CUSTOM ANCILLARIES REQUEST FORM

IXINITY® coagulation factor IX (recombinant)

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

Custom ancillary supplies are available at no additional cost with IXINITY. Once selected, 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. Complete both pages of this 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 second page 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. BOTH sides of the form must be faxed to the number above.

Your Custom Ancillaries will be shipped via overnight courier directly to the patient's or physician's address of choice as indicated below.

PATIENT INFORMATION

First Name _____ Last Name _____ DOB _____

Phone _____ Email _____

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

IMPORTANT: Your answer to the following question will not disqualify you from participation in the Custom Ancillaries program.

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 # _____

Contact name for this product request _____

Phone _____ Email _____

SHIPPING, PRESCRIPTION INFORMATION, AND AUTHORIZATION

Please ship to (select one): Patient address ☐ Pharmacy address ☐

Address _____

City _____ State _____ Zip Code _____

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 that provides cost- or charge-based reimbursement to the participating institution, either directly or indirectly.

Physician/Prescriber Signature _____

Date _____ NPI # _____

MEDEXUS PHARMA

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

Patient Last Name _____ Physician Name _____

Contact Phone Number _____

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 3.5" 23 gauge
- ☐ Winged Infusion Set Short 3.5" 25 gauge

8" length may also be available

☐ Other_____

Sponge Gauze

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

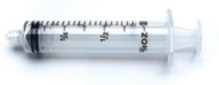
☐ Other_____

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)_____

MEDEXUS PHARMA