

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 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**.