

ICLUSIG Order Form

ORDERING INFORMATION:

Facility Name: _____

Delivery Address: _____

Address Continued: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact Name: _____ Phone: _____

Order by 4pm CST for next day delivery. Orders received after 4pm CST will be shipped the next business day.

PRODUCT TO BE ORDERED:

ICLUSIG (ponatinib) 30 tablet bottle	Quantity (# of Bottles)	Required PO #	340B	WAC
10mg NDC# 63020-0536-30 15mg NDC# 63020-0535-30 30mg NDC# 63020-0533-30 45mg NDC# 63020-0534-30				
10mg NDC# 63020-0536-30 15mg NDC# 63020-0535-30 30mg NDC# 63020-0533-30 45mg NDC# 63020-0534-30				
10mg NDC# 63020-0536-30 15mg NDC# 63020-0535-30 30mg NDC# 63020-0533-30 45mg NDC# 63020-0534-30				
10mg NDC# 63020-0536-30 15mg NDC# 63020-0535-30 30mg NDC# 63020-0533-30 45mg NDC# 63020-0534-30				

Please Fax to 833.978.0054

Thank you for your order!
For questions about your order, please call 1.833.291.2773.