Dr.Reddy's

This material was developed by Dr. Reddy's Laboratories, as part of the risk minimization plan for Reddy-Lenalidomide and Reddy-Pomalidomide. This material is not intended for promotional use.

Reddy-Lenalidomide RMP Program and Reddy-Pomalidomide RMP Program: Pharmacy Registration Form

To prescribe Reddy-Lenalidomide or Reddy-Pomalidomide, all pharmacies must complete and return this form to be enrolled in the Reddy-Lenalidomide RMP Program and Reddy-Pomalidomide RMP Program and obtaining a Pharmacy ID number.

Pharmacy name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Pharmacy Manager's Name: _____

Pharmacy Manager's License Number: _____

As the authorized pharmacist, I acknowledge that: **Initial:**

☐ I have read the Pharmacy Guide and will ensure that I, and all pharmacy staff working at the location mentioned above, commit to the requirements of both programs. Failure to comply may result in termination of their participation in the programs

☐ The pharmacist dispensing Reddy-Lenalidomide or Reddy-Pomalidomide will verify each prescription to ensure completeness

☐ The prescription will not be accepted unless the prescriber ID number and patient ID number are written on the prescription and are verified by the dispensing pharmacist

☐ The Reddy-Lenalidomide- Part III of the Product Monograph: Patient Medication Information will be provided to the patient each time Reddy-Lenalidomide is dispensed and the Reddy-Pomalidomide - Part III of the Product Monograph: Patient Medication Information will be provided to the patient each time Reddy-Pomalidomide is dispensed as applicable.

☐ Male patients and female patients of childbearing potential will be counseled by the trained pharmacist having sufficient expertise to deliver the required counselling services at every dispense of Reddy-Lenalidomide or Reddy-Pomalidomide on the key safety measures specific to his/her patient risk category

☐ Emergency contraception counselling to the patient will be provided by the pharmacist if necessary and the pharmacist will inform the respective RMP Program contact centers if a patient or a patient's partner becomes pregnant

☐ I will confirm that the prescription is no more than a 4-week (28-day) supply for females of child-bearing potential (84 days for all other patients - males, females not of child-bearing potential) and there are 7 days or less remaining on the existing Reddy-Lenalidomide or Reddy-Pomalidomide prescription.
No refills or telephone prescriptions are permitted.

☐ For Females of Child-Bearing potential, prescriptions **must** be dispensed within 7 days of the last negative pregnancy test, which should coincide with the expiry date of the confirmation number
- For Females of Child-Bearing potential, dispensing **should** occur within 24 hours of obtaining the confirmation number, including for subsequent prescriptions to ensure that dispensing occurs within 7 days of the last pregnancy test

Dr. Reddy's

☐ For all other patients, dispensing should occur within 14 days of the date the confirmation number was generated

☐ When dispensing, ensure the Reddy-Lenalidomide lot number and Reddy-Pomalidomide lot number are documented on their respective prescriptions.

☐ Pharmacist will notify the respective RMP Program contact centers and the prescriber if a juvenile female patient has reached menarche, and will counsel the patient according to the requirements of the programs (ie. as a Female of Child-Bearing Potential). The change should also be documented in the prescription

☐ Every pharmacist involved in dispensing these products must be trained in the requirements of controlled distribution programs.

☐ The registered pharmacy must verify the prescriber ID and patient ID online at **www.reddy2assist.com**, or by calling the respective RMP Program contact centers for assistance at **1-877-938-0670** for each prescription before dispensing

☐ Compliance with these procedures will be audited on an as-needed basis by the Reddy-Lenalidomide RMP program and Reddy-Pomalidomide RMP program on risk based approach. Audit results will be made available to Dr. Reddy's Laboratories, Inc. so they can meet regulatory obligations

☐ Ensure the products are shipped the same day those are dispensed (within 24 hours). Couriers must Deliver the medication to the patient within 24 hours and the process must include a mechanism to track shipments and require signature for delivery.

☐ The pharmacy should segregate Reddy-Lenalidomide and Reddy-Pomalidomide stock (ie. with other thalidomide, pomalidomide,and lenalidomide products) and position shelf tags to remind the pharmacy staff of dispensing instructions

I understand that Reddy-Lenalidomide and Reddy-Pomalidomide are only available through the Reddy-Lenalidomide RMP program and Pomalidomide RMP program and must comply with all the requirements of the programs. Failure to comply may result in immediate termination of this pharmacy's participation in the RMP programs.

Authorized Pharmacist's email: _____

Authorized Pharmacist Signature: _____

Print: _____ Date: _____

For more information about Reddy-Lenalidomide and Reddy-Pomalidomide, and their respective Risk Management Programs, please visit **www.reddy2assist.com** or call for assistance at **1-877-938-0670**.

Reddy-Lenalidomide and Reddy-Pomalidomide are only available through the Reddy-Lenalidomide RMP Program and Reddy-Pomalidomide RMP Program, restricted distribution programs.

Attn: Reddy2Assist Program
5155 Spectrum Way, Unit 29,
Mississauga ON L4W 5A1
Phone: 1-877-938-0670
Fax: 1-877-938-0807
Email: reddy2assist@drreddys.com
Website: www.reddy2assist.com