

i-SECURE

Imnovid® (Pomalidomide)

i-SECURE Verification Form

i-SECURE Verification Form for Immunomodulatory Agent:

Imnovid (Pomalidomide)

PHYSICIAN TO COMPLETE THIS SECTION

- Please hand this form to your patient after completing the necessary information.
- Completion of this form is mandatory at the time of each prescription, for all patients. The patient must present this form to the pharmacy, along with the prescription, or the prescriber may send the form directly to the pharmacy with each prescription.
- This form will be collected from the pharmacy by Biologix on a monthly basis.

PATIENT RISK CATEGORY (please tick one)

Female of non-childbearing potential

Male

Female of childbearing potential

Last pregnancy test date (DD/MM/YYYY): _____/_____/_____

Last pregnancy test result negative?

Yes

No

As a registered prescriber, I confirm that the patient has been counselled and complied to the i-SECURE program requirements.

Name of Prescriber	
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Telephone Number of the Prescriber	
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Name of Prescribing Center	
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Prescriber's Signature	
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PHARMACIST TO COMPLETE THIS SECTION

Reminder: Prescriptions for female patients of childbearing potential can be for a maximum duration of 4 consecutive weeks, and prescriptions for all other patients can be for a maximum duration of 12 consecutive weeks.

As a registered pharmacy, I have verified the form is complete and have dispensed to the patient in accordance to the i-SECURE program.

Pharmacist's Name	
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Pharmacy Name and Address	
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Telephone Number of Pharmacy	
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Pharmacist's Signature	
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Date	
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Data Privacy Notice

The personal data collected through this form will be processed by Biologix for the purposes of administering, on behalf of Bristol-Myers Squibb (BMS), the i-SECURE program.

We may share your data with BMS entities and third parties providing services to BMS for the management of the program and administration purposes. This may entail the transfer of your data to other countries such as the USA and Switzerland. BMS will implement appropriate contractual, organizational, and technical security measures to protect your information from unauthorized access, use or disclosure. If required, we may share your data with health authorities for safety and other regulatory reasons.

By signing this form, you consent to the processing of your personal data.

For more information on how your personal data is being processed, contact Biologix at BX-Privacy-KSA@biologixpharma.com

For more information and questions on the i-SECURE program, contact Biologix at medinfo@biologixpharma.com

For more information on Immunomodulatory Agents, contact Biologix at medinfo@biologixpharma.com