

Pomalidomide Krka (pomalidomide) Pharmacy Registration Form

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

Pharmacy name:	
Chief/Superintendent Pharmacist (or appointed deputy):	
Contact telephone number:	
Email:	PSI Registration Number:
Dispensing Pharmacy Address:	Delivery Address (if different):
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Ordering Address (if different to delivery address):	

On behalf of [pharmacy name], I agree to implement the following risk minimisation procedures when dealing with prescriptions for pomalidomide as specified by KRKA in the Pomalidomide Krka Healthcare Professional’s Information Guide.

1	I have read and understood the Pomalidomide Krka Healthcare Professional's Information Guide.	TICK
2	All pharmacists who dispense Pomalidomide Krka will have read and understood the Pomalidomide Krka Healthcare Professional’s Information Guide.	TICK
3	If supplied with Pomalidomide Krka, 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 Krka will be dispensed only if accompanied by a completed Pomalidomide Prescription Authorisation Form.	TICK
5	The pharmacist dispensing Pomalidomide Krka 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 at least annually. Audit results will be made available to KRKA so that their obligation to report to the regulatory agencies on the overall effectiveness of the programme can be met.	TICK
7	Pomalidomide Krka 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 Krka to women of childbearing potential should occur within 7 days of the prescription.	TICK
10	After dispensing, Pomalidomide 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 PAFs.	TICK
12	I will notify KRKA of any change in contact details.	TICK

I understand that registration to obtain and supply Pomalidomide Krka will only be granted if I agree to items 1-12 described above as supply of Pomalidomide Krka 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 KRKA.

Signature:	
Print:	Date: DD MM YYYY

Email the completed form to KRKA on Info.IE@krka.biz
 KRKA Pharma Dublin Limited, Office H, 1st Floor, Citywest Shopping Centre, Citywest Drive, Citywest, Dublin 24, Co.Dublin, D24 TYT9, Ireland