Nulojix® (belatacept) Distribution Program
Registration Instructions

Bristol-Myers Squibb (BMS) projects that the supply of Nulojix in 2017 will not be sufficient to enable new patients to start treatment with Nulojix. The Nulojix Distribution Program was developed to ensure continued access to Nulojix for existing patients being treated with Nulojix.

Effective March 15, 2017:

- **BMS will not be able to supply Nulojix for new patients.** In order to preserve the ability of existing patients to receive Nulojix, you must register your existing patients in the Nulojix Distribution Program and receive a unique patient identification number.
- **A unique patient identification number will be required when placing orders for Nulojix.** A unique patient identification number can be obtained by completing the attached registration form. Once registered, you will receive notification of enrollment.
- **McKesson Plasma and Biologics will be the EXCLUSIVE distributor of Nulojix in support of the Nulojix Distribution Program**. Please contact McKesson Plasma and Biologics directly at 1-877-625-2566 to confirm your existing account and/or establish a purchasing relationship.

Once the Nulojix Distribution Program registration form is complete and faxed to the program, you will be notified whether the patient was successfully registered into the program. All existing patients on Nulojix will be permitted to register in this program at any time. **Effective March 15, 2017, requests for new patients (patients receiving Nulojix for the first time, not part of a clinical trial) will not be accommodated and new patients will not be registered into the Nulojix Distribution Program.** Acceptance is premised purely on supply; no other criteria will be used in reviewing the form other than completion.

3 Simple Steps to Register

1 **COMPLETE THE NULOJIX DISTRIBUTION PROGRAM REGISTRATION FORM:** Form # 1

All sections are required unless indicated as optional. The following sections must be complete:

- Patient Information
- Patient Representative Information (if an authorized person is completing on behalf of the patient)
- **Healthcare Provider Information (Important- If prescriber is not the infusing health care provider, infusing healthcare provider information section must be complete.)**
- Treatment Information
- Healthcare Provider Signature

2 **PATIENT AUTHORIZATION AND CONSENT FORM:** Form # 2

Patient authorization is required to successfully complete program registration. Please have your patient read and sign the Patient Authorization Form

3 **Once complete, fax completed forms to 1-855-782-1233.**

UPON SUCCESSFUL ENROLLMENT

- You will receive confirmation via fax within 24 hours with a unique patient identification number
- Retain this unique patient identification number as it will be required to order Nulojix product starting March 15, 2017.
    - **IMPORTANT- Once registration is complete, if you are not the healthcare provider currently infusing the registered patient with Nulojix, please provide the unique patient identification number to the infusing healthcare provider and inform them it must be provided when ordering Nulojix through McKesson Plasma and Biologics (Phone 1-877-625-2566).**

INCOMPLETE ENROLLMENT REQUESTS

- If your enrollment request is incomplete, you will receive a fax notification requesting additional information to complete missing documentation
- Upon receipt of missing information, your registration request will be completed and a confirmation fax will be provided to you

Prior to faxing in the registration form, confirm that all forms are signed in the highlighted areas.

If you have any questions regarding this program, please call 1-855-511-6180 from 8 AM to 8 PM ET, Monday through Friday (except holidays).

Important Numbers:

Questions Regarding the Nulojix Distribution Program:
1-855-511-6180

Faxing Completed Registration Forms for the Nulojix Distribution Program:
1-855-782-1233

McKesson Plasma and Biologics:
1-877-625-2566

FORM 1

Nulojix Distribution Program

Phone: 855-511-6180 • **Fax:** 855-782-1233
Hours of Operation: Mon. – Fri. 8 am – 8 pm (Eastern Time)

Thank you for taking the time to complete this Nulojix Distribution Program Registration Form. All fields are required unless indicated with *optional*. Once the form is completed, please fax to: (855) 782-1233. If you have any questions, please contact the Nulojix Distribution Program at (855) 511-6180.

The Program was developed to ensure continued access to Nulojix for existing patients. By completing the Nulojix Distribution form, you will be provided a unique identification number for each registered patient. **Starting March 15, 2017 a unique patient identification number will be required to order Nulojix for a patient; no patients new to therapy will be admitted into the program after that date in order to maintain supply to existing patients. The distributor will request this information.**

PATIENT INFORMATION		
First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Phone Number: ( )	Date of Birth (mm/dd/yyyy):	

PATIENT REPRESENTATIVE INFORMATION ***(to be completed only if patient has a patient representative)***	
First Name:	Last Name:
Phone Number: ( )	Relationship to Patient:

PRESCRIBER INFORMATION		
First Name:	Last Name:	
Facility Name:	NPI Number:	
Address:		
City:	State:	Zip Code:
Phone Number: ( )	Fax Number: ( )	

INFUSING HEALTHCARE PROVIDER INFORMATION (*to be completed if different from above*)		
First Name:	Last Name:	
Facility Name:	NPI Number:	
Address:		
City:	State:	Zip Code:
Phone Number: ( )	Fax Number: ( )	

