

XEMBIFY CONNEXIONS ENROLLMENT FORM

Thank you for your interest in Xembify Connexions, a patient support program from Grifols, the manufacturer of XEMBIFY® (immune globulin subcutaneous human-klhw) 20%. The program provides financial assistance for eligible patients and can help answer your questions throughout treatment.

To enroll, please complete the fields below and return this form by mail, fax, or email. **For patients: if you complete the Patient Information section below, you may submit this form without your insurance information, physician's information, or their signature. However, including any of this information that you have available can help Xembify Connexions support you.**

1. COMPLETE THE FORM

PATIENT INFORMATION

If you are a patient, please complete the fields below.

Name: _____ Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female ☐ Unspecified
First Last MM/DD/YYYY

Address (Home): _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Preferred Contact: ☐ Primary Phone ☐ Secondary Phone ☐ Email ☐ Text ☐ OK to leave voicemail?

By providing a phone number, I authorize Grifols and its service providers to use automated or non-automated means to call me at the number I provided with information and updates on program services. Privacy Policy applies: <https://www.grifols.com/en/grifols-products-privacy-policy>

Alternate Contact Name: _____ Relationship: _____

Phone: _____ Email: _____

PATIENT AUTHORIZATION

HIPAA Consent:

- ☐ By checking this box, I authorize my healthcare providers, pharmacies, health plans, or payers ("my healthcare organizations") to share personal and health information about me related to my Grifols therapies ("my information") with Grifols, its affiliates, agents, and service providers. I understand that my prescribed product may be provided to me by a pharmacy contracted to provide service by Grifols, and that contracted pharmacy will receive compensation by Grifols. I authorize Grifols to: (1) confirm my health plan eligibility and benefits, identify other payers for my therapy, or determine my eligibility for assistance programs; (2) analyze data to improve services related to my disease; and (3) disclose my information for safety reasons or as required by law. This Authorization will expire 5 years from the date signed below unless a shorter period is required by the law of my state of residence. I may discuss the scope of my authorization or cancel anytime by calling the program at 1-844-699-3624 or 1-888-694-2686 and/or by sending a letter to Connexions to 2730 South Edmonds Ln, Suite 300, Lewisville, TX 75067.

Texting Opt-In:

- ☐ By checking this box, I authorize Grifols and its service providers to use automated or non-automated means to text me at the number I provided with information and updates on program services. Consent is not required. To learn how Grifols will use and protect your personal information, review our privacy policy at <https://www.grifols.com/en/grifols-products-privacy-policy>.

Patient Education Opt-In:

- ☐ By checking this box, I give Grifols permission to use my personal information to receive product, disease-state, or other helpful information from Grifols and service providers and third parties acting on its behalf. To learn how Grifols will use and protect your personal information, review our privacy policy at <https://www.grifols.com/en/grifols-products-privacy-policy>.

Patient Name (First and Last): _____ PATIENT SIGNATURE: _____ Date: _____

Caregiver (Name and Relationship): _____ *CAREGIVER SIGNATURE: _____ Date: _____

**Parent or guardian must sign if patient is under 18 years of age.*

Please see Important Safety Information on page 3 and see accompanying full [Prescribing Information](#) for XEMBIFY.

PATIENT INSURANCE INFORMATION (OPTIONAL)

Please complete the fields below and provide a copy of the front and back of your insurance card.

Primary Insurance: _____ Insurance Type: ☐ Commercial ☐ Government ☐ Unknown/Other ☐ None

Insurance Phone: _____ Policy ID: _____ Group #: _____

BIN #: _____ PCN #: _____

Policyholder Name: _____ Policyholder DOB: _____ Relation to Patient: _____

MM/DD/YYYY

Secondary Insurance: _____ Insurance Type: ☐ Commercial ☐ Government ☐ Unknown/Other

Insurance Phone: _____ Policy ID: _____ Group #: _____

BIN #: _____ PCN #: _____

Policyholder Name: _____ Policyholder DOB: _____ Relation to Patient: _____

MM/DD/YYYY

PHYSICIAN INFORMATION

If you are a prescriber, please complete the fields below.

Name: _____ Prescriber NPI: _____ Tax ID #: _____

Physician Address: _____ City: _____ State: _____ ZIP: _____

Physician Phone Number: _____ Office Contact: _____ Contact Phone: _____

Physician Fax Number: _____ Contact Email Address: _____

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PHYSICIAN CERTIFICATION

- ☐ I verify that the patient and prescriber information contained in this enrollment form is complete and accurate to the best of my knowledge. I also attest that I have obtained the patient's affirmative authorization to release the above information and such other personal information as may be necessary to Xembify Connexions and/or their agents. If patient is younger than 18 years of age, then I attest that I have obtained permission from the patient's legal guardian.

Physician Name (First and Last): _____ PHYSICIAN SIGNATURE: _____ Date: _____

2. RETURN COMPLETED FORM

Mail

Xembify Connexions
2730 South Edmonds Ln
Suite 300
Lewisville, TX 75067

Fax

1-877-375-0758

Email

grifolsconnexions@cardinalhealth.com

NEED ASSISTANCE?

