

# Risk Evaluation and Mitigation Strategy (REMS) Document

## POMALYST (pomalidomide) REMS Program

### I. Administrative Information

Application Number: NDA 204026

Application Holder: Celgene Corporation

Initial REMS Approval: 02/2013

Most Recent REMS Update: 05/2020

### II. REMS Goals

The goals of the POMALYST REMS are as follows:

1. To prevent the risk of embryo-fetal exposure to POMALYST.
2. To inform prescribers, patients, and pharmacists on the serious risks and safe-use conditions for POMALYST.

### III. REMS Requirements

**Celgene must ensure that healthcare providers, patients, and pharmacies comply with the following requirements:**

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#### 1. Healthcare providers who prescribe POMALYST must:

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To become certified to prescribe	<ol style="list-style-type: none"><li>1. Review the drug's Prescribing Information.</li><li>2. Enroll in the REMS by completing the <a href="#">Prescriber Enrollment Form</a> and submitting it to the REMS Program.</li><li>3. Review the following: <a href="#">Welcome Letter</a>, <a href="#">Prescriber Guide</a>, and <a href="#">REMS Education and Prescribing Safety Kit</a>.</li></ol>
Before treatment initiation (first prescription); within 10-14 days and again within 24 hours	<ol style="list-style-type: none"><li>4. For females (adults and children) who can get pregnant: Assess the patient's pregnancy status by ordering and confirming a negative pregnancy test result. Document and submit the result to the REMS Program.</li></ol>
Before treatment initiation (first prescription)	<ol style="list-style-type: none"><li>5. For all patients: Counsel the patient on the benefits and risks of POMALYST therapy, including risks described in the Boxed WARNINGS and the need to complete mandatory patient surveys using the <a href="#">Patient Guide</a> and <a href="#">Patient-Physician Agreement Form (PPAF)</a>. Provide a copy of the materials to the patient.</li><li>6. For females (adults and children) who can get pregnant: Counsel the patient on contraception requirements and</li></ol>

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	<p>emergency contraception using the <a href="#">Patient Guide</a> and the <a href="#">Emergency Contraception Brochure</a>. Provide a copy of the materials to the patient.</p> <p>7. For males (adults and children): Counsel the patient on the barrier contraception requirements and emergency contraception using the <a href="#">Patient Guide</a> and the <a href="#">Emergency Contraception Brochure</a>. Provide a copy of the materials to the patient.</p> <p>8. Enroll the patient by completing and submitting the <a href="#">Agreement Form for Female Child Who Can Get Pregnant</a>, <a href="#">Agreement Form for Female Child Who Can Not Get Pregnant</a>, <a href="#">Agreement Form for Male Child</a>, <a href="#">Agreement Form for Adult Female Who Can Get Pregnant</a>, <a href="#">Agreement Form for Adult Female Who Can Not Get Pregnant</a>, or <a href="#">Agreement Form for Adult Male</a> to the REMS Program.</p> <p>9. Obtain authorization by contacting the REMS Program 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.</p> <p>10. Prescribe no more than a 28 days' supply.</p> <p>11. Not prescribe refills or prescribe over the phone.</p>
During treatment; weekly for at least the first 4 weeks	12. For females (adults and children) who can get pregnant: Assess the patient's pregnancy status by ordering and reviewing the results of her pregnancy test.
During treatment; every 2 weeks after the first 4 weeks	13. For females (adults and children) with irregular menstrual cycles who can get pregnant: Assess the patient's pregnancy status by ordering and reviewing the results of her pregnancy test.
During treatment; every 4 weeks after the first 4 weeks	14. For females (adults and children) with regular menstrual cycles who can get pregnant: Assess the patient's pregnancy status by ordering and reviewing the results of her pregnancy test. Document and submit the results to the REMS Program.
During treatment: before each prescription	<p>15. For all patients: Counsel the patient on the need to complete the patient survey.</p> <p>16. For females (adults and children) who can get pregnant: Counsel the patient on using contraception requirements and emergency contraception using the <a href="#">Patient Guide</a> and the <a href="#">Emergency Contraception Brochure</a>.</p> <p>17. For males (adults and children): Counsel the patient on the barrier contraception requirements using the <a href="#">Patient Guide</a>.</p> <p>18. Obtain authorization by contacting the REMS Program to complete the prescriber survey to verify the patient's reproductive status, negative pregnancy test status, and completion of counseling. Document the prescription</p>

	<p>authorization number and the patient's risk category on the prescription.</p> <p>19. Prescribe no more than a 28 days' supply.</p> <p>20. Not prescribe refills or prescribe over the phone.</p>
At all times	<p>21. Report any pregnancies in female patients or female partners of male patients immediately to the REMS Program.</p> <p>22. Return all unused product from patients to Celgene.</p>
<p><b>2. Females (adults and children) who can get pregnant who are prescribed POMALYST:</b></p>	
Before treatment initiation; 4 weeks	<p>1. Adhere to the safe use conditions: using contraception and not getting pregnant as described in the <a href="#">Patient Guide</a> and the <a href="#">Patient-Physician Agreement Form</a>.</p>
Before treatment initiation; within 10-14 days and again within 24 hours	<p>2. Get a pregnancy test as directed by your prescriber.</p>
	<p>3. Receive counseling from the prescriber on the benefits and risks of POMALYST therapy and the need to complete the patient survey, on contraception requirements and emergency contraception.</p> <p>4. Review the <a href="#">Patient Guide</a> and the <a href="#">Emergency Contraception Brochure</a>.</p> <p>5. Enroll into the REMS Program by completing the <a href="#">Patient-Physician Agreement Form for Adult Females Who Can Get Pregnant</a> or <a href="#">Patient-Physician Agreement Form for Female Child Who Can Get Pregnant</a> with your prescriber. Enrollment information will be provided to the REMS Program.</p>
Before treatment initiation	<p>6. Complete the patient survey.</p> <p>7. Receive counseling from the pharmacy on the benefits and risks of POMALYST; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements.</p> <p>8. Receive counseling from the pharmacy on the embryo-fetal toxicity with exposure to POMALYST; contraception requirements; pregnancy testing requirement; not taking POMALYST if pregnant, breastfeeding, or not using contraception; and to immediately stop taking POMALYST and notify the prescriber if pregnant or suspect you may be pregnant.</p>
During treatment; weekly at least the first 4 weeks	<p>9. Get a pregnancy test as directed by your prescriber.</p>

During treatment; before each prescription	<ol style="list-style-type: none"> <li>10. Receive counseling from your prescriber on contraception requirements and emergency contraception and the need to complete the patient survey.</li> <li>11. Get a pregnancy test as directed by your prescriber.</li> <li>12. Receive counseling from the pharmacy on the benefits and risks of POMALYST; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements.</li> <li>13. Receive counseling from the pharmacy on embryo-fetal toxicity with exposure to POMALYST; contraception requirements; pregnancy testing requirement; not taking POMALYST if pregnant, breastfeeding or not using contraception; and to immediately stop taking POMALYST and notify the prescriber if pregnant or suspect you may be pregnant.</li> <li>14. Complete the patient survey.</li> </ol>
During treatment and after treatment discontinuation; for 4 weeks	<ol style="list-style-type: none"> <li>15. Adhere to the safe-use conditions: Not donating blood.</li> <li>16. Adhere to the safe-use conditions: Using contraception as described in the <a href="#">Patient Guide</a> and the <a href="#">Patient-Physician Agreement Form</a>; not taking POMALYST if pregnant, breastfeeding, or not using contraception; and not getting pregnant.</li> </ol>
At all times	<ol style="list-style-type: none"> <li>17. Inform the prescriber if pregnant, miss a menstrual period, experience unusual menstrual bleeding, stop using contraception, or think for any reason that you may be pregnant. Stop taking POMALYST immediately.</li> <li>18. Return unused POMALYST to Celgene, your prescriber, or the pharmacy that dispensed your POMALYST.</li> <li>19. Adhere to safe-use conditions: Not sharing POMALYST; not breaking, chewing, or opening POMALYST capsules; and keeping POMALYST out of reach of children.</li> </ol>
<b>3. Adult females who cannot get pregnant who are prescribed POMALYST:</b>	
Before treatment initiation	<ol style="list-style-type: none"> <li>1. Receive counseling from the prescriber on the benefits and risks of POMALYST and the need to complete the patient survey.</li> <li>2. Review the <a href="#">Patient Guide</a>.</li> <li>3. Complete the patient survey.</li> <li>4. Enroll into the REMS Program by completing the <a href="#">Patient-Physician Agreement Form for Adult Female Who Can Not Get Pregnant</a> with the prescriber. Enrollment information will be provided to the REMS Program.</li> <li>5. Receive counseling from the pharmacy on the benefits and risks of POMALYST therapy; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and</li> </ol>

	administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements.
During treatment; before each prescription	6. Receive counseling from the pharmacy on the benefits and risks of POMALYST therapy; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements.
During treatment; every 6 months	7. Receive counseling from the prescriber on the need to complete the patient survey. 8. Complete the patient survey.
During treatment and after treatment discontinuation; for 4 weeks	9. Adhere to the safe-use conditions: Not donating blood.
At all times	10. Return unused POMALYST to Celgene, the prescriber, or the pharmacy that dispensed your POMALYST. 11. Adhere to the safe-use conditions: Not sharing POMALYST; not breaking, chewing, or opening POMALYST capsules; and keeping POMALYST out of reach of children.

#### 4. Female children who cannot get pregnant who are prescribed POMALYST:

Before treatment initiation	1. Receive counseling from the prescriber on the benefits and risks of POMALYST from the prescriber and the need to complete the patient survey. 2. Review the <a href="#">Patient Guide</a> . 3. Enroll into the REMS Program by completing a <a href="#">Patient-Physician Agreement Form for Female Child Who Can Not Get Pregnant</a> with the prescriber. Enrollment information will be provided to the REMS Program. 4. Complete the patient survey. 5. Receive counseling from the pharmacy on the benefits and risks of POMALYST; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements. 6. Receive counseling from the pharmacy on informing your POMALYST prescriber when menses begins.
During treatment; before each prescription	7. Receive counseling from the prescriber on the need to complete the patient survey. 8. Receive counseling from the pharmacy on the benefits and risks of POMALYST; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading

	<p>the POMALYST REMS education materials; and being compliant with the REMS requirements.</p> <p>9. Receive counseling from the pharmacy to inform your POMALYST prescriber when menses begins.</p> <p>10. Complete the patient survey.</p>
During treatment and after treatment discontinuation; for 4 weeks	11. Adhere to the safe-use conditions: not donating blood.
At all times	<p>12. Inform your prescriber when menses begins.</p> <p>13. Return unused POMALYST to Celgene, your prescriber, or the pharmacy that dispensed your POMALYST.</p> <p>14. Adhere to the safe-use conditions: Not sharing POMALYST; not breaking, chewing, or opening POMALYST capsules; and keeping POMALYST out of reach of children.</p>
<b>5. Males (adults and children) who are prescribed POMALYST:</b>	
Before treatment initiation	<p>1. Receive counseling from the prescriber on the benefits and risks of POMALYST, the need to complete the patient survey, barrier contraception requirements, and emergency contraception.</p> <p>2. Review the <a href="#">Patient Guide</a> and the <a href="#">Emergency Contraception Brochure</a>.</p> <p>3. Enroll into the REMS Program by completing a <a href="#">Patient-Physician Agreement Form for Adult Male</a> or <a href="#">Patient-Physician Agreement Form for Male Child</a> with the prescriber. Enrollment information will be provided to the REMS Program.</p> <p>4. Receive counseling from the pharmacy on the benefits and risks of POMALYST; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements.</p> <p>5. Receive counseling from the pharmacy on embryo-fetal toxicity with exposure to POMALYST; barrier contraception requirements; and not donating sperm.</p>
During treatment; before each prescription	<p>6. Receive counseling from the prescriber on barrier contraception requirements and emergency contraception, and the need to complete the patient survey.</p> <p>7. Receive counseling from the pharmacy on the benefits and risks of POMALYST; not sharing POMALYST; not donating blood; not breaking, chewing, or opening POMALYST capsules; instructions on dose and administration; reading the POMALYST REMS education materials; and being compliant with the REMS requirements.</p>

	<ol style="list-style-type: none"> <li>8. Receive counseling from the pharmacy on embryo-fetal toxicity with exposure to POMALYST; barrier contraception requirements; and not donating sperm.</li> <li>9. Complete the patient survey.</li> </ol>
During treatment and after treatment discontinuation; for 4 weeks	<ol style="list-style-type: none"> <li>10. Adhere to the safe-use conditions: Using barrier contraception as described in the <a href="#">Patient Guide</a> and <a href="#">Patient-Physician Agreement Form</a>.</li> <li>11. Adhere to the safe-use conditions: Not donating blood or sperm.</li> </ol>
At all times	<ol style="list-style-type: none"> <li>12. Inform the prescriber about unprotected sexual contact with a female who can become pregnant, or about a sexual partner who might be pregnant.</li> <li>13. Return unused POMALYST to Celgene, your prescriber, or the pharmacy that dispensed your POMALYST.</li> <li>14. Adhere to safe-use conditions: Not sharing POMALYST; not breaking, chewing, or opening POMALYST capsules; and keeping POMALYST out of reach of children.</li> </ol>
<b>6. Pharmacies that dispense POMALYST must:</b>	
To become certified to dispense	<ol style="list-style-type: none"> <li>1. Review the following: <a href="#">Pharmacy Guide</a>, <a href="#">REMS Program Pharmacy Training</a>, <a href="#">Pharmacy Certification Quiz</a>.</li> <li>2. Establish processes and procedures to verify there are 7 days or less remaining on the patient's existing prescription, no more than 28 days' supply is dispensed, and the prescriber provided the authorization number and patient risk category on the prescription.</li> </ol>
Before dispensing	<ol style="list-style-type: none"> <li>3. For all patients: Counsel the patient on the benefits and risks of POMALYST and safe-use conditions using the <a href="#">Education and Counseling Checklist for Pharmacies</a>.</li> <li>4. For females (adult and children) who can get pregnant: counsel on the embryo-fetal toxicity with exposure to POMALYST and her safe-use conditions using the <a href="#">Education and Counseling Checklist for Pharmacies</a>.</li> <li>5. For female children who cannot get pregnant: Counsel the patient to inform the prescriber when menses begins using the <a href="#">Education and Counseling Checklist for Pharmacies</a>.</li> <li>6. For males (adult and children): Counsel the patient on the embryo-fetal toxicity with exposure to POMALYST and additional safe-use conditions using the <a href="#">Education and Counseling Checklist for Pharmacies</a>.</li> <li>7. Verify that a prescription authorization number and patient risk category is documented on each prescription through the processes and procedures established as a requirement of the REMS Program.</li> <li>8. Obtain confirmation number to dispense each prescription by contacting the REMS Program to verify the prescriber is</li> </ol>

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certified, the patient is enrolled and is not pregnant, and the authorization number is valid.

9. Document the confirmation number and date it was obtained on the prescription.
10. Complete the [Education and Counseling Checklist for Pharmacies](#). Retain a completed copy in the patient's record.
11. Dispense no more than a 28 days' supply.
12. Dispense only if there are 7 days or less remaining on the existing prescription.
13. Do not accept verbal prescription orders over the phone.
14. Do not dispense refills.

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After dispensing

15. Ship dispensed product within 24 hours of receiving the confirmation number or have it picked up within 24 hours of obtaining the confirmation number.
16. For females (adult and children) who can get pregnant ship POMALYST the same day the confirmation number is obtained, or have it picked up within 24 hours of obtaining the confirmation number.

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At all times

17. Report pregnancies immediately to the REMS Program.
18. Do not distribute, transfer, loan, or sell POMALYST, except as authorized by the REMS Program.
19. Maintain records of each prescription dispensed with the corresponding confirmation number, date it was obtained, and completed [Education and Counseling Checklist for Pharmacies](#).
20. Comply with audits carried out by Celgene to ensure that all processes and procedures are in place and are being followed.
21. Accept unused product from the patient or the prescriber.
22. Return unused product from the patient or the prescriber to Celgene.

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**Celgene must provide training to healthcare providers who prescribe POMALYST.**

The training must include the following educational materials: [Welcome Letter](#), [Prescriber Guide](#), and [REMS Education and Prescribing Safety Kit](#). The training must be available online and hardcopy format via mail.

**Celgene must provide training to pharmacies that dispense POMALYST.**

The training includes the following educational materials: [Pharmacy Guide](#), [Education and Counseling Checklist for Pharmacies](#), [REMS Program Pharmacy Training](#), and [Pharmacy Certification Quiz](#). The training must be available online and hardcopy format via mail.

**To support REMS Program operations, Celgene must:**

1. Distribute POMALYST only to certified pharmacies.

2. Ensure participating pharmacies are able to certify by contracting with the manufacturer and agreeing to comply with the requirements of the REMS Program.
3. Establish and maintain the REMS Program websites, [www.POMALYSTREMS.com](http://www.POMALYSTREMS.com) and [www.celgeneriskmanagement.com](http://www.celgeneriskmanagement.com). The REMS Program websites must include the capability to complete prescriber certification online, to enroll and to take REMS surveys online, and the option to print the Prescribing Information, Medication Guide, and REMS materials. All product websites for consumers and healthcare providers must include prominent REMS-specific links to the REMS Program website. The REMS Program website must not link back to the promotional product website(s).
4. Make the REMS Program websites fully operational and all REMS materials available through [www.POMALYSTREMS.com](http://www.POMALYSTREMS.com), [www.celgeneriskmanagement.com](http://www.celgeneriskmanagement.com), and REMS Program call center.
5. Establish and maintain REMS Program call center for REMS participants at 1-888-423-5436.
6. Establish and maintain a validated, secure database of all REMS participants who are enrolled and/or certified in the REMS Program.
7. Ensure prescribers are able to enroll and enroll patients into the REMS Program by mail, phone, fax, or online.
8. Ensure prescribers are able to complete prescriber surveys by phone and online.
9. Ensure prescribers are able to obtain an authorization number by phone and online. For females who can get pregnant, the authorization is valid for 7 days from the date of the last pregnancy test. For all other patients, the authorization number is valid for 30 days from the date the authorization number is issued.
10. Ensure patients are able to take patient surveys by phone and online.
11. Ensure pharmacies are able to obtain dispense confirmation numbers by phone or online.
12. Ensure prescribers, patients, and pharmacists are able to report pregnancies by phone, mail, fax, and online.
13. Provide [Prescriber Enrollment Form](#), [Prescriber Guide](#) and the Prescribing Information to REMS participants who (1) attempt to prescribe POMALYST and are not yet certified or (2) inquire about how to become certified.
14. Notify prescribers within 24 hours after they become certified in the REMS Program.
15. Notify prescribers when patient enrollment is confirmed by fax and online.
16. Provide certified prescribers access to the database of their enrolled patients and certified pharmacies.
17. Provide certified pharmacies access to the REMS system.
18. Establish and maintain a registry which includes a reporting and collection system for female patients or female partners of male patients receiving POMALYST to provide information on pregnancy outcomes and root cause of pregnancy.
19. Ensure that once a report of a pregnancy is received, the POMALYST REMS follows up to obtain all required data for the registry.

**To ensure REMS participants' compliance with the REMS Program, Celgene must:**

20. Maintain adequate records to demonstrate that REMS requirements have been met, including, but not limited to records of: POMALYST prescribing and dispensing; enrollment and certification of prescribers and pharmacies; enrollment, appropriate risk categorization, and pregnancy testing results of patients; and audits of pharmacies. These records must be readily available for FDA inspections.
21. Establish a plan for addressing noncompliance with REMS program requirements.

