

REVLIMID® (lenalidomide)

Patient Prescription Form – Veterans Administration (VA) ONLY

Today's Date _____ Date Rx Needed _____

Patient Last Name _____ Patient First Name _____

Phone Number (_____) _____

Shipping Address _____

City _____ State _____ Zip _____

Date of Birth _____ Patient ID# _____

Language Preference: English Spanish

Other _____

Best Time to Call Patient: AM _____ PM _____

Patient Diagnosis (ICD-10 Code) _____

Patient Allergies _____

Other Current Medications _____

Prescriber Name _____

State License Number _____

Prescriber Phone Number (_____) _____ Ext. _____

Fax Number (_____) _____

Prescriber Address _____

City _____ State _____ Zip _____

Patient Type From PPAF (Check one)

Adult Female – NOT of Reproductive Potential

Adult Female – Reproductive Potential

Adult Male

Female Child – Not of Reproductive Potential

Female Child – Reproductive Potential

Male Child

VA Pharmacy Information (Fill out entirely)

VA Name _____

Address _____

City _____ State _____ Zip _____

VA Pharmacist Name _____

Phone # _____

Fax # _____

McKesson Specialty Distribution Account # _____

Shipping Information

Check below for direct delivery to patient. If any information is omitted, product will be shipped to the VA Pharmacy.

Patient

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

For further information on REVLIMID, please refer to the full Prescribing Information

TAPE PRESCRIPTION HERE PRIOR TO FAXING REFERRAL, OR COMPLETE THE FOLLOWING:

Recommended Starting Dose: See below for dosage

Myelodysplastic Syndromes: The recommended starting dose of REVLIMID is 10 mg/day with water. Dosing is continued or modified based upon clinical and laboratory findings.

Multiple Myeloma and Mantle Cell Lymphoma: The recommended starting dose of REVLIMID is 25 mg/day orally for Days 1 – 21 of repeated 28-day cycles. Dosing is continued or modified based upon clinical and laboratory findings.

REVLIMID

Dose	Quantity	Directions
<input type="checkbox"/> 2.5 mg	_____	_____
<input type="checkbox"/> 5 mg	_____	_____
<input type="checkbox"/> 10 mg	_____	_____
<input type="checkbox"/> 15 mg	_____	_____
<input type="checkbox"/> 20 mg	_____	_____
<input type="checkbox"/> 25 mg	_____	_____

Dispense as Written Substitution Permitted

NO REFILLS ALLOWED (Maximum Quantity = 28 days)

Prescriber Signature _____ Date _____

Authorization # _____ Date _____

(To be filled in by healthcare provider)

Pharmacy Confirmation # _____ Date _____

(To be filled in by pharmacy)

How to Fill a REVLIMID[®] (lenalidomide) Prescription in the Veterans Administration (VA)

1. Healthcare Provider (HCP) instructs female patients to complete initial patient survey
2. HCP completes survey
3. HCP completes patient prescription form (include cell number for patient if possible)
4. HCP obtains REVLIMID REMS[™] (formerly known as the RevAssist[®] program) authorization number
5. HCP provides authorization number on patient prescription form
6. HCP sends prescription to the VA Pharmacy
The following information must be filled in:
 - Rx must include McKesson Specialty Distribution account number
 - Rx must include VA address (Name, Street, City, State, ZIP)
 - Rx must include VA Pharmacist contact information (Name, Phone and Fax #)
7. VA Pharmacist faxes the form, including prescription, to:
The REVLIMID REMS[™] certified OncologyRx Care Advantage Specialty at 1-855-637-9446
8. HCP advises patient that a representative from REVLIMID REMS[™] certified pharmacy will be in contact
9. The REVLIMID REMS[™] certified OncologyRx Care Advantage Pharmacist conducts patient education
10. The REVLIMID REMS[™] certified OncologyRx Care Advantage Pharmacist obtains confirmation number
11. The REVLIMID REMS[™] certified OncologyRx Care Advantage Pharmacist ships REVLIMID to the VA Pharmacy or directly to the patient with MEDICATION GUIDE
12. VA Pharmacist gives REVLIMID to VA patient with MEDICATION GUIDE

REVLIMID REMS[™] Veterans Administration (VA) Pharmacy

OncologyRx Care Advantage Phone: 1-855-637-9433

Fax: 1-855-637-9446

Information about REVLIMID and the REVLIMID REMS[™] program can be obtained by calling the Celgene Customer Care Center toll-free at 1-888-423-5436, or at www.CelgeneRiskManagement.com.



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