RevAid®
PRESCRIBER REGISTRATION FORM

Why RevAid®?

REVLIMID®, POMALYST® and THALOMID® can cause severe, life-threatening human birth defects. REVLIMID®, POMALYST® and THALOMID® are contraindicated in pregnant women and women at risk of becoming pregnant. To avoid embryo-fetal exposure, REVLIMID®, POMALYST® and THALOMID® are only available through a controlled distribution program called RevAid®. RevAid® monitors critical activities and ensures all program requirements are met before the drug is released to a patient.

- **ONLY PRESCRIBERS WHO ARE REGISTERED AND AGREE TO MEET ALL THE CONDITIONS OF THE RevAid® PROGRAM MAY PRESCRIBE REVLIMID®, POMALYST® AND THALOMID®.**
- **ONLY PATIENTS WHO ARE ENROLLED IN RevAid® BY THEIR REGISTERED PHYSICIAN AND AGREE TO COMPLY WITH THE REQUIREMENTS OF THE RevAid® PROGRAM WILL RECEIVE REVLIMID®, POMALYST® OR THALOMID®.**
- **ONLY PHARMACISTS REGISTERED WITH RevAid® CAN DISPENSE REVLIMID®, POMALYST® AND THALOMID®.**

Please keep a copy of this Prescriber Registration Form for your records.

RevAid® PRESCRIBER ESSENTIALS
1. Register as a RevAid® Prescriber
2. Inform and counsel your patient about REVLIMID®, POMALYST® and THALOMID®
3. Enrol your patient using the RevAid® Patient-Physician Agreement Form
4. Complete a prescription for REVLIMID®, POMALYST® or THALOMID®
5. Write your unique ID number and your Patient unique ID number on the prescription
6. Refer your patient to the Registered RevAid® Pharmacy serving your area
7. Conduct and monitor regular pregnancy tests in Females of Child-Bearing Potential
8. Complete monthly surveys for Females of Child-Bearing Potential

AS A REGISTERED PRESCRIBER YOU MUST COUNSEL THE PATIENT SO THAT THEY:

ALL Patients

- Are aware of all the potential side effects associated with taking REVLIMID®, POMALYST® or THALOMID®.
- NEVER donate blood while taking REVLIMID®, POMALYST® or THALOMID®, and for 4 weeks after stopping the medication.
- NEVER share REVLIMID®, POMALYST® or THALOMID® with anyone else, even if the person has similar symptoms.
- Understand the risk of contraception failure and the available options for emergency contraception.
- Understand that you must complete an extensive baseline blood count.
- Inform the program immediately if they or their partner becomes pregnant, and complete the required pregnancy reporting forms.
- Return to RevAid® all unused REVLIMID®, POMALYST® or THALOMID®. Call a RevAid® representative at 1-888-RevAid1 (1-888-738-2431) to arrange for returns.

ALL Females of Child-Bearing Potential

- Are capable of understanding and carrying out instructions.
- Are not given REVLIMID®, POMALYST® or THALOMID® until pregnancy is excluded. The patient must have 2 negative pregnancy tests before starting REVLIMID®, POMALYST® or THALOMID® therapy, as well as subsequent tests throughout the treatment. The first pregnancy test should be conducted 7 to 14 days prior to the start of therapy. The second pregnancy test should be conducted 24 hours prior to dispensing and starting the drug.
- Commit to regular weekly pregnancy tests for the first month, monthly thereafter during treatment (or every 2 weeks if menses are irregular), and for 4 weeks after the discontinuation of treatment.
- Have a consultation with a qualified physician experienced in the use of contraceptive methods, and understand the need to use TWO simultaneous effective methods of contraception beginning at least 4 weeks before therapy, during dose interruptions, during therapy and for 4 weeks following discontinuation of REVLIMID®, POMALYST® or THALOMID®.
- Consult a physician immediately if there is a risk of pregnancy, and understand the risk of teratogenicity, birth defects or fetal death should a pregnancy occur.
- Undergo pregnancy testing and consultation with an Obstetrician / Gynecologist if the patient misses her period, or if there is any abnormal menstrual bleeding.
- Understand that, if pregnancy does occur during treatment, REVLIMID®, POMALYST® or THALOMID® must be immediately discontinued. Any suspected fetal exposure to REVLIMID®, POMALYST® or THALOMID® must be reported immediately to RevAid® at 1-888-RevAid1 (1-888-738-2431). The patient should be referred to a physician experienced in reproductive toxicity for further evaluation and counselling.
- Understand the cumulative risks of deep venous thrombosis including, but not limited to, REVLIMID®, POMALYST®, THALOMID®, steroids, cancer and hormonal contraception.
- Understand the importance of compliance with all the conditions of use.

