

# IXINITY® [coagulation factor IX (recombinant)] Free Trial Request Form

**Fax both sides of completed form to 1-888-747-9329**

New patients are eligible for 1 free month of IXINITY up to 20,000 IU. The IXINITY Trial Program is available only to those patients who have not previously enrolled in this program and are not currently using IXINITY.

## Instructions:

1. Complete this side of the form.
2. If requesting Custom Ancillaries to be shipped with the Free Trial, please indicate selections on the reverse side of this form.
3. Fax both sides of the completed form to 1-888-747-9329 or email to IXINITY@thealliancepharmacy.org.

**Important: This form must be filled out completely and signed by your healthcare professional or it will not be processed. Your Free Trial product and Custom Ancillaries will be shipped via overnight courier directly to the patient's or physician's address of choice as indicated below:**

Please ship to (select one): Patient's address  Physician's address

## Patient Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please include your phone number and email address so shipment arrangements can be confirmed.

Shipping Address (No PO Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Health Insurance Provider: \_\_\_\_\_

I would like to receive Custom Ancillaries with my Free Trial Shipment (select one):

Yes  Please indicate your selections on the back of this form. No

**Important: Your answers to the following questions do not disqualify you from participation in the IXINITY® Free Trial or Custom Ancillary Programs.**

1. I authorize an independent, third party to contact me for a follow-up survey about my experience with this program (select one): Yes  No
2. I authorize the administrator of this program to share my email address with Aptevio BioTherapeutics LLC so I may receive information on product updates and new developments (select one): Yes  No

## Prescriber Information:

Physician's Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

State License #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact name for this product request: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Prescription Information:

Patient weight: \_\_\_\_\_ lb \_\_\_\_\_ kg Baseline FIX: \_\_\_\_\_ % Target FIX activity desired: \_\_\_\_\_ %

Total IXINITY IU required for 1 dose: \_\_\_\_\_ Number of doses requested: \_\_\_\_\_ (Max 1 month up to 20,000 IU)

Special Instructions: \_\_\_\_\_

Authorized refills - 0. The free trial prescription is valid for one time only with no refills.

**Prescriber Authorization:** I hereby verify that, to my knowledge, the above patient has no treatment history with the brand-named product requested. This trial product will not be exported or transferred in exchange for money, other property, or services. No portion of this trial product will be used for reimbursement purposes from Medicaid/Medicare or any other third-party program, which provides cost or charge-based reimbursement to the participating institution, either directly or indirectly.

Physician/Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPI #: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

## IXINITY® [coagulation factor IX (recombinant)] Free Trial Request Form

**Fax both sides of completed form to 1-888-747-9329**

Custom Ancillary supplies are available with IXINITY at no additional cost to the patient or physician. Following the Free Trial, patients will be contacted to confirm their supplies selections. Patients are eligible to receive Custom Ancillaries as long as they remain on IXINITY.

### Instructions:

1. Check 1 selection for each category of ancillary supplies below.
2. If your preferred item is not listed, please check "Other" and describe it in detail. We will do our best to accommodate your request. However, availability of specially requested items is not guaranteed.
3. To make changes to your ancillary supply selections at any time, please call **1-855-IXINITY**.

### Winged Infusion Sets



- Wing Infusion Set Long 12" 23 gauge
- Wing Infusion Set Long 12" 25 gauge
- Wing Infusion Set Short 12" 23 gauge
- Wing Infusion Set Short 12" 25 gauge

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Gauze



- Sponge Gauze 8 Ply Sterile 2" x 2"
- Sponge Gauze 8 Ply Sterile 4" x 4"

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Bandages



- Adhesive Strip Sheer Plastic  $\frac{1}{2}$ " x 3"
- Adhesive Bandage Woven  $\frac{3}{4}$ " x 3"
- Bandage Adhesive Spot Oval Coverlet 1 $\frac{1}{4}$ "

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Extra Syringes



- 5 mL
- 10 mL
- 20 mL

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Flex Wrap



- Bandage Cohesive Flex Wrap 2" Wide
- Bandage Cohesive 3" Wide

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Tourniquet



- Seraket® Automatic Tourniquet by Proper
- Traditional velcro tourniquet
- Traditional elastic tourniquet

### Please Include

Sterile Alcohol Prep Pads

Disposable Infusion Mats

Seraket® is a registered trademark of Proper Manufacturing Co., Inc.

Aptevo BioTherapeutics LLC, Berwyn, PA 19312

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