Foundation Care
An AcariaHealth Solution

P 833.291.2773
F 833.978.0054

4010 Wedgeway Court
Earth City, MO 63045

ICLUSIG Order Form

ORDERING INFORMATION:

Facility Name: ______________________ Foundation Care Acct #: ____________
GS1 Company Prefix: ______________ Facility Type: ☐In Patient ☐Out Patient
"Ship to" GLN# and sGLN#: __________ "Bill to" GLN# and sGLN#: ______________
Delivery Address: ____
Address Continued: ____
City: ______________________ State: ________ ZIP: __________
Phone: ______________________ Fax: ______________________
Contact Name: ______________________ Phone: ______________________

Order by 4pm CST for next day delivery. Orders do not ship on Fridays. Orders received after 4pm CST will be shipped the next business day, Monday through Thursday.

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			☐	☐

Fax to 833.978.0054

Thank you for your order!
For questions about your order, please call 1-833-291-2773.