

# CUSTOM ANCILLARIES REQUEST FORM



**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 # \_\_\_\_\_



# CUSTOM ANCILLARIES REQUEST FORM



**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) \_\_\_\_\_  
 \_\_\_\_\_