

# THALOMID® (thalidomide) Patient Prescription Form – Veterans Health Administration (VHA) ONLY

Today's Date \_\_\_\_\_ Date Rx Needed \_\_\_\_\_

Patient Last Name \_\_\_\_\_ Patient First Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Patient ID# \_\_\_\_\_

Language Preference:  English  Spanish  
 Other \_\_\_\_\_

Best Time to Call Patient:  AM \_\_\_\_\_  PM \_\_\_\_\_

Patient Diagnosis \_\_\_\_\_

Patient Allergies \_\_\_\_\_

Other Current Medications \_\_\_\_\_

Prescriber Name \_\_\_\_\_

State License Number \_\_\_\_\_

Prescriber Phone Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

Prescriber Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Patient Type From PPAF (Check one)**

Adult Female – NOT of Reproductive Potential

Adult Female – Reproductive Potential

Adult Male

Female Child – Not of Reproductive Potential

Female Child – Reproductive Potential

Male Child

**VHA Pharmacy Information (Fill out entirely)**

VHA Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VHA Pharmacist Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

McKesson Specialty Distribution Account # \_\_\_\_\_

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

**TAPE PRESCRIPTION HERE PRIOR TO FAXING REFERRAL, OR COMPLETE THE FOLLOWING:**

**Recommended Starting Dose:** See below for dosage

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

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

THALOMID	Dose	Quantity	Directions
<input type="checkbox"/>	50 mg	_____	_____
<input type="checkbox"/>	100 mg	_____	_____
<input type="checkbox"/>	150 mg	_____	_____
<input type="checkbox"/>	200 mg	_____	_____

Dispense as Written       Substitution Permitted

**NO REFILLS ALLOWED (Maximum Quantity = 28 days)**

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

Authorization # \_\_\_\_\_ Date \_\_\_\_\_  
 (To be filled in by healthcare provider)

Pharmacy Confirmation # \_\_\_\_\_ Date \_\_\_\_\_  
 (To be filled in by pharmacy)

# How to Fill a THALOMID® (thalidomide) Prescription in the Veterans Health Administration (VHA)

1. Healthcare Provider (HCP) instructs female patients to complete initial patient survey
2. HCP completes survey
3. HCP completes patient prescription form (include cell number for patient if possible)
4. HCP obtains THALOMID REMS® authorization number
5. HCP provides authorization number on patient prescription form
6. HCP sends prescription to the VHA Pharmacy  
The following information must be filled in:
  - Rx must include McKesson Specialty Distribution account number
  - Rx must include VHA address (Name, Street, City, State, ZIP)
  - Rx must include VHA Pharmacist contact information (Name, Phone and Fax #)
7. VHA Pharmacist faxes the form, including prescription, to:  
The THALOMID REMS® certified OncologyRx Care Advantage Specialty at 1-855-637-9446
8. HCP advises patient that a representative from THALOMID REMS® certified pharmacy will be in contact
9. The THALOMID REMS® certified OncologyRx Care Advantage Pharmacist conducts patient education
10. The THALOMID REMS® certified OncologyRx Care Advantage Pharmacist obtains confirmation number
11. The THALOMID REMS® certified OncologyRx Care Advantage Pharmacist ships THALOMID to the VHA Pharmacy or directly to the patient with MEDICATION GUIDE
12. VHA Pharmacist gives THALOMID to VHA patient with MEDICATION GUIDE

## THALOMID REMS® Veterans Health Administration (VHA) Pharmacy OncologyRx Care Advantage

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

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

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