ZENBEXUS™ REMS | Patient Enrollment Form

To enroll in ZENBEXUS REMS (Risk Evaluation and Mitigation Strategy), patients and their prescribing healthcare providers (HCPs) must complete this form:

- **Online** at www.BMSREMSPatientSafety.com **or**
- **Email** to REMSContactCenter@bms.com **or**
- **Fax** to 1-877-296-1932

Complete all required fields on this form to avoid a delay in the enrollment process.
Upon completion of these steps, ZENBEXUS REMS will notify your prescriber of your successful enrollment.

Patient Information *(Fields marked * are REQUIRED.)*

*First Name (Legal):	Middle Initial:	*Last Name (Legal):
*Date of Birth (MM/DD/YYYY):	*Sex (Assigned at Birth): ☐ Male ☐ Female	
*Address Line #1:		
Address Line #2:		
*City:	*State:	*ZIP Code:

Preferred Contact Method

*Direct Phone Number: ☐ This is a mobile phone number	Preferred Time to Call: ☐ AM ☐ PM ☐ Consent to receive voicemail
*Email Address: ☐ Patient does not have an email	Primary Language:

Secondary Contact if the Patient Is Not Available *(Optional)*

*First Name:	*Last Name:
*Phone Number:	

Prescriber (HCP) Information

*HCP First Name:	*HCP Last Name:
*National Provider Identifier (NPI):	*HCP Direct Phone Number:

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PatientAgreement

All patients must:

- Review the **Patient Guide**
- Enroll in the REMS Program by completing a **Patient Enrollment Form** with the prescriber
- Not donate blood during treatment and for 4 weeks after last dose
- Agree not to share their ZENBEXUS™ (iberdomide)

Females Who Can Become Pregnant

Before treatment, I must:

- Take 2 pregnancy tests completed in a medical setting (e.g., prescriber's office, clinic, or laboratory) before I start taking ZENBEXUS
  - Receive my ZENBEXUS from the pharmacy within 7 days of my last pregnancy test. If I miss the 7-day prescription window and have not started ZENBEXUS, I will get a repeat pregnancy test
- Be informed about the risk of serious birth defects; the need to use effective methods of birth control for at least 4 weeks before, during, and at least 4 weeks following treatment discontinuation
- Immediately contact my prescriber if I suspect I may be pregnant

During treatment, every 4 weeks, I must:

- Receive counseling from my prescriber and pharmacy about the risk of serious birth defects, the need to use effective methods of birth control, and to stop taking my medication and immediately contact my prescriber if I suspect that I might be pregnant
- Get a pregnancy test as directed by the prescriber
  - Receive my ZENBEXUS from the pharmacy within 7 days of my last pregnancy test. If I miss the 7-day prescription window and have not started ZENBEXUS, I will get a repeat pregnancy test
- Use pregnancy prevention methods and not donate eggs as described in the **Patient Guide**, not to take ZENBEXUS if I am pregnant, breastfeeding, or not using pregnancy prevention methods, and not to become pregnant
- Complete a **Patient Survey**

After treatment discontinuation, for 4 weeks, I must:

- Get a pregnancy test as directed by the prescriber
- Use pregnancy prevention methods and not donate eggs as described in the **Patient Guide**, not to take ZENBEXUS if I am pregnant, breastfeeding, or not using pregnancy prevention methods, and not to become pregnant

At all times, I must:

- Inform my prescriber if there is a change in my reproductive status
- Stop taking ZENBEXUS and contact my prescriber immediately if I suspect I might be pregnant
- Report results of all pregnancy tests to my prescriber as directed

Males

Before and during treatment, every 4 weeks, I must:

- Receive counseling from the prescriber and the pharmacy on the risk of serious birth defects or death to an unborn baby, the need to use a latex or synthetic condom during all sexual contact even if I have had a successful vasectomy, and not donating sperm
- Complete a **Patient Survey**
- Receive counseling from the pharmacy

After treatment, 4 weeks after my last dose, I must:

- Use a latex or synthetic condom and not donate sperm as described in the **Patient Guide**

At all times, I must:

- Inform my prescriber about unprotected sexual contact with a female who can become pregnant, or about a sexual partner who might be pregnant

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Patient Agreement (cont'd)

Females Who Cannot Become Pregnant

Before treatment, I must:

- Receive counseling from my prescriber on the risks of serious birth defects or death of an unborn baby and if there is a change in my reproductive status

During treatment, every 6 months, I must:

- Receive counseling from my prescriber on:
  - The risks of serious birth defects or death of an unborn baby
  - Not sharing ZENBEXUS™ (iberdomide)
  - Not donating blood during treatment and for 4 weeks after treatment last dose
  - Returning unused ZENBEXUS to a drug take back program

At all times, I must:

- Inform my prescriber if there is a change in my reproductive status

By signing this form:

- I acknowledge that Bristol Myers Squibb may use my information to manage ZENBEXUS REMS

Please select the appropriate role authorized to sign this Patient Enrollment Form by choosing 1 of the following options:

☐ Patient ☐ Legal Guardian ☐ Authorized Representative

*Patient, Legal Guardian, or Authorized Representative Signature:	*Date:

For Authorized Representative Only *(In the event the patient cannot sign due to incapacitation.)*

☐ I confirm that the patient cannot sign this Patient Enrollment Form and is incapacitated. I accept responsibility for the patient's compliance with ZENBEXUS REMS and am authorized to consent to treatment on behalf of the incapacitated patient.

*First Name:	*Last Name:
*Address Line #1:	
Address Line #2:	

*City:	*State:	*ZIP Code:
*Relationship to the Patient:	*Medical Condition Causing the Incapacity:	

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Prescriber Authorization

***Indicate the patient's current reproductive status according to the definitions below and click "Continue"**

☐ Females Who **Can** Become Pregnant
- Biologically female sex with a uterus and at least one ovary, who is at least Tanner Stage 3, or entered puberty and has not completed menopause†
- 10 to 14 days before treatment initiation, conduct the first pregnancy test; conduct a second pregnancy test within 24 hours before treatment initiation

☐ By checking this box, I confirm that the patient has had 2 negative pregnancy test results completed in a medical setting (e.g., prescriber's office, clinic, or laboratory) before prescribing ZENBEXUS™ (iberdomide).

*Date of the most recent pregnancy test (MM/DD/YYYY): _____

☐ Male
- Biologically male sex

☐ Females Who **Cannot** Become Pregnant
- Biologically female sex who has undergone a hysterectomy or a bilateral oophorectomy, not gone through menarche or reached Tanner Stage 3, or completed menopause

†**Menopause:** Defined as 12 months of spontaneous amenorrhea or 6 months of spontaneous amenorrhea with serum FSH levels > 40 mIU/ml or 6 weeks postsurgical bilateral oophorectomy with or without hysterectomy.

Prescriber Requirements Under ZENBEXUS REMS

- I acknowledge that I have counseled the patient on the risk of embryo-fetal toxicity and safe-use measures using the Patient Guide
- I have provided the Patient Guide to the patient
- I will follow the pregnancy-test monitoring schedule as outlined in the Prescriber and Pharmacy Guide
- I will report any suspected pregnancies immediately to ZENBEXUS REMS at 1-888-423-5436

*Prescriber (HCP) Signature:	*Date:

For more information, call the REMS Call Center at 1-888-423-5436.

Bristol Myers Squibb®

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