22. Ensure patients who discontinue treatment for 12 consecutive months must re-enroll in the REMS.
23. Monitor prescribers, pharmacies, and patients on an ongoing basis to ensure the requirements of the REMS are being met. Take corrective action if noncompliance is identified, including de-certification.
24. Monitor and ensure that patients have been assigned correctly to one of the following patient risk categories. Confirm risk category during the patient enrollment process:
  - Adult female who can get pregnant: all females who are menstruating, amenorrheic from previous medical treatments, under 50 years, and/or perimenopausal.
  - Female child who can get pregnant: all females under 18 years who are menstruating.
  - Adult female who cannot get pregnant: females who have had a natural menopause for at least 24 consecutive months, a hysterectomy, and/or bilateral oophorectomy.
  - Female child who cannot get pregnant: all females under 18 years who are not menstruating.
  - Adult male: 18 years or older
  - Male child: under 18 years
25. Audit all pharmacies within 3 months of first dispense of POMALYST, annually for the first 2 years, and at least once every three years thereafter. For pharmacies that have been in the program for more than two years, a risk-based assessment is performed to select which pharmacies are audited.
26. Take reasonable steps to improve implementation of and compliance with the requirements in the POMALYST REMS Program based on monitoring and evaluation of the POMALYST REMS Program.

#### **IV. REMS Assessment Timetable**

Beginning August 3, 2016, Celgene will submit REMS assessments every two years. To facilitate inclusion for as much information as possible while allowing reasonable time to prepare the submission, the reporting interval covered by each assessment should conclude no earlier than 60 days before the submission date for that assessment. Celgene must submit each assessment so it will be received by the FDA on or before the due date.

#### **V. REMS Materials**

The following materials are part of the POMALYST REMS:

##### **Enrollment Forms**

Prescriber:

1. [Prescriber Enrollment Form](#)

Patient:

2. [Patient-Physician Agreement Form for Adult Female Who Can Get Pregnant](#)
3. [Patient-Physician Agreement Form for Female Child Who Can Get Pregnant](#)
4. [Patient-Physician Agreement Form for Adult Female Who Can Not Get Pregnant](#)
5. [Patient-Physician Agreement Form for Female Child Who Can Not Get Pregnant](#)
6. [Patient-Physician Agreement Form for Adult Male](#)
7. [Patient-Physician Agreement Form for Male Child](#)

## **Training and Educational Materials**

Prescriber:

8. [Welcome Letter](#)
9. [Prescriber Guide](#)
10. [REMS Education and Prescribing Safety Kit](#)

Pharmacy:

11. [Pharmacy Guide](#)
12. [REMS Program Pharmacy Training](#)
13. [Pharmacy Certification Quiz](#)

Patient:

14. [Patient Guide](#)
15. [Emergency Contraception Brochure](#)
16. [Patient Resource Pack Envelope](#)

### **Patient Care Forms**

17. [Education and Counseling Checklist for Pharmacies](#)

### **Other Materials**

18. [REMS Program Website](#)
19. [Celgene Risk Management Website](#)

# Pomalyst REMS<sup>®</sup>

## Prescriber Enrollment Form

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All prescribers must be certified to prescribe POMALYST<sup>®</sup> (pomalidomide). To become certified the prescriber must:

1. Complete the Prescriber Enrollment Form, which is required for POMALYST REMS<sup>®</sup> certification.
2. Agree to steps on the following page that must be followed with every patient.

To submit this form electronically, please visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or access the Celgene REMS mobile app.

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

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.

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

## POMALYST REMS® Prescriber Enrollment Form

When prescribing POMALYST® (pomalidomide), I agree to:

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

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

Return this form to the Celgene Customer Care Center via fax or mail.

Mail to: Celgene Customer Care Center, 86 Morris Avenue, Summit, NJ 07901

Phone: 1-888-423-5436

Fax: 1-888-432-9325

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



Pomalyst REMS®



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Reference ID: 4608904

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US-REMS-POM190007

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Get Pregnant

Please read the following statements carefully.

**Your healthcare provider has prescribed POMALYST for you. POMALYST is available only through a restricted distribution program called POMALYST Risk Evaluation and Mitigation Strategy (REMS). Before taking POMALYST, you must read and agree to all of the instructions in the POMALYST REMS® program.**

**If you are pregnant or become pregnant while taking POMALYST, it is important for you to know that your unborn baby can have severe birth defects or even die.**

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

For more information, please see the POMALYST Medication Guide.

### INSTRUCTIONS

*Before starting your treatment with POMALYST, you will need to:*

1. Complete sections 1 and 2 of this form and sign and date on page 6.
2. Read the POMALYST REMS® materials contained in the **Patient Resource Pack**.
3. Keep a copy of this form for your records.

#### Authorized Representatives:

If the authorized representative does not have the power of attorney, **a signed and dated letter from the prescriber, on the prescriber's letterhead, must be submitted to the Celgene Customer Care Center, along with the POMALYST® (pomalidomide) Patient-Physician Agreement Form.** This letter must contain the following: a statement that the incompetent patient lacks the capacity to complete the POMALYST® (pomalidomide) Patient-Physician Agreement Form, including identification of the medical condition causing the incapacity; the name and address of the authorized representative; the authorized representative's relationship to the patient; and an opinion that the authorized representative accepts responsibility for the patient's compliance with the POMALYST REMS® program and is authorized to consent to treatment with POMALYST on behalf of the patient.

For more information, visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at 1-888-423-5436.

**BAR CODE HERE**

For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Get Pregnant

Please read the following statements carefully. Mark the box (with an “X”) if you agree with the statement. Please do not mark or write outside of designated areas.

### Section 1. Patient Agreement

I understand and confirm that:

- POMALYST can cause severe birth defects or death to my unborn baby if I am pregnant or become pregnant during treatment
- I am not pregnant now and will not get pregnant while being treated with POMALYST
- It is possible for me to get pregnant if:
  - I am having my period (am menstruating), or
  - My period has stopped because of my treatment
  - And I have sex with a male
- Not having sex is the only birth control method that is 100% effective
- I am not breastfeeding now and will not breastfeed while being treated with POMALYST
- My POMALYST prescription is **only** for me and is not to be shared with others
- I have read and understood the POMALYST Patient Guide to POMALYST REMS® Program and/or educational materials, including the Medication Guide. These materials include information about the possible health problems and side effects that POMALYST may cause
- My healthcare provider has reviewed this information with me and answered any questions I have asked
- I may be contacted by Celgene to assist with the POMALYST REMS® program
- I will NOT donate blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Get Pregnant

- I will use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** I have sex with a male unless otherwise recommended by my healthcare provider. My healthcare provider may recommend that I use **at the same time** 2 different birth control methods **every time** I have sex with a male if I cannot use a hormonal or intrauterine device (IUD) method

Highly effective birth control methods	Additional effective birth control methods
Intrauterine device (IUD)	
Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)	Male latex or synthetic condom
Tubal ligation (having your tubes tied)	Diaphragm
Partner's vasectomy (tying of the tubes to prevent the passing of sperm)	Cervical cap

Not having any sex is the only birth control that is 100% effective. Unacceptable methods of birth control are progesterone-only "mini-pills", IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, and cervical shield (A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception).

- I will use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** I have sex with a male:
- Starting at least 4 weeks before taking POMALYST
  - While taking POMALYST
  - During breaks (dose interruptions)
  - For at least 4 weeks after stopping POMALYST

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Get Pregnant

- I will have pregnancy tests—performed by my healthcare provider—according to the schedule listed below:
- 10 to 14 days before receiving my first prescription for POMALYST, and again 24 hours before receiving my first prescription for POMALYST
  - Every week during the first 4 weeks of my treatment with POMALYST
  - Every 4 weeks during the rest of my treatment if I have a regular menstrual cycle or no cycle at all—**or**—every 2 weeks if I have an irregular menstrual cycle
- I will have these pregnancy tests even if I do not get my period because of my treatment
- I will need to take another pregnancy test performed by my healthcare provider if my medication is not dispensed within 7 days of taking my pregnancy test
- I will stop taking POMALYST and call my healthcare provider right away if:
- I become pregnant while taking POMALYST, or
  - I miss my period or have unusual menstrual bleeding, or
  - I stop using birth control, or
  - I think—**for any reason**—that I am pregnant or may be pregnant
- If my healthcare provider is not available I will call the Celgene Customer Care Center at **1-888-423-5436**
- I will stop taking POMALYST immediately and call my healthcare provider right away if I have sex with a male without using birth control or if I think my birth control has failed. My healthcare provider will discuss my options, which may include emergency birth control. If I become pregnant or think I may be pregnant, and my healthcare provider is not available, I will call the Celgene Customer Care Center at **1-888-423-5436**
- I will complete the mandatory confidential monthly survey while taking POMALYST
- I will keep my POMALYST prescription out of the reach of children
- I will return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**. Celgene will pay for the shipping costs. I understand that Celgene cannot give me a refund for the capsules I did not take. Unused POMALYST capsules can also be returned to my POMALYST prescriber or to the pharmacy that dispensed the POMALYST to me

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for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Get Pregnant

### Section 2. Authorization

**I understand and confirm that:**

- By signing this authorization, I allow my healthcare providers and pharmacies to share my medical and other health information with Celgene Corporation and other companies that Celgene works with to:
- Coordinate the delivery of products and services available from pharmacies and Celgene patient assistance programs, including Celgene Patient Support®, and other companies
  - Analyze data for internal business purposes on the use of POMALYST
  - Evaluate the effectiveness of the POMALYST REMS® program
  - Use in any other manner as required or permitted by law
  - Provide me with information about POMALYST or my condition
- This authorization will remain in effect for 12 months after I stop POMALYST. However, it may be revoked (cancelled) earlier by me, at any time, once I inform my healthcare provider that I will no longer be a part of the POMALYST REMS® program
- Once my information is shared as noted above, and to process and coordinate the delivery of product, there is no guarantee that the person receiving the information will not share it with another party
- I may refuse to sign this authorization, which means that I do not want to participate in the POMALYST REMS® program. I understand that by refusing to participate in the POMALYST REMS® program, I will not be able to receive POMALYST. However, I understand that I can speak with my healthcare provider about other treatment options for my condition
- Upon signing this form, **I authorize my healthcare provider to begin my treatment with POMALYST**



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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Get Pregnant

### Section 3. Authorization to Start Treatment

I have read the information on this form or it has been read aloud to me in the language of my choice. I understand that if I do not follow all of the instructions regarding the POMALYST REMS® program, I will not be able to receive POMALYST. I also understand that the information I provide on this form and as part of the surveys I will complete during treatment will be known by the manufacturer of POMALYST and the Food and Drug Administration (FDA).

**I agree that the prescriber has fully explained to the patient the nature, purpose, and risks of the treatment described above, especially the potential risks to females who can get pregnant. The prescriber has asked the patient if she has any questions regarding her treatment with POMALYST, including the use of two methods of effective birth control (at least one highly effective method and one effective method) at the same time, and has answered those questions to the patient's and prescriber's mutual satisfaction. Both patient and prescriber certify that they will comply with all of their obligations and responsibilities as described under the POMALYST REMS® program.**

<i>Patient</i>		<i>Prescriber</i>
Name		Name
Identification Number		Identification Number
Address		Address
Telephone Number		Telephone Number
Date of Birth	Sex	Fax Number
Risk Category Menstruating: Surgical Menopause: Natural Menopause (24 months):		
Diagnosis		
Patient or Authorized Representative's Signature:		Prescriber's Signature:
Signature Date:		Signature Date:

Prescriber, please fax all pages of the completed form to **1-888-432-9325**.  
Give a copy of the form to the patient.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Get Pregnant

Please read the following statements carefully.

**Your healthcare provider has prescribed POMALYST for your child.\* POMALYST is available only through a restricted distribution program called the POMALYST Risk Evaluation and Mitigation Strategy (REMS). Before taking POMALYST, patients must read and agree to all of the instructions in the POMALYST REMS® program.**

**If your child is pregnant or becomes pregnant while taking POMALYST, it is important to know that the unborn baby can have severe birth defects or even die.**

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

For more information, please see the POMALYST Medication Guide.

### INSTRUCTIONS

*Before your child starts treatment with POMALYST, you will need to:*

1. Complete sections 1 and 2 of this form and sign and date on page 6.
2. Read the POMALYST REMS® materials contained in the **Patient Resource Pack**.
3. Keep a copy of this form for your records.

For more information, visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at 1-888-423-5436.

\*Throughout this form, the word child includes any child of whom you are the parent or guardian.

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for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Get Pregnant

Please read the following statements carefully. Mark the box (with an “X”) if you agree with the statement. Please do not mark or write outside of designated areas.

### Section 1. Patient Agreement

#### I understand and confirm that:

- POMALYST can cause severe birth defects or death to the unborn baby if my child is pregnant or becomes pregnant during treatment
- My child is not pregnant now and will not get pregnant while being treated with POMALYST
- It is possible for my child to get pregnant if:
  - She has her period (is menstruating) or has shown any sign of puberty, or
  - Her period has stopped because of treatment
  - And she has sex with a male
- Not having sex is the only birth control method that is 100% effective
- My child is not breastfeeding now and will not breastfeed while being treated with POMALYST
- My child’s POMALYST prescription is **only** for her and is not to be shared with others
- We have read and understood the POMALYST Patient Guide to the POMALYST REMS® Program and/or educational materials, including the Medication Guide. These materials include information about the possible health problems and side effects that POMALYST may cause
- My child’s healthcare provider has reviewed this information with us and answered any questions we have asked
- We may be contacted by Celgene to assist with the POMALYST REMS® program
- My child will NOT donate blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Get Pregnant

### I will tell my child that:

- She must use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** she has sex with a male unless otherwise recommended by her healthcare provider. Her healthcare provider may recommend that she use **at the same time** 2 different birth control methods every time she has sex with a male if she cannot use a hormonal or intrauterine device (IUD) method

Unless she chooses not to have sexual intercourse with a male at any time (abstinence), she must always use acceptable birth control methods.

Highly effective birth control methods	Additional effective birth control methods
Intrauterine device (IUD)	
Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)	Male latex or synthetic condom
Tubal ligation (having your tubes tied)	Diaphragm
Partner's vasectomy (tying of the tubes to prevent the passing of sperm)	Cervical cap

Not having any sex is the only birth control that is 100% effective. Unacceptable methods of birth control are progesterone-only "mini-pills", IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, and cervical shield (A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception).

- She must use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** she has sex with a male:
- Starting at least 4 weeks before taking POMALYST
  - While taking POMALYST
  - During breaks (dose interruptions)
  - For at least 4 weeks after stopping POMALYST

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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Get Pregnant

- She must have pregnancy tests—performed by her healthcare provider—according to the schedule listed below:
- 10 to 14 days before receiving her first prescription for POMALYST, and again 24 hours before receiving her first prescription for POMALYST
  - Every week during the first 4 weeks of her treatment with POMALYST
  - Every 4 weeks during the rest of her treatment if she has a regular menstrual cycle or no cycle at all—**or**—every 2 weeks if she has an irregular menstrual cycle
- She must have these pregnancy tests even if she does not get her period because of her treatment
- She must take another pregnancy test performed by her healthcare provider if her medication is not dispensed within 7 days of taking her pregnancy test
- She must stop taking POMALYST and I will call her healthcare provider right away if:
- She becomes pregnant while taking POMALYST, or
  - She misses her period or has unusual menstrual bleeding, or
  - She stops using birth control, or
  - She thinks—**for any reason**—that she is pregnant or may be pregnant
- If my child's healthcare provider is not available I will call the Celgene Customer Care Center at **1-888-423-5436**
- She must stop taking POMALYST immediately and you should call her healthcare provider right away if she had sex with a male without using birth control or if she thinks her birth control has failed. Her healthcare provider will discuss her options, which may include emergency birth control. If she becomes pregnant or thinks she may be pregnant, and her healthcare provider is not available, I will call the Celgene Customer Care Center at **1-888-423-5436**
- We will complete the mandatory confidential monthly survey while she is taking POMALYST
- We will keep her POMALYST prescription out of the reach of other children
- We will return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**. Celgene will pay for the shipping costs. I understand that Celgene cannot give me a refund for the capsules my child did not take. Unused POMALYST capsules can also be returned to my child's POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to my child

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Get Pregnant

### Section 2. Authorization

**I understand and confirm that:**

- By signing this authorization, I allow my child's healthcare providers and pharmacies to share my child's medical and other health information with Celgene Corporation and other companies that Celgene works with to:
- Coordinate the delivery of products and services available from pharmacies and Celgene patient assistance programs, including Celgene Patient Support®, and other companies
  - Analyze data for internal business purposes on the use of POMALYST
  - Evaluate the effectiveness of the POMALYST REMS® program
  - Use in any other manner as required or permitted by law
  - Provide me and my child with information about POMALYST or my child's condition
- This authorization will remain in effect for 12 months after my child stops POMALYST. However, it may be revoked (cancelled) earlier by me, at any time, once I inform my child's healthcare provider that my child will no longer be a part of the POMALYST REMS® program
- Once my child's information is shared as noted above, and to process and coordinate the delivery of product, there is no guarantee that the person receiving the information will not share it with another party
- I may refuse to sign this authorization, which means that I do not want my child to participate in the POMALYST REMS® program. I understand that by refusing to have my child participate in the POMALYST REMS® program, she will not be able to receive POMALYST. However, I understand that I can speak with my child's healthcare provider about other treatment options for my child's condition
- Upon signing this form, **I authorize my child's healthcare provider to begin my child's treatment with POMALYST**



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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Get Pregnant

### Section 3. Authorization to Start Treatment

I have read the information on this form or it has been read aloud to me in the language of my choice. I understand that if my child does not follow all of the instructions regarding the POMALYST REMS® program, she will not be able to receive POMALYST. I also understand that the information we provide on this form and as part of the surveys we will complete during treatment will be known by the manufacturer of POMALYST and the Food and Drug Administration (FDA).

**I agree that the prescriber has fully explained to the patient and her parent/guardian the nature, purpose, and risks of the treatment described above, especially the potential risks to females who can get pregnant. The prescriber has asked the patient and her parent/guardian if they have any questions regarding the child's treatment with POMALYST, including the use of two methods of effective birth control (at least one highly effective method and one effective method) at the same time, and has answered those questions to the patient's, parent/guardian's, and prescriber's mutual satisfaction. The patient, parent/guardian, and prescriber certify that they will comply with all of their obligations and responsibilities as described under the POMALYST REMS® program.**

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<i>Patient</i>		<i>Prescriber</i>
Name		Name
Identification Number		Identification Number
Address		Address
Telephone Number		Telephone Number
Date of Birth	Sex	Fax Number
Risk Category Menstruating: Surgical Menopause: Natural Menopause (24 months):		
Diagnosis		
Patient or Authorized Representative's Signature:		Prescriber's Signature:
Signature Date:		Signature Date:

Prescriber, please fax all pages of the completed form to **1-888-432-9325**.  
Give a copy of the form to the parent/guardian.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Not Get Pregnant

Please read the following statements carefully.

**Your healthcare provider has prescribed POMALYST for you. POMALYST is available only through a restricted distribution program called the POMALYST Risk Evaluation and Mitigation Strategy (REMS). Before taking POMALYST, you must read and agree to all of the instructions in the POMALYST REMS® program.**

**Any unborn baby of a female taking POMALYST can have severe birth defects or even die.**

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

For more information, please see the POMALYST Medication Guide.

### INSTRUCTIONS

*Before starting your treatment with POMALYST, you will need to:*

1. Complete sections 1 and 2 of this form and sign and date on page 5.
2. Read the POMALYST REMS® materials contained in the **Patient Resource Pack**.
3. Keep a copy of this form for your records.

#### Authorized Representatives:

If the authorized representative does not have the power of attorney, **a signed and dated letter from the prescriber, on the prescriber's letterhead, must be submitted to the Celgene Customer Care Center, along with the POMALYST® (pomalidomide) Patient-Physician Agreement Form.** This letter must contain the following: a statement that the incompetent patient lacks the capacity to complete the POMALYST® (pomalidomide) Patient-Physician Agreement Form, including identification of the medical condition causing the incapacity; the name and address of the authorized representative; the authorized representative's relationship to the patient; and an opinion that the authorized representative accepts responsibility for the patient's compliance with the POMALYST REMS® program and is authorized to consent to treatment with POMALYST on behalf of the patient.

