addyi® (flibanserin) 100mg tablets

# Addyi Enrollment Form

KnippeRx Specialty Pharmacy Services

Phone: (877) 809-3141
Fax: (833) 261-7585

Deliver to: ☐ Patient ☐ Prescriber ☐ Other:_____ ☐ Hold until notified by prescriber

Anticipated Start Date: ____/____/_____

## PATIENT INFORMATION

Last Name:_____ First Name:_____ Mobile: (  ) _____ - _____ Alt: (  ) _____ - _____

Date of Birth:_____/_____/_____ S.S. #:_____-____-_____ Home Address:_____

Patient Preferred Language:_____

Guardian / Caregiver: _____ City:_____ State:_____ Zip:_____

## INSURANCE INFORMATION

Medical Insurance:_____Phone: _____ Pharmacy Insurance:_____ Phone #:_____

Subscriber Name: _____ Policy #:_____ BIN:_____ PCN:_____

Policy #:_____ Group #:_____ Group ID #:_____ Medicare / Medicaid:_____

## PRESCRIBER INFORMATION

Prescriber Name: _____ License #:_____ NPI:_____ DEA:_____

MD DO NP PA Practice: _____ Phone:_____ Fax:_____

Address:_____ Office Contact:_____ Phone: _____

City:_____ State:_____ ZIP: _____

## DIAGNOSIS AND CLINICAL INFORMATION

ICD - 10 Diagnosis Code: ☐ F52.0 ☐ Other:_____

Clinical information: _____

_____

Allergies: _____

## PRESCRIPTION INFORMATION

Medication: Addyi® 100mg Tablets

Directions: Take 1 tablet by mouth at bedtime.

Qty:_____ Refills:_____

Other current medications: _____

_____

_____

## Prescriber Authorization

(No Stamps. Signature and date must be completed in prescirber's handwriting. NY prescriptions must be submitted via e-script.)

Prescriber Signature _____ Date:____/____/_____

PRESCRIBER SIGNATURE REQUIRED. NO STAMPS.

Fax Form to: (833) 261-7585 SureScripts enabled provider

KnippeRx Pharmacy

NABP: 1568560 NPI: 1285159152

**Click addyi.com/pi for Full Prescribing Information, including BOXED WARNING regarding hypotension and syncope in certain settings.**