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:______________

Date of Birth:_____/_____/________ S.S. #:_______-____-_______

Patient Preferred Language:_______________________________

Guardian / Caregiver: ___________________________________

Mobile: ( ) _______ - _______ Alt: ( ) ______ - ________

Home Address:____

____

City:__________________________ State:______ Zip:___________

INSURANCE INFORMATION

Medical Insurance:_________________Phone: ______________

Subscriber Name: _______________________________________

Policy #:_______________________ Group #:________________

Pharmacy Insurance:_______________ Phone #:_______________

Policy #:_________________ BIN:________ PCN:_____________

Group ID #:______________ Medicare / Medicaid:______________

PRESCRIBER INFORMATION

Prescriber Name: _______________________________________

MD DO NP PA Practice: __________________________

Address:____

City:___________________________ State:______ ZIP: _______

License #:_______________ NPI:____________ DEA:___________

Phone:____________________ Fax:_________________________

Office Contact:_____________________ Phone: _______________

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.

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