For more information, visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at **1-888-423-5436**.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Not Get Pregnant

Please read the following statements carefully. Mark the box (with an “X”) if you agree with the statement. Please do not mark or write outside of designated areas.

### Section 1. Patient Agreement

I understand and confirm that:

- POMALYST can cause severe birth defects or death to unborn babies of females taking POMALYST
- I am not pregnant
- I am not able to get pregnant because:
  - I have had both of my ovaries and/or my uterus removed, or
  - I have been in menopause for at least 2 years
- My POMALYST prescription is **only** for me and is not to be shared with others
- I have read and understood the POMALYST Patient Guide to the POMALYST REMS® Program and/or educational materials, including the Medication Guide. These materials include information about the possible health problems and side effects that POMALYST may cause
- My healthcare provider has reviewed this information with me and answered any questions I have asked
- I may be contacted by Celgene to assist with the POMALYST REMS® program

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POMALYST® (pomalidomide) Patient-Physician Agreement Form

**Adult Female Who Can Not Get Pregnant**

**I will:**

- I will complete the mandatory confidential survey every 6 months while taking POMALYST
- I will keep my POMALYST prescription out of the reach of children
- I will return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**. Celgene will pay for the shipping costs. I understand that Celgene cannot give me a refund for the capsules I did not take. Unused POMALYST capsules can also be returned to my POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to me

**I will not:**

- I will **not** share my POMALYST capsules with anyone even if they have symptoms like mine
- I will **not** donate blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST

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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Female Who Can Not Get Pregnant

### Section 2. Authorization

**I understand and confirm that:**

- By signing this authorization, I allow my healthcare providers and pharmacies to share my medical and other health information with Celgene Corporation and other companies that Celgene works with to:
- Coordinate the delivery of products and services available from pharmacies and Celgene patient assistance programs, including Celgene Patient Support®, and other companies
  - Analyze data for internal business purposes on the use of POMALYST
  - Evaluate the effectiveness of the POMALYST REMS® program
  - Use in any other manner as required or permitted by law
  - Provide me with information about POMALYST or my condition
- This authorization will remain in effect for 12 months after I stop POMALYST. However, it may be revoked (cancelled) earlier by me, at any time, once I inform my healthcare provider that I will no longer be a part of the POMALYST REMS® program
- Once my information is shared as noted above, and to process and coordinate the delivery of product, there is no guarantee that the person receiving the information will not share it with another party
- I may refuse to sign this authorization, which means that I do not want to participate in the POMALYST REMS® program. I understand that by refusing to participate in the POMALYST REMS® program, I will not be able to receive POMALYST. However, I understand that I can speak with my healthcare provider about other treatment options for my condition
- Upon signing this form, **I authorize my healthcare provider to begin my treatment with POMALYST**



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**POMALYST® (pomalidomide) Patient-Physician Agreement Form**

**Adult Female Who Can Not Get Pregnant**

**Section 3. Authorization to Start Treatment**

I have read the information on this form or it has been read aloud to me in the language of my choice. I understand that if I do not follow all of the instructions regarding the POMALYST REMS® program, I will not be able to receive POMALYST. I also understand that the information I provide on this form and as part of the surveys I will complete during treatment will be known by the manufacturer of POMALYST and the Food and Drug Administration (FDA).

**I agree that the prescriber has fully explained to the patient the nature, purpose, and risks of the treatment described above, especially the potential risks to females who can get pregnant. The prescriber has asked the patient if she has any questions regarding her treatment with POMALYST and has answered those questions to the patient's and prescriber's mutual satisfaction. Both patient and prescriber certify that they will comply with all of their obligations and responsibilities as described under the POMALYST REMS® program.**

<i>Patient</i>		<i>Prescriber</i>
Name		Name
Identification Number		Identification Number
Address		Address
Telephone Number		Telephone Number
Date of Birth	Sex	Fax Number
Risk Category Menstruating: Surgical Menopause: Natural Menopause (24 months):		
Diagnosis		
Patient or Authorized Representative's Signature:		Prescriber's Signature:
Signature Date:		Signature Date:

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Prescriber, please fax all pages of the completed form to **1-888-432-9325**.  
Give a copy of the form to the patient.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Not Get Pregnant

Please read the following statements carefully.

**Your healthcare provider has prescribed POMALYST for your child.\* POMALYST is available only through a restricted distribution program called the POMALYST Risk Evaluation and Mitigation Strategy (REMS). Before taking POMALYST, patients must read and agree to all of the instructions in the POMALYST REMS® program.**

**Any unborn baby of a girl taking POMALYST can have severe birth defects or even die.**

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

For more information, please see the POMALYST Medication Guide.

### INSTRUCTIONS

*Before your child starts treatment with POMALYST, you will need to:*

1. Complete sections 1 and 2 of this form and sign and date on page 5.
2. Read the POMALYST REMS® materials contained in the **Patient Resource Pack**.
3. Keep a copy of this form for your records.

For more information, visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at **1-888-423-5436**.

\*Throughout this form, the word child includes any child of whom you are the parent or guardian.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Not Get Pregnant

Please read the following statements carefully. Mark the box (with an “X”) if you agree with the statement. Please do not mark or write outside of designated areas.

### Section 1. Patient Agreement

**I understand and confirm that:**

- POMALYST can cause severe birth defects or death to unborn babies of females taking POMALYST
- My child is not pregnant
- My child is not able to get pregnant because she has not yet started her period (is not menstruating)
- My child’s POMALYST prescription is **only** for her and is not to be shared with others
- We have read and understood the POMALYST Patient Guide to the POMALYST REMS® Program and/or educational materials, including the Medication Guide. These materials include information about the possible health problems and side effects that POMALYST may cause
- My child’s healthcare provider has reviewed this information with us and answered any questions we have asked
- We may be contacted by Celgene to assist with the POMALYST REMS® program

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POMALYST® (pomalidomide) Patient-Physician Agreement Form

**Female Child Who Can Not Get Pregnant**

**I will tell my child that:**

- We will complete the mandatory confidential monthly survey while my child is taking POMALYST
- We will keep my child's POMALYST prescription out of the reach of other children
- We will return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**. Celgene will pay for the shipping costs. I understand that Celgene cannot give me a refund for the capsules my child did not take. Unused POMALYST capsules can also be returned to my child's POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to my child
- She must **not** share her POMALYST capsules with anyone even if they have symptoms like hers
- She must **not** donate blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Not Get Pregnant

### Section 2. Authorization

I understand and confirm that:

- By signing this authorization, I allow my child's healthcare providers and pharmacies to share my child's medical and other health information with Celgene Corporation and other companies that Celgene works with to:
- Coordinate the delivery of products and services available from pharmacies and Celgene patient assistance programs, including Celgene Patient Support®, and other companies
  - Analyze data for internal business purposes on the use of POMALYST
  - Evaluate the effectiveness of the POMALYST REMS® program
  - Use in any other manner as required or permitted by law
  - Provide me and my child with information about POMALYST or my child's condition
- This authorization will remain in effect for 12 months after my child stops POMALYST. However, it may be revoked (cancelled) earlier by me, at any time, once I inform my child's healthcare provider that my child will no longer be a part of the POMALYST REMS® program
- Once my child's information is shared as noted above, and to process and coordinate the delivery of product, there is no guarantee that the person receiving the information will not share it with another party
- I may refuse to sign this authorization, which means that I do not want my child to participate in the POMALYST REMS® program. I understand that by refusing to have my child participate in the POMALYST REMS® program, she will not be able to receive POMALYST. However, I understand that I can speak with my child's healthcare provider about other treatment options for my child's condition
- Upon signing this form, **I authorize my child's healthcare provider to begin my child's treatment with POMALYST**



Pomalyst REMS®



- POMALYST® and POMALYST REMS® are registered trademarks of Celgene Corporation.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Female Child Who Can Not Get Pregnant

### Section 3. Authorization to Start Treatment

I have read the information on this form or it has been read aloud to me in the language of my choice. I understand that if my child does not follow all of the instructions regarding the POMALYST REMS® program, she will not be able to receive POMALYST. I also understand that the information we provide on this form and as part of the surveys we will complete during treatment will be known by the manufacturer of POMALYST and the Food and Drug Administration (FDA).

**I agree that the prescriber has fully explained to the patient and her parent/guardian the nature, purpose, and risks of the treatment described above, especially the potential risks to females who can get pregnant. The prescriber has asked the patient and her parent/guardian if they have any questions regarding the child's treatment with POMALYST and has answered those questions to the patient's, parent/guardian's, and prescriber's mutual satisfaction. The patient, parent/guardian, and prescriber certify that they will comply with all of their obligations and responsibilities as described under the POMALYST REMS® program.**

<i>Patient</i>		<i>Prescriber</i>
Name		Name
Identification Number		Identification Number
Address		Address
Telephone Number		Telephone Number
Date of Birth	Sex	Fax Number
Risk Category Menstruating: Surgical Menopause: Natural Menopause (24 months):		
Diagnosis		
Patient or Authorized Representative's Signature:		Prescriber's Signature:
Signature Date:		Signature Date:

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Prescriber, please fax all pages of the completed form to **1-888-432-9325**.  
Give a copy of the form to the parent/guardian.

**BAR CODE HERE**

For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Male

Please read the following statements carefully.

**Your healthcare provider has prescribed POMALYST for you. POMALYST is available only through a restricted distribution program called the POMALYST Risk Evaluation and Mitigation Strategy (REMS). Before taking POMALYST, you must read and agree to all of the instructions in the POMALYST REMS® program.**

**If a female you have sex with is pregnant or becomes pregnant by you while you are taking POMALYST, it is important for you to know that your unborn baby can have severe birth defects or even die.**

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

For more information, please see the POMALYST Medication Guide.

### INSTRUCTIONS

*Before starting your treatment with POMALYST, you will need to:*

1. Complete sections 1 and 2 of this form and sign and date on page 6.
2. Read the POMALYST REMS® materials contained in the **Patient Resource Pack**.
3. Keep a copy of this form for your records.

#### Authorized Representatives:

If the authorized representative does not have the power of attorney, **a signed and dated letter from the prescriber, on the prescriber's letterhead, must be submitted to the Celgene Customer Care Center, along with the POMALYST® (pomalidomide) Patient-Physician Agreement Form.** This letter must contain the following: a statement that the incompetent patient lacks the capacity to complete the POMALYST® (pomalidomide) Patient-Physician Agreement Form, including identification of the medical condition causing the incapacity; the name and address of the authorized representative; the authorized representative's relationship to the patient; and an opinion that the authorized representative accepts responsibility for the patient's compliance with the POMALYST REMS® program and is authorized to consent to treatment with POMALYST on behalf of the patient.

For more information, visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at **1-888-423-5436**.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Male

Please read the following statements carefully. Mark the box (with an “X”) if you agree with the statement. Please do not mark or write outside of designated areas.

### Section 1. Patient Agreement

#### I understand and confirm that:

- POMALYST can cause severe birth defects or death to my unborn baby if I have sex with a female who is pregnant or who is able to get pregnant during my treatment
- My semen may contain POMALYST even after I stop treatment. I must use a latex or synthetic condom **every time** I have sex with a female who is pregnant or who is able to get pregnant while taking POMALYST, during breaks (dose interruptions), and for 4 weeks after stopping POMALYST
- Not having sex is the only birth control method that is 100% effective
- My POMALYST prescription is **only** for me and is not to be shared with others
- I have read and understood the POMALYST Patient Guide to the POMALYST REMS® Program and/or educational materials, including the Medication Guide. These materials include information about the possible health problems and side effects that POMALYST may cause
- My healthcare provider has reviewed this information with me and answered any questions I have asked
- I may be contacted by Celgene to assist with the POMALYST REMS® program

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for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Male

- I must use a latex or synthetic condom **every time** I have sex with a female who is pregnant or who is able to get pregnant, even if I have had a successful vasectomy (tying of the tubes to prevent the passing of sperm)
- I will use a latex or synthetic condom **every time** I have sex with a female who is pregnant or who is able to get pregnant:
- While taking POMALYST
  - During breaks (dose interruptions)
  - For 4 weeks after stopping POMALYST
- I will call my healthcare provider right away if:
- I have unprotected sex with a female who is pregnant or who is able to get pregnant
  - I think—**for any reason**—that my sexual partner is pregnant or may be pregnant
  - My partner becomes pregnant or she thinks she may be pregnant
- If my healthcare provider is not available I will call the Celgene Customer Care Center at **1-888-423-5436**
- I will complete the mandatory confidential monthly survey while taking POMALYST
- I will keep my POMALYST prescription out of the reach of children
- I will return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**. Celgene will pay for the shipping costs. I understand that Celgene cannot give me a refund for the capsules I did not take. Unused POMALYST capsules can also be returned to my POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to me

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for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Male

- I will **not** share my POMALYST capsules with anyone even if they have symptoms like mine
- I will **not** donate blood or sperm while taking POMALYST, during breaks (dose interruptions), and for 4 weeks after stopping POMALYST

### Section 2. Authorization

**I understand and confirm that:**

- By signing this authorization, I allow my healthcare providers and pharmacies to share my medical and other health information with Celgene Corporation and other companies that Celgene works with to:
- Coordinate the delivery of products and services available from pharmacies and Celgene patient assistance programs, including Celgene Patient Support®, and other companies
  - Analyze data for internal business purposes on the use of POMALYST
  - Evaluate the effectiveness of the POMALYST REMS® program
  - Use in any other manner as required or permitted by law
  - Provide me with information about POMALYST or my condition

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for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Male

- This authorization will remain in effect for 12 months after I stop POMALYST. However, it may be revoked (cancelled) earlier by me, at any time, once I inform my healthcare provider that I will no longer be a part of the POMALYST REMS® program
- Once my information is shared as noted above, and to process and coordinate the delivery of product, there is no guarantee that the person receiving the information will not share it with another party
- I may refuse to sign this authorization, which means that I do not want to participate in the POMALYST REMS® program. I understand that by refusing to participate in the POMALYST REMS® program, I will not be able to receive POMALYST. However, I understand that I can speak with my healthcare provider about other treatment options for my condition
- Upon signing this form, **I authorize my healthcare provider to begin my treatment with POMALYST**



Pomalyst REMS®



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for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Adult Male

### Section 3. Authorization to Start Treatment

I have read the information on this form or it has been read aloud to me in the language of my choice. I understand that if I do not follow all of the instructions regarding the POMALYST REMS® program, I will not be able to receive POMALYST. I also understand that the information I provide on this form and as part of the surveys I will complete during treatment will be known by the manufacturer of POMALYST and the Food and Drug Administration (FDA).

**I agree that the prescriber has fully explained to the patient the nature, purpose, and risks of the treatment described above, especially the potential risks to females who can get pregnant. The prescriber has asked the patient if he has any questions regarding his treatment with POMALYST (including appropriate birth control methods) and has answered those questions to the patient's and prescriber's mutual satisfaction. Both patient and prescriber certify that they will comply with all of their obligations and responsibilities as described under the POMALYST REMS® program.**

Patient	Prescriber
Name	Name
Identification Number	Identification Number
Address	Address
Telephone Number	Telephone Number
Date of Birth	Fax Number
Sex	
Diagnosis	
Patient or Authorized Representative's Signature:	Prescriber's Signature:
Signature Date:	Signature Date:

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Prescriber, please fax all pages of the completed form to **1-888-432-9325**.

Give a copy of the form to the patient.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Male Child

Please read the following statements carefully.

**Your healthcare provider has prescribed POMALYST for your child.\* POMALYST is available only through a restricted distribution program called the POMALYST Risk Evaluation and Mitigation Strategy (REMS). Before taking POMALYST, patients must read and agree to all of the instructions in the POMALYST REMS® program.**

**If a female your child has sex with is pregnant or becomes pregnant by your child while he is taking POMALYST, it is important to know that the unborn baby can have severe birth defects or even die.**

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

For more information, please see the POMALYST Medication Guide.

### INSTRUCTIONS

*Before your child starts treatment with POMALYST, you will need to:*

1. Complete sections 1 and 2 of this form and sign and date on page 6.
2. Read the POMALYST REMS® materials contained in the **Patient Resource Pack**.
3. Keep a copy of this form for your records.

For more information, visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), or call the Celgene Customer Care Center at 1-888-423-5436.

\*Throughout this form, the word child includes any child of whom you are the parent or guardian.

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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Male Child

Please read the following statements carefully. Mark the box (with an "X") if you agree with the statement. Please do not mark or write outside of designated areas.

### Section 1. Patient Agreement

#### I understand and confirm that:

- POMALYST can cause severe birth defects or death to the unborn baby if my child has sex with a female who is pregnant or who is able to get pregnant during his treatment
- My child's semen may contain POMALYST even after he stops treatment. He must use a latex or synthetic condom **every time** he has sex with a female who is pregnant or who is able to get pregnant while taking POMALYST, during breaks (dose interruptions), and for 4 weeks after stopping POMALYST
- Not having sex is the only birth control method that is 100% effective
- My child's POMALYST prescription is **only** for him and is not to be shared with others
- We have read and understood the POMALYST Patient Guide to the POMALYST REMS® Program and/or educational materials, including the Medication Guide. These materials include information about the possible health problems and side effects that POMALYST may cause
- My child's healthcare provider has reviewed this information with us and answered any questions we have asked
- We may be contacted by Celgene to assist with the POMALYST REMS® program

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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Male Child

### I will tell my child that:

- He must use a latex or synthetic condom **every time** he has sex with a female who is pregnant or who is able to get pregnant, even if he has had a successful vasectomy (tying of the tubes to prevent passing of sperm)
- He must use a latex or synthetic condom **every time** he has sex with a female who is pregnant or who is able to get pregnant:
  - While taking POMALYST
  - During breaks (dose interruptions)
  - For 4 weeks after stopping POMALYST
- I will call his healthcare provider right away if:
  - He has unprotected sex with a female who is pregnant or who is able to get pregnant
  - He thinks—**for any reason**—that his sexual partner is pregnant or may be pregnant
  - His partner becomes pregnant or she thinks she may be pregnantIf my child's healthcare provider is not available I will call the Celgene Customer Care Center at **1-888-423-5436**
- We will complete the mandatory confidential monthly survey while my child is taking POMALYST
- We will keep his POMALYST prescription out of the reach of other children
- We will return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**. Celgene will pay for the shipping costs. I understand that Celgene cannot give us a refund for the capsules my child did not take. Unused POMALYST capsules can also be returned to my child's POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to my child

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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Male Child

- He must **not** share his POMALYST capsules with anyone even if they have symptoms like his
- He must **not** donate blood or sperm while taking POMALYST, during breaks (dose interruptions), and for 4 weeks after stopping POMALYST

### Section 2. Authorization

- I understand and confirm that:**
- By signing this authorization, I allow my child's healthcare providers and pharmacies to share my child's medical and other health information with Celgene Corporation and other companies that Celgene works with to:
- Coordinate the delivery of products and services available from pharmacies and Celgene patient assistance programs, including Celgene Patient Support®, and other companies
  - Analyze data for internal business purposes on the use of POMALYST
  - Evaluate the effectiveness of the POMALYST REMS® program
  - Use in any other manner as required or permitted by law
  - Provide me and my child with information about POMALYST or my child's condition

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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Male Child

- This authorization will remain in effect for 12 months after my child stops POMALYST. However, it may be revoked (cancelled) earlier by me, at any time, once I inform my child's healthcare provider that my child will no longer be a part of the POMALYST REMS® program
- Once my child's information is shared as noted above, and to process and coordinate the delivery of product, there is no guarantee that the person receiving the information will not share it with another party
- I may refuse to sign this authorization, which means that I do not want my child to participate in the POMALYST REMS® program. I understand that by refusing to have my child participate in the POMALYST REMS® program, he will not be able to receive POMALYST. However, I understand that I can speak with my child's healthcare provider about other treatment options for my child's condition
- Upon signing this form, **I authorize my child's healthcare provider to begin my child's treatment with POMALYST**



Pomalyst REMS®



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# POMALYST® (pomalidomide) Patient-Physician Agreement Form

## Male Child

### Section 3. Authorization to Start Treatment

I have read the information on this form or it has been read aloud to me in the language of my choice. I understand that if my child does not follow all of the instructions regarding the POMALYST REMS® program, he will not be able to receive POMALYST. I also understand that the information we provide on this form and as part of the surveys we will complete during treatment will be known by the manufacturer of POMALYST and the Food and Drug Administration (FDA).

