oncology Consultant

Please see important information about POMALYST and the POMALYST REMS® program on back.

Effective Methods of Birth Control Used at the Same Time

Highly effective birth control methods	Additional effective birth control methods
Intrauterine device (IUD)	
Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)	Male latex or synthetic condom
Tubal ligation (having your tubes tied)	Diaphragm
Partner's vasectomy (tying of the tubes to prevent the passing of sperm)	Cervical cap

Unacceptable forms of contraception:
progesterone-only "mini-pills," IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, cervical shield (a cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception).

POMALYST Risk Evaluation and Mitigation Strategy (REMS) program

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