

# Prescriber Registration

**All prescribers MUST be registered to prescribe THALOMID® (thalidomide). Please review the steps below that MUST be followed with every patient and return this card to Celgene Corporation.**

When prescribing THALOMID® (thalidomide), I agree to:

- Provide patient counseling on the benefits and risks of THALOMID® (thalidomide) therapy
- Provide contraception and emergency contraception counseling in addition to scheduled pregnancy testing
- Submit a completed Patient Registration/Patient-Physician Agreement Form for each new patient to the Celgene Customer Care Center via fax to 1-888-432-9325
- Complete a brief prescriber telephone survey for every patient and obtain a new authorization number for each prescription written
- Write the authorization number on every prescription
- Facilitate compliance with a mandatory patient monitoring telephone survey
- Prescribe no more than a 4-week (28-day) supply, with no automatic refills or telephone prescriptions
- Return to Celgene all THALOMID® (thalidomide) that is returned by patients. Shipping fees will be paid by Celgene Corporation. Call 1-888-423-5436

**Please fill out the spaces below completely.**

Prescriber Name \_\_\_\_\_ Degree: MD/DO/PA/NP Other: Fellow/Medical Resident  
(Please print name as it appears on your prescription pad)

Specialty \_\_\_\_\_

DEA No. \_\_\_\_\_ Social Security No. (if no DEA) \_\_\_\_\_

**Please indicate which office(s) will receive S.T.E.P.S.® materials and updates:**

Primary Office Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

Secondary Office Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

**I understand that if I fail to comply with all requirements of the S.T.E.P.S.® program, my prescriptions for THALOMID® (thalidomide) may not be honored at registered pharmacies.**

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this card to the Celgene Customer Care Center via mail or by fax (1-888-432-9325).**

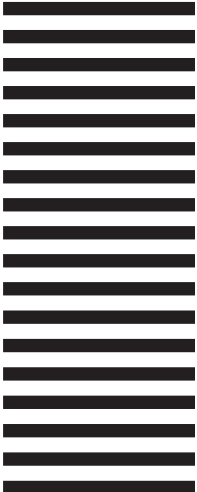




CELGENE CORPORATION  
CELGENE CUSTOMER CARE CENTER  
86 MORRIS AVENUE  
SUMMIT NJ 07901-9920

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 101 SUMMIT NJ



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