**I agree that the prescriber has fully explained to the patient and his parent/guardian the nature, purpose, and risks of the treatment described above, especially the potential risks to females who can get pregnant. The prescriber has asked the patient and his parent/guardian if they have any questions regarding the child's treatment with POMALYST (including appropriate birth control methods) and has answered those questions to the patient's, parent/guardian's, and prescriber's mutual satisfaction. The patient, parent/guardian, and prescriber certify that they will comply with all of their obligations and responsibilities as described under the POMALYST REMS® program.**

Patient	Prescriber
<i>Name</i>	<i>Name</i>
<i>Identification Number</i>	<i>Identification Number</i>
<i>Address</i>	<i>Address</i>
<i>Telephone Number</i>	<i>Telephone Number</i>
<i>Date of Birth</i>	<i>Fax Number</i>
<i>Sex</i>	
<i>Diagnosis</i>	
<i>Patient or Authorized Representative's Signature:</i>	<i>Prescriber's Signature:</i>
<i>Signature Date:</i>	<i>Signature Date:</i>

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Prescriber, please fax all pages of the completed form to **1-888-432-9325**.  
Give a copy of the form to the parent/guardian.

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For Example Purposes Only: Call 1-888-423-5436  
for patient enrollment information.

# Pomalyst REMS®

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## Program for Pomalyst® (pomalidomide) Education and Prescribing Safety

Dear Prescriber:

### **Enclosed are your POMALYST REMS® program education materials.**

Celgene Corporation is pleased to provide you with the enclosed materials for use in the POMALYST REMS® program.

Important Information about the POMALYST REMS® program

- To avoid embryo-fetal exposure, POMALYST is only available under a special restricted distribution program called “POMALYST REMS®”
- 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
- Male Patients: Clinical data has demonstrated the presence of pomalidomide in human semen. Male patients taking POMALYST should not donate sperm. Males receiving POMALYST must always use a latex or synthetic condom during any sexual contact with females of reproductive potential even if they have undergone a successful vasectomy
- Only prescribers and pharmacies certified with POMALYST REMS® can prescribe and dispense POMALYST to patients who are enrolled and meet all the conditions of the POMALYST REMS® program

As a prescriber certified in the POMALYST REMS® program, please review and familiarize yourself with the contents of the enclosed POMALYST REMS® Kit:

#### **Prescriber Materials**

- Prescriber Guide to POMALYST REMS® Program
- POMALYST Full Prescribing Information

#### **Patient Materials (Patient Resource Pack)**

- Patient Guide to POMALYST REMS® Program
- Emergency Contraception Brochure
- MEDICATION GUIDE

To order additional Patient Resource Packs, please call the Celgene Customer Care Center at 1-888-423-5436.

Sincerely,



Jay T. Backstrom, MD, MPH  
Chief Medical Officer & Global Head  
Regulatory Affairs

Enclosures

## Risks of POMALYST® (pomalidomide)

**POMALYST has a Boxed Warning for embryo-fetal toxicity and thromboembolic events, including deep venous thrombosis (DVT) and pulmonary embolism (PE), myocardial infarction and stroke.**

**Due to the fact that it is an analogue of thalidomide, a known teratogen, POMALYST is contraindicated in pregnant females or females capable of becoming pregnant. Females of reproductive potential may be treated with POMALYST if they take adequate precautions to avoid pregnancy.**

Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), myocardial infarction and stroke occur in patients with multiple myeloma treated with pomalidomide.

**This is not a comprehensive description of risks associated with the use of POMALYST. Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed.**



**Pomalyst REMS®**



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US-REMS-POM190003

# Prescriber Guide to **Pomalyst** REMS<sup>®</sup> Risk Evaluation and Mitigation Strategy (REMS) Program

**Due to its structural similarity to thalidomide, a known teratogen, POMALYST<sup>®</sup> (pomalidomide) is approved for marketing only under a restricted distribution program approved by the Food and Drug Administration. This program is called the POMALYST Risk Evaluation and Mitigation Strategy (REMS) program.**

This guide contains important information for prescribers about:

- The risks of POMALYST, including a boxed warning for
  - Embryo-fetal toxicity
  - Venous and arterial thromboembolism
- The POMALYST REMS<sup>®</sup> program
  - Prescriber Certification
  - Patient Enrollment
  - Contraceptive Requirements and Counseling for Patients
  - Initial and Subsequent Prescription Requirements

## **POMALYST REMS<sup>®</sup> Resources for Prescribers Include:**

- Prescriber Guide to POMALYST REMS<sup>®</sup> Program
- Full Prescribing Information for POMALYST



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## Risks of POMALYST® (pomalidomide)

**POMALYST has a Boxed Warning for embryo-fetal toxicity and thromboembolic events, including deep venous thrombosis (DVT) and pulmonary embolism (PE), myocardial infarction and stroke.**

**Due to the fact that it is an analogue of thalidomide, a known teratogen,** POMALYST is contraindicated in pregnant females or females capable of becoming pregnant. Females of reproductive potential may be treated with POMALYST if they take adequate precautions to avoid pregnancy.

Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), myocardial infarction and stroke occur in patients with multiple myeloma treated with pomalidomide.

**This is not a comprehensive description of risks associated with the use of POMALYST. Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed, for further information regarding the use of POMALYST.**

## The POMALYST REMS® program

To avoid embryo-fetal exposure, POMALYST® (pomalidomide) is only available under a restricted distribution program called “POMALYST Risk Evaluation and Mitigation Strategy (REMS).” Only certified prescribers can prescribe POMALYST and only certified pharmacies can dispense POMALYST in the POMALYST REMS® program.

In order to receive POMALYST, all patients must be enrolled in POMALYST REMS® and agree to comply with the requirements of the POMALYST REMS® program. Information about POMALYST and the POMALYST REMS® program can be obtained by visiting [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), accessing the Celgene REMS mobile app, or calling the Celgene Customer Care Center toll-free at **1-888-423-5436**.

## Key points of the POMALYST REMS® program

### Prescriber

- The prescriber enrolls and becomes certified with Celgene for the POMALYST REMS® program
- The prescriber counsels patient on benefits and risks of POMALYST
- The prescriber provides contraception and emergency contraception counseling
- The prescriber verifies negative pregnancy test for all female patients of reproductive potential
- The prescriber completes a POMALYST® (pomalidomide) Patient-Physician Agreement Form with each patient and sends to Celgene
- The prescriber/patient completes applicable mandatory confidential survey
- The prescriber obtains an authorization number from Celgene and writes it on every prescription, along with the patient risk category
- The prescriber writes no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions
- The prescriber sends POMALYST prescription to certified pharmacy

### Pharmacy

- The pharmacy certifies with Celgene for Pomalyst REMS®
- The certified pharmacy must obtain a confirmation number from Celgene before dispensing
- The certified pharmacy dispenses POMALYST to patient along with a Medication Guide

# Prescribing POMALYST® (pomalidomide) under the POMALYST REMS® program

## FEMALES

### Patient Counseling

Instruct your patients on why and how they and their partners should prevent pregnancy. Also inform them not to share the drug, not to donate blood, and about using 2 effective methods of contraception (at least one highly effective method and one effective method) at the same time. Patients should be instructed not to extensively handle or open POMALYST capsules

### Pregnancy Tests Only in Females of Reproductive Potential

Conduct initial pregnancy test within 10-14 days. Confirm the patient is not pregnant with a second pregnancy test within 24 hours prior to writing an initial prescription. During treatment, pregnancy testing should be repeated every 4 weeks if the patient has regular menses or is amenorrheic, or every 2 weeks if the patient has irregular menses

### Enrollment

Both you and your patients must understand and agree to comply with the requirements of the POMALYST REMS® program, including the pregnancy-prevention steps. The POMALYST® (pomalidomide) Patient-Physician Agreement Form must be signed by both patient and physician and submitted to the Celgene Customer Care Center via mail (86 Morris Avenue, Summit, NJ 07901), email (customer care@celgene.com), or fax (1-888-432-9325), or electronically at [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or the Celgene REMS mobile app. If enrolling a patient online, the system generates an online prescription that you should complete and print, sign (include the authorization number and risk category), and fax to the certified pharmacy

### Complete Mandatory Confidential Survey

Your female patients will need to complete a brief survey by phone or online. You will also need to complete a mandatory survey by phone or online, after which you will receive an authorization number. You must complete this survey to obtain a new authorization number every time a POMALYST prescription is written. Female patients of reproductive potential and all female children must complete surveys monthly in order to obtain subsequent prescriptions. Adult female patients not of reproductive potential must complete surveys every 6 months

## MALES

### Patient Counseling

Instruct your patients on why and how they and their partners should prevent pregnancy. Also inform them not to share the drug, not to donate blood or sperm, and about appropriate contraceptive use. Patients should be instructed not to extensively handle or open POMALYST capsules

### Enrollment

Both you and your patients must understand and agree to comply with the requirements of the POMALYST REMS® program, including the pregnancy-prevention steps. The POMALYST® (pomalidomide) Patient-Physician Agreement Form must be signed by both patient and physician and submitted to the Celgene Customer Care Center via mail (86 Morris Avenue, Summit, NJ 07901), email (customer care@celgene.com), or fax (1-888-432-9325), or electronically at [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or the Celgene REMS mobile app. If enrolling a patient online, the system generates an online prescription that you should complete and print, sign (include the authorization number and risk category), and fax to the certified pharmacy

### Complete Mandatory Confidential Survey

Your male patients will need to complete a brief survey by phone or online. You will also need to complete a mandatory survey by phone or online, after which you will receive an authorization number. You must complete this survey to obtain a new authorization number every time a POMALYST prescription is written. The *initial survey is not required* for male patients, but they must complete surveys monthly in order to obtain subsequent prescriptions

## ALL PATIENTS

**Fax Prescription** Obtain an authorization number from Celgene and write it on the prescription, along with the patient risk category, and then fax it to a certified pharmacy. The certified pharmacy will contact patients for mandatory counseling and coordinate delivery of POMALYST to them

## POMALYST REMS® patient enrollment

- Obtain, review, and complete the POMALYST® (pomalidomide) Patient-Physician Agreement Form online by visiting [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), accessing the Celgene REMS mobile app, or by calling the Celgene Customer Care Center for assistance at **1-888-423-5436**
- Prescribers who do not have access to a computer will be provided with POMALYST REMS® program materials. For additional assistance, please contact the Celgene Customer Care Center or your Celgene Hematology Oncology Consultant
- Patient, parent/legal guardian, and/or authorized representative must read the POMALYST® (pomalidomide) Patient-Physician Agreement Form in the language of their choice

## Help ensure timely processing of each prescription

### Fill Out Form as Directed

- Write only in the designated areas on the POMALYST® (pomalidomide) Patient-Physician Agreement Form
- The box next to each statement must be marked (with an “X”) to indicate understanding
- The form must be completed and signed by both prescriber and patient

### Instructions for Female Patients

- For female patients, the prescriber will need to provide information on whether the patient has been in surgical menopause, chemical menopause, or natural menopause for at least 24 months

### Instructions for Minors

- If the patient is under 18 years of age, his or her legal guardian must read this material, mark the statement in each block of the form (with an “X”) and agree to ensure compliance by signing and dating the form

### Instructions for Incompetent Adult Patients

- For an incompetent adult patient, an authorized representative must sign the POMALYST® (pomalidomide) Patient-Physician Agreement Form

## POMALYST REMS® patient enrollment (continued)

- An authorized representative is a caretaker authorized under applicable state law to consent to treatment on the incompetent patient's behalf
- The authorized representative must read the material, mark the statements, and agree to ensure compliance by signing and dating the form
- If the authorized representative does not have the power of attorney, **a signed and dated letter from the prescriber, on the prescriber's letterhead, must be submitted to the Celgene Customer Care Center, along with the POMALYST® (pomalidomide) Patient-Physician Agreement Form.** This letter must contain the following: a statement that the incompetent patient lacks the capacity to complete the POMALYST® (pomalidomide) Patient-Physician Agreement Form, including identification of the medical condition causing the incapacity; the name and address of the authorized representative; the authorized representative's relationship to the patient; and an opinion that the authorized representative accepts responsibility for the patient's compliance with the POMALYST REMS® program and is authorized to consent to treatment with POMALYST® (pomalidomide) on behalf of the patient

### Send in Completed Forms

- Send the completed POMALYST® (pomalidomide) Patient-Physician Agreement Form online through **www.CelgeneRiskManagement.com**, the Celgene REMS mobile app, or to the Celgene Customer Care Center via mail (86 Morris Avenue, Summit, NJ 07901), email (customer care@celgene.com), or fax (1-888-432-9325)
- You will receive confirmation electronically or via fax to your office once the patient is enrolled
- Once the POMALYST® (pomalidomide) Patient-Physician Agreement Form is received, both female patients and prescriber can take their surveys as required. Male patients do not take initial surveys
- In the event that you do not receive this confirmation within 15 minutes, call the Celgene Customer Care Center

**Note:** If therapy with POMALYST is discontinued for 12 consecutive months, the patient must enroll again in the POMALYST REMS® program. Follow the above procedures to re-enroll the patient.

## Prescription requirements

### All patients

- Provide comprehensive counseling on the benefits and risks of therapy with POMALYST® (pomalidomide)
- Patients must be counseled on the potential risks of birth defects, other side effects, and important precautions associated with POMALYST
- Provide counseling not to share POMALYST capsules, and not to donate blood during treatment (including dose interruptions) and for 4 weeks after receiving their last dose of POMALYST, as well as counseling on appropriate contraceptive use, including emergency contraception
- Provide patients with educational materials provided in the POMALYST REMS® Patient Resource Pack
- Patients should be instructed to not extensively handle or open POMALYST capsules
- Instruct patients to return unused POMALYST capsules for disposal to Celgene or to their POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to them

### Female patients

#### Determine if female patient is of reproductive potential

##### Two categories:

##### 1. Females of Reproductive Potential

- All females who are menstruating, amenorrheic from previous medical treatments, under 50 years of age, and/or perimenopausal, and do not qualify for the females not of reproductive potential category

##### 2. Females Not of Reproductive Potential

- Females who have been in natural menopause for at least 24 consecutive months, or who have had a hysterectomy and/or bilateral oophorectomy, or female children who have not started menstruating

#### 1. Females of Reproductive Potential

##### Pregnancy test requirements

- Obtain a **negative** pregnancy test 10 to 14 days prior to writing an initial prescription for POMALYST and again within 24 hours prior to writing an initial prescription for POMALYST even if continuous abstinence is the chosen method of birth control
  - The pregnancy test must be sensitive to at least 50 mIU/mL
  - Pregnancy testing should occur weekly during the first 4 weeks of use

## Prescription requirements (continued)

- Pregnancy testing should be repeated every 4 weeks if patient has regular menses or is amenorrheic, or every 2 weeks if irregular menses
- If a patient misses her period or if there is any abnormality in menstrual bleeding, POMALYST® (pomalidomide) should be discontinued immediately. Obtain a pregnancy test and counsel the patient
- **If pregnancy does occur during treatment, POMALYST must be immediately discontinued.** Any suspected embryo-fetal exposure to POMALYST must be reported immediately to the FDA via the MedWatch number at **1-800-FDA-1088** and also to the Celgene Customer Care Center at **1-888-423-5436**. The patient should be referred to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling
- The patient must not breastfeed a baby while being treated with POMALYST

### Patient Counseling on Contraception Requirements

#### Contraception requirements

- Female patients of reproductive potential must either completely abstain from heterosexual sexual contact or must use 2 effective methods of contraception (at least one highly effective method and one effective method) at the same time
- The 2 effective contraceptive methods include using at the same time at least 1 highly effective method and at least 1 additional method of birth control every time they have sex with a male
- The 2 effective contraceptive methods must be started at least 4 weeks before POMALYST therapy, during therapy (including dose interruptions), and for at least 4 weeks following discontinuation of therapy

#### Effective Methods of Birth Control Used at the Same Time

Highly effective birth control methods	Additional effective birth control methods
<ul style="list-style-type: none"><li>● Intrauterine device (IUD)</li><li>● Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)</li><li>● Tubal ligation (having your tubes tied)</li><li>● Partner's vasectomy (tying of the tubes to prevent the passing of sperm)</li></ul>	<ul style="list-style-type: none"><li>● Male latex or synthetic condom</li><li>● Diaphragm</li><li>● Cervical cap</li></ul>

## Prescription requirements (continued)

Remind all patients that not having any sexual intercourse is the only birth control method that is 100% effective.

- **Unacceptable forms of contraception:**

- Progesterone-only “mini-pills”
  - IUD Progesterone T
  - Female condoms
  - Natural family planning (rhythm method) or breastfeeding
  - Fertility awareness
  - Withdrawal
  - Cervical shield\*
- Patients should be counseled that concomitant use of certain prescription drugs and/or dietary supplements can decrease the effects of hormonal contraception. If hormonal or IUD contraception is medically contraindicated, 2 other contraceptive methods may be used simultaneously during periods of concomitant use and for 4 weeks after stopping therapy

### 2. Females Not of Reproductive Potential

- The patient must confirm that she is currently not pregnant, nor of reproductive potential as she has been in natural menopause for at least 24 months, or had a hysterectomy and/or bilateral oophorectomy
- The parent or guardian must confirm that a prepubertal female child is not now pregnant, nor is of reproductive potential as **menstruation has not yet begun**, and/or the child will not be engaging in heterosexual sexual contact for at least 4 weeks before POMALYST® (pomalidomide) therapy, during therapy, during dose interruptions, and for at least 4 weeks after stopping therapy

## Male patients

- Male patients must be instructed to use a latex or synthetic condom every time they have sexual intercourse with a female of reproductive potential, even if they have undergone a successful vasectomy. The risk to the developing baby from the semen of male patients taking POMALYST therapy is unknown
- Male patients must be instructed not to donate sperm during treatment (including dose interruptions) and for 4 weeks after their last dose of POMALYST

\*A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception.

## Initial mandatory confidential survey

### Females

- Instruct the female patient to complete a brief initial mandatory confidential survey by visiting [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), accessing the Celgene REMS mobile app, or by calling **1-888-423-5436**. See page 12 for subsequent prescription requirements

### Males

- Males do not need to take the initial survey

### Prescribers

- Prescriber will complete a brief mandatory confidential survey by visiting [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), accessing the Celgene REMS mobile app, or by calling the Celgene Customer Care Center at **1-888-423-5436**, for **every patient** before each prescription is written. Be prepared to enter some of the following information:
  - Prescriber's identification number
  - Patient's identification number
  - Date and result of patient's pregnancy test(s) (if applicable); valid only for 7 days from date of last pregnancy test
  - Average daily dose
  - Total number of days supply (cannot exceed 28 days)
- An authorization number will be issued upon completion of the survey and must be written along with the patient risk category on the prescription. Authorization numbers are valid for 7 days from date of last pregnancy test for females of reproductive potential and 30 days from the date it is issued for all other patients. No automatic refills or telephone prescriptions are permitted

## Additional information for the prescriber

- Healthcare provider must send the prescription to a POMALYST REMS® certified pharmacy. To locate a certified pharmacy, please visit [www.Celgene.com/PharmacyNetwork](http://www.Celgene.com/PharmacyNetwork)
- Prescribe no more than 4 weeks (28 days) of therapy, with no automatic refills

## Subsequent prescription requirements

The prescriber must complete a brief mandatory confidential survey to obtain a new authorization number **every time** a prescription for POMALYST® (pomalidomide) is written.

