This guide will help you to complete the Revlimid® Prescription Authorisation Form. The form is in the Healthcare Professional's Information Pack and the 'How-to Guide' for Pharmacists, and must be completed each time you prescribe Revlimid® for all patients.

Instructions for prescribers
1. Print the full hospital name where the patient is treated.
2. Print the patient's date of birth and initials. If the middle initial is not known please use an underscore (e.g. J. S for John Smith). Do not provide confidential information (e.g. Patient Name and Hospital Number) – this allows Celgene to track patients for the Revlimid® TCS™ while maintaining anonymity.
3. Print your name clearly.
4. Print the diagnosis – this will allow an assessment of the clinical usage of Revlimid®, which is important for ongoing monitoring of the appropriateness of the Pregnancy Prevention Programme.
5. Please tick this box if the patient is a private patient and not receiving treatment through the NHS.
6. Enter the capsule strength and the patient's treatment cycle number – this should be completed for ALL patients, irrespective of the diagnosis. Celgene will also use this information to provide free-of-charge Revlimid® for the treatment of eligible NHS patients only after 26 cycles.
7. Complete this section appropriately to indicate that counselling and appropriate pregnancy prevention has occurred. This is a requirement of the Pregnancy Prevention Programme.
8. For women of childbearing potential you must provide a valid negative pregnancy test date (within 3 days prior to prescribing). If this is not the case Revlimid® must not be dispensed.
9. You must sign, date and print your name to declare that all steps have been observed and that you authorise the prescription.

Instructions for pharmacists
A. Check that all relevant sections of the form have been fully completed by the prescriber.
   a. Counselling and pregnancy prevention measures must be in place
   b. The prescription and prescriber signature dates must be the same
   c. Revlimid® can only be dispensed within 7 days of the prescription date
   d. Only one month's supply for women of childbearing potential, or three month's supply for all other patients, of Revlimid can be dispensed at any one time, without prior agreement from Celgene.
   e. The diagnosis, capsule strength and cycle number have been provided
B. Check the form does not contain confidential information (e.g. Patient Name and Hospital Number) - Celgene will not accept PAFs that do not maintain patient anonymity.
C. Check the form is complete and legible - Celgene will request that ALL incomplete or illegible forms are resent.
D. You must sign, date and print your name to declare that the form has been completed fully and dispensing is taking place within 7 days of the date of prescription.
E. Complete the "Date faxed to Celgene" and "Faxed by (Name)" fields and FAX completed forms to Celgene on 0808 100 9910

Further information and materials are available from Celgene.
Website: www.celgene.co.uk  E-mail: rmp.uk.ire@celgene.com
Pregnancy Prevention Programme: 0808 156 3059
Revlimid TGS: 0808 156 3057
This form must be used for ALL patients whether enrolled on the Treatment Continuation Scheme™ (TCS) the Revlimid® Options Scheme or not.

Name of treating Hospital

Patient Date of Birth D D M M Y Y Y Y Patient ID Number/Initials

Prescribing physician: (print)

Diagnosis: (tick) Multiple Myeloma □ 1st relapse □ 2nd relapse □ 3rd+ relapse □
MDS del (5q) □ Other □ If other please specify usage

If this patient is being treated privately, tick here □

Capsule strength prescribed: (tick) 2.5mg □ 5mg □ 10mg □ 15mg □ 25mg □
Quantity of Capsules per cycle prescribed:*
Number of cycle(s) prescribed 1 □ 2 □ 3 □
Total number of Capsules

Exceptional Dispensing: (tick if applicable) Yes □

Please enter the cycle number(s) of Revlimid® prescribed for this patient □ □ □

Woman of non-childbearing potential □

Male □

The patient has been counselled about the teratogenic risk of treatment with Revlimid® and understands the need to use a condom if involved in sexual activity with a woman of childbearing potential (even if the patient has had a vasectomy).

Note to pharmacist – do not dispense unless ticked

Woman of childbearing potential (maximum 4 weeks prescription only) □

The patient has been counselled about the teratogenic risk of treatment and the need to avoid pregnancy, and has been on effective contraception for at least 4 weeks?

Date of last negative pregnancy test D D M M Y Y Y Y

Note to pharmacist – do not dispense unless ticked and a negative test has been conducted within 3 days prior of the prescription date

FAX the completed form to Celgene on 0808 100 9910

Date faxed to Celgene D D M M Y Y Y Y Faxed by (Name)

Both signatures must be present prior to dispensing Revlimid®

Prescriber’s declaration
I am a physician experienced in managing anti-cancer therapies and I have read and understood the Revlimid® Healthcare Professional’s Information Pack and confirm that the patient has signed an informed consent for Revlimid® treatment.

Sign

Date D D M M Y Y Y Y

Bleep

Print

Pharmacist’s declaration
I am satisfied that this Revlimid® Prescription Authorisation Form has been completed fully, confirm that dispensing is taking place within 7 days of the date of prescription and that I have read and understood the Revlimid® Healthcare Professional’s Information Pack.

Sign

Date D D M M Y Y Y Y

Bleep

Print

Note to pharmacist – prescription and Prescription Authorisation Form must have the same date

Home delivery information

Name and postcode of dispensing pharmacy

Name and postcode of Home delivery company used, if applicable.