

# THALOMID<sup>®</sup> (thalidomide) Patient Prescription Form - Veterans Administration (VA) ONLY

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 Medications \_\_\_\_\_

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

## VA Pharmacy Information (Fill out entirely)

VA Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 VA Pharmacist Name \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 McKesson Specialty Distribution Account # \_\_\_\_\_

## Shipping Information

Check below for direct delivery to patient. If any information is omitted, product will be shipped to the VA Pharmacy.

Patient Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

For further information on THALOMID, please refer to the full Prescribing Information

## TAPE PRESCRIPTION HERE PRIOR TO FAXING REFERRAL, OR COMPLETE THE FOLLOWING: Recommended Starting Dose: See below for dosage

**Multiple Myeloma:** The recommended starting dose of THALOMID is 200 mg/day orally with water for a 28-day treatment cycle. Dosing is continued or modified based upon clinical and laboratory findings.

**Erythema Nodosum Leprosum:** The recommended starting dose of THALOMID is 100 to 300 mg/day with water for an episode of cutaneous ENL. Up to 400 mg/day for severe cutaneous ENL. Dosing is continued or modified based upon clinical and laboratory findings.

### THALOMID

Dose	Quantity	Directions
<input type="checkbox"/> 50 mg	_____	_____
<input type="checkbox"/> 100 mg	_____	_____
<input type="checkbox"/> 150 mg	_____	_____
<input type="checkbox"/> 200 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 THALOMID<sup>®</sup> (thalidomide) Prescription in the Veterans Administration (VA)

1. Healthcare Provider (HCP) instructs female patients to complete initial patient survey
2. HCP completes survey
3. HCP completes patient prescription form (include cell number for patient if possible)
4. HCP obtains THALOMID REMS<sup>®</sup> (formerly known as the *S.T.E.P.S.*<sup>®</sup> program) authorization number
5. HCP provides authorization number on patient prescription form
6. HCP sends prescription to the VA Pharmacy

The following information must be filled in:

- Rx must include McKesson Specialty Distribution account number
- Rx must include VA address (Name, Street, City, State, ZIP)
- Rx must include VA Pharmacist contact information (Name, Phone and Fax #)

7. VA Pharmacist faxes the form, including prescription, to:

The THALOMID REMS<sup>®</sup> certified OncologyRx Care Advantage Specialty at 1-855-637-9446

8. HCP advises patient that a representative from THALOMID REMS<sup>®</sup> certified pharmacy will be in contact
9. The THALOMID REMS<sup>®</sup> certified OncologyRx Care Advantage Pharmacist conducts patient education
10. The THALOMID REMS<sup>®</sup> certified OncologyRx Care Advantage Pharmacist obtains confirmation number
11. The THALOMID REMS<sup>®</sup> certified OncologyRx Care Advantage Pharmacist ships THALOMID to the VA Pharmacy or directly to the patient with MEDICATION GUIDE
12. VA Pharmacist gives THALOMID to VA patient with MEDICATION GUIDE

### THALOMID REMS<sup>®</sup> Veterans Administration (VA) Pharmacy OncologyRx Care Advantage

Phone: 1-855-637-9433 Fax: 1-855-637-9446

Information about THALOMID and the THALOMID REMS<sup>®</sup> program can be obtained by calling the Celgene Customer Care Center toll-free at 1-888-423-5436, or at [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com).

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