

Lenalidomide Pharmacy Registration Form- Part 1



To be completed by the Chief of Pharmacy or a delegate authority

Name of the institution:	
Chief Pharmacist (or delegate authority):	
Pharmacist AHPRA Registration Number	
Contact phone number:	
Email:	
Pharmacy Registration Number:	
Dispensing Pharmacy Address:	Delivery Address (if different):
Tel:	Tel:
Fax:	Fax:
Email:	Email
Ordering Address (if different to delivery address):	

By registering [Name of pharmacy] to order and dispense CIPLA lenalidomide, I agree to implement and ensure compliance with the risk mitigation procedures associated with the Pregnancy Prevention Program (PPP) for CIPLA lenalidomide, and adhere to the following requirements:

1.	I have read and understand CIPLA lenalidomide Healthcare Professional Brochure.	Y/N
2.	All pharmacists who dispense lenalidomide will have read and understood the lenalidomide Healthcare Professional Brochure and will ensure that the pregnancy prevention measures have been implemented before dispensing lenalidomide.	Y/N
3.	CIPLA lenalidomide will only be used for the purpose of dispensing the product to patients registered with CIPLA lenalidomide Pregnancy Prevention Program.	Y/N
4.	Prescriptions for lenalidomide will only be dispensed if accompanied by a completed lenalidomide electronic Prescription Authorisation Form (ePAF).	Y/N
5.	The pharmacist issuing lenalidomide will check that each prescription and electronic prescription authorisation form is complete and/or request any missing information from the prescriber.	Y/N
6.	Patient and pharmacist must complete the dispensing pharmacist section in the ePAF, prior to dispensing CIPLA lenalidomide.	
7.	For a Woman of childbearing potential (WOCBP) , the dispensing pharmacist will check that the ePAF confirms: a) The WOCBP 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 WOCBP has had a negative pregnancy test within the 3 days prior to the prescription date c) Dispensing of CIPLA lenalidomide occurs within 7 days of the prescription date d) The supply of lenalidomide is for no more than 4 weeks.	Y/N
8.	For Male Patients , the dispensing pharmacist will check that the ePAF confirms: a) The patient has been counselled and reminded about the teratogenic risk and the requirement to use a condom if sexually active with a pregnant woman or a woman of childbearing potential who is not using effective contraception. b) The supply of lenalidomide is for no more than 12 weeks	
9.	For Woman not of childbearing potential (WNCBP) the dispensing pharmacist will check that the supply of lenalidomide lasts for no more than 12 weeks.	
10.	Notify CIPLA immediately of any changes to the Chief Pharmacist or the appointed delegate, including their corresponding contact details, in order to ensure appropriate registration of the pharmacy to order and dispense CIPLA lenalidomide.	
11.	If supplied with CIPLA lenalidomide, it will only be dispensed to the patient by the pharmacy registered with CIPLA, to fulfil the requirements of the CIPLA PPP. Wholesaling is strictly forbidden.	
12.	After dispensing, electronic Prescription Authorisation Forms will be kept by the pharmacy for a minimum of 2 years. A copy of each completed electronic Prescription Authorisation Form will immediately be sent to CIPLA.	

I understand that if during the period of registration I am unable to fulfil requirements 1-12, the pharmacy will be de-registered by CIPLA and I will be unable to order any further lenalidomide, I will be required to go through the registration process again, following any necessary remedial actions. I understand that my personal data will be processed by CIPLA, for the purpose of administering the PPP for lenalidomide

and that the information supplied to CIPLA on ePAFs will be used to provide anonymised aggregate annual reports to the Therapeutic Goods Administration (TGA) to assess the implementation of PPP.

Signature:

Print:

Date: DD/MM/YYYY

Lenalidomide Pharmacy Registration Form - Part 2

If you want to register additional pharmacies with your registration, please provide information in the fields below.

Name of Pharmacy:

Additional pharmacies registered with the Applicant to supply lenalidomide:

Hospital/Pharmacy Name:	
Contact details of the pharmacy purchasing department:	
Pharmacy Registration Number:	
Dispensing Pharmacy Address:	Delivery Address (if different):
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Ordering Address (if different to delivery address):	

Hospital/Pharmacy Name:
Contact details of the pharmacy purchasing department:
Pharmacy Registration Number (if applicable):

Dispensing Pharmacy Address:	Delivery Address (if different):
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Ordering Address (if different to delivery address):	

Hospital/Pharmacy Name:	
Contact details of the pharmacy purchasing department:	
Pharmacy Registration Number:	
Dispensing Pharmacy Address:	Delivery Address (if different):
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Ordering Address (if different to delivery address):	

Email the completed forms to CIPLA at Lenalidomide.cipla@cipla.com