TREATMENT INFORMATION
Please indicate the therapy status: ☐ New to Therapy ☐ Existing Patient on Therapy
When did the patient start on therapy (mm/dd/yyyy): *(optional)* ____/____/____

I certify to the following: (1) To the best of my knowledge, the patient and healthcare provider information in this form is complete and accurate; (2) I have the authority to disclose this patient's information to BMS and its respective agents and assignees, and I have obtained this patient's authorization for the disclosure, if required by HIPAA or other applicable privacy laws; and (3) I have determined based on my professional judgment that the Nulojix medication prescribed is medically necessary. If I am not the prescriber, I have consulted with prescriber to determine that the Nulojix medication is medically necessary. I will contact Nulojix Distribution Program at 855-511-6180 if the treatment for my patient changes in any way. I understand that the Nulojix Distribution Program may be discontinued or the rules for participation may change at any time, without notice.	
Healthcare Provider Signature:	***Date:***

FORM 2

Nulojix Distribution Program
Phone: 855-511-6180 • **Fax:** 855-782-1233
Hours of Operation: Mon. – Fri. 8 am – 8 pm (Eastern Time)

Thank you for taking the time to complete this Nulojix Distribution Program Patient Authorization and Agreement form. All fields are required unless indicated as optional. Once the form is completed, please fax to: (855) 782-1233. If you have any questions, please contact the Nulojix Distribution Program at (855) 511-6180.

The Nulojix Distribution program was developed to ensure continued access to Nulojix for current patients. As of March 15, 2017, your healthcare provider will be required to use a unique patient identification number to order Nulojix on your behalf.

PATIENT AUTHORIZATION and AGREEMENT

The Nulojix Distribution Program is a registration program by Bristol-Myers Squibb Company (BMS) that will manage the allocation of Nulojix to new and current users.

To participate in the Nulojix Distribution Program, the Program will need to receive, use, and disclose your personal information. Please read this authorization carefully, and contact Nulojix Distribution Program at 1-855-511-6180 if you have any questions. Once you have read and agreed to this form, fax your signed copy to 1-855-782-1233.

What information will be used and disclosed?

Information on the Nulojix Distribution Program Enrollment form, which includes:

• Patient Information • Healthcare Provider Information • Treatment Information

Who will disclose, receive, and use the information?

This authorization permits my caretakers, which includes my healthcare providers who provide services to me, as well as other people that I say can help me apply, to disclose my personal information to BMS, and its authorized agents and assignees ("Administrators") and distributors of Nulojix. BMS and its Administrators may also share my information with my caretakers as well as distributors of Nulojix. Your information will not be used for marketing purposes.

What is the purpose for the use and disclosure?

My personal information will be used by and shared with the persons and organizations described in this authorization in order to: • Process my application for the Nulojix Distribution Program • Provide the Nulojix Distribution Program services to me • Contact my caretakers and me about the programs and the services that are available • Improve or develop the programs' services.

When will this authorization expire?

This authorization will be effective for 5 years unless it expires earlier by law or I cancel it in writing. I may cancel this authorization by writing to: Nulojix Distribution Program
P.O. Box 29052
Phoenix, AZ 85038-9052

If I cancel this authorization, I will no longer be able to participate in the program. The program will stop using or disclosing my information for the purposes listed in this authorization, except as necessary to end my participation or as required or allowed by law.

Notices

I understand that once my health information has been disclosed, privacy laws may no longer restrict its use or disclosure. BMS and its Administrators agree to use and disclose my information only for the purposes described in this authorization or as allowed or required by law. I further understand that I may refuse to sign this authorization and that if I refuse, my eligibility for health plan benefits and treatment by my healthcare providers will not change, but my healthcare provider may not be able to order product through the Nulojix Distribution Program. I have a right to receive a copy of this authorization after I have signed it.

Patient Certifications

I certify that the personal information that I provide to the Nulojix Distribution Program is true and complete. I agree that, at any time during my participation in the program, the program may request additional documentation to verify my personal information. If there is missing information or I do not respond to requests for additional documents, my participation may be delayed or I may no longer be able to participate. I understand that I have to qualify for the program in order for my healthcare provider to be eligible to order Nulojix and that acceptance is based on supply. I understand that the Nulojix Distribution Program may be discontinued or the rules for participation may change at any time, without notice.

