Imnovid®▼(pomalidomide) 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 Stamp

Pharmacy Telephone:

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 pomalidomide being prescribed

Date of prescription

Product Description	Strength	Quantity required
Pomalidomide Capsules	1mg	
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 Bristol-Myers Squibb in the Imnovid® 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: _____

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

Date of preparation of text: April 2023
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