

# Revlimid®▼ (lenalidomide) Order Form Ireland

Orders cannot be processed unless this form is fully completed and signed. The completed Order Form should be emailed to United Drug Distribution (UDD), for the attention of UDD Customer Service **SpecialOrders@united-drug.com** or **Faxed to 01 463 2404**. 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@united-drug.com** or **Telephone 01 463 2478**. Please ensure all data is recorded in Black or Blue ink. Prescription Authorisation Forms and Prescriptions should not be sent to United Drug.

## Pharmacy Details

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

Pharmacy Name & address: (Please print)

Pharmacy Telephone:

Pharmacy Stamp

Please indicate your nominated United Drug routine wholesaler: (Please tick)

UD  Dublin  Ballina  Limerick

UD Wholesale Account Number:

## Patient Details

Prescriber (Please print)

Treating Hospital

Indication

Patient Date of Birth

**Male**

TICK

**Woman of childbearing potential (WCBP)**

TICK

**Woman of non-childbearing potential (WNCBP)**

TICK

Dose of lenalidomide being prescribed

Date of prescription

## Product Description

## Strength

## Quantity required

Lenalidomide Capsules

5mg

Lenalidomide Capsules

10mg

Lenalidomide Capsules

15mg

Lenalidomide Capsules

20mg

Lenalidomide Capsules

25mg

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 lenalidomide will be dispensed in accordance with the risk minimisation procedures for lenalidomide, as specified by Bristol-Myers Squibb in the Revlimid® Healthcare Professionals' Information Pack.

I confirm that treatment lengths will be limited to a maximum of 4 weeks supply for women of childbearing potential and a maximum of 12 weeks for males and women of non-childbearing potential patients. For women of child bearing potential dispensing will be within 7 days of the date of prescription

Sign

Date

Telephone

Print

## FOR INTERNAL USE ONLY:

Sales Order: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.