



US orders are shipped Monday–Thursday for Tuesday–Friday delivery via UPS

ORDER CUTOFF is 4:00 PM CST (Mon–Thurs)



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
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 AFFILIATION; 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 Shire 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 Shire.

Facility/Authorized Signature
Facility/Printed Name

Date
Title