

System for Thalidomide Education and Prescribing Safety (S.T.E.P.S.) Pharmacy Registration

All retail and hospital pharmacies must be registered to dispense THALOMID™ (thalidomide). Please review the steps that must be followed with every patient and return this card to Celgene Corporation. Registration must be signed by the Head Pharmacist or Director of Pharmacy.

Before dispensing THALOMID™ (thalidomide), I accept responsibility to:

- Refuse prescriptions written more than 14 days prior to presentation
- Collect and file a signed informed consent form with initial prescriptions (telephone prescriptions are not permitted with initial prescriptions)
- Register patients via fax or phone
- Dispense blister packs intact
- Dispense a maximum of a 4-week (28-day) supply of THALOMID™ (thalidomide) therapy, with no automatic refills
- Accept subsequent telephone prescriptions only if all S.T.E.P.S. program requirements are met
- Dispense subsequent prescriptions only if fewer than 7 days of therapy remain on the previous prescription
- Verify patient registry and record subsequent prescriptions via on-line transmission or phone
- Educate all staff pharmacists about the dispensing procedure for THALOMID™ (thalidomide)
- Accept unused THALOMID™ (thalidomide) returned by patient

I understand that if I fail to comply with all requirements of the S.T.E.P.S. program, my pharmacy may not be permitted to dispense THALOMID™ (thalidomide).

Pharmacist Name _____ Title _____
Signature _____ Pharmacy Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Pharmacy No. _____ NABP No. _____ Preferred wholesaler _____

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Printed in the U.S.A.

4/98

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