



i-SECURE

Verification Form Imnovid[®] (Pomalidomide)

This educational material is part of the marketing authorization and has been approved by the SFDA in August 2023

i-SECURE Verification Form for Immunomodulatory Agents

PHYSICIAN TO COMPLETE THIS SECTION

- Please hand this form to your patient after completing the necessary information.
- Completion of this form is mandatory at the time of each prescription, for all patients. The patient must present this form to the pharmacy, along with the prescription, or the prescriber may send the form directly to the pharmacy with each prescription.
- This form will be collected from the pharmacy by Biologix on a monthly basis.

PATIENT RISK CATEGORY (please tick one)

- Female of non-childbearing potential
- Male
- Female of childbearing potential

Last pregnancy test date (DD/MM/YYYY): _____ / _____ / _____

Last pregnancy test result negative?

- Yes No

As a registered prescriber, I confirm that the patient has been counselled and complied to the i-SECURE program requirements.

Name of Prescriber	
Telephone Number of the Prescriber	
Name of Prescribing Center	
Prescriber's Signature	

PHARMACIST TO COMPLETE THIS SECTION

Reminder: Prescriptions for female patients of childbearing potential can be for a maximum duration of 4 consecutive weeks, and prescriptions for all other patients can be for a maximum duration of 12 consecutive weeks.

As a registered pharmacy, I have verified the form is complete and have dispensed to the patient in accordance to the i-SECURE program.

Pharmacist's Name	
Pharmacy Name and Address	
Telephone Number of Pharmacy	
Pharmacist's Signature	
Date	

Data Privacy Notice

The personal data collected through this form will be processed by Biologix for the purposes of administering, on behalf of Bristol-Myers Squibb (BMS), the i-SECURE program.

We may share your data with BMS entities and third parties providing services to BMS for the management of the program and administration purposes. This may entail the transfer of your data to other countries such as the USA and Switzerland. BMS will implement appropriate contractual, organizational, and technical security measures to protect your information from unauthorised access, use or disclosure. If required, we may share your data with health authorities for safety and other regulatory reasons.

By signing this form, you consent to the processing of your personal data.

- For more information on how your personal data is being processed, contact Biologix at BX-Privacy-KSA@biologixpharma.com
- For more information and questions on the i-SECURE program, contact Biologix at rmp@biologixpharma.com
- For more information on Immunomodulatory Agents, contact Biologix at medinfo@biologixpharma.com