

Gablofen[®] (baclofen injection)

Product Order Form



Please complete and sign this form and submit to customer service via email at MIT-CS@mallinckrodt.com or fax it to 800.325.3688.

Date _____ Date Needed _____

Customer Number _____

Shipping Information

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

Contact Name _____

Purchase Order Number _____

Email Address _____

Billing Information

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

Telephone Number _____

Fax Number _____

Email Address _____

Gablofen[®] (baclofen injection) Prefilled Syringes

Product Name	Type	NDC#	QTY	PRICE
Gablofen 500 mcg/mL (10,000 mcg/20 mL)	Prefilled syringe	45945-155-01		
Gablofen 1,000 mcg/mL (20,000 mcg/20 mL)	Prefilled syringe	45945-156-01		
Gablofen 2,000 mcg/mL (40,000 mcg/20 mL)	Prefilled syringe	45945-157-01		



Gablofen[®] (baclofen injection) Vials

Product Name	Type	NDC#	QTY	PRICE
Gablofen 500 mcg/mL (10,000 mcg/20 mL)	Ready-to-use vial	45945-155-02		
Gablofen 1,000 mcg/mL (20,000 mcg/20 mL)	Ready-to-use vial	45945-156-02		
Gablofen 2,000 mcg/mL (40,000 mcg/20 mL)	Ready-to-use vial	45945-157-02		



Gablofen[®] (baclofen injection) Screening Dose

Product Name	Type	NDC#	QTY	PRICE
Gablofen 50 mcg/mL (50 mcg/1 mL)	Screening dose	45945-151-01		



Standard Delivery is 2-day delivery

Check for faster delivery; extra charge will apply

State license on file Yes Emailing Faxing Mailing

Check here if you do NOT want to receive refill kits with this order

Remit To

Mallinckrodt LLC
P.O. Box 3542
Carol Stream, IL 60132-3542

Contact Information

Customer Service Email: MIT-CS@mallinckrodt.com
Customer Service Phone: 800.591.5551
Customer Service Fax: 800.325.3688
EDI Address: EDI.Support@mallinckrodt.com

Reimbursement

Customers seeking reimbursement from Medicare, Medicaid, or any other federal or state program may be required to disclose on cost report forms any discount from Mallinckrodt Pharmaceuticals.

By checking this box, I certify that I am a licensed practitioner eligible to receive the selected medications, as required under the Prescription Drug Marketing Act. I further certify that I am eligible to prescribe, request, and dispense the above listed medications in the state where I am licensed and that my collaborative agreement and/or formulary, if applicable, permit(s) me to do the same.

Print and sign or type your name in field after verifying professional licensure at left.

SEE REVERSE SIDE FOR GABLOFEN BOXED WARNING.

IMPORTANT RISK INFORMATION

WARNING: DO NOT DISCONTINUE ABRUPTLY

Abrupt discontinuation of intrathecal baclofen, regardless of the cause, has resulted in sequelae that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to rhabdomyolysis, multiple organ-system failure and death.

Prevention of abrupt discontinuation of intrathecal baclofen requires careful attention to programming and monitoring of the infusion system, refill scheduling and procedures, and pump alarms. Patients and caregivers should be advised of the importance of keeping scheduled refill visits and should be educated on the early symptoms of baclofen withdrawal. Special attention should be given to patients at apparent risk (e.g., spinal cord injuries at T-6 or above, communication difficulties, history of withdrawal symptoms from oral or intrathecal baclofen). Consult the technical manual of the implantable infusion system for additional post-implant clinician and patient information.

For more information, contact:

- Customer Service: 800.591.5551
- www.gablofen.com