No automatic refills or telephone prescriptions are permitted. The patient risk category must be written on the prescription.

### Female patients

- Provide counseling as outlined in the “Female patients” section on pages 8-10
- Follow pregnancy test requirements as outlined in the “Pregnancy test requirements” section on page 8
- Female patients must complete a brief mandatory confidential survey according to the following schedule:
  - Before prescription is obtained
  - Monthly
    - Adult females of reproductive potential
    - All female children
  - Every 6 months
    - Adult females not of reproductive potential

### Male patients

- Provide patient counseling as outlined in the “Male patients” section on page 10
- Male patients must complete a brief mandatory confidential survey once a month
  - Males do not complete an initial survey

## After the last dose of POMALYST® (pomalidomide)

After patients have stopped taking POMALYST, they must do the following:

### All patients

- Must not share POMALYST capsules—especially with females of reproductive potential
- Must return any unused POMALYST capsules for disposal to Celgene or their POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to them
- Must not donate blood for 4 weeks after stopping POMALYST

### Female patients of reproductive potential

- Must not get pregnant for at least 4 weeks after stopping POMALYST by using at the same time, 2 effective methods of contraception (at least one highly effective method and one effective method) each time engaging in sexual activity with a male

### Male patients

- Must use a latex or synthetic condom each time when engaging in sexual activity for 4 weeks after stopping POMALYST, even if they have undergone a successful vasectomy
- Must not donate sperm for 4 weeks after stopping POMALYST

## Ordering English and non-English materials

Call the Celgene Customer Care Center at 1-888-423-5436

- Materials are available in 16 languages and include:
  - POMALYST® (pomalidomide) Patient-Physician Agreement Forms
  - Patient Guide to POMALYST REMS® Program
  - Mandatory confidential survey forms

### Available languages:

Arabic	French	Japanese	Portuguese
Cambodian	German	Korean	Russian
Chinese	Greek	Laotian	Spanish
English	Italian	Polish	Vietnamese

- POMALYST® (pomalidomide) Patient-Physician Agreement Forms, Patient Guide to POMALYST REMS® Program, and mandatory confidential survey forms requested will be faxed directly to the number you indicate. Please be prepared to provide:

### Prescriber's:

Name  
Identification Number  
Full Address  
Fax Number

### Patient's:

Name  
Full Address  
Phone Number  
Date of Birth  
Identification Number  
Diagnosis (most recent version of ICD code)

## 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: <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*

POMALYST® and POMALYST REMS® are registered trademarks of Celgene Corporation.

## Pomalyst REMS<sup>®</sup>

POMALYST Risk Evaluation and Mitigation Strategy (REMS) program  
education and prescribing safety kit

### Risks of POMALYST<sup>®</sup> (pomalidomide)

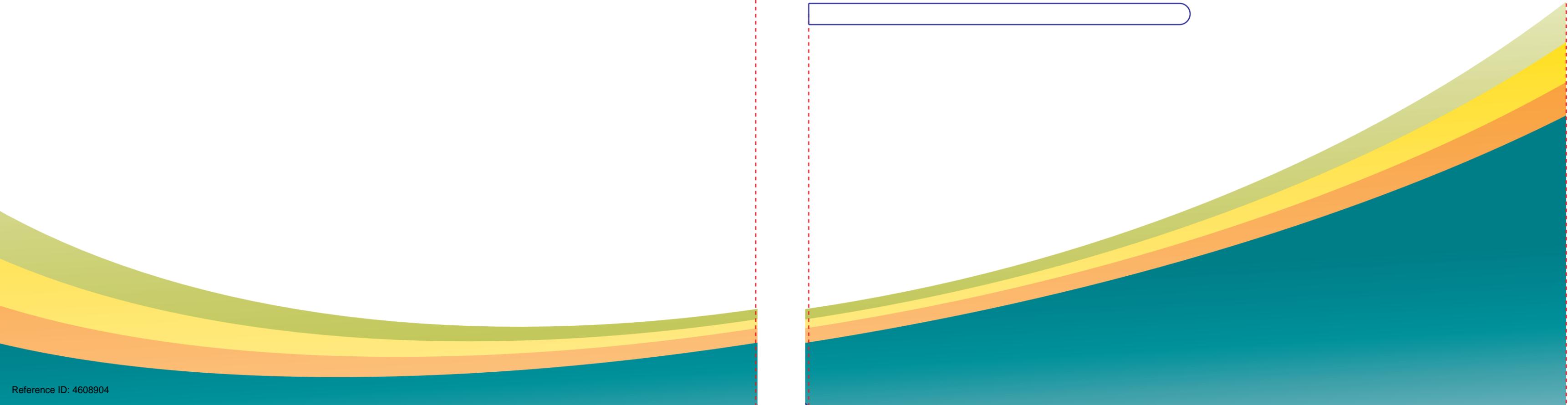
**POMALYST has a Boxed Warning for embryo-fetal toxicity and thromboembolic events, including deep venous thrombosis (DVT) and pulmonary embolism (PE), myocardial infarction and stroke.**

**Due to the fact that it is an analogue of thalidomide, a known teratogen,** POMALYST is contraindicated in pregnant females or females capable of becoming pregnant. Females of reproductive potential may be treated with POMALYST if they take adequate precautions to avoid pregnancy.

Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), myocardial infarction and stroke occur in patients with multiple myeloma treated with pomalidomide.

**This is not a comprehensive description of risks associated with the use of POMALYST. Please see full Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS, enclosed, for further information regarding the use of POMALYST.**





# Pomalyst REMS®

## Prescriber quick reference guide

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1. The prescriber provides comprehensive counseling.
2. The prescriber verifies negative pregnancy test for all female patients of reproductive potential.
3. The prescriber completes POMALYST® (pomalidomide) Patient-Physician Agreement Form with each patient and sends to Celgene.
4. Female patients complete initial mandatory confidential survey by:
  - Visiting **www.CelgeneRiskManagement.com**
  - Accessing the Celgene REMS mobile app
  - Calling the Celgene Customer Care Center at **1-888-423-5436**Male patients do not need to complete the initial survey.  
All patients must complete subsequent mandatory confidential surveys as outlined in the Prescriber Guide to POMALYST REMS® Program.
5. The prescriber completes mandatory confidential survey and receives authorization number by:
  - Visiting **www.CelgeneRiskManagement.com**
  - Accessing the Celgene REMS mobile app
  - Calling the Celgene Customer Care Center at **1-888-423-5436**
6. The prescriber writes POMALYST prescription and includes authorization number and patient risk category.
7. The prescriber sends prescription to certified pharmacy.

This flow sheet should be used only as a quick reference and only after reviewing all of the POMALYST REMS® procedures.

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



Pomalyst REMS®



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US-REMS-POM190005

Reference ID: 4608904

## 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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# Celgene REMS Programs Pharmacy Training: POMALYST REMS®

## Section 1: What Is a REMS?



# In this section



- What is a REMS?
- Celgene REMS programs
- Pharmacy staff knowledge check

# What is a REMS?



- REMS stands for **Risk Evaluation and Mitigation Strategies**
- REMS programs are mandated by the **US Food and Drug Administration (FDA)**
- According to the FDA, a REMS program is:
  - A strategy to manage a known or potential serious risk associated with a drug or biological product
- The FDA determines if a REMS program is necessary to ensure that the benefits of the drug outweigh the risks

# Celgene REMS programs



- Celgene has REMS programs for THALOMID<sup>®</sup> (thalidomide), REVLIMID<sup>®</sup> (lenalidomide), and POMALYST<sup>®</sup> (pomalidomide):
  - THALOMID REMS<sup>®</sup> program for THALOMID
  - REVLIMID REMS<sup>®</sup> program for REVLIMID
  - POMALYST REMS<sup>®</sup> for POMALYST
- If these treatments are used during pregnancy, they can cause serious birth defects or embryo-fetal death
- The goals of these REMS programs are:
  - To prevent the risk of embryo-fetal exposure to these treatments
  - To inform prescribers, patients, and pharmacies on the serious risks and safe-use conditions for each treatment

# Celgene REMS programs (continued)



For more information on Celgene REMS programs:

- Call the Celgene Customer Care Center at 1-888-423-5436
- Visit the specific product website

## Did you know?

The Celgene Customer Care Center has Compliance Specialists to educate and train pharmacy staff on Celgene REMS program guidelines and compliance.

# Pharmacy staff knowledge check



- REMS stands for Risk Evaluation and Mitigation Strategies
  - A. True
  - B. False

**Correct Answer: A. True**

- REMS stands for **Risk Evaluation and Mitigation Strategies**
- A REMS is a strategy to manage a known or potential serious risk associated with a drug or biological product

# Pharmacy staff knowledge check (continued)



- Who mandates REMS programs?
  - A. Celgene
  - B. The FDA
  - C. The EPA

**Correct Answer: B. The FDA**

- REMS programs are mandated by the FDA
- The FDA determines if a REMS program is necessary to ensure that the benefits of the drug outweigh the risks

## Pharmacy staff knowledge check (continued)



- Celgene REMS programs are mandated to avoid embryo-fetal exposure and to inform prescribers, patients, and pharmacies on the serious risks and safe-use conditions for each treatment
  - A. True
  - B. False

**Correct Answer: A. True**

- The goals of the Celgene REMS programs are:
  - To prevent the risk of embryo-fetal exposure to these treatments
  - To inform prescribers, patients, and pharmacies on the serious risks and safe-use conditions for each treatment

# Celgene REMS Programs Pharmacy Training: POMALYST REMS®

## Section 2: Program Requirements for Patients and Prescribers

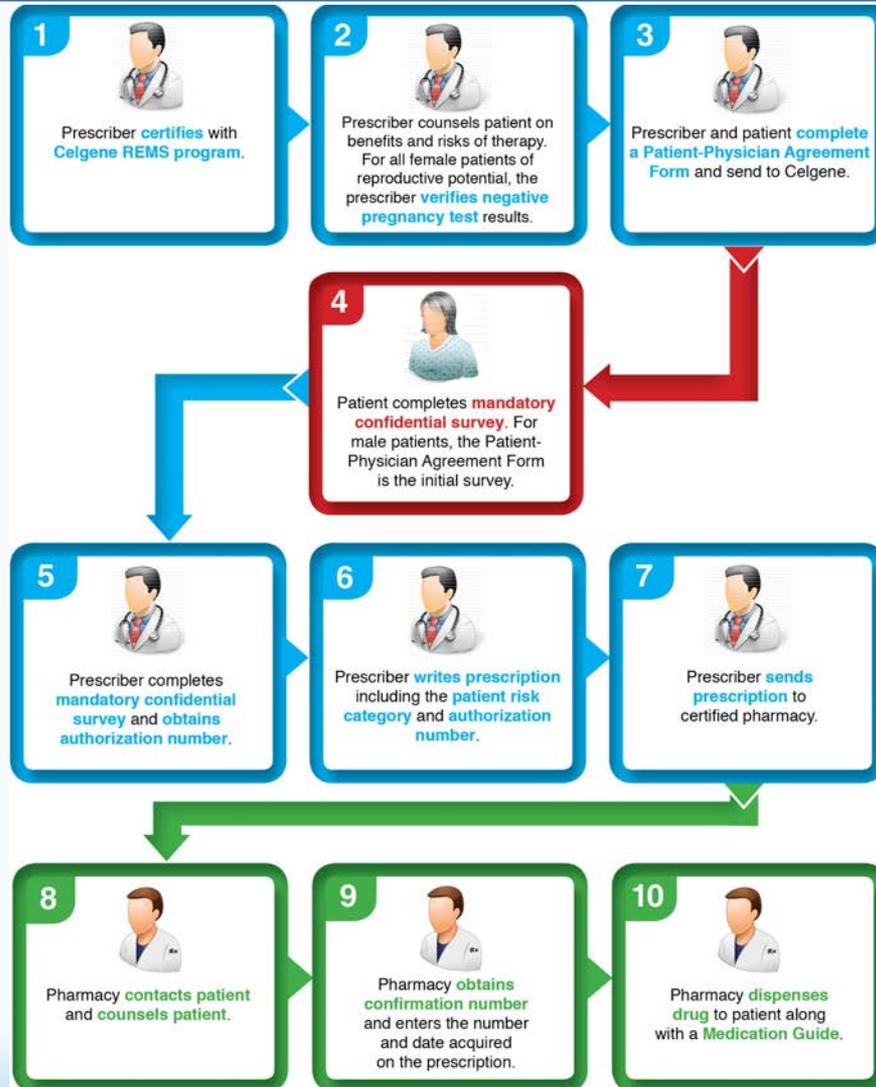


# In this section



- Program overview
- Certification and enrollment requirements for prescribers and patients
- Patient risk categories
- Contraception requirements
- Pregnancy test requirements
- Mandatory confidential surveys
- Pharmacy staff knowledge check

# Celgene REMS program overview



# Certification and enrollment requirements for prescribers and patients



- Prescribers must be certified with the Celgene REMS program in order to prescribe a product with a REMS program for a patient
  - Prescribers must complete the REMS program enrollment and agree to comply with the program requirements
- Prescribers are required to enroll patients in a specific Celgene REMS program before starting a patient on a therapy with a REMS
  - Patients must enroll in the REMS program and agree to comply with the program requirements

# Patient risk categories



- There are 6 different patient risk categories for patients enrolled in Celgene REMS programs:
  - Adult female of reproductive potential
  - Female child of reproductive potential
  - Adult female not of reproductive potential
  - Female child not of reproductive potential
  - Adult male
  - Male child

# Definition of females of reproductive potential



**Females of reproductive potential** include all females who:

- Are menstruating
- Are amenorrheic from previous medical treatments
- Are under 50 years of age
- Are perimenopausal
- Do not qualify for the females not of reproductive potential category

The risk categories for **females of reproductive potential** are:

- Adult female of reproductive potential
- Female child of reproductive potential

# Definition of females not of reproductive potential



**Females not of reproductive potential** include females who:

- Have been in natural menopause for at least 24 consecutive months
- Have had a hysterectomy and/or bilateral oophorectomy
- Have not started menstruating

The risk categories for **females not of reproductive potential** are:

- Adult female not of reproductive potential
- Female child not of reproductive potential

# Definition of males



**Males** include adults and children (under 18 years of age)

The risk categories for **males** are:

- Adult Male
- Male Child

# Contraception requirements: Females of reproductive potential



- Female patients of reproductive potential must either completely abstain from heterosexual sexual contact or must use 2 effective methods of contraception (at least one highly effective method and one effective method) at the same time
- The 2 effective contraceptive methods include using at the same time **at least 1 highly effective method** and **at least 1 additional method** of birth control every time they have sex with a male
- The 2 effective contraceptive methods must be started at least 4 weeks before therapy, during therapy (including dose interruptions), and for at least 4 weeks following discontinuation of therapy

## Highly effective methods

Tubal ligation

Intrauterine device (IUD)

Hormonal (birth control pills, hormonal patches, injections, vaginal rings, or implants)

Partner's vasectomy

+

## Additional effective methods

Male latex or synthetic condom

Diaphragm

Cervical cap

Remind patients that not having any sexual intercourse is the only birth control method that is **100% effective**.

# Contraception requirements: Females of reproductive potential (continued)



- **Unacceptable contraception methods:**
  - Progesterone-only “mini-pills”
  - IUD Progesterone T
  - Female condoms
  - Natural family planning (rhythm method) or breastfeeding
  - Fertility awareness
  - Withdrawal
  - Cervical shield
    - A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception

# Contraception requirements: Males



- Male patients must use a latex or synthetic condom:
  - Every time they have sexual intercourse with a female of reproductive potential even if they have undergone a successful vasectomy
  - During therapy (including dose interruptions)
  - For 4 weeks after discontinuation of therapy

Remind patients that not having any sexual intercourse is the only birth control method that is **100% effective**.

# Pregnancy test requirements



- For females of reproductive potential, prescriber must obtain a negative pregnancy test:
  - 10 to 14 days before an initial prescription
  - Within 24 hours before an initial prescription
  - The pregnancy test must be sensitive to at least 50 mIU/mL
- Subsequent pregnancy testing should occur:
  - Weekly during the first 4 weeks of use, then
  - Every 4 weeks if patient has regular menses or no menses, or
  - Every 2 weeks if irregular menses

# Pregnancy test requirements (continued)



## If pregnancy does occur:

- Treatment must be **immediately** discontinued
- Any suspected embryo-fetal exposure must be reported **immediately** to Celgene Global Drug Safety and reported to the FDA
  - Celgene Global Drug Safety: 1-800-640-7854
  - FDA MedWatch number: 1-800-FDA-1088
- The patient should be referred to an obstetrician/gynecologist experienced in reproductive toxicity for further evaluation and counseling

# Mandatory confidential surveys



- All patients must complete brief mandatory confidential surveys in order to obtain treatment
  - Surveys can be completed via CelgeneRiskManagement.com, by accessing the Celgene REMS mobile app, or by calling the Celgene Customer Care Center at 1-888-423-5436

## Patient Mandatory Confidential Survey Schedule for Adults and Children

Risk Category	Initial Prescription	Subsequent Prescriptions
Females of reproductive potential	Complete appropriate survey	Monthly survey
Females not of reproductive potential	Complete appropriate survey	Child: Monthly survey Adult: Survey every 6 months
Males	Do not need to take initial survey	Monthly survey

# Pharmacy staff knowledge check



- How many patient risk categories are there in the Celgene REMS programs?
  - A. 3
  - B. 5
  - C. 6

**Correct Answer: C. 6**

<b>Celgene REMS program patient risk categories</b>	
<b>Adult</b>	<b>Child (under 18)</b>
Adult female of reproductive potential	Female child of reproductive potential
Adult female not of reproductive potential	Female child not of reproductive potential
Adult male	Male child

# Pharmacy staff knowledge check (continued)



- For all Celgene REMS products, female patients of reproductive potential must take a pregnancy test:
  - A. 10-14 days before first prescription
  - B. Within 24 hours before first prescription
  - C. 10-14 days and within 24 hours before first prescription

**Correct Answer:**

**C. 10-14 days and within 24 hours before first prescription**

- Prescribers must obtain 2 negative pregnancy tests before the first prescription for females of reproductive potential:
  - 10 to 14 days before an initial prescription
  - Within 24 hours before an initial prescription

# Pharmacy staff knowledge check (continued)



- Which is a **highly effective** method of contraception?
  - A. Male latex or synthetic condom
  - B. IUD
  - C. Female condom

**Correct Answer: B. IUD**

<b>Highly effective methods</b>	<b>Additional effective methods</b>
Tubal ligation	Male latex or synthetic condom
Intrauterine device (IUD)	Diaphragm
Hormonal (birth control pills, hormonal patches, injections, vaginal rings, or implants)	Cervical cap
Partner's vasectomy	

# Celgene REMS Programs Pharmacy Training: POMALYST REMS®

## Section 3: Program Requirements for Pharmacies



# In this section



- Training and certification requirements
- Pharmacy compliance
- Pharmacy staff knowledge check

# Training and certification requirements



- Celgene REMS program certified counselors must:
  - Be licensed healthcare professionals
  - Complete the Celgene-sponsored training on all required modules **annually** and pass certification exam **with 100% accuracy**
  - Educate patient by telephone or in person before treatment can be dispensed
  - Understand and counsel patients on the potential for birth defects or death to an unborn baby
  - Counsel patients on possible side effects
- Other pharmacy staff involved in dispensing treatment must:
  - Be educated on the guidelines for dispensing

- Pharmacy manager responsibilities:
  - Educate all staff regarding dispensing guidelines
    - Includes floater pharmacists, pharmacy technicians, or anyone else handling the product
  - Make sure counselors are registered and certified in ComplianceWire<sup>®</sup> and advise Celgene of inactive counselors
  - Complete and return all documentation that pertains to non-compliance

**Did you know?** Pharmacy managers can call the Celgene Customer Care Center at **1-888-423-5436** with questions. Ask for Risk Compliance.

