

ORDERING FORM – EMEA

Send completed form to:

Email – emeaorders@avexis.com Fax – +353 (0)1 437 0706 For queries on the form:

Email - customerservice.emea@avexis.com

Section 1: Information for completion by prescribing healthcare professional (HCP)

1.1 Prescribing HCP information

- 1.2 Information of the patient prescribed
- 1.3 Laboratory results information
- 1.4 Order information*

*The prescribing HCP and pharmacist ensure they are complying to all local regulations and legal requirements including respective data protection regulations

Section 2: Information for completion by responsible person

- 2.1 Purchasing information
- 2.2 Delivery information
- 2.3 Product shipping/receiving contacts
- 2.4 Delivery scheduling

Please refer to the EU Summary of Product Characteristics of ZOLGENSMA for full details of prescribing information

SECTION 1: INFORMATION FOR COMPLETION BY PRESCRIBING HEALTHCARE PROFESSIONAL

All fields in this section are required unless explicitly stated as optional

SECTION 1:

1.1

1.2

PRESCRIBING HCP INFORMATION

First name and family name:	Treatment center name:	
Prescriber specialty:	Treatment center address:	
Mobile phone no (International format): +		
Professional email:		City:
	Country:	Postcode:

INFORMATION OF THE PATIENT PRESCRIBED

Patient ID # of treatment center:	_ Patient weight (kg):					
Date of birth (MM/YYYY): /	Date weight taken (DD/MM/YYYY): / /					

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LABORATORY RESULTS INFORMATION

Laboratory Tests

1.3

AAV9 antibody status ≤1:50: Yes No

Please note: Test result ≤1:50 is mandatory to ensure treatment with ZOLGENSMA can be effective

The provision of the following information is optional and requires that patients or their legal representatives are informed in advance and, if necessary, their consent is obtained

SMA Diagnosis						
SMA Type:	0	1	2	3	4	
Number of SMN2 copies	0	1	2	3	4	
Additional information (o	ptional)					
Diagnosed as part of newb	orn scree	ening	No	Yes		
Previous SMA treatment			No	Yes, p	lease provide date and type of the treatment:	

These data may further be anonymized and used for commercial purposes by AveXis For other recommended laboratory testing, please refer to the SmPC

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ORDER INFORMATION

Please check a box below to indicate patient dose. The intravenous dosage is determined by patient body weight:

Patient weight range (kg)				
2.6 - 3.0	- 3.0 7.6 - 8.0 12.		17.6 – 18.0	
3.1 – 3.5	8.1 – 8.5	13.1 – 13.5	18.1 – 18.5	
3.6 - 4.0	8.6 - 9.0	13.6 - 14.0	18.6 – 19.0	
4.1 – 4.5	9.1 – 9.5	14.1 – 14.5	19.1 — 19.5	
4.6 - 5.0	9.6 - 10.0	14.6 - 15.0	19.6 – 20.0	
5.1 – 5.5	5.1 - 5.5 10.1 - 10.5		20.1 – 20.5	
5.6 - 6.0	10.6 - 11.0	15.6 – 16.0	20.6 - 21.0	
6.1 – 6.5	11.1 – 11.5	16.1 – 16.5		
6.6 – 7.0	11.6 – 12.0	16.6 - 17.0		
7.1 – 7.5	12.1 – 12.5	17.1 – 17.5		

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SECTION 2: INFORMATION FOR COMPLETION BY RESPONSIBLE PERSON

All fields in this section are required unless explicitly stated as optional

SECTION 2:

2.1

2.2

PURCHASING INFORMATION

Purchase order no. of the treatment center:

DELIVERY INFORMATION (IF DIFFERENT FROM THE PRESCRIBING HCP ADDRESS)

Treatment center address:

____City:____

____Country:_____

_____Postcode:_____

2.3	PRODUCT SHIPPING/RECEIVING CONTACTS
Primary shipping/receiving contact	
Treatment center name:	Office phone no. (International format): +
First name and family name:	Mobile phone no. (International format): +
Position:	Professional email:
Secondary shipping/receiving contact	
First name and family name:	Office phone no. (International format): +
Position:	Mobile phone no. (International format): +
	Professional email:
24	DELIVERY SCHEDI II ING

DELIVERT SCHEDULING

Requested delivery date:	
1	

Outside business hours coverage: Yes No

Outside business hours contact (optional)

First name and family name: _____

Outside business hours coverage timeframe:

Outside business hours phone no (International format): +_____

Outside business days:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Outside business hours:	: to :						

Special delivery requirements (optional):

AveXis General Conditions of Sales have been shared with you and apply for the supply of ZOLGENSMA

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By signing below,

I/ We certify that ZOLGENSMA has been prescribed by a healthcare professional and I/ We authorize the order of ZOLGENSMA in line with the information above. I/ We acknowledge that any specifically agreed conditions with the Treatment Center shall apply.

I/ We ensure to comply to all local regulations and legal requirements including respective data protection regulations.

Prescribing HCP:

Signature:	
First name and family name in capital letters:	Date (DD/MM/YYYY): / /
Pharmacist:	
Signature:	
First name and family name in capital letters:	Date (DD/MM/YYYY): / /

For any queries related to the product or prescription, contact Medinfo line. Email: medinfo.emea@avexis.com; Phone: +353 (0)1 566 2364

EU MA numbers by patient weight ranges

Patient weight range (kg)	EU MA number	Patient weight range (kg)	EU MA number	Patient weight range (kg)	EU MA number	Patient weight range (kg)	EU MA number
2.6 - 3.0	EU/1/20/1443/001	7.6 – 8.0	EU/1/20/1443/011	12.6 - 13.0	EU/1/20/1443/021	17.6 – 18.0	EU/1/20/1443/031
3.1 – 3.5	EU/1/20/1443/002	8.1 – 8.5	EU/1/20/1443/012	13.1 – 13.5	EU/1/20/1443/022	18.1 – 18.5	EU/1/20/1443/032
3.6 - 4.0	EU/1/20/1443/003	8.6 - 9.0	EU/1/20/1443/013	13.6 - 14.0	EU/1/20/1443/023	18.6 - 19.0	EU/1/20/1443/033
4.1 – 4.5	EU/1/20/1443/004	9.1 – 9.5	EU/1/20/1443/014	14.1 - 14.5	EU/1/20/1443/024	19.1 – 19.5	EU/1/20/1443/034
4.6 - 5.0	EU/1/20/1443/005	9.6 - 10.0	EU/1/20/1443/015	14.6 - 15.0	EU/1/20/1443/025	19.6 - 20.0	EU/1/20/1443/035
5.1 – 5.5	EU/1/20/1443/006	10.1 – 10.5	EU/1/20/1443/016	15.1 – 15.5	EU/1/20/1443/026	20.1 – 20.5	EU/1/20/1443/036
5.6 - 6.0	EU/1/20/1443/007	10.6 - 11.0	EU/1/20/1443/017	15.6 - 16.0	EU/1/20/1443/027	20.6 - 21.0	EU/1/20/1443/037
6.1 - 6.5	EU/1/20/1443/008	11.1 – 11.5	EU/1/20/1443/018	16.1 – 16.5	EU/1/20/1443/028		
6.6 - 7.0	EU/1/20/1443/009	11.6 - 12.0	EU/1/20/1443/019	16.6 - 17.0	EU/1/20/1443/029		
7.1 – 7.5	EU/1/20/1443/010	12.1 – 12.5	EU/1/20/1443/020	17.1 — 17.5	EU/1/20/1443/030		



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