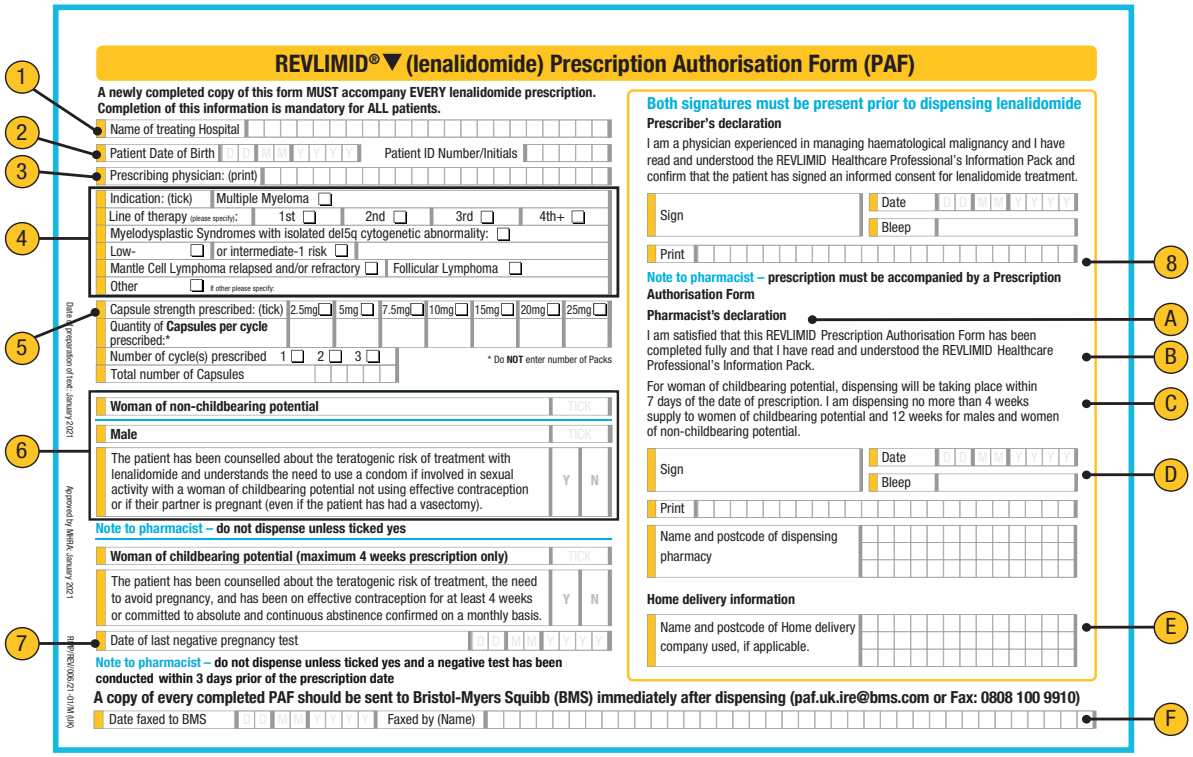
A Guide to Completing the Prescription Authorisation Form (PAF)

This guide will help you to complete the REVLIMID®▼ Prescription Authorisation Form. The form is in the Healthcare Professional's Information Pack and must be completed each time you prescribe lenalidomide for all patients.



Instructions for prescribers

1. Print the full Hospital name where the patient is treated.
2. Print the patient's Date of Birth. Do not provide confidential information (e.g. Patient Name and Hospital Number).
3. Print your name clearly
4. Tick the diagnosis box or state other usage – this will allow an assessment of the clinical usage of lenalidomide, which is important for ongoing monitoring of the appropriateness of the Pregnancy Prevention Programme.
5. Enter the capsule strength and quantity of each strength prescribed.
6. Complete this section appropriately to indicate that counselling and appropriate use of contraception has occurred. This is a requirement of the Pregnancy Prevention Programme.
7. For women of childbearing potential you must provide a valid negative pregnancy test date (within 3 days prior to prescribing). If this is not the case lenalidomide must not be dispensed.
8. You must sign, date and print your name to declare that all steps have been observed and that you authorise the Prescription Authorisation Form.

