

Pomalidomide Rowex (pomalidomide) Order Form Ireland

UNIPHAR Orders Only



Orders cannot be processed unless this form is fully completed and signed. The completed Order Form should be emailed to Rowex Ltd., for the attention of Rowex Customer Service SpecialOrders@rowa-pharma.ie or Faxed to 027 50417. Orders received before **13:30 Monday-Friday** will be delivered the next working day (note there are no deliveries on Saturdays).

For queries about your order please email SpecialOrders@rowa-pharma.ie or Telephone 027 50077. Please ensure all data is recorded in Black or Blue ink. Prescription Authorisation Forms and Prescriptions should not be sent to Rowex Ltd.

Pharmacy Details

Ordered by: (Please print full name and position e.g. Irish registered pharmacist/technician)

Pharmacy Name & address: (Please print)

Pharmacy Stamp

Pharmacy Telephone:

Pharmacy GMS code:

Patient Details

Indication

Prescriber (Please print)

Treating Hospital

Patient Date of Birth

Male

TICK

Woman of childbearing potential (WCBP)

TICK

Woman of non-childbearing potential (WNCBP)

TICK

Dose of pomalidomide being prescribed

Date of prescription

Product Description

Strength

Quantity required

Pomalidomide Capsules

2mg

Pomalidomide Capsules

3mg

Pomalidomide Capsules

4mg

Comments

Is this the 1st, 2nd or 3rd dispensing of this prescription: 1st ☐ 2nd ☐ 3rd ☐

Total Supply Prescribed:

4-weeks ☐ 8-weeks ☐ 12-weeks ☐ Other - specify _____

I confirm that I am ordering on behalf of a registered pharmacy and that pomalidomide will be dispensed in accordance with the risk minimisation procedures for pomalidomide, as specified by Rowex Ltd. in the Pomalidomide Rowex Healthcare Professionals' Information Pack.

I confirm that treatment lengths will be limited to 4 weeks supply for Women of Childbearing Potential and 12 weeks for Males and Women of Non-childbearing Potential. For Women of Childbearing potential dispensing will be take place within 7 days of the date of prescription

Sign

Date

Telephone

Print

FOR INTERNAL USE ONLY:

Sales Order: _____ Date: _____ Initials: _____ Tracker number: _____