Pomalidomide SPC® (Pomalidomide)

Prescriber Registration Form

When prescribing Pomalidomide SPC® (Pomalidomide), I agree to:

- Provide patient counseling on the benefits and risks **Pomalidomide SPC®** therapy, including Boxed Warnings.
- Submit a completed **Pomalidomide SPC®** (Pomalidomide) treatment Initiation Form for each new patient.
- Provide contraception and emergency contraception counseling with each new prescription prior to and during **Pomalidomide SPC®** 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 **Pomalidomide SPC®** immediately to Sudair Pharma Pharmacovigilance Department.
- Prescribe no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions.
- Remind patients to return all **Pomalidomide SPC®** capsules to Sudair Pharma Head Office or their **Pomalidomide SPC®** prescriber, or to the pharmacy that dispensed the **Pomalidomide SPC®** to them.
- Re-enroll patients in the **Pomalidomide SPC®** program if **Pomalidomide SPC®** is required and previous therapy with **Pomalidomide SPC®** has been discontinued for 12 consecutive months.

SPC سدير للأدوية

*This document has been reviewed and approved by The **Saudi Food and Drug Authority (SFDA).***
Version: 1.0** | **Date: December 2022

Please fill out the spaces below completely.

Pomalidomide SPC®
Prescriber Registration Form

Prescriber Name: .....

Degree: MD / DO / PA / NP / Fellow / Medical Resident

Specialty: .....

Please indicate which office(s) will receive **Pomalidomide SPC®** materials and updates:

Hospital Name: .....

Department: .....

Address: ..... City: .....

Phone: ..... Ext: ..... Fax: .....

Email Address: .....

I understand that if I fail to comply with all requirements of the Lenalidomide SPC® program, my prescriptions for **Pomalidomide SPC®** (Pomalidomide) will not be honored at certified pharmacies.

Prescriber Signature: ..... Date: .....

Mail to: Riyadh Gallery Mall, Building A2,
Office 305-A, Riyadh, Saudi Arabia
Phone: 920001432, ext. 107
Fax: 00966 11 4668195
Email: Pharmacovigilance@SudairPharma.com
www.SudairPharma.com

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