ALL Male Patients

- Always use a condom during any sexual contact with Females of Child-Bearing Potential, even if they have undergone a successful vasectomy. Male patients should use a condom beginning 4 weeks prior to treatment, during treatment and dose interruptions and for 4 weeks after treatment with REVLIMID®, POMALYST® or THALOMID®.
- NEVER donate semen (sperm) while taking, and for 4 weeks after stopping, REVLIMID®, POMALYST® or THALOMID®.
- Call their physician immediately if their female partner becomes pregnant. Healthcare providers and patients should report all cases of pregnancy to the RevAid® program at 1-888-RevAid1 (1-888-738-2431).

ALL Females Not of Child-Bearing Potential

- Confirm that the patient has been postmenopausal naturally for at least 12 months, or has had a hysterectomy or bilateral oophorectomy.

ALL Patients Less Than 19 Years Old

- Contact RevAid® at 1-888-RevAid1 (1-888-738-2431). In addition to your dialogue with the patient and/or his or her caregivers, you will be referred to Celgene Risk Management in order to discuss the patient's status and treatment plan. If the patient (male or female) has not yet reached puberty or menses, you agree to notify RevAid® when such a change occurs and follow the requirements of the program based on the patient's reclassification.

COMPLETING MANDATORY SURVEYS

For Females of Child-Bearing Potential ONLY

- You must instruct all Females of Child-Bearing Potential to complete a survey for each prescription, either by calling 1-888-RevAid1 (1-888-738-2431) or logging into the RevAid® portal at www.RevAid.ca using the patient's unique ID number and password.
- As a prescriber, you must complete a survey prior to writing each prescription, either by calling 1-888-RevAid1 (1-888-738-2431) or logging into the RevAid® portal at www.RevAid.ca using your unique ID number and password.

PRESCRIPTIONS

- Prescribe no more than the allowable amount – maximum of 28 days supply for Females of Child-Bearing Potential, and maximum of 84 days supply for all other patients (Males, Females Not of Child-Bearing Potential).
- Prescriptions must be filled within 7 days of the negative pregnancy test for Females of Child-Bearing Potential.
- Write your RevAid® unique prescriber ID number and your patient's unique ID number on every REVLIMID®, POMALYST® or THALOMID® prescription.

PRESCRIBER REGISTRATION

To become a Registered REVLIMID®, POMALYST® or THALOMID® Prescriber, please complete the section below and fax / mail to the RevAid® program:

Prescriber Name:		
Lic. No.:	Province:	Specialty:
PRIMARY CONTACT INFORMATION		
Street Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	Email Address:
NAME AND COORDINATES FOR SECONDARY CONTACT (i.e. NURSE, OFFICE ADMINISTRATOR)		
Name:		
Telephone:	Fax:	Email Address:

I understand that if I fail to comply with all requirements of the RevAid® program, dispensing of my prescriptions for REVLIMID®, POMALYST® or THALOMID® will be delayed until all requirements have been met. I consent to the collection, use and disclosure by Celgene of my information, including personal information provided in this Prescriber Registration Form and in subsequent records and communications. I understand and agree that Celgene may collect, use and disclose personal information provided to it for the purposes of ongoing registration, training, administration, reporting, monitoring and evaluation requirements of the RevAid® program. I understand that the information is being collected in accordance with Celgene's Privacy Policy, available online at http://www.celgenecanada.net/en/utility/privacy.aspx, which I have reviewed. I am aware that relevant de-identified data may also be shared with payors where necessary for reimbursement purposes.

Prescriber Signature: _____ Date: D D M M Y Y Y Y

Incomplete information will result in delay. Please call with questions: 1-888-RevAid1 (1-888-738-2431).
Return all completed and signed forms to RevAid®:

Fax:
1-877-585-2382

Mail:
70 Wynford Dr.
PO Box 383
North York, ON
M3C 2S7

PLEASE TEAR HERE TO FAX

To learn more about REVLIMID®, POMALYST® and THALOMID® or register for RevAid®, call 1-888-RevAid1 (1-888-738-2431) or visit www.RevAid.ca.

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