

# PS-Pomalidomide REMS

## Prescriber Enrollment Form

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All prescribers must be certified to prescribe pomalidomide. To become certified the prescriber must:

1. Complete the Prescriber Enrollment Form, which is required for PS-Pomalidomide 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.BMSREMSPatientSafety.com/prescriber](http://www.BMSREMSPatientSafety.com/prescriber).

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

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

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

The PS-Pomalidomide REMS includes both POMALYST® (pomalidomide) and generic pomalidomide products. The pomalidomide manufacturers have a contractual agreement for administration of the PS-Pomalidomide REMS. All manufacturers retain responsibility for the actions described in the REMS.

## PS-Pomalidomide REMS Prescriber Enrollment Form

### When prescribing pomalidomide, I agree to:

- Provide patient counseling on the benefits and risks of pomalidomide therapy, including Boxed Warnings
- Submit a completed PS-Pomalidomide REMS Patient-Physician Agreement Form for each new patient
- Provide contraception and emergency contraception counseling with each new prescription prior to and during pomalidomide 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 pomalidomide immediately to PS-Pomalidomide REMS
- 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 PS-Pomalidomide REMS certified pharmacy to fill the prescription
- Remind patients to return all pomalidomide capsules to PS-Pomalidomide REMS or their pomalidomide prescriber, or to the pharmacy that dispensed the pomalidomide to them
- Return to PS-Pomalidomide REMS all pomalidomide capsules that are returned by patients. Shipping fees will be paid by PS-Pomalidomide REMS. To arrange returns, call the REMS Call Center at 1-888-423-5436
- Re-enroll patients in the PS-Pomalidomide REMS program if pomalidomide is required and previous therapy with pomalidomide 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 PS-Pomalidomide 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 PS-Pomalidomide REMS, my prescriptions for pomalidomide will not be honored at certified pharmacies.**

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

**Return this form to the REMS Call Center via fax.**

REMS Call Center

Phone: 1-888-423-5436

Fax: 1-888-432-9325

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

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