

## Pharmacy Guide to

# Pomalyst REMS<sup>®</sup>

## Risk Evaluation and Mitigation Strategy (REMS) Program

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### Important information about POMALYST<sup>®</sup> (pomalidomide) and the POMALYST REMS<sup>®</sup> program

- POMALYST is contraindicated in pregnant females and females capable of becoming pregnant. Females of reproductive potential may be treated with POMALYST provided adequate precautions are taken to avoid pregnancy
- To avoid embryo-fetal exposure, POMALYST is only available under a restricted distribution program called “POMALYST REMS<sup>®</sup>”
- Only prescribers and pharmacies certified with the POMALYST REMS<sup>®</sup> program can prescribe and dispense the product to patients who are enrolled and meet all the conditions of the POMALYST REMS<sup>®</sup> program
- Dispensing pharmacists must be educated on the POMALYST REMS<sup>®</sup> program and on dispensing procedures for POMALYST
- Information about POMALYST and the POMALYST REMS<sup>®</sup> program can be obtained by visiting **[www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com)**, or calling the Celgene Customer Care Center toll-free at **1-888-423-5436**



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# Guidelines for ordering, counseling, and dispensing POMALYST® (pomalidomide)

Dispensing pharmacies must be certified in the POMALYST REMS® program with Celgene and must be educated in the following dispensing procedures.

## Step 1. Review incoming POMALYST prescriptions

- A. Only accept prescriptions with an authorization number and patient risk category written on them.
  - Authorization numbers are valid for 7 days from the date of last pregnancy test for female patients of reproductive potential and 30 days from the date it is issued for all other patients. No automatic refills or telephone prescriptions are permitted
  - Faxed prescriptions are permissible depending on state laws
- B. Make sure the prescription is signed and dated.
- C. Confirm the prescription is written for a 4-week (28-day) supply or less.
- D. For subsequent prescriptions, verify there are 7 days or less remaining of therapy on the existing prescription.

## Step 2. Counsel patient

- A. Make sure a **certified POMALYST REMS®** counselor counsels the patient.
- B. Complete the corresponding section (based on the patient risk category) of the Education and Counseling Checklist and ensure the form is signed and dated. Ensure the appropriate boxes are checked off. Retain a copy of the checklist and record of the associated prescription.
- C. If the patient mentions adverse drug experiences that are suspected to be associated with the use of POMALYST and any suspected pregnancy occurring during the treatment with POMALYST, make sure to document these experiences using acceptable documentation as noted on the checklist.
  - **Acceptable documentation examples:**
    1. Celgene Adverse Drug Event form and fax confirmation
    2. Pharmacy log
- D. Report adverse drug experiences that are suspected to be associated with the use of POMALYST to Celgene Drug Safety within 24 hours. See the Adverse Drug Experience Reporting Procedure on page 7 for more information.

## Guidelines for ordering, counseling, and dispensing POMALYST® (pomalidomide) (continued)

### Step 3. Obtain confirmation number from the Celgene Customer Care Center

- A. Prior to each prescription, contact the Celgene Customer Care Center at **1-888-423-5436**, or eligible pharmacies may also use the Celgene REMS Pharmacy Portal at **www.CelgeneREMSPharmacyPortal.com**. Call your Celgene Account Manager to see if your pharmacy is eligible.
- Enter the pharmacy NABP number or DEA number
  - Enter the authorization number written on the prescription
  - Enter the number of capsules and milligram strength being dispensed
- B. Write the confirmation number and the date of receipt on the prescription. The confirmation number is only valid for 24 hours.
- C. If you do not obtain a confirmation number, do not dispense POMALYST.

### Step 4. Dispensing

- A. No Refills. A new prescription is required for each dispense. **Dispense subsequent prescriptions only if there are 7 days or less remaining of therapy on the existing prescription.**
- B. Ensure the confirmation number has not expired, ie, dispense within 24 hours from confirmation number receipt. If more than 24 hours have elapsed, **Do Not Dispense**. You must call the Celgene Customer Care Center at **1-888-423-5436** to cancel the first confirmation number and obtain a new confirmation number. For female patients of reproductive potential, ship the same day or hand to the patient within 24 hours.
- C. Dispense each prescription with a Medication Guide and maintain a record on acceptable documentation.
- **Acceptable documentation examples:**
    1. Signed Education and Counseling Checklist (if counseling pharmacist and dispensing pharmacist are the same)
    2. Pharmacy log

## Guidelines for ordering, counseling, and dispensing POMALYST® (pomalidomide) (continued)

D. Document the dispense date and maintain a record on acceptable documentation.

- **Acceptable documentation examples:**

1. Shipping receipt
2. Pharmacy dispensing log

E. Dispense no more than a 4-week (28-day) supply. A new prescription is required for each dispense. No automatic refills or telephone prescriptions are permitted.

