

# Lenalidomide 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 lenalidomide for your patient. This will enable the community pharmacy to register with the Lenalidomide Pregnancy Prevention Programme and subsequently be able to order and dispense lenalidomide for your patient.

Please complete the Prescriber section below upon the first occasion that the patient is being prescribed lenalidomide and email or fax 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:	

### Email or Fax to Nominated Pharmacy

Email:
Fax Number:
Nominated Pharmacy Name and Address: (Please print)
_____
_____
_____
_____
Date:

## 2. To the Nominated Community Pharmacy

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

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

If you choose to dispense Revlimid®▼, you must register with BMS using the Revlimid® Pharmacy Registration Form (if not already registered). Please contact BMS Risk Management on 1800 992 427 and BMS will forward you the required information.

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