# ZENBEXUS™ REMS | Prescriber Enrollment Form

**To become certified in ZENBEXUS REMS (Risk Evaluation and Mitigation Strategy), prescribers must:**

- Review the **Prescribing Information**
- Review the **Prescriber and Pharmacy Guide**
- Complete this **Prescriber Enrollment Form**

**Complete this Prescriber Enrollment Form for ZENBEXUS REMS:**

- **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 you of your successful certification.**

## Prescriber (HCP) Information *(Fields marked * are REQUIRED.)*

| | | |
|---|---|---|
| *First Name: | Middle Initial: | *Last Name: |

*Credentials: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other (Please specify):

*Specialty: ☐ Oncology ☐ Hematology ☐ Hematology/Oncology ☐ Other (Please specify):

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|---|---|
| *National Provider Identifier (NPI): | *Date Educational Materials Reviewed (MM/DD/YYYY): |

## Primary Office Contact Information

*Primary Practice/Facility Name:

*Address Line #1:

Address Line #2:

| | | |
|---|---|---|
| *City: | *State: | *ZIP Code: |

| | | |
|---|---|---|
| *Office Phone Number: | Extension: | *Direct Phone Number: ☐ This is a mobile phone number |

| | |
|---|---|
| *Email Address: | *Fax Number: |
| Preferred Contact Method: ☐ Office Phone Number ☐ Direct Phone Number ☐ Email Address | Preferred Time of Contact: ☐ AM ☐ PM |

## Secondary Contact Information *(Optional)*

| | | |
|---|---|---|
| *First Name: | Middle Initial: | *Last Name: |

| | | |
|---|---|---|
| *Office Phone Number: | Extension: | *Email Address: |

Fax Number:

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## Prescriber Agreement

### By signing this form, I agree to become certified and comply with the following ZENBEXUS REMS requirements:

- Review the **ZENBEXUS™ (iberdomide) Prescribing Information**
- Review the **Prescriber and Pharmacy Guide**
- Enroll in ZENBEXUS REMS by completing and submitting this **Prescriber Enrollment Form**
- Re-enroll patients in ZENBEXUS REMS if further treatment with ZENBEXUS is required and after ZENBEXUS has been discontinued for 12 consecutive months or longer

### Before treatment initiation (first prescription), I must:

- Assess the patient's reproductive status using the definitions in the **Prescriber and Pharmacy Guide**
- **For females who can become pregnant:**
  - Counsel patients using the **Patient Guide** on:
    - The risk of embryo-fetal toxicity
    - The need to use effective methods of contraception for 4 weeks prior to treatment initiation, during treatment, and for 4 weeks following discontinuation of treatment
    - The need to complete pregnancy testing every 4 weeks
    - The need to complete a **Patient Survey** every 4 weeks
    - The need to immediately contact their prescriber if the patient misses a menstrual period or if pregnancy is suspected
    - Not donating blood
    - Not sharing ZENBEXUS
  - Assess the patient's pregnancy status by reviewing 2 pregnancy test results completed in a medical setting (e.g., prescriber's office, clinic, or laboratory)
    - 10 to 14 days before treatment initiation, conduct the first pregnancy test and then conduct a second pregnancy test within 24 hours before treatment initiation
    - Document and submit using the **Patient Enrollment Form**
- Enroll patient by completing and submitting a **Patient Enrollment Form**
- Provide a copy of the **Patient Guide** to the patient
- For patients that do not receive ZENBEXUS within 7 days of their pregnancy test and have not started ZENBEXUS, repeat a confirmatory pregnancy test. Document and submit result to the REMS
- **For males:**
  - Counsel patients using the **Patient Guide** on:
    - The risk of embryo-fetal toxicity and to remind the patient to use a latex or synthetic condom during treatment and for 4 weeks following treatment
    - The need to complete a **Patient Survey** every 4 weeks
    - The need to immediately contact their prescriber if pregnancy is suspected in their sexual partner
    - Not donating blood or sperm
    - Not sharing ZENBEXUS
  - Provide a copy of the **Patient Guide** to the patient
  - Enroll patient by completing and submitting a **Patient Enrollment Form**
- **For females who cannot become pregnant:**
  - Counsel patients using the **Patient Guide** on:
    - The risk of embryo-fetal toxicity and to report a change in reproductive status
    - Enroll patient by completing and submitting a **Patient Enrollment Form**

