



ENROLLMENT FORM

Customer Service: 888-REGANEX (734-7263) and press "2"
Fax to: 855-867-8033

*Indicates required field

PRESCRIBER INFORMATION

*Prescriber Name: _____

*Email¹: _____

*NPI #: _____ *Tax ID #: _____

*Prescriber Phone #: _____ *Fax #: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Office Contact Name: _____

PATIENT INFORMATION

*Patient Name (First Last): _____

*Date of Birth: _____ *Gender: M F

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone #: _____ Alternate Phone #: _____

SSN (Last 4 digits): _____

Email: _____ Primary Language: _____

Ship to: Patient MD Office Other _____

Emergency Contact: _____ Phone #: _____

Patient's Local Pharmacy Name: _____

Address: _____

Phone #: _____

PRESCRIPTION INFORMATION

*Patient Name (First Last): _____

*Drug: **REGANEX[®]**
(becaplermin) Gel, 0.01% *Date: _____

*Quantity Sufficient: 30 day supply 60 day supply 90 day supply Other: _____

*Sig (Directions) *Apply thin layer to affected area daily every 12 hours on, 12 hours off:*

Other: _____

*Refills: _____ Notes: _____

PATIENT INSURANCE INFORMATION/ PHARMACY BENEFIT PLAN

Fill in fields with pharmacy benefits – NOT medical. OR... Fax Demographic Sheet or Patient Pharmacy Card along with enrollment form.

*Name: _____ Pharmacy Help Desk #: _____

Policyholder Name: _____ Relationship to Patient: _____

*Member ID #: _____ *Group ID #: _____

*Rx BIN #: _____ *PCN #: _____

PATIENT DIAGNOSIS

*Diagnosis Code: _____

Please list any known allergies to medication or other substances: NKDA: _____

*Rx's Failed, Dosage, Dates of Therapy and Reason for Failure

Wound care plan:

	Width	Length	
Wound #1 size:			<input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> in
Wound #2 size:			<input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> in
Wound #3 size:			<input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> in

Wound Locations: _____

PROVIDER ATTESTATION

By my signature below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that ASPN reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. Finally, I authorize ASPN as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow ASPN to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

Please send me status updates via email¹. You may opt-in to receive e-mails from ASPN regarding the status of your patient's prescription. By agreeing to receive e-mails from ASPN, you acknowledge that ASPN will send standard e-mails to you via the Internet. Therefore, there is potential for these unencrypted emails to be intercepted by unauthorized third parties. If you share your e-mail account or computer with others, those parties may be able to access your confidential information. You should notify ASPN immediately if you wish to cease receiving e-mails or if your e-mail address changes. You should not use e-mails for emergencies.

*Prescriber's Signature _____

*Date of Signature _____

Important Safety Information

REGANEX[®] gel is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply when used as an adjunct to, and not a substitute for, good ulcer care practices. The efficacy of REGANEX gel has not been established for the treatment of pressure ulcers and venous stasis ulcers. The effects of REGANEX gel on exposed joints, tendons, ligaments, and bone have not been established in humans. REGANEX gel is a non-sterile, low bioburden preserved product. Therefore, it should not be used in wounds that close by primary intention. Malignancies distant from the site of application have been reported in both a clinical study and in postmarketing use. The benefits and risks of REGANEX gel treatment should be carefully evaluated before prescribing in patients with known malignancy. See complete prescribing information for more details.



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