

# Thalidomide BMS® (thalidomide) 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 thalidomide as specified by Bristol-Myers Squibb (BMS) in the Thalidomide BMS® Healthcare Professionals' Information Pack.

<b>1</b>	I have read and understood the Thalidomide BMS® Healthcare Professionals' Information Pack.	TICK
<b>2</b>	All pharmacists who dispense Thalidomide BMS® will have read and understood the Thalidomide BMS® Healthcare Professionals' Information Pack.	TICK
<b>3</b>	If supplied with Thalidomide BMS®, it will only be used for the purpose of dispensing the product by the Pregnancy Prevention Programme registered pharmacy to the patient.	TICK
<b>4</b>	Prescriptions for Thalidomide BMS® will be dispensed only if accompanied by a completed Thalidomide BMS® Prescription Authorisation Form.	TICK
<b>5</b>	The pharmacist dispensing Thalidomide BMS® will check each prescription and Thalidomide BMS® Prescription Authorisation Form for completeness and countersign the authorisation form prior to dispensing.	TICK
<b>6</b>	Pharmacies must undertake the <b>mandatory</b> annual self-audit of the Thalidomide BMS® Prescription Authorisation Forms. 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 BMS so that their obligation to report to the regulatory agencies on the overall effectiveness of the programme can be met.	TICK
<b>7</b>	Thalidomide BMS® will be dispensed, checked and stored according to our standard documented procedures for oral anti-cancer medicines.	TICK
<b>8</b>	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
<b>9</b>	Dispensing to women of childbearing potential should occur within 7 days of the prescription.	TICK
<b>10</b>	After dispensing, Thalidomide BMS® Prescription Authorisation Forms will be kept in pharmacy for a minimum of 2 years.	TICK
<b>11</b>	I will notify BMS of any change in contact details.	TICK

I confirm that I am ordering on behalf of a registered pharmacy and that thalidomide will be dispensed in accordance with the risk minimisation procedures for thalidomide, as specified by Bristol-Myers Squibb in the Thalidomide BMS® Healthcare Professional Information Guide.

Sign:	
Print:	Date: DD MM YYYY

Fax the completed forms to BMS on 1800 992 429 or email to [rmpukire@bms.com](mailto:rmpukire@bms.com)