



Pharmacist Registration Form

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Pharmacy Registration Form

Pharmacist Details

Pharmacist (or appointed deputy) First Name:*	Pharmacist (or appointed deputy) Last Name:*
<input type="text"/>	<input type="text"/>
GPhC / PSNI Registration Number:*	Institution type:*
<input type="text"/>	<div>Select▼</div>
Phone Number:*	Institution Name:*
<input type="text"/>	<input type="text"/>
Dispensing Pharmacy Address:*	
<input type="text"/>	
Delivery Address (if different):	
<input type="text"/>	
Ordering Address (If different to delivery address):	
<input type="text"/>	

Wholesaler Details

AAH Account Number:*	Phoenix Account Number:*
<input type="text"/>	<input type="text"/>
Mawdsleys Account Number:*	Alliance Account Number:*
<input type="text"/>	<input type="text"/>

If you update the account numbers, they will update for all pharmacists within your pharmacy

Medication*:

Please select the medication in which you want to prescribe.

☐ Lenalidomide

☒ Pomalidomide

☐ Thalidomide

IMPORTANT: You will only be able to receive PAFs for molecules in which you have checked and registered with.

Account Details

Email Address:*
<input type="text"/>
Create Password:*
<input type="text"/>
Confirm Password:*
<input type="text"/>

Minimum length of 8 characters

Minimum of 1 uppercase letter.

At least 1 non-alphamumeric character (~!@#\$\$%)

At least 1 number

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*symbol indicating a mandatory field

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Pharmacist Pomalidomide Confirmation

By registering the above-named pharmacy to complete and approve PAFs and/or order and dispense pomalidomide, I agree to implement and ensure compliance with the risk minimisation measures associated with the Pregnancy Prevention Programme (PPP) for pomalidomide and adhere to the following requirements:

- ☒
1. Read and understand the [Pomalidomide Healthcare Professional Information Guide](#)
- ☒
2. Confirm that all pharmacists who complete and approve PAFs and/or dispense pomalidomide will have read and understood the pomalidomide additional Risk Minimisation Materials and will ensure that the pregnancy prevention measures have been implemented before dispensing pomalidomide.
- ☒
3. Check that each pomalidomide prescription is provided with an associated Pomalidomide PAF, completed electronically via the electronic Pathfinder PPP Platform or by using the off-line PAF in case of a temporary system unavailability.
- ☒
4. Check the PAF for completeness and/or request any missing information from the Prescriber and/or patient and complete the Pharmacist section of the PAF, prior to dispensing pomalidomide.
- ☒
5. For **women of childbearing potential (WCBP)**, check that the PAF confirms:

a. The WCBP has been counselled/reminded about the teratogenic risk and has been on at least one effective method of contraception for at least 4 weeks.

b. The WCBP has had a negative pregnancy test within the 3 days prior to the prescription date.

c. The dispensing of pomalidomide is within 7 days of the prescription date.

d. The supply of treatment is no more than 4 weeks.
- ☒
6. For **male patients**, check that the PAF confirms:

a. The patient has been counselled/reminded about the teratogenic risk and the requirement to use a condom if sexually active with a pregnant woman or a WCBP not using effective contraception.

b. The supply of treatment is no more than 12 weeks.
- ☒
7. For **women not of childbearing potential (WNCBP)**, check the supply of treatment is no more than 12 weeks.
- ☒
8. In case of Pathfinder PPP Platform unavailability, pharmacies completing off-line PAFs must send a copy of each completed off-line PAF to PharmaCare Group Ltd, immediately after each pomalidomide prescription is dispensed. Pharmacies should retain the original paper PAF at the pharmacy premises for a minimum of 2-years.
- ☒
9. Ensure on receipt of pomalidomide, it is only dispensed to the patient by the pharmacy registered with Pathfinder PPP Platform to fulfil the requirements of the PPP for pomalidomide. **Wholesaling is strictly prohibited.**
- ☒
10. Notify PharmaCare Group Ltd, immediately of changes in Chief Pharmacist or appointed Deputy Pharmacist, including their corresponding contact details in order to ensure appropriate registration of the pharmacy to complete and approve PAFs and/or order and dispense pomalidomide.

By clicking register, I understand that if during the period of registration I am unable to fulfil requirements 1 - 10, the above named-pharmacy will be de-registered by Pharmacare and I will be unable to order any further Pomalidomide and required to go through the registration process again, following any necessary remedial action(s). I acknowledge this registration to order and dispense Pomalidomide is valid for 2 years only, after which I am required to re-register the above-named pharmacy should I wish to continue to order and dispense Pomalidomide. I understand that my personal data will be processed by Pharmacare, for the purpose of administering the PPP for Pomalidomide and that the information supplied to Pharmacare on PAFs will be used to provide anonymised aggregate annual reports to the Medicines and Healthcare products Regulatory Agency (MHRA) to assess the implementation of the PPP.

Pharmacist Name*

Michael O’Callaghan

Date*

05 / 08 / 2020



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