



Fax: 800-311-0185 Phone: 855-855-8754

## Hemophilia Enrollment Form

Please detach before submitting to a pharmacy - tear here.

PATIENT INFORMATION						PRESCRIBER INFORMATION					
Please complete the following or <b>send patient demographic sheet</b> Patient Name						Prescriber's Name DEA					
DOB Last Four of SS#						HTC/Group/Hospital					
Gender							•				
Address						Address  City, State, ZIP					
City, State, ZIP						Phone Fax					
Home Phone						Contact Person Phone					
Alternate Phone						<u> </u>	<u></u>			<del></del>	
Language Preference	_		_								
INSURANCE I	NFORMA	TION	(Must fax a copy	of patient's in:	surance	e card inclu	uding both side	es)			
Prior Authorization Re	eference numb	oer									
MEDICAL INF	ORMATIO	N (Se	ection must be	e completed	d to pr	rocess pi	rescription)	Attach separate	e sheet if	needed)	
<b>Diagnosis</b> — Please i	include diagno	osis nan	ne with ICD-10 code			Additional	Information	Therapy: New	Rea	authorization	Restart
D66 Hereditary fa		-	D67 Hereditary	y factor IX deficie	ency	Ü		kg/lbs H	Ü		cm/in
D68.1 Hereditary fa		-			1	J		Inhibitor: N			urrant
			-	<u></u>			_	innibitor: In igh Low Da	_		
Date of Diagnosis	•						ant Medications	_			
Start Date					1		_	ere (<1%)	derate (1–5	5%) Mild (	>5%)
Next Infusion Date _		Targe	t Joints: No	Yes	— 1						
Infusion by: Pare	nt Patien	t 🔲 C	Other		1						
Protocol:			_		Ì						
Ctondord     Dro		_	i i								
			uous Prophylaxis	_							
PRESCRIPTIO				_	′ork, a p		is required for	needles)			
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PRESCRIPTIO	N INFOR	MATI	ON (If patient re	esides in New Y	∕ork, a p Medic □ Alpl	haNine® SD	☐ Alprolix®	☐ Bebulin®	Bene		
PRESCRIPTIO	Adynovate	MATI e®	ON (If patient re	Alphanate®	fork, a p Medic ☐ Alpl ☐ Her	haNine® SD	☐ Alprolix® ☐ Humate P®	☐ Bebulin®	Ixinit	y®	☐ Jivi®
PRESCRIPTIO	Adynovate Feiba® Koate® DV	e®	ON (If patient red  Afstyla®  Helixate® FS  Kogenate® FS	Alphanate®  Hemlibra®  Kovaltry®	York, a p  Medic  Alpl  Her	haNine® SD mofil M® noclate® P	☐ Alprolix® ☐ Humate P® ☐ Mononine®	Bebulin®  IDELVION®  NovoEight®	☐ Ixinit	y <sup>®</sup> oSeven® RT	
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