PALYNZIQ® REMS Prescriber Enrollment Form

PALYNZIQ® (pegvaliase-pqpz) is available only through the PALYNZIQ REMS, a restricted distribution program. Only prescribers, patients, and a limited network of certified pharmacies enrolled in the program are able to prescribe, receive, and dispense PALYNZIQ.

Instructions:

1. Review the PALYNZIQ Prescribing Information (PI), the REMS Program Overview, and Prescriber Guide
2. Complete the Prescriber Knowledge Assessment and this enrollment form
3. Submit the completed form:
   - Online at PALYNZIQREMS.com
   - Fax: 1-866-713-8421
   - Mail: PALYNZIQ REMS, 200 Pinecrest Plaza, Morgantown, WV 26505-8065

PLEASE COMPLETE ALL MANDATORY FIELDS ON THIS FORM TO AVOID A DELAY IN THE ENROLLMENT PROCESS.

PRESCRIBER AGREEMENT

By completing, signing, and submitting this form, I acknowledge and agree that:

- PALYNZIQ is only available through the PALYNZIQ REMS, and I must comply with the REMS requirements to prescribe PALYNZIQ
- I have reviewed the Prescribing Information, *Prescriber Guide*, and *REMS Program Overview*
- I understand the risk of anaphylaxis associated with PALYNZIQ
- I have successfully completed the *Prescriber Knowledge Assessment*
- To prescribe PALYNZIQ to a patient, I must enroll each patient in the PALYNZIQ REMS by:
  - Counseling the patient about the risks of PALYNZIQ, including anaphylaxis, and the need to carry auto-injectable epinephrine with them at all times
  - Reviewing the *Patient Guide*, *Safety Video*, and *Wallet Card* with the patient
  - Providing the *Patient Guide* and *Wallet Card* to the patient and **directing the patient to PALYNZIQREMS.com to view the *Safety Video***
  - Completing and submitting the *Patient Enrollment Form* to the PALYNZIQ REMS, retaining a copy in the patient's records, and providing a copy to the patient
- I will assess the patient's need for an adult observer and for premedication as described in the *Prescriber Guide*
- I will provide prescriptions for auto-injectable epinephrine to each patient
- I will report anaphylaxis episodes to the PALYNZIQ REMS
- I will report discontinuation of treatment or transfer of care to the PALYNZIQ REMS
- I understand that if I do not maintain compliance with the requirements of the PALYNZIQ REMS, I will no longer be able to prescribe PALYNZIQ
- PALYNZIQ REMS, its agents, or contractors may contact me to support the PALYNZIQ REMS

For additional information, visit PALYNZIQREMS.com or call the PALYNZIQ REMS at 1-855-758-REMS (1-855-758-7367).

PRESCRIBER INFORMATION (please print)

*** indicates a REQUIRED field**

First Name:*	Middle Initial:	Last Name:*
Institution Name (if applicable):	Prescriber NPI#:*	State License Number:
Prescriber Address:*	City:*	State:* / ZIP Code:*
Office Phone Number:*	Mobile Phone Number:	Office Fax Number:* / Email:*

Prescriber Degree:* ☐ MD ☐ DO ☐ Other (please specify):_____

Specialty:* ☐ Genetics ☐ Internal Medicine ☐ Other (please specify):_____

Office Contact First Name:	Last Name:	Phone Number:
Second Contact First Name:	Last Name:	Phone Number:
Prescriber Signature:*	Date:*	

Access this form and enroll online at PALYNZIQREMS.com.
To submit this form via fax, please complete all required fields and fax to PALYNZIQ REMS at 1-866-713-8421.

PALYNZIQREMS.com
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Fax: 1-866-713-8421

BIOMARIN®

Palynziq® (pegvaliase-pqpz) Injection