

Lenalidomide REMS

Prescriber Enrollment Form

All prescribers must be certified to prescribe lenalidomide. To become certified the prescriber must:

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

To submit this form electronically, please visit www.BMSREMSPatientSafety.com/prescriber.

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

Lenalidomide is contraindicated in pregnant females and females capable of becoming pregnant. Females of reproductive potential may be treated with lenalidomide provided adequate precautions are taken to avoid pregnancy.

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

The Lenalidomide REMS includes both REVLIMID® (lenalidomide) and generic lenalidomide products. The lenalidomide manufacturers have a contractual agreement for administration of the Lenalidomide REMS. All manufacturers retain responsibility for the actions described in the REMS.

Lenalidomide REMS Prescriber Enrollment Form

When prescribing lenalidomide, I agree to:

- Provide patient counseling on the benefits and risks of lenalidomide therapy, including Boxed Warnings
- Submit a completed Lenalidomide REMS Patient-Physician Agreement Form for each new patient
- Provide contraception and emergency contraception counseling with each new prescription prior to and during lenalidomide 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 lenalidomide immediately to Lenalidomide REMS
- 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 Lenalidomide REMS certified pharmacy to fill the prescription
- Remind patients to return all lenalidomide capsules to Lenalidomide REMS or their lenalidomide prescriber, or to the pharmacy that dispensed the lenalidomide to them
- Return to Lenalidomide REMS all lenalidomide capsules that are returned by patients. Shipping fees will be paid by Lenalidomide REMS. To arrange returns, call Lenalidomide REMS at 1-888-423-5436
- Re-enroll patients in the Lenalidomide REMS program if lenalidomide is required and previous therapy with lenalidomide 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 Lenalidomide 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 Lenalidomide REMS, my prescriptions for lenalidomide will not be honored at certified pharmacies.

Prescriber Signature _____ Date _____

Return this form to Lenalidomide REMS via fax.

Lenalidomide REMS

Phone: 1-888-423-5436

Fax: 1-888-432-9325

www.BMSREMSPatientSafety.com

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