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## Prescriber Agreement (cont'd)

### During the treatment period, every 4 weeks, I must:

- **For females who can become pregnant:**
  - **Assess the female's pregnancy status by reviewing a pregnancy test and confirming a negative result**
  - If you allow patients to complete pregnancy tests outside of a medical setting (for illness or emergency), obtain the pregnancy test results from the patient. Develop processes and procedures to minimize misinterpretation and falsification of pregnancy test results
  - Counsel patients on:
    - The risk of embryo-fetal toxicity
    - Pregnancy prevention requirements
    - The need to perform required pregnancy testing every 4 weeks
    - The need to complete a **Patient Survey** every 4 weeks
    - The need to immediately contact their prescriber if they miss a menstrual period or if pregnancy is suspected
  - Complete the **Prescriber Survey** to verify the patient's reproductive status, pregnancy prevention methods, negative pregnancy test result, and completion of counseling. Obtain authorization for each prescription
  - Send the prescription to a certified pharmacy
- **For males:**
  - Counsel patients on:
    - The risk of embryo-fetal toxicity
    - The need to use a latex or synthetic condom and for 4 weeks following treatment
    - The importance of not donating blood or sperm
    - The need to complete a **Patient Survey** every 4 weeks
  - Complete the **Prescriber Survey** to verify the use of latex or synthetic condom, the patient has not donated sperm, and completion of counseling. Obtain authorization for each prescription

### During the treatment period, every 2 weeks, I must:

- **For females who can become pregnant with irregular menstrual cycles:**
  - Assess the patient's pregnancy status by reviewing a pregnancy test and confirming a negative result

### During treatment, every 6 months, I must:

- **For females who cannot become pregnant:**
  - Counsel patients on:
    - The risk of embryo-fetal toxicity
    - Not sharing ZENBEXUS
    - Not donating blood during treatment and for 4 weeks after treatment last dose
    - Returning unused ZENBEXUS to a drug take back program

### During treatment, annually, I must:

- **For females who cannot become pregnant:**
  - Verify the patient's reproductive status

### After treatment discontinuation, 4 weeks after the last dose, I must:

- **For females who can become pregnant:**
  - For 4 weeks, assess the patient's pregnancy status by reviewing a pregnancy test and confirming a negative result
  - Counsel the patient to continue using effective contraception methods for at least 4 weeks

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## Prescriber Agreement (cont'd)

### At all times, I must:

- **For females who can become pregnant and males:**
  - Prescribe no more than a 28 days supply (21 days of treatment followed by a 7-day treatment-free period)
  - Not prescribe refills
- **For all patients:**
  - Report any pregnancies immediately to ZENBEXUS REMS at 1-888-423-5436

### At all times, within 10 business days, I must:

- Report a change or misclassification in reproductive status to ZENBEXUS REMS using the Reproductive Potential Status Change Form or by calling ZENBEXUS REMS at 1-888-423-5436

### I understand that I will counsel the patient on the following safe use conditions:

- **Do not share ZENBEXUS™ (iberdomide)**
- **Do not donate blood while taking ZENBEXUS and for 4 weeks after the last dose**
- **Do not donate eggs while taking ZENBEXUS and for 4 weeks after the last dose (females who can become pregnant only)**
- **Do not donate sperm while taking ZENBEXUS and for 4 weeks after the last dose (males only)**
- **Return unused ZENBEXUS to a drug take-back location**

I acknowledge that ZENBEXUS is available only through a restricted distribution program called ZENBEXUS REMS. In order to receive or dispense ZENBEXUS, prescribers must be certified in ZENBEXUS REMS.

**By signing this Prescriber Enrollment Form, I confirm my understanding of the risks of ZENBEXUS treatment. I agree to become certified as a ZENBEXUS REMS Prescriber and comply with all its requirements.**

| *Prescriber (HCP) Signature: | *Date: |
|---|---|
| | |

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

Bristol Myers Squibb®

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