

## Prescriber Enrollment Form

### Instructions:

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

- Enroll online at [www.PomalidomideREMSProgram.com](http://www.PomalidomideREMSProgram.com) for real time processing.
- Or fax both pages to the Pomalidomide Risk Evaluation and Mitigation Strategy (REMS) at 1-844-872-5446

You will receive confirmation of your certification via e-mail.

Pomalidomide is contraindicated in pregnant females and females capable of becoming pregnant. Females who can get pregnant may be treated with pomalidomide provided adequate precautions are taken to avoid pregnancy. Pomalidomide is available only through a restricted distribution program called the Pomalidomide REMS.

The REMS Coordinating Center is available to answer questions regarding this program and initiating treatment with pomalidomide. Please call **1-866-245-7925** for assistance.

By completing, signing, and submitting this form, I acknowledge that I have reviewed the Prescribing Information for pomalidomide, and I agree to be enrolled in the Pomalidomide REMS.

### When prescribing pomalidomide, I agree to:

1. Provide patient counseling on the benefits and risks of pomalidomide therapy, including Boxed Warnings and the need to **complete mandatory** patient surveys with the Pomalidomide REMS using the information in the Medication Guide, the **Patient Guide** and the **Patient-Physician Agreement Form**.
2. Provide each patient with a copy of the **Patient Guide** and the **Patient-Physician Agreement Form**.
3. Enroll the patient by completing the appropriate **Patient-Physician Agreement Form** for each new patient.
4. Provide scheduled pregnancy testing for females who can get pregnant and verify negative pregnancy test results prior to writing a new prescription or subsequent prescription.
5. Provide contraception and emergency contraception counseling with each new prescription prior to and during pomalidomide treatment.
6. Obtain authorization by contacting the Pomalidomide REMS to complete the prescriber survey to verify the patient's reproductive status, negative pregnancy test status, and completion of counseling. Document the prescription authorization number and the patient's risk category on the prescription.
7. Facilitate patient compliance with an initial mandatory confidential patient survey (online or by telephone interview).
8. Prescribe no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions.
9. Submit the prescription to a pharmacy certified by the Pomalidomide REMS for dispensing.
10. Report any pregnancies in female patients or female partners of male patients prescribed pomalidomide immediately to the Pomalidomide REMS.
11. Remind patients to return unused pomalidomide to the Pomalidomide REMS, their prescriber, or the pharmacy that dispensed their pomalidomide.
12. Return all unused product from patients to the Pomalidomide REMS.
13. Re-enroll patients in the Pomalidomide REMS if pomalidomide therapy is required and previous therapy with pomalidomide has been discontinued for 12 consecutive months.

**I understand that if I do not maintain compliance with the requirements of the Pomalidomide REMS, I will no longer be able to prescribe pomalidomide.**

**PRESCRIBER INFORMATION** Note: Fields marked with an \* are REQUIRED.

* Prescriber First Name:		*Last Name:	
*Prescriber National Provider Identifier (NPI)#:			
Institution Name (if applicable):			
*Prescriber Street Address:			
*City:		*State:	*ZIP Code:
*Telephone Number:		Alternative Telephone Number:	
*Office Fax Number:		*Email:	
Prescriber Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other			
<b>OFFICE CONTACT (PRIMARY)</b>			
First Name:		Last Name:	Telephone Number:
<b>OFFICE CONTACT (SECONDARY)</b>			
First Name:		Last Name:	Telephone Number:

 *Prescriber Signature:	*Date: Month/Day/Year
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By completing, signing, and submitting this form and receiving certification confirmation by e-mail, you will be certified in the Pomalidomide REMS and may begin prescribing pomalidomide. You only need to enroll and complete the certification in the program once, and you are under no obligation to prescribe pomalidomide.

**To report adverse events, please contact the REMS Coordinating Center at 1-866-245-7925**

You may also report to the FDA via <https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm>, phone: 1-800-FDA-1088, Fax: 1-800-FDA-0178 or mail MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787

**POMALIDOMIDE REMS**

Phone: 1-866-245-7925

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

Fax: 1-844-872-5446