Call 1-844-MYXEMBIFY (1-844-699-3624) if you have any questions or visit www.xembify.com for more information and access to additional forms.

You may make changes to communication preferences or cancel your enrollment in this program at any time by calling 1-844-MYXEMBIFY (1-844-699-3624).

Please see Important Safety Information on the next page and see accompanying full [Prescribing Information](#) for XEMBIFY.

GRIFOLS

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 **Xembify®**
(immune globulin subcutaneous
human-klhw) 20%

What is XEMBIFY®?

XEMBIFY® (immune globulin subcutaneous human-klhw) is a 20% immune globulin used in the treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older. XEMBIFY is for subcutaneous administration only.

IMPORTANT SAFETY INFORMATION

WARNING: THROMBOSIS

- **Thrombosis (formation of blood clots within blood vessels) may occur with immune globulin products, including XEMBIFY. Before you take XEMBIFY, talk to your doctor if you:**
 - Are older
 - Are sedentary (need to lie down or sit down) for long periods of time
 - Are taking estrogen-containing medicines (birth control pills, hormone replacement therapy)
 - Have a permanent intravenous (IV) catheter
 - Have hyperviscosity of the blood (diseases such as multiple myeloma or other causes of elevated proteins in the blood)
 - Have cardiovascular (heart) problems or previous history of stroke
- Thrombosis may occur even if you don't have any risk factors
- If you are at risk of thrombosis, your doctor may prescribe XEMBIFY at the minimum dose and infusion rate. Make sure you drink plenty of fluid before taking XEMBIFY. Make sure your doctor is checking you regularly for signs and symptoms of thrombosis and is checking your blood viscosity if you are at risk of hyperviscosity

Who should not use XEMBIFY?

- XEMBIFY should not be used if you have had a severe allergic reaction to human immune globulin, or if you have been told by a doctor that you are IgA deficient and have developed antibodies to IgA and hypersensitivity after exposure to a previous plasma product

What are possible serious side effects of XEMBIFY?

- **Aseptic meningitis syndrome (AMS).** Aseptic meningitis is a non-infectious inflammation of the membranes that cover the brain. It causes a severe headache syndrome, which may occur with human immune globulin treatment, including XEMBIFY. If you are showing signs and symptoms of AMS, your doctor may conduct a thorough neurological evaluation including spinal tap (sampling fluid which surrounds the spinal cord) to rule out other causes of meningitis. Stopping human immune globulin treatment has resulted in the end of signs and symptoms within several days. Treatment may include analgesics (pain medicines) and/or a special procedure known as a "blood patch" to stop headache

- **Hypersensitivity.** Severe allergic reactions may occur with immune globulin products, including XEMBIFY. If you have a severe allergic reaction, stop the infusion immediately and get medical attention. XEMBIFY contains IgA. If you have known antibodies to IgA, you may have a greater risk of developing potentially severe allergic reactions
- **Kidney problems or failure.** Kidney problems or failure may occur with use of human immune globulin products, especially those containing sucrose (sugar). XEMBIFY does not contain sucrose. If you have kidney disease or diabetes with kidney involvement, your doctor should perform a blood test to assess your hydration level and kidney function before beginning immune globulin treatment and at appropriate intervals thereafter. If your doctor determines that kidney function is worsening, they may discontinue treatment
- **Hemolysis.** Your doctor should monitor you for symptoms of hemolysis (destruction of red blood cells causing anemia, or low red blood cell count). If your doctor suspects hemolysis, they should perform additional tests to confirm
- **Transfusion-related acute lung injury (TRALI).** TRALI is a rare but serious syndrome characterized by sudden acute respiratory distress following transfusion. If your doctor suspects TRALI, they will monitor you for any other lung issues. TRALI may be managed with oxygen therapy
- **Transmissible infectious agents.** Because XEMBIFY is made from human blood, it may carry a risk of transmitting infectious agents such as viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. No cases of transmission of viral diseases or CJD have been associated with the use of XEMBIFY
- **Interference with lab tests.** Because XEMBIFY contains a variety of antibodies, blood tests to determine antibody levels may be falsely elevated. Be sure to tell your doctor or lab technician that you are using XEMBIFY

What are other possible side effects of XEMBIFY?

- In clinical studies of XEMBIFY, some patients experienced local side effects (at the injection site) including pain, redness, puffiness, bruising, nodules, itching, firmness, scabbing and swelling at the site on the skin where the injection occurred. Some patients experienced non-injection-site side effects including cough and diarrhea
- Use of XEMBIFY may interfere with the immune response to virus vaccines, such as vaccines for measles, mumps, rubella and varicella. Tell your doctor you are taking XEMBIFY before getting vaccinations

Please see accompanying full [Prescribing Information](#) for XEMBIFY.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.