



LENALIDOMIDE (Exelan Pharma Product Only)

Patient Prescription Form for Department
of Veterans Affairs (VA) Patients ONLY

Forward completed form to the VA pharmacy. VA pharmacy will fax completed form to
Biologics by McKesson at 800.823.4506.

Biologics by McKesson

11800 Weston Parkway
Cary, NC 27513

Phone: 800.850.4306 Fax: 800.823.4506

NPI# 1487640314 DEA# BB4013277

Duns: 848706560

VA PATIENT INFORMATION

First Name: _____ Last Name: _____ DOB: ____/____/____ ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Work Phone #: _____ Cell Phone #: _____ Best Time to Call: ☐ AM ☐ PM

Email Address: _____ Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Diagnosis: _____ Allergies: _____ Current Medications: _____

☐ Check here for direct delivery to patient. If unable to ship to the patient, product will be shipped to the VA pharmacy.

VA PHARMACY INFORMATION

Pharmacy Name: _____ Purchase Order #: _____

Address: _____

City: _____ State: _____ Zip: _____ DEA #: _____

VISN # _____

Method of Payment: ☐ Credit Card: Call Pharmacy Contact ☐ e-Invoice Tungsten Network

Primary Clinical Contact Name: _____ Phone #: _____ Fax #: _____ Email Address: _____

Secondary Clinical Contact Name: _____ Phone #: _____ Fax #: _____ Email Address: _____

Primary Purchasing Contact Name: _____ Phone #: _____ Fax #: _____ Email Address: _____

Secondary Purchasing Contact Name: _____ Phone #: _____ Fax #: _____ Email Address: _____

PRESCRIBER

Forward completed form to the VA pharmacy. VA pharmacy will fax completed form to 800.823.4506.

Include Supervising Physician's information if prescriber is a non-physician Licensed Independent Practitioner (NP, PA, CPP)

Prescriber Name: _____ License #: _____ NPI #: _____

Supervising Physician's Name: _____ License #: _____ NPI #: _____

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

PRESCRIPTION (Exelan Pharma Product Only)

☐ 2.5 mg lenalidomide capsules

☐ 5 mg lenalidomide capsules

☐ 10 mg lenalidomide capsules

☐ 15 mg lenalidomide capsules

☐ 20 mg lenalidomide capsules

☐ 25 mg lenalidomide capsules

Sig: _____

Qty: _____

Max Quantity = 28 Day Supply

No Refills Permitted

Authorization # _____

Date (MM/DD/YYYY): _____

Prescriber Signature: Original signature required. Signature stamp not acceptable.
(Dispense as written)

Prescriber Signature: Original signature required. Signature stamp not acceptable.
(Substitution permissible)

Date (MM/DD/YYYY): _____

Date (MM/DD/YYYY): _____

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