Instructions for pharmacists

A. Check that all relevant sections of the form have been fully completed by the prescriber.
   a. Counselling and contraception measures must be in place
   b. Prescription must be accompanied by a Prescription Authorisation Form
   c. For women of childbearing potential lenalidomide can only be dispensed within 7 days of the prescription date
   d. Only a maximum of 4 weeks supply for women of childbearing potential, or a maximum of 12 weeks supply for all other patients, of lenalidomide can be dispensed at any one time
   e. The diagnosis, capsule strength have been provided.

B. Check the form does not contain confidential information (e.g. Patient Name and Hospital Number) - Bristol-Myers Squibb (BMS) will not accept PAFs that do not maintain patient anonymity.

C. Check the form is complete and legible - BMS will request that **ALL** incomplete or illegible forms are resent.

D. You must sign, date and print your name to declare that the form has been completed fully and dispensing for women of childbearing potential is taking place within 7 days of the date of prescription.

E. Complete the Home delivery information if applicable.

F. Complete the "Date faxed to BMS" and "Faxed by (Name)" fields and **FAX** completed forms to BMS on **0808 100 9910.**

Further information and materials are available from BMS.

Tel: 0808 156 3059

Email: rmpukire@bms.com

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Approved by MHRA: January 2021

REVLIMID®▼ (lenalidomide) Prescription Authorisation Form (PAF)

A newly completed copy of this form MUST accompany EVERY lenalidomide prescription. Completion of this information is mandatory for ALL patients.

Name of treating Hospital

Patient Date of Birth D D M M Y Y Y Y Patient ID Number/Initials

Prescribing physician: (print)

Indication: (tick) Multiple Myeloma ☐

Line of therapy (please specify): 1st ☐ 2nd ☐ 3rd ☐ 4th+ ☐

Myelodysplastic Syndromes with isolated del5q cytogenetic abnormality: ☐

Low- ☐ or intermediate-1 risk ☐

Mantle Cell Lymphoma relapsed and/or refractory ☐ Follicular Lymphoma ☐

Other ☐ If other please specify:

Capsule strength prescribed: (tick)	2.5mg ☐	5mg ☐	7.5mg ☐	10mg ☐	15mg ☐	20mg ☐	25mg ☐
Quantity of **Capsules per cycle** prescribed:*							

Number of cycle(s) prescribed 1 ☐ 2 ☐ 3 ☐

Total number of Capsules

* Do **NOT** enter number of Packs

Woman of non-childbearing potential TICK

Male TICK

The patient has been counselled about the teratogenic risk of treatment with lenalidomide and understands the need to use a condom if involved in sexual activity with a woman of childbearing potential not using effective contraception or if their partner is pregnant (even if the patient has had a vasectomy). Y N

Note to pharmacist – do not dispense unless ticked yes

Woman of childbearing potential (maximum 4 weeks prescription only) TICK

The patient has been counselled about the teratogenic risk of treatment, the need to avoid pregnancy, and has been on effective contraception for at least 4 weeks or committed to absolute and continuous abstinence confirmed on a monthly basis. Y N

Date of last negative pregnancy test D D M M Y Y Y Y

Note to pharmacist – do not dispense unless ticked yes and a negative test has been conducted within 3 days prior of the prescription date

Both signatures must be present prior to dispensing lenalidomide

Prescriber's declaration

I am a physician experienced in managing haematological malignancy and I have read and understood the REVLIMID Healthcare Professional's Information Pack and confirm that the patient has signed an informed consent for lenalidomide treatment.

Sign Date D D M M Y Y Y Y

Bleep

Print

Note to pharmacist – prescription must be accompanied by a Prescription Authorisation Form

Pharmacist's declaration

I am satisfied that this REVLIMID Prescription Authorisation Form has been completed fully and that I have read and understood the REVLIMID Healthcare Professional's Information Pack.

For woman of childbearing potential, dispensing will be taking place within 7 days of the date of prescription. I am dispensing no more than 4 weeks supply to women of childbearing potential and 12 weeks for males and women of non-childbearing potential.

Sign Date D D M M Y Y Y Y

Bleep

Print

Name and postcode of dispensing pharmacy

Home delivery information

Name and postcode of Home delivery company used, if applicable.

A copy of every completed PAF should be sent to Bristol-Myers Squibb (BMS) immediately after dispensing (paf.uk.ire@bms.com or Fax: 0808 100 9910)

Date faxed to BMS D D M M Y Y Y Y Faxed by (Name)

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