PS-Pomalidomide REMS Patient Prescription Form

Today's Date_____ **Date Rx Needed**_____

Patient Last Name_____

Patient First Name_____

Phone Number (___)_____

Shipping Address_____

City_____ State_____ ZIP_____

Date of Birth_____ Patient ID #_____

Language Preference: ☐ English ☐ Spanish ☐ Other_____

Best Time to Call Patient: ☐ AM_____ ☐ PM_____

Patient Diagnosis_____

Patient Allergies_____

Other Current Medication_____

Prescriber Name_____

State License Number_____

Prescriber Phone Number (___)_____ Ext._____

Fax Number (___)_____

Prescriber Address_____

City_____ State_____ ZIP_____

Patient Type From PPAF (Check one)

☐ Adult Female – Not of Reproductive Potential

☐ Adult Female – Reproductive Potential

☐ Adult Male

☐ Female Child – Not of Reproductive Potential

☐ Female Child – Reproductive Potential

☐ Male Child

PRESCRIPTION INSURANCE INFORMATION
(Fill out entirely and fax a copy of patient's insurance card, both sides)

Primary Insurance_____

Insured_____

Policy #_____

Group #_____

Phone #_____

Rx Drug Card #_____

Secondary Insurance_____

Insured_____

Policy #_____

Group #_____

Phone #_____

Rx Drug Card #_____

TAPE PRESCRIPTION HERE PRIOR TO FAXING REFERRAL, OR COMPLETE THE FOLLOWING:

For further information on pomalidomide, please refer to the relevant Prescribing Information

☐ **POMALYST®** ☐ **pomalidomide**
(pomalidomide)

Dose	**Quantity**	**Directions**
☐ **1 mg**	_____	
☐ **2 mg**	_____	
☐ **3 mg**	_____	
☐ **4 mg**	_____	

☐ **Dispense as Written** ☐ **Substitution Permitted**

NO REFILLS ALLOWED (Maximum Quantity = 28 days)

Prescriber Signature_____ **Date**_____

Authorization #_____ **Date**_____

(To be filled in by healthcare provider)

Pharmacy Confirmation #_____ **Date**_____

(To be filled in by pharmacy)

How to Fill a Prescription Under PS-Pomalidomide REMS

1. Healthcare provider (HCP) instructs female patients to complete initial patient survey
2. HCP completes survey
3. HCP completes patient prescription form
4. HCP obtains PS-Pomalidomide REMS authorization number
5. HCP provides authorization number on patient prescription form
6. **HCP faxes form, including prescription, to a PS-Pomalidomide REMS Certified Pharmacy Network participant**
7. HCP advises patient that a representative from the certified pharmacy will contact them
8. Certified pharmacy conducts patient education
9. Certified pharmacy obtains confirmation number
10. Certified pharmacy ships pomalidomide to patient

Please see REMS.bms.com for the list of pharmacy participants

Information about pomalidomide and PS-Pomalidomide REMS can be obtained by calling the REMS Call Center toll-free at **1-888-423-5436**, or at **www.PS-PomalidomideREMS.com**.