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 Other current medications: _____

Directions: Take 1 tablet by mouth at bedtime. _____

Qty:_____ Refills:_____ _____

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

Prescriber Signature _____ Date:____/____/_____

PRESCRIBER SIGNATURE REQUIRED. NO STAMPS.

I authorize KnippeRx to act on behalf of myself and my patient to initiate any de minimis authorization process from health plans including the submission of any necessary forms to such health plans.

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.