F. A signature is required for all shipping and dispense if picked up by patient.

### **Step 5. Perform drug accountability**

A. Pharmacy shall keep an inventory log for POMALYST, by strength, reflecting its on-hand inventory at all times.

B. Do not transfer POMALYST to another pharmacy without prior authorization from Celgene.

C. Accept unused POMALYST (previously dispensed) from a patient or patient caregiver and return the capsules to Celgene for proper disposal.

# POMALYST Risk Evaluation and Mitigation Strategy (REMS) Education and Counseling Checklist for Pharmacies

## *Ensure your patients know the risks*

Before you are able to fill a prescription for POMALYST® (pomalidomide), a checklist for each patient must be completed based on the patient risk category (written on the front of the Patient Prescription Form). When completing the checklist, be sure all the appropriate boxes are checked off (☑) and the form is signed and dated. All boxes and spaces must be marked or filled in during counseling with the patient for every prescription. Retain a copy of the checklist and record of the associated prescription.



Be prepared to provide the following information for each checklist:

Authorization Number	Confirmation Number	Confirmation Date
Pharmacy Name	Pharmacy Address (including City, State, ZIP Code)	
Counselor Name	Work Phone Number	Extension
Patient Name	Patient Date of Birth	

## Rules for dispensing and shipping

### *Making sure before you release POMALYST*

#### **DO NOT DISPENSE OR SHIP POMALYST TO A PATIENT UNLESS ALL THE FOLLOWING ARE DONE:**

- Prescription has an authorization number and patient risk category written on it
- You have obtained a confirmation number and a confirmation date
- You are shipping the product within 24 hours of obtaining the confirmation number and requesting confirmation of receipt. For females of reproductive potential, the product must be shipped the same day the confirmation number is obtained
- The Medication Guide is included with the prescription
- You confirm the prescription is no more than a 4-week (28-day) supply and there are 7 days or less remaining on the existing POMALYST prescription

**For further information about POMALYST, please refer to the full Prescribing Information, enclosed.**

## Adverse drug experience reporting procedure for healthcare professionals

Celgene is committed to ensuring patient safety through the monitoring of adverse drug experiences associated with the use of POMALYST® (pomalidomide).

Please report adverse drug experiences that are suspected to be associated with the use of POMALYST and any suspected pregnancy occurring during the treatment with POMALYST to Celgene using any of the following methods.

### REPORTING TO CELGENE

- Online: [www.celgene.com/contact-us/](http://www.celgene.com/contact-us/)
- Email: [drugsafety@celgene.com](mailto:drugsafety@celgene.com)
- Telephone: **1-908-673-9667**
- Toll-free: **1-800-640-7854** (Global Drug Safety & Risk Management) or **1-888-423-5436** (Celgene Customer Care Center)
- Fax: **1-908-673-9115**
- Mail to: Global Drug Safety & Risk Management, Celgene Corporation, 86 Morris Avenue, Summit, New Jersey 07901
- Other: Per individual agreement between the reporting organization and Celgene Global Drug Safety & Risk Management

### REPORTING TO THE FDA

Adverse drug experiences that are suspected to be associated with the use of POMALYST and any suspected pregnancy occurring during the treatment with POMALYST may also be reported to the FDA MedWatch Reporting System using any of the following methods:

- Online at: <https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm>
- Telephone: **1-800-FDA-1088**
- Fax: **1-800-FDA-0178**
- Mail to: MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787

For more information about POMALYST® (pomalidomide) and the POMALYST REMS® program, please visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at **1-888-423-5436**.

Celgene Corporation  
86 Morris Ave  
Summit, NJ 07901

**POMALYST is only available under a restricted distribution program, POMALYST REMS®.**

**Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed.**



**Pomalyst REMS®**

**Pomalyst®**  
*(pomalidomide) capsules*

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