



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: Prescriber Registration Form

Important Information regarding Reddy-Lenalidomide and Reddy-Pomalidomide and their respective Risk Management Programs

Due to their structural similarity to thalidomide, a known teratogen, Reddy-Lenalidomide and Reddy-Pomalidomide are marketed only under controlled distribution programs: The Reddy-Lenalidomide RMP Program for Reddy-Lenalidomide and the Reddy-Pomalidomide RMP Program for Reddy-Pomalidomide. This is a requirement by Health Canada for Reddy-Lenalidomide and Reddy-Pomalidomide to ensure that the benefits of these drugs outweigh the risk of embryo-fetal exposure to Reddy-Lenalidomide and Reddy-Pomalidomide, as well as to inform prescribers, patients, and pharmacists on the serious risks and safe-use conditions for Reddy-Lenalidomide and Reddy-Pomalidomide. To avoid embryo-fetal toxicity, Reddy-Lenalidomide or Reddy-Pomalidomide will only be available under the Reddy-Lenalidomide RMP Program and Reddy-Pomalidomide RMP Program. Only registered prescribers and pharmacies in Reddy-Lenalidomide RMP program and Reddy-Pomalidomide RMP program can prescribe or dispense these medications. In order to receive Reddy-Lenalidomide or Reddy-Pomalidomide, all patients must be enrolled in the Reddy-Lenalidomide RMP program or Reddy-Pomalidomide RMP program and agree to comply with the requirements of the respective programs.

Information about Reddy-Lenalidomide and Reddy-Pomalidomide and their respective Risk management Programs can be obtained by calling at **1-877-938-0670**, or through the website (www.reddy2assist.com).

To enroll in the Reddy-Lenalidomide RMP program and Reddy-Pomalidomide RMP program and to prescribe Reddy-Lenalidomide or Reddy-Pomalidomide, all prescribers must complete and return this form to receive a unique prescriber ID number. All counseling points must be followed with **every** patient.

As the prescriber, I agree to:

- ☐ Counsel patients on the benefits and risks of Reddy-Lenalidomide therapy or Reddy-Pomalidomide therapy as applicable.
- ☐ Submit a completed Informed Consent form with every new patient to receive a unique patient ID number. I will maintain a copy of the form for my records and send a copy of the form via email, fax or mail:

Rx Infinity, 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

- ☐ Complete a mandatory and confidential prescriber survey online or by telephone initially and monthly thereafter prior to each prescription to a female of child-bearing potential.
- ☐ Facilitate female patient compliance with an initial mandatory confidential patient survey online or by telephone for Females of Child-Bearing Potential only (initially and monthly thereafter).
- ☐ Conduct and monitor pregnancy testing to verify negative pregnancy tests for all female patients of reproductive potential with new and subsequent prescriptions according to the program's requirements. Report any pregnancies in relation to patients using Reddy-Lenalidomide therapy or Reddy-Pomalidomide therapy immediately to the RMP Contact Center
- ☐ Ensure 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) (no automatic refills or telephone prescriptions)
- ☐ Ensure that the prescriber ID number, patient ID number, are clearly written on every prescription
- ☐ Provide contraception and emergency contraception counseling to male patients and females of child-bearing potential prior to every new prescription
- ☐ Contact a registered pharmacy enrolled in the Reddy-Lenalidomide RMP program and Reddy-Pomalidomide RMP program to fill the prescription



- ☐ Remind patients to return all unused Reddy-Lenalidomide capsules or Reddy-Pomalidomide capsules to the pharmacy, or Dr. Reddy's Laboratories, Inc. (Canada)
- ☐ Re-enroll patients in the Reddy-Lenalidomide RMP program or Reddy-Pomalidomide RMP program if Reddy-Lenalidomide or Reddy-Pomalidomide is required and previous therapy has been discontinued. The program requirements should be met every time a patient starts a new course of treatment following discontinuation, including the two negative pregnancy tests before starting therapy

Prescriber Name: _____ Degree: _____

Medical Specialty: _____

Medical Identification Number (Canada): _____

Please indicate which office(s) should receive Reddy-Lenalidomide RMP program and Reddy-Pomalidomide RMP program resources and updates:

Office Name: _____

Attention: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

Office Name: _____

Attention: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

Office Name: _____

Attention: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

Office Name: _____

Attention: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Fax: _____

Email: _____

I understand that failure to comply with all requirements of these programs will delay dispensing of the prescription until all requirements have been met

Prescriber Signature: _____ 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**

Return this form completed to Dr. Reddy's Laboratories Canada Inc. via email, fax or mail:

Rx Infinity, 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

Keep a copy of this form for your records.

Confidentiality Statement

The information in this document is confidential and the property of Dr. Reddy's Laboratories Canada Inc.

No part of it may be transmitted, reproduced, published or used by any person/s without prior written authorisation from Dr. Reddy's Laboratories Canada Inc.

This Prescriber Registration Form is downloaded from www.reddy2assist.com, where more information about Reddy-Lenalidomide (lenalidomide) and Reddy-Pomalidomide (pomalidomide), and their respective Risk Management Programs can be found.