

IXINITY® [coagulation factor IX (recombinant)] Custom Ancillary 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. Patients can select to receive custom ancillaries with their free trial or at any time while using IXINITY. Once selected, patients will continue to receive ancillary supplies as long as they remain on IXINITY and choose to remain in the program.

IXINITY Custom Ancillaries will be shipped monthly via ground courier directly to the address indicated on this form. As they will be shipped directly from us, they will arrive separately from your factor. If you need to change your supply selections or request additional supplies at any time, please call **1-866-767-4883**. You can discontinue your participation in the program at any time.

Instructions:

1. Complete all sections on the form. We require prescription information in order to determine the quantity of ancillary supplies to be shipped every month.
2. Indicate ancillary selections on the back of this form.
3. Fax 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 Custom Ancillaries will be shipped 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: _____

Important: Your answers to the following questions do not disqualify you from participation in the IXINITY Custom Ancillary program.

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 Aptevo 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: _____

Phone #: _____ Email Address: _____

Prescription Information and Authorization:

Number of doses per week: _____ IU/dose: _____

I verify that this patient is using IXINITY as their primary Factor IX replacement therapy

I hereby verify that the ancillary supplies supplied through this program will not be exported or transferred in exchange for money, other property, or services. No portion of these supplies 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: _____

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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 **1-866-767-4883**.

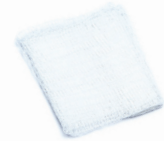
Winged Infusion Sets



- 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 _____

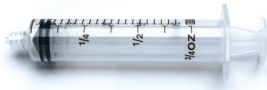
Bandages



- Adhesive Strip Sheer Plastic ¼" x 3"
- Adhesive Bandage Woven ¼" x 3"
- Bandage Adhesive Spot Oval Coverlet 1¼"

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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