# Pharmacy compliance (continued)



- Pharmacy deviations:
  - The pharmacy will be required to investigate and correct conditions that lead to deviations from Celgene REMS programs
  - Celgene will work with the pharmacy to implement appropriate corrective actions and a timeframe for those actions
  - If corrective actions are not successful, Celgene may take additional action, up to and including deactivation of the pharmacy

# Pharmacy compliance (continued)



- A High Risk Deviation is:
  - Any action taken by the pharmacy that is inconsistent or non-compliant with the Celgene REMS program that increases the risk of embryo-fetal exposure
  - Any action that occurs on a consistent basis that shows a pharmacy's negligent or willful disregard to the Celgene REMS program requirements
- For any additional occurrence of a High Risk Deviation beyond 2 High Risk Deviations, the pharmacy may be deactivated and no longer permitted to dispense product

# Pharmacy staff knowledge check



- Celgene REMS program certified counselors must complete the Celgene-sponsored training:
  - A. Annually
  - B. Every 6 months
  - C. Every 2 years

**Correct Answer: A. Annually**

- Counselors must complete the Celgene-sponsored training annually

# Pharmacy staff knowledge check (continued)



- All counselors must pass the certification test with an accuracy of:
  - A. 100%
  - B. 90%
  - C. 95%

**Correct Answer: A. 100%**

- Counselors must pass the certification exam with 100% accuracy

# Pharmacy staff knowledge check (continued)



- Celgene may deactivate pharmacies for deviations
  - A. True
  - B. False

**Correct Answer: A. True**

- The pharmacy will be required to investigate and correct conditions that lead to deviations from Celgene REMS programs
- If corrective actions are not successful, Celgene may take additional action, up to and including deactivation of the pharmacy

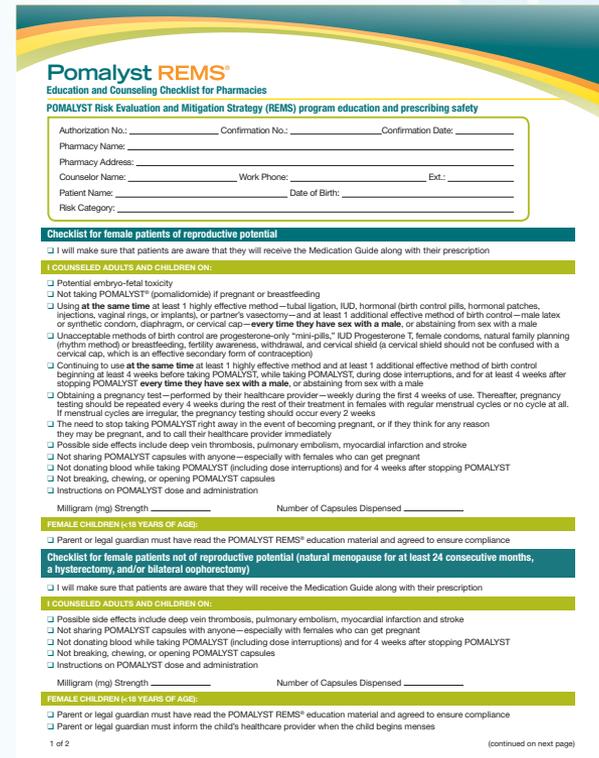
# Celgene REMS Programs Pharmacy Training: POMALYST REMS®

## Section 4: Guidelines for Counseling



# In this section

- Counseling for female patients of reproductive potential
- Counseling for female patients not of reproductive potential
- Counseling for male patients
- Additional counseling for all patients taking POMALYST® (pomalidomide)
- Pharmacy staff knowledge check



**Pomalyst REMS®**  
Education and Counseling Checklist for Pharmacies

**POMALYST Risk Evaluation and Mitigation Strategy (REMS) program education and prescribing safety**

Authorization No.: \_\_\_\_\_ Confirmation No.: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_  
 Pharmacy Name: \_\_\_\_\_  
 Pharmacy Address: \_\_\_\_\_  
 Counselor Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Risk Category: \_\_\_\_\_

**Checklist for female patients of reproductive potential**

I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

**I COUNSELED ADULTS AND CHILDREN ON:**

- Potential embryo-fetal toxicity
- Not taking POMALYST® (pomalidomide) if pregnant or breastfeeding
- Using at the same time at least 1 highly effective method—tubal ligation, IUD, hormonal (birth control pills, hormonal patches, injections, vaginal rings, or implants), or partner's vasectomy—and at least 1 additional effective method of birth control—male latex or synthetic condom, diaphragm, or cervical cap—every time they have sex with a male, or abstaining from sex with a male
- Unacceptable methods of birth control are progesterone-only "mini-pills," IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, and cervical shield (a cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception)
- Continuing to use at the same time at least 1 highly effective method and at least 1 additional effective method of birth control beginning at least 4 weeks before taking POMALYST, while taking POMALYST, during dose interruptions, and for at least 4 weeks after stopping POMALYST every time they have sex with a male, or abstaining from sex with a male
- Obtaining a pregnancy test—performed by their healthcare provider—weekly during the first 4 weeks of use. Thereafter, pregnancy testing should be repeated every 4 weeks during the rest of their treatment in females with regular menstrual cycles or no cycle at all. If menstrual cycles are irregular, the pregnancy testing should occur every 2 weeks
- The need to stop taking POMALYST right away in the event of becoming pregnant, or if they think for any reason they may be pregnant, and to call their healthcare provider immediately
- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
- Not sharing POMALYST capsules with anyone—especially with females who can get pregnant
- Not donating blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST
- Not breaking, chewing, or opening POMALYST capsules
- Instructions on POMALYST dose and administration

Milligram (mg) Strength \_\_\_\_\_ Number of Capsules Dispensed \_\_\_\_\_

**FEMALE CHILDREN (≤18 YEARS OF AGE):**

- Parent or legal guardian must have read the POMALYST REMS® education material and agreed to ensure compliance

**Checklist for female patients not of reproductive potential (natural menopause for at least 24 consecutive months, a hysterectomy, and/or bilateral oophorectomy)**

I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

**I COUNSELED ADULTS AND CHILDREN ON:**

- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
- Not sharing POMALYST capsules with anyone—especially with females who can get pregnant
- Not donating blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST
- Not breaking, chewing, or opening POMALYST capsules
- Instructions on POMALYST dose and administration

Milligram (mg) Strength \_\_\_\_\_ Number of Capsules Dispensed \_\_\_\_\_

**FEMALE CHILDREN (≤18 YEARS OF AGE):**

- Parent or legal guardian must have read the POMALYST REMS® education material and agreed to ensure compliance
- Parent or legal guardian must inform the child's healthcare provider when the child begins menses

1 of 2 (continued on next page)

The sequence of this section is based on the Education and Counseling Checklist for Pharmacies.  
**Remember to fill out this checklist for every patient for every prescription.**

# Counseling for female patients of reproductive potential



- Make sure that patients are aware that they will receive the **Medication Guide** along with their prescription

## COUNSEL ADULTS AND CHILDREN ON:

- Potential embryo-fetal toxicity
- Not taking treatment if pregnant or breastfeeding
- Using **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time they have sex with a male**, or abstaining from sex with a male
  - **Highly effective** methods of contraception: Tubal ligation, intrauterine device (IUD), hormonal (birth control pills, hormonal patches, injections, vaginal rings, or implants), or partner's vasectomy
  - **Additional effective** methods of contraception: Male latex or synthetic condom, diaphragm, or cervical cap

# Counseling for female patients of reproductive potential (continued)



## COUNSEL ADULTS AND CHILDREN ON:

- Unacceptable methods of birth control are:
  - Progesterone-only “mini-pills”
  - IUD Progesterone T
  - Female condoms
  - Natural family planning (rhythm method) or breastfeeding
  - Fertility awareness
  - Withdrawal
  - Cervical shield (a cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception)

# Counseling for female patients of reproductive potential (continued)



## COUNSEL ADULTS AND CHILDREN ON:

- Continuing to use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control:
  - Beginning at least 4 weeks before treatment
  - During treatment
  - During dose interruptions
  - For at least 4 weeks after stopping treatment
  - **Every time they have sex with a male**, or abstaining from sex with a male

# Counseling for female patients of reproductive potential (continued)



## COUNSEL ADULTS AND CHILDREN ON:

- Obtaining a pregnancy test—performed by their healthcare provider—weekly during the first 4 weeks of use
- Pregnancy testing should be repeated:
  - Every 4 weeks during the rest of their treatment in females with regular menstrual cycles or no cycle at all
  - If menstrual cycles are irregular, the pregnancy testing should occur every 2 weeks
- The need to stop treatment right away **in the event of becoming pregnant, or if they think for any reason they may be pregnant,** and to call their healthcare provider immediately

# Counseling for female patients of reproductive potential (continued)



## **COUNSEL ADULTS AND CHILDREN ON:**

- Not sharing capsules with anyone—especially with females who can get pregnant
- Not donating blood during treatment (including dose interruptions) and for 4 weeks after stopping treatment
- Not breaking, chewing, or opening capsules
- Instructions on dose and administration
  - It is required that the milligram strength and number of capsules dispensed be recorded on the patient checklist

## **FOR FEMALE CHILDREN (<18 YEARS OF AGE):**

- Parent or legal guardian must have read the Celgene REMS program education material and agreed to ensure compliance

# Counseling for female patients not of reproductive potential



- Make sure that patients are aware that they will receive the **Medication Guide** along with their prescription

## COUNSEL ADULTS AND CHILDREN ON:

- Not sharing capsules with anyone—especially with females who can get pregnant
- Not donating blood during treatment (including dose interruptions) and for 4 weeks after stopping treatment
- Not breaking, chewing, or opening capsules
- Instructions on dose and administration
  - It is required that the milligram strength and number of capsules dispensed be recorded on the patient checklist

# Counseling for female patients not of reproductive potential (continued)



## FOR FEMALE CHILDREN (<18 YEARS OF AGE):

- Parent or legal guardian must have read the Celgene REMS program education material and agreed to ensure compliance
- Parent or legal guardian must inform the child's doctor when the child begins menses

# Counseling for male patients



- Make sure that patients are aware that they will receive the **Medication Guide** along with their prescription

## **COUNSEL ADULTS AND CHILDREN ON:**

- Potential embryo-fetal toxicity and contraception
  - Wearing a latex or synthetic condom every time when engaging in sexual intercourse with a female who can get pregnant, even if they have undergone a successful vasectomy
- Female partners of males receiving treatment must call their healthcare provider right away if they get pregnant

# Counseling for male patients (continued)



## **COUNSEL ADULTS AND CHILDREN ON:**

- Not sharing capsules with anyone—especially with females who can get pregnant
- Not donating blood or sperm during treatment (including dose interruptions) and for 4 weeks after stopping treatment
- Not breaking, chewing, or opening capsules
- Instructions on dose and administration
  - It is required that the milligram strength and number of capsules dispensed be recorded on the patient checklist

## **FOR MALE CHILDREN (<18 YEARS OF AGE):**

- Parent or legal guardian must have read the Celgene REMS program education material and agreed to ensure compliance

# Additional counseling for all patients taking POMALYST® (pomalidomide)



## COUNSEL ADULTS AND CHILDREN ON:

- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke

Counsel patient to **contact healthcare provider** if experiencing any side effects.

# Pharmacy staff knowledge check



- Which of these is **not** something patients need to be counseled on?
  - A. Not sharing capsules
  - B. Not breaking, chewing, or opening capsules
  - C. Wearing gloves while taking capsules

**Correct Answer: C. Wearing gloves while taking capsules**

- Patients must be counseled on:
  - Not sharing capsules with anyone—especially with females who can get pregnant
  - Not breaking, chewing, or opening capsules

# Pharmacy staff knowledge check (continued)



- Female patients of reproductive potential must use at the same time at least 1 highly effective method and at least 1 additional effective method of birth control for 4 weeks after stopping treatment
  - A. True
  - B. False

**Correct Answer: A. True**

- Female patients of reproductive potential must continue to use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control:
  - Beginning at least 4 weeks before treatment
  - During treatment
  - During dose interruptions
  - For at least 4 weeks after stopping treatment
  - **Every time they have sex with a male**, or abstaining from sex with a male

# Pharmacy staff knowledge check (continued)



- All patients must receive a Medication Guide along with their prescription
  - A. True
  - B. False

**Correct Answer: A. True**

- Make sure that patients are aware that they will receive the **Medication Guide** along with their prescription

# Celgene REMS Programs Pharmacy Training: POMALYST REMS®

## Section 5: Guidelines for Dispensing



# In this section



- Pharmacy and prescription requirements
- Dispensing guidelines
- Steps for dispensing
- Pharmacy staff knowledge check

# Pharmacy and prescription requirements



- Dispensing pharmacies must be certified in the applicable Celgene REMS program and educated on the program and on dispensing procedures for the treatment
- Pharmacy must ensure that every prescription includes:
  - Patient and prescriber demographics and contact information
  - Patient risk category
  - Dosing information and instructions
  - Authorization number
  - Prescriber signature
- 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

# Dispensing guidelines



- Dispense **no more than a 4-week (28-day) supply** with the Medication Guide. A new prescription is required for further dispensing
- **Dispense subsequent prescriptions only if there are 7 days or less remaining of therapy on the existing prescription**
- Dispense or ship the product within 24 hours of obtaining and recording the confirmation number
- For females of reproductive potential, product **must be shipped the same day** confirmation number is obtained **or picked-up within 24 hours** of obtaining confirmation
- Pharmacy is required to **cancel** the confirmation number if product is not provided to the patient within the required time frame
  - Pharmacy must obtain a new confirmation number by calling the Celgene Customer Care Center at 1-888-423-5436 when ready to ship or have the product picked up

## Dispensing guidelines (continued)



- When shipping, pharmacy must require a signature confirming receipt
- Pharmacy shall keep an inventory log for the drug, by strength, reflecting its on-hand inventory at all times
- Do not transfer the drug to another pharmacy without prior authorization from Celgene
- Accept unused capsules (previously dispensed) from a patient or patient caregiver and return the capsules to Celgene for proper disposal

## Review incoming prescriptions

- Only accept prescriptions with all of the following information:
  - Patient and prescriber demographics and contact information
  - Patient risk category
  - Dosing information and instructions
  - Authorization number
  - Prescriber signature
- Make sure the prescription is signed and dated
- Confirm the prescription is written for a 4-week (28-day) supply or less
- For subsequent prescriptions, verify there are 7 days or less of therapy remaining on the existing prescription

# Steps for dispensing (continued)



## Counsel patient

- Patients must receive counseling from a Celgene REMS program certified pharmacy counselor
- Complete the corresponding section (based on the patient risk category) of the Education and Counseling Checklist
  - Make sure form is signed and dated by the counselor and appropriate boxes are checked off
  - Keep a copy of the checklist and the associated prescription
- Please report adverse drug experiences that are suspected to be associated with the use of the drug and any suspected pregnancy occurring during the treatment

# Steps for dispensing (continued)



## Obtain confirmation number from Celgene

- 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](http://www.CelgeneREMSPharmacyPortal.com)**. Call your Celgene Account Manager to see if your pharmacy is eligible
  1. Enter the pharmacy NABP number or DEA number
  2. Enter the authorization number written on the prescription
  3. Enter the number of capsules and milligram strength being dispensed
  4. Write the **confirmation number** and **date** on the prescription.  
Note: the confirmation number is **only valid for 24 hours**
- If you do not obtain a confirmation number, you are not permitted to dispense the product to the patient

If you have questions about the validity of the authorization or confirmation numbers, call the Celgene Customer Care Center.

# Steps for dispensing (continued)



## Dispense prescription

- Include a Medication Guide with each prescription
- Document the dispense date on either the shipping receipt or pharmacy dispensing log
- Dispense or ship the product within 24 hours of obtaining and recording the confirmation number
- For females of reproductive potential, product **must be shipped the same day** confirmation number is obtained **or handed to the patient within 24 hours**

# Pharmacy staff knowledge check



- A confirmation number is valid for:
  - A. 24 hours
  - B. 7 days
  - C. 30 days

**Correct Answer: A. 24 hours**

- The confirmation number is **only valid for 24 hours**
- Pharmacy is required to **cancel** the confirmation number if product is not provided to the patient within the required time frame

# Pharmacy staff knowledge check (continued)



- Each prescription must have both an authorization number and a patient risk category written on it
  - A. True
  - B. False

**Correct Answer: A. True**

- Only accept prescriptions with all of the following information:
  - Patient and prescriber demographics and contact information
  - Patient risk category
  - Dosing information and instructions
  - Authorization number
  - Prescriber signature

# Pharmacy staff knowledge check (continued)



- The pharmacy must dispense no more than a 4-week (28-day) supply
  - A. True
  - B. False

**Correct Answer: A. True**

- Dispense **no more than a 4-week (28-day) supply** with the Medication Guide
- A new prescription is required for further dispensing

Questions for POMALYST REMS® Pharmacy Certification Quiz

1. Authorization numbers for females of reproductive potential are valid for up to \_\_\_\_\_ days:  
(Mandatory Question)
  - a. **7 days**
  - b. 10 days
  - c. 14 days
  - d. 28 days
  
2. It is not necessary to obtain a confirmation number to dispense. (Mandatory Question)
  - a. True
  - b. **False**
  
3. Celgene REMS programs are mandated to avoid embryo-fetal exposure and to inform prescribers, patients, and pharmacists on the serious risks and safe-use conditions for each treatment. (Mandatory Question)
  - a. **True**
  - b. False
  
4. It is not required to retain the prescription with the authorization and confirmation numbers for each filled prescription. It is not necessary to complete the Education and Counseling Checklist.
  - a. True
  - b. **False**
  
5. According to the package insert's boxed warnings and warnings and precautions, deep venous thrombosis, pulmonary embolism, myocardial infarction and stroke have been reported in patients receiving POMALYST (Mandatory Question)
  - a. **True**
  - b. False
  
6. POMALYST can cause serious birth defects. (Mandatory Question)
  - a. **True**
  - b. False
  
7. What pregnancy precautions are required for a female of reproductive potential with respect to heterosexual sexual contact?
  - a. **Must use at the same time at least 1 highly effective method and at least 1 additional effective method of birth control every time she has sex with a male, beginning at least 4 weeks before therapy, during therapy (including dose interruptions), and for at least 4 weeks after stopping therapy**
  - b. Abstain from having any heterosexual sexual contact only while taking therapy
  - c. After stopping therapy it is okay to get pregnant at any time
  - d. Use 2 forms of birth control 2 weeks before taking therapy
  
8. What precautions are required for a male with respect to sexual contact with his female partner of reproductive potential?
  - a. **Use of a latex or synthetic condom every time he has sexual intercourse with a female of reproductive potential during therapy (including dose interruptions) and for 4 weeks after stopping therapy, even if he has undergone a successful vasectomy**
  - b. Abstain from having any sexual contact with a females of reproductive potential only while taking therapy
  - c. Use latex or synthetic condoms while taking therapy. No precautions are necessary once treatment has stopped
  - d. Males taking therapy who have had a vasectomy do not need to use latex or synthetic condoms

9. For all Celgene REMS programs, female patients of reproductive potential must have a negative pregnancy test: (*Mandatory Question*)
- Prior to initial prescription
  - Prior to subsequent prescription
  - Prior to initial prescription and prior to subsequent prescription**
  - None of these
10. Adverse drug experiences that are suspected to be associated with the use of therapy, and any suspected pregnancy occurring during treatment, must be reported to Celgene. (*Mandatory Question*)
- True**
  - False
11. The Medication Guide must be provided every time POMALYST is dispensed. (*Mandatory Question*)
- True**
  - False
12. A certified Celgene REMS pharmacy cannot dispense more than a \_\_\_\_\_ supply of POMALYST.
- 28 day**
  - 3 month
  - 2 week
  - 1 year
13. Authorization numbers for patient risk categories other than females of reproductive potential are valid for up to \_\_\_\_\_ days. (*Mandatory Question*)
- 30 days**
  - 10 days
  - 7 days
  - 28 days
14. A male patient can donate sperm at any time during therapy.
- True
  - False**

US-REMS-POM190012

# Patient Guide to

# Pomalyst REMS<sup>®</sup>

## Risk Evaluation and Mitigation Strategy (REMS) Program

This guide provides you important information about:

- The risks of POMALYST<sup>®</sup> (pomalidomide)
  - Birth defects (deformed babies) or death of an unborn baby
  - Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST
- The POMALYST REMS<sup>®</sup> program
  - What females who can get pregnant need to know
    - Birth control options
  - What females who can not get pregnant need to know
  - What males need to know



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## Risks of POMALYST® (pomalidomide)

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POMALYST is similar to the medicine thalidomide (THALOMID®). Thalidomide can cause severe life-threatening birth defects. If POMALYST is used during pregnancy, it can cause birth defects or death to unborn babies. POMALYST must not be used by pregnant females and females who are able to get pregnant. Females who are able to get pregnant must avoid pregnancy while taking POMALYST.

