

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 Free Trial Program is available only to patients who have not previously enrolled in this program and are not currently using IXINITY.

INSTRUCTIONS

1. Complete both pages of this form.
2. When requesting Custom Ancillaries to be shipped with the Free Trial, please indicate selection(s) on the opposite 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. If you are ordering Custom Ancillaries, BOTH sides of the form must be faxed to the number above.

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 _____

Phone _____ Email _____

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

Shipping Address (No PO Boxes) _____

City _____ State _____ Zip Code _____

Primary Health Insurance Provider _____

IMPORTANT: Your answer to the following question will not disqualify you from participation in the IXINITY Free Trial or Custom Ancillary programs.

I authorize the administrator of this program to share my email address with Medexus Pharma so I may receive information on product updates and new developments (select one): Yes No

PRESCRIBER INFORMATION

Physician Name _____ Facility Name _____

State License # _____

Physician Address _____

City _____ State _____ Zip Code _____

Contact name for this product request _____

Phone _____ Email _____

PRESCRIPTION INFORMATION

Patient Weight _____ lb _____ kg Baseline FIX _____ % Target FIX _____ %

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

Special Instructions _____

Authorized refills: 0. 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 from Medicaid/Medicare or any other third-party program that provides cost- or charge-based reimbursement to the participating institution, either directly or indirectly.

Physician/Prescriber Signature _____

Date _____ NPI # _____



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I want to receive Custom Ancillaries. Please see completed information below. I do not want to receive Custom Ancillaries.

Patient Last Name _____ Physician Name _____

Contact Phone Number _____

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

PATIENT INSTRUCTIONS

1. Check 1 selection for each category below.
2. If your preferred item is not listed, please check "Other" and describe it in detail in the lines provided. 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** (1-855-494-6489).

Winged Infusion Sets



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

Other _____

Sponge Gauze



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

Other _____

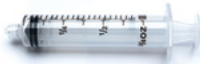
Bandages



- Adhesive Strip Sheer Plastic 3/4" x 3"
- Adhesive Bandage Woven 3/4" x 3"
- Bandage Adhesive Spot Oval Coverlet 1-1/4"

Other _____

Extra Syringes



- 5 mL
- 10 mL
- 20 mL

Other _____

Flex Wrap



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

Other _____

Tourniquet



- Seraket® Automatic Tourniquet by Propper
- Traditional Velcro Tourniquet
- Traditional Elastic Tourniquet

Other _____

Please Include

- Sterile Alcohol Prep Pads
- Disposable Infusion Mats

Other Item(s) _____
