

Lenalidomide REMS Patient Prescription Form

Today's Date _____ Date Rx Needed _____

Patient's Last Name _____

Patient's 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

PRESCRIPTION INSURANCE INFORMATION

(Fill out entirely and fax a copy of patient's insurance card, both sides)

Primary Insurance _____

Insured _____

Policy # _____

Group # _____

Phone # _____

Rx Drug Card # _____

Secondary Insurance _____

Insured _____

Policy # _____

Group # _____

Phone # _____

Rx Drug Card # _____

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

For further information on lenalidomide, please refer to the relevant Prescribing Information

☐ REVLIMID® ☐ lenalidomide
(lenalidomide)

Dose	Quantity	Directions
<input type="checkbox"/> 2.5 mg	_____	_____
<input type="checkbox"/> 5 mg	_____	_____
<input type="checkbox"/> 10 mg	_____	_____
<input type="checkbox"/> 15 mg	_____	_____
<input type="checkbox"/> 20 mg	_____	_____
<input type="checkbox"/> 25 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 Prescription under Lenalidomide REMS

- 1.** Healthcare provider (HCP) instructs female patients to complete initial patient survey
- 2.** HCP completes survey
- 3.** HCP completes patient prescription form
- 4.** HCP obtains Lenalidomide REMS authorization number
- 5.** HCP provides authorization number on patient prescription form
- 6. HCP faxes form, including prescription, to a Lenalidomide REMS Certified Pharmacy Network participant**
- 7.** HCP advises patient that a representative from the certified pharmacy will contact them
- 8.** Certified pharmacy conducts patient education
- 9.** Certified pharmacy obtains confirmation number
- 10.** Certified pharmacy ships lenalidomide to patient

Please see [REMS.bms.com](https://www.rems.bms.com) for the list of pharmacy participants

Information about lenalidomide and Lenalidomide REMS can be obtained by calling the REMS Call Center toll-free at **1-888-423-5436**, or at **www.LenalidomideREMS.com**.