



POMADO (Pomalidomide)

Prescriber Registration Form



When prescribing POMADO (Pomalidomide), I agree to:

- Provide patient counseling on the benefits and risks **POMADO** therapy, including Boxed Warnings.
- Submit a completed **POMADO** (Pomalidomide) treatment Initiation Form for each new patient.
- Provide contraception and emergency contraception counseling with each new prescription prior to and during **POMADO** treatment.
- Provide scheduled pregnancy testing for females of reproductive potential and verify negative pregnancy test results prior to writing a new prescription or subsequent prescriptions.
- Report any pregnancies in female patients or female partners of male patients prescribed **POMADO** immediately to ALRAZI Pharma Pharmacovigilance Department.
- Prescribe no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions.
- Remind patients to return all **POMADO** capsules to ALRAZI Pharma **POMADO** prescriber, or to the pharmacy that dispensed **POMADO** to them.
- Re-enroll patients in the **POMADO** program if **POMADO** is required and previous therapy with **POMADO** has been discontinued for 12 consecutive months.



POMADO (Pomalidomide)

Prescriber Registration Form



Please fill out the spaces below completely.

Prescriber Name:

Degree: MD / DO / PA / NP / Fellow / Medical Resident

Specialty:

Please indicate which office(s) will receive **POMADO** materials and updates:

Hospital Name:

Department:

Address: City:

Phone: Ext: Fax:

Email Address:

I understand that if I fail to comply with all requirements of the Lenalidomide program, my prescriptions for **POMADO** (Pomalidomide) will not be honored at certified pharmacies.

Prescriber Signature: Date:

Al Razi Pharmaceutical Company Pharmacovigilance Department

+966138281919 +966554833113 PV@alrazi-pharma.com



PV ALRAZI
Website



SFDA
Website

National Pharmacovigilance and
Drug Safety Center
at Saudi Food and Drug Authority SFDA
E-mail: npc.drug@sfda.gov.sa
Online: <https://ade.sfda.gov.sa>
Toll free phone: 19999