Biologics

Iclusig® (ponatinib) Prescription Form for Veterans Administration

Specialty Pharmacy Partner: Biologics, Inc.

Fax: 800.823.4506

Phone: 800.850.4306

PATIENT INFORMATION

Full Name _____ Gender ☐ M ☐ F DOB _____

Shipping Address _____ City _____ State _____ Zip _____

Home Ph # _____ Mobile Ph # _____ Alt. Contact Name / Ph # _____

Height _____ Weight _____ BSA _____ Allergies _____

SHIP TO

☐ Check here for direct delivery to patient's shipping address listed above. If the information above is incomplete, the prescription will be shipped to the VA pharmacy listed below.

VA PHARMACY INFORMATION

VA Name _____ Purchase Order # _____

VA Shipping Address _____ City _____ State _____ Zip _____

Pharmacy Contact Name _____

Phone # _____ Fax _____

PRESCRIBER INFO (PLEASE PROVIDE THIS DOCUMENT TO THE VA PHARMACY FOR REVIEW AND FORWARDING TO BIOLOGICS SPECIALTY PHARMACY)

Today's Date _____ Prescriber's Name (please print) _____

Ph # _____ Fax # _____

Name of Hospital/Clinic _____

Hospital/Clinic Street Address _____

City _____ State _____ Zip _____

Provide one of the following: Prescriber's Federal Tax ID# _____ Prescriber's NPI # _____

Prescriber's DEA # _____ Practice NPI # _____

PRESCRIPTION (RX)

Product Name: Iclusig® (ponatinib)

Dosage: ☐ **45mg** ☐ **15mg** **Quantity:** _____

Refill: _____

Directions: _____

Drug Allergies: _____

Prescribers Signature:

_____

CLINICAL INFORMATION

Patient's Diagnosis: _____

ICD-9/10 Code: _____ Diagnosis Date: _____

Phase of CML: ☐ Chronic ☐ Accelerated ☐ Blast

Reason for Iclusig® (ponatinib):

☐ T315I ☐ No other TKIs indicated

Prior single patient investigational new drug (IND) Iclusig® (ponatinib) patient: ☐ No ☐ Yes

Prior CML/Ph+ ALL Therapy:

A. _____ Start Date: _____ End Date: _____

B. _____ Start Date: _____ End Date: _____

C. _____ Start Date: _____ End Date: _____

VA Pharmacy—Please fax along with this form a copy of the prescription if not provided above.

Biologics, Inc. will be contacting the patient and VA pharmacy by telephone to schedule delivery.