

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

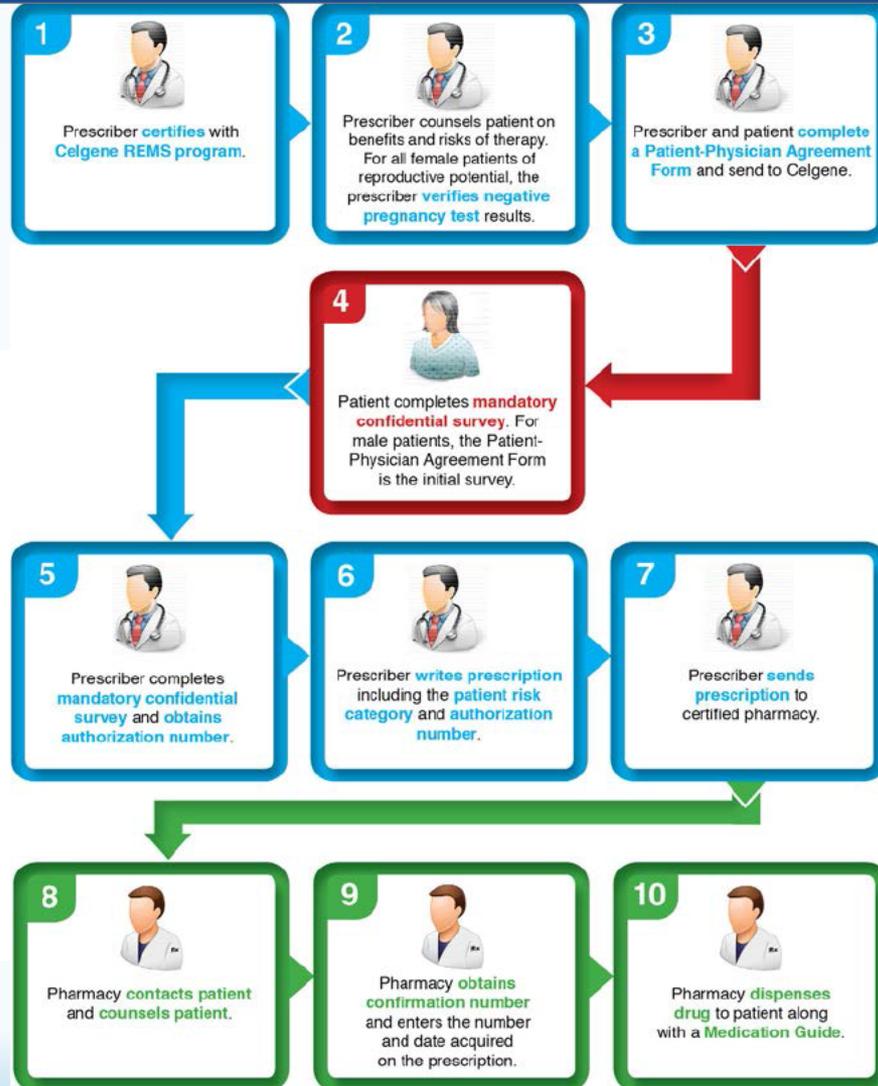
## Section 2: Program Requirements for Patients and Prescribers

# 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](http://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: THALOMID REMS<sup>®</sup>

## 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 compliance



- 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 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: THALOMID 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 THALOMID® (thalidomide)
- Pharmacy staff knowledge check

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

THALOMID 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.

**FOUNDED ADULTS AND DRUG USE:**

Potential embryo-fetal toxicity

Not taking THALOMID (thalidomide) if pregnant or breastfeeding

Using at the same time at least 1 highly effective method—tubal ligation, IUD, hormonal birth control pill, hormonal patches, injections, vaginal rings, or implants, or partner's vasectomy—and at least 1 additional effective method of birth control—male 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-pill," IUD Progesterone I, 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 THALOMID, while taking THALOMID, during dose interruptions, and for at least 4 weeks after stopping THALOMID every time they have sex with a male, or abstaining from sex with a male

Obtaining a pregnancy test—performed by their healthcare provider—monthly 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 THALOMID 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 and pulmonary embolism

Not sharing THALOMID capsules with anyone—especially with females who can get pregnant

Not donating blood while taking THALOMID (including dose interruptions) and for 4 weeks after stopping THALOMID

Not breaking, chewing, or opening THALOMID capsules

Instructions on THALOMID dose and administration

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

**FEMALE DRUG USE (16 YEARS OF AGE):**

Parent or legal guardian must have read the THALOMID 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.

**FOUNDED ADULTS AND DRUG USE:**

Possible side effects include deep vein thrombosis and pulmonary embolism

Not sharing THALOMID capsules with anyone—especially with females who can get pregnant

Not donating blood while taking THALOMID (including dose interruptions) and for 4 weeks after stopping THALOMID

Not breaking, chewing, or opening THALOMID capsules

Instructions on THALOMID dose and administration

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

**FEMALE DRUG USE (16 YEARS OF AGE):**

Parent or legal guardian must have read the THALOMID 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 THALOMID® (thalidomide)



## COUNSEL ADULTS AND CHILDREN ON:

- Possible side effects include deep vein thrombosis and pulmonary embolism

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: THALOMID 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, available 24 hours a day, 7 days a week. 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

-----  
**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
-----

/s/  
-----

BARRY W MILLER  
06/27/2017