

POMALIDOMIDE 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 **POMALIDOMIDE 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 **POMALIDOMIDE CIPLA**, particularly the teratogenic effects on a foetus.

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

1. Dispense **POMALIDOMIDE CIPLA** only if:
 - the prescription is accompanied by a completed *Prescription Authorisation Form*,
 - the confirmed negative pregnancy test is no older than 7 days (for female patients of childbearing potential)
2. A maximum of 4 weeks of medication will be dispensed if the patient is a female of childbearing potential.
3. A maximum of 12 weeks of medication will be dispensed if the patient is a male or female not of childbearing potential.
4. Ensure that the pharmacy complies with this procedure as the pharmacy may be subject to audits by Cipla Medpro (Pty) Ltd and /or SAHPRA.

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

Email address: ciplasa.rmp@cipla.com

Signature: _____

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Protection of Personal Information Act:

(POPI Act):

Cipla (herein referred to as, "we", "our", "us", "company", "responsible party") is committed to protect the privacy and security of your personal data that we process. The purpose of this notice is to inform you about our use of the data and/or personal information we collect from you.

As a responsible party, we need to keep and process your personal information for meeting legal obligations and compliance requirements as provided under the applicable Law, and for other customary business purposes. Without your personal information, **POMALIDOMIDECIPLA** may not be prescribed ("purposes").

We may process the following categories of personal information about you depending on our relationship with you:

- Personal details including but not limited to name, title, addresses, post code, telephone numbers, mobile number, personal/corporate email addresses, date and place of birth, gender, age, insurance policy details, occupation, signatures.
- Medical information including but not limited to health, injury details, blood group, disability details, any specific medical condition, health and sickness records/medical certificates.
- Personal information including but not limited to race, ethnicity, religion, political opinions, philosophical beliefs, or sexual orientation.

We will only use your personal information for the purposes for which we collected it. We will keep and use it to enable us to run the business and manage our relationship with you effectively, lawfully, and appropriately, whilst you are associated with us, and after our association ends. If you fail to provide this data, we may not be able to fulfil our contractual obligation, or we may be prevented from complying with our legal obligations. It is important that the personal information you provide to us is accurate and current. Please keep us informed if your personal information changes during your working relationship with us.

We require your consent to obtain and use your personal information, for the purposes, and you may withdraw your consent at any time by notifying us in writing. We will maintain your data on our records for as long as we have your consent to do so. You can also request us to stop using your personal information at any time through withdrawal of your consent directed to us in writing at the following email address: ciplasa.rmp@cipla.com

POPIA Consent:

I, the undersigned confirm that I have read and understood the terms of POPI Act requirements as stated above and do hereby consent that Cipla may collect and process my personal information for the reasons mentioned above.

We may share your personal information with third parties, other Cipla entities and internal group companies. We require third parties and other entities to respect the security of your data and to treat it in accordance with our instructions, and in a way that is consistent with Chapter 9, Section 72 of POPI Act. This information transfer is permitted under Chapter 9 of POPI Act which authorises the access seeker (known as the responsible party) permission to transfer the information across foreign borders in the following circumstances:

- the person receiving the information (outside of the Republic), must be governed by laws, binding corporate rules, binding agreements or memorandum of understanding between two public bodies which provide an adequate level of protection; or
- you must consent to the transfer; or
- the transfer must be necessary for:
 - the performance of a contract between you and the Responsible Party, or for the implementation of pre-contractual measures taken in response to your request;
 - the conclusion or performance of a contract concluded in your interest between the Responsible Party and a third party; or
 - the transfer is for your benefit and:
 - it is not reasonably practicable to obtain your consent for that transfer; and
 - if it were reasonably practicable to obtain such consent, you would provide it.

We will not share your personal information with any other third parties or use your personal information for any purpose other than described above. The information collected by us that you provide will not be used to make any automated decisions about you.

We have put in place measures to protect the security of your data. We have established procedures to deal with any suspected data security breach and will notify you and any applicable regulator of a suspected breach where we are legally required to do so.

If you are uncertain about this form, or the manner in which your information will be processed, please contact our Drug Safety team at this email address: drugsafetysa@cipla.com.

Pharmacist Name

Date: DD/MM/YYYY

Signature

