

# THALOMID REMS<sup>®</sup>

## Prescriber Enrollment Form

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

1. Complete the Prescriber Enrollment Form, which is required for THALOMID 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).

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

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

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

# THALOMID REMS® Prescriber Enrollment Form

## When prescribing THALOMID® (thalidomide), I agree to:

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