

RevAssist® Prescriber Registration

IMPORTANT INFORMATION ABOUT RevAssist®

- To avoid fetal exposure, REVLIMID® (lenalidomide) is only available under a special restricted distribution program called "RevAssist®"
- Only prescribers registered with RevAssist® can prescribe REVLIMID® (lenalidomide)
- Only RevAssist® contract pharmacies can dispense REVLIMID® (lenalidomide)
- In order to receive REVLIMID® (lenalidomide), patients must enroll in RevAssist® and agree to comply with the requirements of the RevAssist® program
- Information about REVLIMID® (lenalidomide) and the RevAssist® program can be obtained by calling the Celgene Customer Care Center toll-free at 1-888-423-5436, or at www.REVLIMID.com

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

When prescribing REVLIMID®, I agree to:

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

Please fill out the spaces below completely.

Prescriber Name _____

(Please print name as it appears on your prescription pad)

Degree: MD/DO/PA/NP/Fellow/Medical Resident _____

Specialty _____

DEA No. _____ Social Security No. (if no DEA) _____

ME No. _____

Please indicate which office(s) will receive RevAssist® materials and updates:

Primary Office Name _____
 Attention (Office RevAssist® Contact) _____
 Address _____
 City _____ State _____
 ZIP _____
 Phone _____ Ext. _____ Fax _____
 E-mail Address _____

Secondary Office Name _____
 Attention (Office RevAssist® Contact) _____
 Address _____
 City _____ State _____
 ZIP _____
 Phone _____ Ext. _____ Fax _____
 E-mail Address _____

I understand that if I fail to comply with all requirements of the RevAssist® program, my prescriptions for REVLIMID® will not be honored at contract pharmacies.

Prescriber Signature _____ Date _____

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

Celgene Customer Care Center
1-888-423-5436
Fax 1-888-432-9325
www.REVLIMID.com
 86 Morris Avenue, Summit, NJ 07901



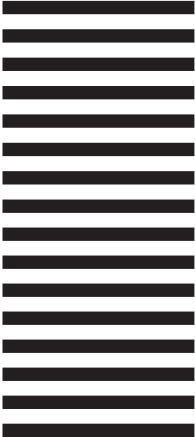
REVLIMID® and RevAssist® are registered trademarks of Celgene Corporation.
 © 2007 Celgene Corporation 03/07

REV05076R1

Fold, peel strip, and seal.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

POSTAGE WILL BE PAID BY ADDRESSEE

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

