oncaspar
pegaspargase

US orders are shipped Monday–Thursday
for Tuesday–Friday delivery via UPS
**ORDER CUTOFF is 4:00 PM CST** (Mon–Thurs)

# Baxalta

US Customer Service: 800-423-2090 (phone), 800-720-0253 (fax), cs.na@baxalta.com (email) Puerto Rico Customer Service: 844-229-7575 (toll-free phone), 787-707-8925 (phone), 800-720-0253 (toll-free fax), customerservice.pr@baxalta.com, serviciocliente.pr@baxalta.com (email)

**ONCASPAR (pegaspargase) Ordering Instructions:** Complete Sections 1 & 3A, 3B or 3C, sign & fax order form and contact customer service**. IMPORTANT:** ONCASPAR is a biologic drug with a shelf life ranging from 1 to 8 months. Call or email to accept the quantity of vials ordered against the current expiration date to release order.

## Section 1: SHIP TO Information

Account Number _____ Facility _____

Shipping Address _____

Shipping Address (line 2) _____

Contact Name _____

Email _____
**REQUIRED TO SEND ORDER & SHIPPING CONFIRMATION**

Phone Number _____ Fax Number _____

Requested Delivery Date _____

*State License No. of Facility _____

***IMPORTANT: IF THE BOP LICENSE ADDRESS DOES NOT MATCH THE SHIP TO ADDRESS, CONTACT CUSTOMER SERVICE TO COMPLETE A LETTER OF AFFILLIATION; OTHERWISE THE ORDER WILL NOT SHIP OUT.**

## Section 2: BILL TO Information

Wholesaler/Facility _____

Wholesaler PO Number _____

Facility PO Number _____

Billing Address _____

Billing Address (line 2) _____

Contact Name _____

Email _____

Phone Number _____ Fax Number _____

## Section 3: ORDER INFORMATION. Complete Section A, B or C & D (IF ORDER WAS SUBMITTED VIA EDI)

### A. WAC ORDERS

# _____ vial(s) # _____ vial(s) x $ _____ (WAC) = $ _____

### B. VA/FSS ORDERS

Patient Identification Number† _____

Is facility VA, DoD, Indian Health Services or Coast Guard? ☐ Yes ☐ No VA Contract No: _____ # _____ vial(s)

†Patient name or SS# cannot be used for this number. Reorders for the same patient should reference the unique patient ID number.

**Internal Use Only** Verified & billed as: # _____ vial(s) x $ _____ (VA/FSS Contract) = $ _____

### C. 340B/PHS Orders

Patient Identification Number† _____

Is facility eligible for 340B/PHS pricing? ☐ Yes ☐ No If yes, provide facility 340B ID (required): _____

Administration of vial(s) ordered? INPATIENT (WAC) # _____ vial(s) OUTPATIENT (340B/PHS) # _____ vial(s)

†Patient name or SS# cannot be used for this number. Reorders for the same patient should reference the unique patient ID number.

**Internal Use Only** Verified & billed as: ☐ 340B INPATIENT ☐ 340B OUTPATIENT # _____ vial(s) x $ _____ (PHS or WAC) = $ _____

### D. COMPLETE if order was also submitted via EDI

☐ **Check box if order sent EDI – DO NOT DUPLICATE ORDER**

**There is a no-return policy on all ONCASPAR (pegaspargase) orders**. Any errors, damage and/or discrepancies in orders must be reported by the customer within two (2) business days of receipt of product. Failure to report within two (2) business days releases Baxalta from all liability for the same. By signing below you agree the information on the order form is correct and the quantity of drug ordered against the current expiration date has been confirmed with Baxalta.

Facility/Authorized Signature _____ Date _____

Facility/Printed Name _____ Title _____


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