Blood clots in your arteries (heart attacks and strokes), veins (deep vein thrombosis) and lungs (pulmonary embolism) can happen if you take POMALYST.

**This is not a comprehensive description of risks associated with the use of POMALYST. Please read the Medication Guide for POMALYST for additional information regarding risks associated with its use and see the full Prescribing Information, including Boxed Warnings, enclosed.**

## What is the POMALYST REMS® program?

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To avoid serious risks to unborn babies, POMALYST is only available under a restricted distribution program called the “POMALYST Risk Evaluation and Mitigation Strategy (REMS).” Only certified prescribers can prescribe POMALYST and only certified pharmacies can dispense POMALYST. In order to receive POMALYST, patients must be enrolled in the POMALYST REMS® program and agree to follow the requirements.

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

# How to receive your first prescription for POMALYST® (pomalidomide)

## For Females:



### Counseling

Your healthcare provider will counsel you on why and how you and your partner should prevent pregnancy. Your healthcare provider will also inform you not to share the drug, not to donate blood, and about using two effective birth control methods (at least one highly effective method and one effective method) at the same time. You should be instructed not to extensively handle or open POMALYST capsules



### Pregnancy Test #1

If you can get pregnant, you must take an initial pregnancy test within 10-14 days before getting a POMALYST prescription



### Pregnancy Test #2

If you can get pregnant, you must take a second pregnancy test within 24 hours before getting a POMALYST prescription



### Enrollment

You and your healthcare provider will then complete and submit the POMALYST® (pomalidomide) Patient-Physician Agreement Form



### Complete Mandatory Confidential Survey

You and your healthcare provider will each complete a survey. Visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), access the Celgene REMS mobile app, or call **1-888-423-5436** and press 1 to take your survey



### Prescription

Your healthcare provider will send your prescription to a certified pharmacy



### Pharmacy Call

The certified pharmacy will contact you to provide counseling on the serious risks and safe-use conditions of POMALYST before you receive your prescription. They will also coordinate delivery of POMALYST to you



### Receive POMALYST

POMALYST will be shipped with a Medication Guide to the address you provide. A signature will be required to receive this shipment

For each of your following prescriptions, pregnancy tests will be required depending on your ability to get pregnant. For specific pregnancy test requirements, please refer to page 10 of this guide. For full detailed information about the POMALYST REMS® program requirements, please visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or review the Patient Guide to POMALYST REMS® Program.

## For Males:



### Counseling

Your healthcare provider will counsel you on why and how you and your partner should prevent pregnancy. Your healthcare provider will also inform you not to share the drug, not to donate blood or sperm, and about appropriate contraceptive use. You should be instructed not to extensively handle or open POMALYST® (pomalidomide) capsules



### Enrollment

You and your healthcare provider will then complete and submit the POMALYST® (pomalidomide) Patient-Physician Agreement Form



### Complete Mandatory Confidential Survey

You will not have to take a survey for your first prescription, but will have to for the following ones. Visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com), access the Celgene REMS mobile app, or call **1-888-423-5436** and press 1 to take your survey



### Prescription

Your healthcare provider will send your prescription to a certified pharmacy



### Pharmacy Call

The certified pharmacy will contact you to provide counseling on the serious risks and safe-use conditions of POMALYST before you receive your prescription. They will also coordinate delivery of POMALYST to you



### Receive POMALYST

POMALYST will be shipped with a Medication Guide to the address you provide. A signature will be required to receive this shipment

For each of your following prescriptions, you will need to follow a similar process. For full detailed information about the POMALYST REMS® program requirements, please visit [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com) or review the Patient Guide to POMALYST REMS® Program.

## What do all patients need to know about the POMALYST REMS® program?

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### General guidelines

- This medicine is **only** for you. **Do not share it with anyone** even if they have symptoms like yours. It may harm them and can cause birth defects
- POMALYST® (pomalidomide) must be kept out of the reach of children
- Do not open or unnecessarily handle POMALYST capsules
- Keep POMALYST in a cool, dry place
- Do **not** donate blood while you are taking POMALYST, during breaks (dose interruptions), and for 4 weeks after stopping POMALYST
- Unused POMALYST capsules should be returned for disposal to Celgene by calling **1-888-423-5436**, or to your POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to you

## What do females who can get pregnant need to know about the POMALYST REMS® program?

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### A. Before taking POMALYST® (pomalidomide)

- You must sign the POMALYST® (pomalidomide) Patient-Physician Agreement Form that says you understand that POMALYST should not be used during pregnancy, and that you agree not to become pregnant while taking POMALYST
- If there is **any** chance that you can get pregnant, you must agree to use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** you have sex with a male starting at least 4 weeks **before** taking POMALYST
- Your healthcare provider must give you a pregnancy test 10 to 14 days before you receive your first prescription for POMALYST, and again within 24 hours before you receive your first prescription for POMALYST. If you are pregnant, you cannot take POMALYST
- You will have pregnancy tests before starting POMALYST and while taking POMALYST, even if you agree not to have sex with a male
- Before your healthcare provider can write your prescription for POMALYST, you must take part in a mandatory confidential survey. The survey will make sure that you understand and can follow information designed to prevent serious risks to unborn babies

# What do females who can get pregnant need to know about the POMALYST REMS® program? (continued)

- Before dispensing POMALYST® (pomalidomide), your POMALYST REMS® certified pharmacy will contact you to discuss treatment
- Your healthcare provider will talk with you about your birth control options

**1. Choose at least 1 highly effective method and at least 1 additional effective method of birth control.** Talk to your healthcare provider about the following acceptable birth control methods. See below.

## Effective Methods of Birth Control Used at the Same Time

Highly effective birth control methods	Additional effective birth control methods
Intrauterine device (IUD)	
Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)	Male latex or synthetic condom
Tubal ligation (having your tubes tied)	+ Diaphragm
Partner's vasectomy (tying of the tubes to prevent the passing of sperm)	Cervical cap

**2. Use the 2 methods of birth control at the same time**

- **Remember:** You must use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** you have sex with a male. However, your healthcare provider may recommend that you use 2 different methods instead for medical reasons

- Talk to your healthcare provider to make sure that other medicines or dietary supplements you are taking do not interfere with your hormonal birth control methods
- **Remember, not having sex is the only method of birth control that is 100% effective**

### **3. Unacceptable methods of birth control**

- Progesterone-only “mini-pills”
- IUD Progesterone T
- Female condoms
- Natural family planning (rhythm method) or breastfeeding
- Fertility awareness
- Withdrawal
- Cervical shield\*

### **4. Take pregnancy tests**

- You must have a pregnancy test performed by your healthcare provider 10 to 14 days before receiving your first prescription for POMALYST® (pomalidomide) and again within 24 hours before receiving your first prescription for POMALYST. Both pregnancy tests must have a negative result

\*A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception.

## What do females who can get pregnant need to know about the POMALYST REMS® program? (continued)

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### B. While taking POMALYST® (pomalidomide)

- If you are able to get pregnant, you must continue (including during breaks [dose interruptions]) to use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** you have sex with a male
- **Remember, not having sex is the only method of birth control that is 100% effective**
- You must talk to your healthcare provider before changing any birth control methods you have already agreed to use
- You will have a pregnancy test performed by your healthcare provider:
  - Every week during the first 4 weeks of treatment, then
  - Every 4 weeks if your menstrual cycles are regular, or
  - Every 2 weeks if your cycles are irregular
  - If you miss your period or have unusual menstrual bleeding, or
  - If your medication is not dispensed within 7 days of taking the pregnancy test
- If you had sex with a male without using birth control or if you think your birth control has failed, stop taking POMALYST® (pomalidomide) immediately and call your healthcare provider right away. Your healthcare provider will discuss your options, which may include emergency birth control. Do not wait until your next appointment to tell your healthcare provider if you miss your menstrual period or if you think you may be pregnant

- If you get pregnant, or think you may be pregnant, you must immediately stop taking POMALYST® (pomalidomide). Contact your healthcare provider immediately to discuss your pregnancy. If you do not have an obstetrician, your healthcare provider will refer you to one for care and counseling. If your healthcare provider is not available, call the Celgene Customer Care Center at **1-888-423-5436**
- You must not breastfeed a baby while you are taking POMALYST
- In order to continue receiving POMALYST, you must take part in a mandatory confidential survey every month. You must also continue to discuss your treatment with your POMALYST REMS® healthcare provider. To take the survey, please visit **[www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com)**, access the Celgene REMS mobile app, or call the Celgene Customer Care Center at **1-888-423-5436**

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## **Attention Females Who Can Get Pregnant:**

**Tear out this letter to take with you to your next medical appointment that discusses your birth control options.**

**This letter will help you and your healthcare provider understand what types of birth control options are the best for you.**

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# Pomalyst REMS®

Dear Healthcare Provider,

Your patient is being treated with POMALYST® (pomalidomide). Due to its structural similarity to thalidomide, a known teratogen, POMALYST is only available under a restricted distribution program approved by the Food and Drug Administration. This program is called the POMALYST REMS® (Risk Evaluation and Mitigation Strategy) program.

## The goals of the POMALYST REMS® program are:

1. To prevent the risk of embryo-fetal exposure to POMALYST.
2. To inform prescribers, patients, and pharmacists on the serious risks and safe-use conditions for POMALYST.

To enroll in the POMALYST REMS® program, your patient, with the knowledge of the healthcare provider who prescribed POMALYST, agreed to follow the program's contraception requirements while on POMALYST therapy. Unless she completely abstains from sexual intercourse with a male partner, she is required to use **at the same time at least one highly effective birth control method and at least one additional effective method.**

The 2 effective contraceptive methods must be started at least 4 weeks before POMALYST therapy, during therapy (including dose interruptions), and for at least 4 weeks following discontinuation of therapy. Please refer to the table below of the acceptable forms of contraception to help facilitate the discussion on contraception.

## Effective Methods of Birth Control Used at the Same Time

Highly effective birth control methods	Additional effective birth control methods
Intrauterine device (IUD)	
Hormonal methods (birth control pills, hormonal patches, injections, vaginal rings, or implants)	Male latex or synthetic condom
Tubal ligation (having your tubes tied)	+ Diaphragm
Partner's vasectomy (tying of the tubes to prevent the passing of sperm)	Cervical cap

### Unacceptable forms of contraception:

progesterone-only "mini-pills," IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, cervical shield (a cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception).

(continued on next page)

**Remind all patients that not having any sexual intercourse is the only birth control method that is 100% effective.**

Patients should be counseled that concomitant use of certain prescription drugs and/or dietary supplements can decrease the effects of hormonal contraception. If hormonal or IUD contraception is medically contraindicated, 2 other contraceptive methods may be used simultaneously during periods of concomitant use and for 4 weeks after.

Instruct patient to immediately stop taking POMALYST and contact her doctor if she becomes pregnant while taking this drug, if she misses her menstrual period or experiences unusual menstrual bleeding, if she stops taking birth control or if she thinks FOR ANY REASON that she may be pregnant. Advise patient that if her doctor is not available she can call Celgene Customer Care at 1-888-423-5436.

There are other risks associated with POMALYST treatment as described in the Prescribing Information.

For full Prescribing Information, including Boxed Warnings, or details about the POMALYST REMS® program, please visit [www.pomalystrems.com](http://www.pomalystrems.com).

You may contact the Celgene REMS Department at 1-888-423-5436 if you have any questions about the information contained in this letter or the safe and effective use of POMALYST.

Sincerely,



Jay T. Backstrom, MD, MPH  
Chief Medical Officer & Global Head  
Regulatory Affairs



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US-REMS-POM190011-L

## C. After you have stopped taking POMALYST® (pomalidomide)

- You must continue to use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** you have sex with a male:
  - For at least 4 weeks after stopping POMALYST, or
  - Do not have any sex with a male for 4 weeks after stopping POMALYST

See also “General guidelines” on page 6 for requirements for all patients.

## What do females who can not get pregnant need to know about the POMALYST REMS® program?

---

### A. Before taking POMALYST® (pomalidomide)

- You must sign the POMALYST® (pomalidomide) Patient-Physician Agreement Form that says you are currently not pregnant and are not able to get pregnant. This means that:
  - You have been in natural menopause for at least 2 years, or
  - You have had both ovaries and/or uterus removed
- For females who have not started their period (menstruation) and are under the age of 18, a parent or legal guardian must sign the POMALYST® (pomalidomide) Patient-Physician Agreement Form that says the patient is not pregnant, is not able to get pregnant, and/or will not be having sex with a male for at least 4 weeks before starting POMALYST
- Before your healthcare provider can write your prescription for POMALYST, you must take part in a mandatory confidential survey. The survey will make sure that you understand and can follow information designed to prevent serious risks to unborn babies
- Before dispensing POMALYST, your POMALYST REMS® certified pharmacy will contact you to discuss treatment

## B. While taking POMALYST® (pomalidomide)

- In order to continue receiving POMALYST, you must take part in a mandatory confidential survey every six months. You must also continue to discuss your treatment with your POMALYST REMS® healthcare provider. To take the survey, please visit **[www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com)**, access the Celgene REMS mobile app, or call the Celgene Customer Care Center at **1-888-423-5436**

See “General guidelines” on page 6 for requirements for all patients.

## What do males need to know about the POMALYST REMS® program?

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- You must use a latex or synthetic condom **every time** you have sex with a female who is able to get pregnant, even if you have had a successful vasectomy (tying of the tubes to prevent the passing of sperm)

### A. Before taking POMALYST® (pomalidomide)

- You must sign the POMALYST® (pomalidomide) Patient-Physician Agreement Form. You must agree that while taking POMALYST you will use a latex or synthetic condom **every time** you have sex with a female who is pregnant or who is able to get pregnant, even if you have had a successful vasectomy (tying of the tubes to prevent the passing of sperm)
- Before dispensing POMALYST, your POMALYST REMS® certified pharmacy will contact you to discuss treatment

### B. While taking POMALYST

- You must use a latex or synthetic condom **every time** (including during breaks [dose interruptions]) you have sex with a female who is pregnant or who is able to get pregnant, even if you have had a successful vasectomy (tying of the tubes to prevent the passing of sperm)
- **Remember, not having sex is the only method of birth control that is 100% effective**

- You must tell your healthcare provider right away if you had sex with a female without using a latex or synthetic condom, if you think for any reason that your partner may be pregnant, or if your partner is pregnant. If your healthcare provider is not available, call the Celgene Customer Care Center at **1-888-423-5436**
- You must **not** donate sperm while taking POMALYST® (pomalidomide) (including during breaks [dose interruptions])
- In order to continue receiving POMALYST, you must take part in a mandatory confidential survey every month. You must also continue to discuss your treatment with your POMALYST REMS® healthcare provider. To take the survey, please visit **www.CelgeneRiskManagement.com**, access the Celgene REMS mobile app, or call the Celgene Customer Care Center at **1-888-423-5436**

### **C. After you have stopped taking POMALYST**

- For 4 weeks after receiving your last dose of POMALYST, you must use a latex or synthetic condom **every time** you have sex with a female who is pregnant or who is able to get pregnant, even if you have had a successful vasectomy (tying of the tubes to prevent the passing of sperm)
- You must **not** donate sperm for 4 weeks after stopping POMALYST

See also “General guidelines” on page 6 for requirements for all patients.

## Mandatory confidential patient surveys

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As a patient who is enrolled in the POMALYST REMS<sup>®</sup> program for POMALYST<sup>®</sup> (pomalidomide), you will need to complete a brief mandatory confidential survey as outlined below.

### **Adult females who can get pregnant**

- Initial survey before first prescription
- Monthly

### **Adult females who can not get pregnant**

- Initial survey before first prescription
- Every six months

### **Female children**

- Initial survey before first prescription
- Monthly

### **Males**

- No initial survey
- Monthly

## Mandatory confidential survey process

- When your healthcare provider tells you to take the survey, go to the patient Mandatory Confidential Survey section of **www.CelgeneRiskManagement.com**, the Celgene REMS mobile app, or call the Celgene Customer Care Center at **1-888-423-5436**
- Be prepared with your patient identification number
- After completing your survey, your healthcare provider will also complete a survey. Your healthcare provider will then receive authorization to write your prescription
- The prescription will be sent to a POMALYST REMS<sup>®</sup> certified pharmacy. The POMALYST REMS<sup>®</sup> certified pharmacy will contact you to discuss your POMALYST<sup>®</sup> (pomalidomide) therapy. You will not receive your medication until you speak with the POMALYST REMS<sup>®</sup> certified pharmacy

For more information, contact the Celgene Customer Care Center at **1-888-423-5436**

## Warning to patients taking POMALYST® (pomalidomide)

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### Attention females:

Do **not** take POMALYST if you are pregnant, if you are breastfeeding, or if you are able to get pregnant and are not using **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control **every time** you have sex with a male.

### Attention males:

You must use a latex or synthetic condom **every time** you have sex with a female who is pregnant or who is able to get pregnant, even if you have had a successful vasectomy (tying of the tubes to prevent the passing of sperm).

You must **not** donate sperm while taking POMALYST, during breaks (dose interruptions), and for 4 weeks after stopping POMALYST.

## Attention all patients:

You must **not** donate blood while taking POMALYST® (pomalidomide), during breaks (dose interruptions), and for 4 weeks after stopping POMALYST.

This medicine is **only** for you. **Do not share it with anyone** even if they have symptoms like yours. It may harm them and can cause birth defects.

POMALYST must be kept out of the reach of children. Return any unused POMALYST capsules for disposal to Celgene by calling **1-888-423-5436**, or to your POMALYST prescriber, or to the pharmacy that dispensed the POMALYST to you.

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 read the Medication Guide for POMALYST for additional information regarding risks associated with its use and see the full Prescribing Information, including Boxed Warnings, enclosed.**



**Pomalyst REMS®**

**Pomalyst**  
(pomalidomide) capsules

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Planned Parenthood is the nation's leading provider and advocate of high-quality, affordable health care for women, men, and young people, as well as the nation's largest provider of sex education. With approximately 700 health centers across the country, Planned Parenthood organizations serve all patients with care and compassion, with respect and without judgment. Through health centers, programs in schools and communities, and online resources, Planned Parenthood is a trusted source of reliable health information that allows people to make informed health decisions. We do all this because we care passionately about helping people lead healthier lives.

[www.plannedparenthood.org](http://www.plannedparenthood.org)  
[www.ppfastore.org](http://www.ppfastore.org)

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**What You Should Know About Emergency Contraception**  
 2675 3/15-70 2.13.5  
 ISBN 1-934100-43-2  
 Printed in the U.S.A.



Birth  
Control  
Series

## What You Should Know About Emergency Contraception



## TOP 3 THINGS



### What you should know about emergency contraception (EC)

- 1 EC can prevent pregnancy after you have had unprotected vaginal sex.
- 2 EC must be used within 120 hours (5 days) after vaginal sex.
- 3 There are two different kinds of EC:
  - Copper IUD (ParaGard®)
  - Emergency contraception pills

### You can use EC if:

- You weren't using any birth control when you had sex.
- You made a mistake with your regular birth control.
- The condom broke or slipped off.
- Your partner didn't pull out in time.
- You were forced to have unprotected vaginal sex.

