

# ENROLLMENT FORM

Program Expires December 31, 2019

Fax or Email the Completed Form to Kedrion Biopharma • 855-751-7951 or US\_CustomerService@kedrion.com

## INSTRUCTIONS TO ENROLL YOUR PATIENTS

Patients are eligible to receive up to 2 weeks of KOĀTE [Antihemophilic Factor (Human)] not to exceed 50,000 international units (IUs).

1. Complete this enrollment form with prescriber and prescription information.
2. Fax or email the completed enrollment form to Kedrion Biopharma at 855-751-7951 or US\_CustomerService@kedrion.com.
3. After Kedrion Biopharma approval, sign and date the prescriber authorization letter.
4. Email the signed prescriber authorization letter to Kedrion Biopharma at USTIPMed@kedrion.com.

If you are a licensed healthcare professional who regularly practices in Vermont, Kedrion Biopharma Inc. policy prohibits you from completing or accepting this trial offer.

## PRESCRIBER INFORMATION

Physician Name:	License #:		
Phone:	Email:		
Facility Name:			
Facility Address:	City:	State:	Zip:
Alternative Office Contact Name for Inquiries:			
Phone:	Email:		

## PRESCRIPTION INFORMATION\*

Patient's Weight:	lb/kg	Dosing Information:	# of Units	Frequency
Total Product Requested for Two Weeks (not to exceed 50,000 IUs)				
Requested Assay Size:	<input type="checkbox"/> 200-300 IU	<input type="checkbox"/> 400-600 IU	<input type="checkbox"/> 800-1200 IU	
Patient Insurance:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Cash-paying		

\*This program is intended to provide KOATE for FDA approved use only and is subject to Kedrion Biopharma Medical Affairs review and approval

## PREFERRED SHIPPING ADDRESS (Kedrion Biopharma can only ship to a Physician Office or Pharmacy)

Select One:  Physician Office  Pharmacy

Contact Name:

Shipping Address (No PO Boxes):

City: State: Zip:

Phone: Email (To notify the order has shipped):

## PHYSICIAN/PRESCRIBER

### Program Terms, Conditions, and Eligibility Criteria

1. This offer is valid only for patients who are U.S. residents, and is only for outpatient use by a patient currently under the signing prescriber's care, not currently taking KOĀTE.
2. The KOĀTE trial product shall be provided only to the subject eligible patient and at no charge of any kind. KOĀTE trial product cannot be sold, traded, bartered or returned for credit. No purchase required.
3. This offer is not valid for use by patients enrolled in, and no portion of this trial product may be reimbursed by, Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or any other third party program, such as private indemnity or HMO insurance plans, which provide either direct or indirect cost- or charge-based reimbursement to the participating institution and/or patient.
4. Kedrion Biopharma Inc. reserves the right to rescind, revoke, or amend this offer without notice.
5. Void if prohibited by law, taxed, or restricted. Patients residing, and/or prescribers practicing, in states where there are prohibitions or limitations on prescribing and/or dispensing KOĀTE, including, but not limited to, Vermont, may not be eligible to participate in this program.
6. This program may not be utilized in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription.
7. This offer is not health insurance.
8. This offer expires December 31, 2019.

**KEDRION**  
B I O P H A R M A

By submitting this enrollment form, prescriber acknowledges that subject patient meets the eligibility requirements set forth herein, and prescriber understands and agrees to comply with the terms and conditions of this offer.

Physician Signature: Date:

Print Name: