

Pomalidomide Community Pharmacy Dispensing Notification Form

1. To the prescriber

This is a notification form to advise the nominated community pharmacy that they will soon be receiving a High Tech Prescription for pomalidomide for your patient. This will enable the community pharmacy to register with the Pomalidomide Pregnancy Prevention Programme and subsequently be able to order and dispense pomalidomide for your patient.

Please complete the prescriber section below upon the first occasion that the patient is being prescribed pomalidomide and email or fax to the **Nominated Community Pharmacy** on the details below.

Prescriber Details (Please print)

Date of Prescription:	Patient Identifier:
Full Name of Prescriber:	
Hospital Name and Address: (Please print) _____ _____ _____	Hospital stamp
Contact Phone Number:	

Email or Fax to Nominated Pharmacy

Email:
Fax Number:
Nominated Pharmacy Name and Address: (Please print) _____ _____ _____
Date:

2. To the Nominated Community Pharmacy

The prescriber named above has prescribed pomalidomide for their patient. The patient has nominated your pharmacy to dispense the prescription.

All pharmacies dispensing pomalidomide must be registered with the Pomalidomide Pregnancy Prevention Programme for the product they intend to dispense. If you are not already registered, you must register now to order pomalidomide. Order Forms are available from the manufacturer.

If you choose to dispense Imnovid®▼, you must register with BMS using the Imnovid® Pharmacy Registration Form (if not already registered). Please contact BMS Risk Management on 1800 992 427 and BMS will forward you the required information.



This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.