Pomalidomide Rowex (pomalidomide) Pharmacy Registration Form

To be completed by the Chief/Superintendent Pharmacist or appointed deputy pharmacist.

Pharmacy Name (include all legal / trading names):	
Chief/Superintendent Pharmacist (or appointed deputy pharmacist):	
Contact telephone number:	
Email:	
PSI Registration Number:	
Dispensing Pharmacy Address:	Delivery Address (if different):
Eircode:	Eircode:
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Ordering Address (if different to delivery address):	
Eircode:	

On behalf of .....[pharmacy name], I agree to implement the following risk minimisation procedures when dealing with prescriptions for pomalidomide as specified by Rowex Ltd. in the Pomalidomide Rowex Healthcare Professionals' Information Pack.

1	I have read and understood the Pomalidomide Rowex Healthcare Professionals' Information Pack.	TICK
2	All pharmacists who dispense Pomalidomide Rowex will have read and understood the Pomalidomide Rowex Healthcare Professionals' Information Pack.	TICK
3	If supplied with Pomalidomide Rowex, it will only be used for the purpose of dispensing the product by the Pregnancy Prevention Programme registered pharmacy to the patient.	TICK
4	Prescriptions for Pomalidomide Rowex will be dispensed only if accompanied by a completed Pomalidomide Prescription Authorisation Form.	TICK
5	The pharmacist dispensing Pomalidomide Rowex will check each prescription and Prescription Authorisation Form for completeness and countersign the authorisation form prior to dispensing.	TICK
6	Compliance with these procedures will be audited by the Chief/Superintendent Pharmacist or appointed deputy pharmacist at least annually. Audit results will be made available to Rowex Ltd. so that their obligation to report to the regulatory agencies on the overall effectiveness of the programme can be met.	TICK
7	Pomalidomide Rowex will be dispensed, checked and stored according to our standard documented procedures for oral anti-cancer medicines.	TICK
8	Dispensing will be limited to no more than a 4 week supply for women of childbearing potential, and 12 weeks for males and women of non-childbearing potential.	TICK
9	Dispensing of Pomalidomide Rowex to women of childbearing potential should occur within 7 days of the prescription.	TICK
10	After dispensing, Pomalidomide Rowex Prescription Authorisation Forms will be kept in pharmacy for a minimum of 2 years.	TICK
11	Pharmacies must undertake the mandatory annual self-audit of the Pomalidomide Rowex Prescription Authorisation Forms where the Pomalidomide Rowex brand has been dispensed.	TICK
12	I will notify Rowex Ltd. of any change in contact details.	TICK

I understand that registration to obtain and supply Pomalidomide Rowex will only be granted if I agree to items 1–12 described above as supply of Pomalidomide Rowex without participation in the required risk minimisation for pregnancy prevention is contrary to the conditions of the marketing authorisation. Registration is valid for 2 years at which point I will confirm that we are continuing to follow the risk minimisation procedures by completing this form and sending to Rowex Ltd.

Sign:				
Print:	Date:	DD	MM	YYYY

Fax the completed form to Rowex Ltd. on 027-50417 or email to pv@rowa-pharma.ie