

# Pomalidomide Community Pharmacy Dispensing Notification Form

## 1. To the prescriber

This is a notification form to advise the nominated community pharmacy that they will soon be receiving a High-Tech Prescription for pomalidomide for your patient. This will enable the community pharmacy to register with the Pomalidomide Pregnancy Prevention Programme and subsequently be able to order and dispense pomalidomide for your patient.

Please complete the Prescriber section below upon the first occasion that the patient is being prescribed pomalidomide and fax/email to the **Nominated Community Pharmacy** on the details below.

Prescriber Details (Please print)	
Date of Prescription:	Patient Identifier:
Full Name of Prescriber:	
Hospital Name and Address: (Please print)	Hospital stamp
Contact Phone Number:	



Fax/Email to Nominated Pharmacy	
Fax Number/Email:	
Nominated Pharmacy Name and Address: (Please print)	
Date Faxed/Email:	Time Faxed/Email:

## 2. To the Nominated Community Pharmacy

The prescriber named above has prescribed pomalidomide for their patient. The patient has nominated your pharmacy to dispense the prescription.

**All pharmacies dispensing pomalidomide must be registered with the Pomalidomide Pregnancy Prevention Programme for the product they intend to dispense. If you are not already registered, you must register now to order pomalidomide. Order Forms are available from manufacturer.**

If you choose to dispense Pomalidomide Krka, you must register with KRKA, using the Pomalidomide Krka (pomalidomide) Pharmacy Registration Form (if you are not already registered). Please contact KRKA on +353 1 413 3710 and KRKA will forward you the relevant information.

If you have any questions regarding this form or require further information about pomalidomide please contact KRKA on +353 1 413 3710.