### Copper (ParaGard) IUD as Emergency Contraception

The ParaGard IUD can be used for emergency contraception if put in within 5 days after sex. It is the most effective kind of EC. The IUD is a birth control method that is put into your uterus (womb) by a doctor or nurse and it can stay there as birth control for up to 12 years if you want. It works really well (99% effective) and you don't have to do anything once it's in.



### How the IUD Works

Pregnancy doesn't happen right after sex. It can take up to 6 days for the sperm and egg to meet after having sex. The IUD works mostly by changing the way sperm move so they can't join with an egg. If sperm cannot join with an egg, pregnancy cannot happen.

## Emergency Contraception Pills

Emergency contraception pills are also called the “morning-after pill.” There are two different kinds of emergency contraception pills:

- ella<sup>®</sup> is very effective at preventing pregnancy if taken within 5 days after sex. It is the most effective EC pill, and it stays just as effective for all 5 days. If you are breastfeeding, you will have to pump and throw away the breast milk for 36 hours after taking it.
- Levonorgestrel EC pills, sold as Plan B One-Step<sup>®</sup>, Next Choice One Dose<sup>®</sup> and others, are also pretty effective. You can take these up to 5 days after having sex but they work better the sooner you take them. They may also be less effective for overweight women.



## How EC Pills Work



Emergency contraception pills work by keeping a woman's ovary from releasing an egg for longer than usual. Pregnancy cannot happen if there is no egg to join with sperm. EC will not hurt an existing pregnancy or cause an abortion.

## If You Are Overweight or Obese

Levonorgestrel EC pills may not work as well for overweight or obese women. If you are overweight or obese, the best kind of EC for you is the IUD. If you can't get an IUD, use ella.

## How to Get EC Pills

Anyone, regardless of age or gender, can get EC pills (except ella) over-the-counter, without a prescription, at their local drugstore. You will usually find it in the family planning aisle or near the pharmacy. If you don't see it there, ask the pharmacist. You need a prescription for ella. You can ask your doctor or nurse, or go to [www.ella-kwikmed.com](http://www.ella-kwikmed.com) to get a prescription and buy ella online.

The cost of emergency contraception pills depends on your insurance, where you live, and whether you get it from the drugstore or a health center. You may be able to get it cheaper at a Planned Parenthood health center. It may cost anywhere from \$10 to \$70.

### Get EC Before You Need It

You may want to buy EC or ask your doctor or nurse for a prescription for ella before you need it. This way, you will have it when you need it and can take it quickly.

## Possible Side Effects

- Your next period may come earlier or later than usual.
- You may have more or less bleeding than usual during your next period.
- Your breasts may feel sore, and you might be dizzy or have headaches.
- You may feel nauseous after taking EC. If you vomit within three hours of taking EC, you need to take it again.
- Using EC a lot may make your periods happen at different times each month.

There have been no serious complications among the millions of women who have used EC pills. Side effects usually stop after a day or two.

## After You Take EC

- EC does not always work. If you do not get your period within three weeks of taking EC, or if you have symptoms of pregnancy such as having to pee a lot, being very tired, or feeling nauseous, you should take a pregnancy test.
- It is safe to use EC as often as you need it. But, if you find yourself using it a lot, you may want to consider using a better birth control method like the IUD, shot, or pill.

## EC and Sexually Transmitted Infections

Emergency contraception does not protect you from getting a sexually transmitted infection. You should talk to a doctor or nurse about getting tested.

## Choosing What Type of EC to Use

Here are some things to think about if you need EC:



- The Copper IUD is the most effective type of EC. It can be used as your regular birth control for up to 12 years. The most effective EC pill is ella.
- Levonorgestrel EC pills are the easiest to get quickly because you can buy them over-the-counter, without a prescription, in a drugstore.
- Levonorgestrel EC pills may not work as well for women who are overweight. The IUD or ella is a better option.

## Want More Info?



Our website:  
[PlannedParenthood.org](http://PlannedParenthood.org)



Facebook:  
[Planned Parenthood](https://www.facebook.com/PlannedParenthood)



Twitter:  
[@PPFA](https://twitter.com/PPFA)



Tumblr:  
[plannedparenthood.tumblr.com](http://plannedparenthood.tumblr.com)



Instagram:  
[@PlannedParenthood](https://www.instagram.com/PlannedParenthood)



# Pomalyst REMS<sup>®</sup>

## Patient Resource Pack

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### POMALYST Risk Evaluation and Mitigation Strategy (REMS) program

#### The Patient Resource Pack contains:

- Patient Guide to POMALYST REMS<sup>®</sup> Program
- Emergency Contraception Brochure
- Medication Guide

**POMALYST is only available under a restricted distribution program, POMALYST REMS<sup>®</sup>.**

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



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# Pomalyst REMS®

## Education and Counseling Checklist for Pharmacies

### POMALYST Risk Evaluation and Mitigation Strategy (REMS) program education and prescribing safety

Authorization No.: \_\_\_\_\_ Confirmation No.: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_  
Pharmacy Name: \_\_\_\_\_  
Pharmacy Address: \_\_\_\_\_  
Counselor Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Risk Category: \_\_\_\_\_

#### Checklist for female patients of reproductive potential

I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

##### I COUNSELED ADULTS AND CHILDREN ON:

- Potential embryo-fetal toxicity
- Not taking POMALYST® (pomalidomide) if pregnant or breastfeeding
- Using **at the same time** at least 1 highly effective method—tubal ligation, IUD, hormonal (birth control pills, hormonal patches, injections, vaginal rings, or implants), or partner's vasectomy—and at least 1 additional effective method of birth control—male latex or synthetic condom, diaphragm, or cervical cap—**every time they have sex with a male**, or abstaining from sex with a male
- Unacceptable methods of birth control are progesterone-only “mini-pills,” IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, and cervical shield (a cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception)
- Continuing to use **at the same time** at least 1 highly effective method and at least 1 additional effective method of birth control beginning at least 4 weeks before taking POMALYST, while taking POMALYST, during dose interruptions, and for at least 4 weeks after stopping POMALYST **every time they have sex with a male**, or abstaining from sex with a male
- Obtaining a pregnancy test—performed by their healthcare provider—weekly during the first 4 weeks of use. Thereafter, pregnancy testing should be repeated every 4 weeks during the rest of their treatment in females with regular menstrual cycles or no cycle at all. If menstrual cycles are irregular, the pregnancy testing should occur every 2 weeks
- The need to stop taking POMALYST right away in the event of becoming pregnant, or if they think for any reason they may be pregnant, and to call their healthcare provider immediately
- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
- Not sharing POMALYST capsules with anyone—especially with females who can get pregnant
- Not donating blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST
- Not breaking, chewing, or opening POMALYST capsules
- Instructions on POMALYST dose and administration

Milligram (mg) Strength \_\_\_\_\_

Number of Capsules Dispensed \_\_\_\_\_

##### FEMALE CHILDREN (<18 YEARS OF AGE):

Parent or legal guardian must have read the POMALYST REMS® education material and agreed to ensure compliance

#### Checklist for female patients not of reproductive potential (natural menopause for at least 24 consecutive months, a hysterectomy, and/or bilateral oophorectomy)

I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

##### I COUNSELED ADULTS AND CHILDREN ON:

- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
- Not sharing POMALYST capsules with anyone—especially with females who can get pregnant
- Not donating blood while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST
- Not breaking, chewing, or opening POMALYST capsules
- Instructions on POMALYST dose and administration

Milligram (mg) Strength \_\_\_\_\_

Number of Capsules Dispensed \_\_\_\_\_

##### FEMALE CHILDREN (<18 YEARS OF AGE):

- Parent or legal guardian must have read the POMALYST REMS® education material and agreed to ensure compliance
- Parent or legal guardian must inform the child's healthcare provider when the child begins menses

## Checklist for male patients

I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

### I COUNSELED ADULTS AND CHILDREN ON:

- Potential embryo-fetal toxicity and contraception (wearing a latex or synthetic condom **every time** when engaging in sexual intercourse with a female who can get pregnant, even if the patient has had a successful vasectomy)
- Female partners of males taking POMALYST® (pomalidomide) must call their healthcare provider right away if they get pregnant
- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
- Not sharing POMALYST capsules with anyone—especially with females who can get pregnant
- Not donating blood or sperm while taking POMALYST (including dose interruptions) and for 4 weeks after stopping POMALYST
- Not breaking, chewing, or opening POMALYST capsules
- Instructions on POMALYST dose and administration

Milligram (mg) Strength \_\_\_\_\_

Number of Capsules Dispensed \_\_\_\_\_

### MALE CHILDREN (<18 YEARS OF AGE):

Parent or legal guardian must have read the POMALYST REMS® education material and agreed to ensure compliance

**All boxes and spaces must be marked or filled in during counseling with the patient for every prescription.**

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For more information about POMALYST 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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US-REMS-POM190009

**Login Page**



**Welcome to the Celgene REMS Program**

To avoid embryo-fetal exposure, Risk Evaluation and Mitigation Strategy (REMS) programs are mandatory for the Celgene products THALOMID® (thalidomide), REVLIMID® (lenalidomide) and POMALYST® (pomalidomide). The THALOMID REMS® program, REVLIMID REMS® program, and POMALYST REMS® program require prescribers and pharmacists to be certified and patients to enroll and comply with all of the requirements for each program.

If you would like to obtain more information about any of the Celgene REMS programs, please click on the program name below:



Visit [www.REVLIMIDREMS.com](http://www.REVLIMIDREMS.com),  
to learn more about the  
REVLIMID REMS® program.



Visit [www.POMALYSTREMS.com](http://www.POMALYSTREMS.com),  
to learn more about the  
POMALYST REMS® program.



Visit [www.THALOMIDREMS.com](http://www.THALOMIDREMS.com),  
to learn more about the  
THALOMID REMS® program.

For prescribers, please enter your User Name and Password to manage your patients through a Celgene REMS program. If you do not have an online account, select Create User Account to establish an account. Patients currently enrolled in a Celgene REMS program are not required to create an online account to complete a survey. Please select Patient Surveys and enter the information requested to begin a survey.

To login to your account:

User Name

Password

[Forgot Password? >](#)

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## Home Page (after prescriber logon)

Home

Click on a button below to access the corresponding REMS menu of operations for that product: enroll a patient, access an existing or save a new Patient-Physician Agreement Form, complete a prescriber survey or write a prescription.

<p data-bbox="444 562 613 579">For <b>REVLIMID REMS</b><sup>®</sup></p>  <p data-bbox="399 688 691 867">Please see full <a href="#">Prescribing Information</a>, including: Boxed WARNINGS, CONTRAINDICATIONS, PRECAUTIONS, and ADVERSE REACTIONS. Visit <a href="http://www.REVLIMIDREMS.com">www.REVLIMIDREMS.com</a>, to learn more about the REVLIMID REMS<sup>®</sup> program.</p>	<p data-bbox="761 562 930 579">For <b>POMALYST REMS</b><sup>®</sup></p>  <p data-bbox="716 688 1008 867">Please see full <a href="#">Prescribing Information</a>, including: Boxed WARNINGS, CONTRAINDICATIONS, PRECAUTIONS, and ADVERSE REACTIONS. Visit <a href="http://www.POMALYSTREMS.com">www.POMALYSTREMS.com</a>, to learn more about the POMALYST REMS<sup>®</sup> program.</p>	<p data-bbox="1078 562 1247 579">For <b>THALOMID REMS</b><sup>®</sup></p>  <p data-bbox="1032 688 1325 867">Please see full <a href="#">Prescribing Information</a>, including: Boxed WARNINGS, CONTRAINDICATIONS, PRECAUTIONS, and ADVERSE REACTIONS. Visit <a href="http://www.THALOMIDREMS.com">www.THALOMIDREMS.com</a>, to learn more about the THALOMID REMS<sup>®</sup> program.</p>
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The Prescriber Dashboard is an optional resource that displays the status of patients under your care for a specific Celgene REMS program. A patient search function is also included to access detailed patient history information.

Select the "Manage My Account" button to view your Celgene REMS online account information.

[Prescriber Dashboard](#)

[Manage My Account](#)

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# POMALYST REMS module

John Doe Home Help Logout

Pomalyst REMS® POMALYST REMS® Main Menu

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 <p>New PPAF/Patient Enrollment</p>	 <p>Nuevo formulario de acuerdo de paciente-médico/inscripción de paciente</p>
 <p>Work with Saved/ Submitted PPAF Forms <small>(Click here for more options)</small></p>	 <p>Trabajar con formulario de acuerdo de paciente-médico guardado/entregado <small>(Presione aquí para más opciones)</small></p>
 <p>Prescriber Survey <small>(Click here for new/next Rx)</small></p>	 <p>Encuesta de prescriptor <small>(Presione aquí para la próxima/nueva prescripción)</small></p>
 <p>Standard Prescription Form</p>	
 <p>Veterans Health Administration Prescription Form</p>	

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- Prescriber Resources
- Patient Resources
- Pharmacist Resources

For additional information about the POMALYST REMS® program, please contact the Celgene Customer Care Center at 1-888-423-5436

Download the Celgene REMS mobile app to your iPad by clicking here:



### Welcome to the POMALYST REMS® program

#### Important information about POMALYST® (pomalidomide) and the POMALYST Risk Evaluation and Mitigation Strategy (REMS) 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®"
- Only prescribers and pharmacies certified by the POMALYST REMS® program can prescribe and dispense POMALYST to patients who are enrolled and meet all the conditions of the POMALYST REMS® program

The goals of the POMALYST risk evaluation and mitigation strategy are as follows:

1. To prevent the risk of embryo-fetal exposure to POMALYST
2. To inform prescribers, patients, and pharmacists on the serious risks and safe-use conditions for POMALYST

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For additional information about the POMALYST REMS® program, please contact the Celgene Customer Care Center at 1-888-423-5436

Download the Celgene REMS mobile app to your iPad by clicking here:



## About the POMALYST REMS® program

To avoid embryo-fetal exposure, POMALYST® (pomalidomide) is only available under a restricted distribution program called "POMALYST Risk Evaluation and Mitigation Strategy (REMS)." Only certified prescribers can prescribe POMALYST and only certified pharmacies can dispense POMALYST in the POMALYST REMS® program.

In order to receive POMALYST, all patients must be enrolled in the POMALYST REMS® program and agree to comply with the requirements of the POMALYST REMS® program.

### Key points of the POMALYST REMS® program

#### Prescriber

- The prescriber enrolls and becomes certified with Celgene for the POMALYST REMS® program
- The prescriber counsels patient on benefits and risks of POMALYST
- The prescriber provides contraception and emergency contraception counseling
- The prescriber verifies negative pregnancy test for all female patients of reproductive potential
- The prescriber completes a POMALYST® (pomalidomide) Patient-Physician Agreement Form with each patient and sends to Celgene
- The prescriber/patient completes applicable mandatory confidential survey
- The prescriber obtains an authorization number from Celgene and writes it on every prescription, along with the patient risk category
- The prescriber writes no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions
- The prescriber sends POMALYST prescription to certified pharmacy

#### Pharmacy

- The pharmacy certifies with Celgene for the POMALYST REMS® program
- The certified pharmacy must obtain a confirmation number from Celgene before dispensing
- The certified pharmacy counsels the patient, and completes the Education and Counseling Checklist
- The certified pharmacy dispenses POMALYST to patient along with a Medication Guide

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For additional information about the POMALYST REMS® program, please contact the Celgene Customer Care Center at 1-888-423-5436

Download the Celgene REMS mobile app to your iPad by clicking here:



## Prescriber Resources

### Enrolling in POMALYST REMS®

In order to prescribe POMALYST® (pomalidomide), you must enroll in the POMALYST REMS® program and agree to follow the requirements of the program. You can enroll by visiting [CelgeneRiskManagement.com](http://CelgeneRiskManagement.com), a website that allows prescribers to handle the REMS process for all of the Celgene REMS programs. You can also download the Prescriber Enrollment Form below and fax it to the Celgene Customer Care Center at 1-888-432-9325.

[Prescriber Enrollment Form](#)



### Prescribing POMALYST for your patients

In order to receive POMALYST, your patients must also be enrolled in the POMALYST REMS® program. You can enroll your patients and fill out a prescription form using [CelgeneRiskManagement.com](http://CelgeneRiskManagement.com). You and your patients can also complete your mandatory confidential surveys there.

Additionally, you can also enroll your patients by accessing the Celgene REMS mobile app for your iPad.

[Enroll Your Patients at CelgeneRiskManagement.com](#)

[Download the Celgene REMS Mobile App](#)

[Patient Prescription Form](#)



### Learning more about POMALYST REMS®

For additional information about the POMALYST REMS® program, please see the educational materials below.

[Prescriber Guide to POMALYST REMS® Program](#)



[POMALYST REMS® At-A-Glance](#)



[Full Prescribing Information](#)



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:** <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

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For additional information about the POMALYST REMS® program, please contact the Celgene Customer Care Center at 1-888-423-5436

Download the Celgene REMS mobile app to your iPad by clicking here:



## Patient Resources

### What you need to know about the POMALYST REMS® program

Your doctor will enroll you in the POMALYST REMS® program so that you can receive your medication. Use the materials below to learn more about the POMALYST REMS® program, and what you need to do.

[Patient Guide to POMALYST REMS® Program](#)



[Guía para el paciente de POMALYST REMS®](#)



[Patient Medication Guide](#)



[Visit Planned Parenthood Site for Emergency Contraception Brochure](#)

[Patient Survey Reminder Card](#)



You can take your mandatory confidential patient survey at [CelgeneRiskManagement.com](http://CelgeneRiskManagement.com) in English or Spanish by clicking one of the buttons below.

[Patient Survey](#)



[Encuesta del paciente](#)



You can also complete your survey by using the Celgene REMS mobile app for your iPad. Please download the app to your iPad by clicking here:



### Attention Females Who Can Get Pregnant

Unless you abstain from sexual intercourse with a male partner, you are required to use **at the same time** at least 1 highly effective birth control method and at least 1 additional effective method **every time** you have sex with a male. Below, you will find a printable letter that you can bring with you to your next medical appointment that discusses your reproductive health. This will help you and your healthcare provider understand what types of birth control options are best for you.

[Birth Control Options to Discuss With Your Healthcare Provider](#)

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For additional information about the POMALYST REMS® program, please contact the Celgene Customer Care Center at 1-888-423-5436

Download the Celgene REMS mobile app to your iPad by clicking here:



## Pharmacist Resources

### POMALYST REMS® information for certified pharmacies

POMALYST® (pomalidomide) is only dispensed from POMALYST REMS® program certified pharmacies. To learn more about how to become a certified pharmacy, please contact the Celgene Customer Care Center at 1-888-423-5436.

As a POMALYST REMS® certified pharmacy, you must follow the requirements of the POMALYST REMS® program. You may download a guide to the program, a checklist for counseling patients, and the full Prescribing Information below:

[Pharmacy Guide to POMALYST REMS® Program](#)



[Full Prescribing Information](#)



[Education and Counseling Checklist for Pharmacies](#)



[Lista de verificación de educación y asesoramiento para farmacias](#)



### The Celgene REMS Pharmacy Portal

In addition to calling the Celgene Customer Care Center to obtain a confirmation number for a prescription, eligible pharmacies can obtain confirmation numbers using the Celgene REMS Pharmacy Portal at [CelgeneREMSPharmacyPortal.com](http://CelgeneREMSPharmacyPortal.com). Contact your Celgene Account Manager to see if your pharmacy is eligible.

[Celgene REMS Pharmacy Portal](#)

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:** <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

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## Welcome to the POMALYST REMS® program

Important information about POMALYST® (pomalidomide) and the POMALYST Risk Evaluation and Mitigation Strategy (REMS) program

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For additional information about the POMALYST REMS® program, please contact the Celgene Customer Care Center at 1-888-423-5436

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/s/  
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