cn=Dr Dhiveja Smith, o=Cipla, ou=Medical Affairs, email=dhiveja.smith@cipla.com, c=<n 2020.11.09 16:24:33 +02'00'

Annerie Tiedt Digitally signed by Annerie Tiedt Date: 2020.11.13 08:44:00 +02'00'

Cipla

LENALIDOMIDE CIPLA PHARMACY REGISTRATION FORM

This is a once-off procedure.

This form needs to be completed by the Responsible Pharmacist or the deputy appointed in order to register the pharmacy on the ***Cipla Risk Management Support Programme*** before being able to dispense **LENALIDOMIDE CIPLA** to patients. ***Please complete in block letters.***

Pharmacy Details

Pharmacy name:
Responsible Pharmacist (or a deputy appointed):
Pharmacy License Number:
Address:

Tel:	Tel:
Fax:	Fax:
Email:	Email:

On behalf of _____ [name of the pharmacy], I, _____ [pharmacist name and surname] have read and understood the ***Cipla Risk Management Support Programme*** *Healthcare Professional Information Brochure*. This brochure explains the risks to patients receiving **LENALIDOMIDE CIPLA**, particularly the teratogenic effect on a foetus.

I agree to implement the following ***Cipla Risk Management Support Programme*** procedures when dealing with **LENALIDOMIDE CIPLA** prescriptions, as specified by Cipla Medpro (Pty) Ltd:

1.	All pharmacists dispensing **LENALIDOMIDE CIPLA** have read and understood the ***Cipla Risk Management Support Programme*** *Healthcare Professional Information Brochure.*
2.	Dispense **LENALIDOMIDE CIPLA** only if: - The prescription written by the doctor is accompanied by a completed and signed *Prescription Authorisation Form*. - The last pregnancy test occurred within a maximum of 7 days for females of childbearing potential.
3.	A maximum of 4 weeks of medication will be dispensed if the patient is a female of childbearing potential.
4.	A maximum of 12 weeks of medication will be dispensed if the patient is a male or female not of childbearing potential.
5.	Ensure that the pharmacy complies with this procedure as the pharmacy may be subject to audits by Cipla Medpro (Pty) Ltd.

Please email the completed/signed form to Cipla Medpro (Pty) Ltd before dispensing **LENALIDOMIDE CIPLA**.

e medinfo@cipla.com

Signature: _____

D	D	M	M	Y	Y	Y	Y

S4 Reg. No. 55/32/0295.294, 53/32/0374.371, 0375.372, 0376.373. Lenalidomide Cipla 5 / 10 / 15 / 25 mg. Each hard gelatin capsule contains 5 mg; 10 mg; 15 mg; 25 mg of lenalidomide.
For full prescribing information, refer to the Professional Information approved by the medicines regulatory authority.
CIPLA MEDPRO (PTY) LTD. Co. Reg. No. 1995/004182/07. Building 9, Parc du Cap, Mispel Street, Bellville, 7530, RSA. Website: www.cipla.co.za Customer Care: 080 222 6662. [585606080a]