Print Patient or Patient Representative Name:	***Date of Birth:***
Patient or Patient Representative Signature:	***Date:***

Nulojix® (belatacept) Distribution Program FAQs

1. WHAT IS THE PURPOSE OF THE NULOJIX DISTRIBUTION PROGRAM?

Bristol-Myers Squibb (BMS) projects that the supply of Nulojix in 2017 will not be sufficient to enable new patients to start treatment with Nulojix. The Nulojix Distribution Program was developed to ensure continued access to Nulojix for existing patients. Effective March 15, 2017:

- **BMS will not be able to supply Nulojix for new patients.** In order to preserve the ability of existing patients to receive Nulojix, you must register your existing patients in the Nulojix Distribution Program and receive a unique patient identification number.
- **A unique patient identification number will be required when placing orders for Nulojix.** A unique patient identification number can be obtained by completing the attached registration form. Once registered, you will receive notification of enrollment.
- **McKesson Plasma and Biologics will be the EXCLUSIVE distributor of Nulojix in support of the Nulojix Distribution Program.** Please contact McKesson Plasma and Biologics directly at 1-877-625-2566 to confirm your existing account and/or establish a purchasing relationship.

2. WHY WILL THE SUPPLY OF NULOJIX NOT BE SUFFICIENT FOR ALL NEW PATIENTS?

BMS is experiencing a delay in the transition to a more efficient manufacturing process for Nulojix. Based on growth in new prescriptions, BMS projects that the commercial supply of Nulojix in 2017 will not be sufficient to enable new patients to start treatment with Nulojix.

3. WHAT IS THE DURATION OF THIS SITUATION?

BMS anticipates that, subject to regulatory approval, the transition to the manufacturing process will be completed at the end of 2017, which will enable supply to new patients again starting in 2018.

4. AFTER MY PATIENT REGISTERS INTO THE PROGRAM, WHEN WILL I NEED TO PROVIDE THE UNIQUE PATIENT IDENTIFIER TO ORDER NULOJIX?

Effective March 15, 2017, you will be required to use a unique patient identification number to order Nulojix for a patient. McKesson Plasma and Biologics will be the EXCLUSIVE distributor of Nulojix in support of the Nulojix Distribution Program. Please contact McKesson Plasma and Biologics directly at 1-877-625-2566 to confirm your existing account and/or establish a purchasing relationship.

5. WHEN SHOULD MY PATIENTS REGISTER?

To ensure continued access to Nulojix, your patients should register immediately. Effective March 15, 2017, you will be required to use a unique patient identification number to order Nulojix for a patient. McKesson Plasma and Biologics will be the EXCLUSIVE distributor of Nulojix in support of the Nulojix Distribution Program. Please contact McKesson Plasma and Biologics directly at 1-877-625-2566 to confirm your existing account and/or establish a purchasing relationship.

6. CAN I STILL PRESCRIBE NULOJIX FOR NEW PATIENTS?

In order to preserve supply for existing patients, effective March 15, 2017, requests for new patients (patients receiving Nulojix for the first time, not part of a clinical trial) will not be accommodated and new patients will not be registered into the Nulojix Distribution Program. Before March 15, 2017, we suggest you consider this supply constraint when deciding to start new patients on Nulojix and limit your prescribing accordingly.

7. CAN I ORDER NULOJIX IF MY PATIENT IS NOT REGISTERED IN THE NULOJIX DISTRIBUTION PROGRAM?

Effective March 15, 2017, patients on Nulojix must be registered in this program in order to continue to have access to Nulojix. The program works to ensure that all patients who have started on Nulojix before March 15, 2017 will receive an identification number.

8. I HAVE A PATIENT THAT WILL BE TRANSITIONING OFF A NULOJIX STUDY. SHOULD HE/SHE BE REGISTERD IN THIS PROGRAM?

Yes, all patients that will require Nulojix outside of a study, will need to be registered in this program in order to continue to have access to Nulojix. Any patient currently on Nulojix, regardless of whether he/she was involved in a study will need to be registered into the Nulojix Distribution Program.

9. WHAT IF A PATIENT IS NO LONGER BEING INFUSED AT MY TRANSPLANT CENTER HOSPITAL?

Please provide the enrollment form to the infusing healthcare provider. BMS is also contacting facilities that have ordered Nulojix in the past. If you are not the healthcare provider currently infusing the patient with Nulojix but you choose to enroll the patient in this program, please provide the unique patient identification number to the infusing healthcare provider for use when ordering Nulojix.

10. WHAT STEPS DO I NEED TO TAKE TO ENROLL MY EXISTING PATIENTS?

There are two forms that must be completed for each patient:

1. The Nulojix Distribution Program Patient Enrollment Form
2. Patient Authorization and Agreement Form

Once completed, fax both forms to (855) 782-1233. You will receive a confirmation fax within 24 hours with a unique patient identification number. Retain this unique patient identification number in the event it is required to order Nulojix product

11. WHAT HAPPENS IF THE FORM IS INCOMPLETE?

If your enrollment request is incomplete, you will receive a fax notification requesting you to provide missing documentation. Upon receipt of missing information, you request will be reprocessed and a confirmation fax will be provided to you.

12. IS THERE A NUMBER THAT MY OFFICE CAN CALL WITH ADDITIONAL QUESTIONS?

Yes, if you have any questions regarding this program, please call the Nulojix Distribution Program at 855-511-6180 from 8 AM to 8 PM ET, Monday through Friday (except holidays).