

PALYNZIQ REMS

Prescriber Knowledge Assessment

To become a Certified Prescriber in the PALYNZIQ® (pegvaliase-pqpz) Risk **E**valuation and **M**itigation **S**trategy (REMS), you must complete this **Prescriber Knowledge Assessment** and the **Prescriber Enrollment Form**. You must answer ALL 8 questions correctly on this assessment.

- You may complete the **Prescriber Knowledge Assessment** and **Prescriber Enrollment Form** online at PALYNZIQREMS.com.
You may also fax the completed forms to the PALYNZIQ REMS at 1-866-713-8421.
- You will receive correspondence from the PALYNZIQ REMS within 2 business days via email or fax confirming your certification in the PALYNZIQ REMS or providing instructions on how to retake your Knowledge Assessment if necessary.

Palynziq[®]
(pegvaliase-pqpz) Injection



Assessment Questions

- 1** The goal of the PALYNZIQ REMS is to mitigate the risk of anaphylaxis.
 - ☐ True
 - ☐ False
- 2** In order to receive PALYNZIQ, patients must enroll in the PALYNZIQ REMS.
 - ☐ True
 - ☐ False
- 3** PALYNZIQ is indicated to reduce blood phenylalanine concentrations in adult patients with phenylketonuria (PKU) who have uncontrolled blood phenylalanine concentrations greater than 600 micromol/L on existing management.
 - ☐ True
 - ☐ False
- 4** When is anaphylaxis more common?
 - ☐ At the beginning of treatment
 - ☐ After >1 year of treatment
 - ☐ Anaphylaxis never occurs
- 5** The signs and symptoms of anaphylaxis may include:
 - ☐ Syncope
 - ☐ Hypotension
 - ☐ Hypoxia, dyspnea, wheezing
 - ☐ Chest discomfort/chest tightness
 - ☐ Tachycardia
 - ☐ Angioedema (swelling of face, lips, eyes, tongue)
 - ☐ Throat tightness
 - ☐ Skin flushing
 - ☐ Rash, urticaria, pruritus
 - ☐ Gastrointestinal symptoms (vomiting, nausea, diarrhea)
 - ☐ All of the above
- 6** Prescribers may consider an observer for patients during PALYNZIQ treatment. An observer is
 - ☐ An adult who enrolls in the PALYNZIQ REMS
 - ☐ An adult who is an authorized representative of the patient
 - ☐ An adult who can be present with the patient during and at least one hour after PALYNZIQ injection and is able to recognize signs and symptoms of anaphylaxis, call for emergency medical support, and administer auto-injectable epinephrine as required
- 7** Before prescribing PALYNZIQ, prescribers must read the Prescribing Information, *Prescriber Guide*, and *REMS Program Overview*, and then complete and submit the *Prescriber Enrollment Form* and *Prescriber Knowledge Assessment*.
 - ☐ True
 - ☐ False
- 8** Prescribers must provide a prescription for auto-injectable epinephrine to accompany the prescription for PALYNZIQ to all patients, educate patients on when and how to use auto-injectable epinephrine, and the need to carry it with them at all times.
 - ☐ True
 - ☐ False

Please provide your name and NPI number so we can associate your progress with your stakeholder record.

You can provide this information below:

PRESCRIBER INFORMATION (please print) * indicates a REQUIRED field

First Name*:

Last Name*:

National Provider Identifier (NPI)*:

Phone:

Email*:

PALYNZIQREMS.com
Phone: 1-855-758-REMS (1-855-758-7367)
Fax: 1-866-713-8421

**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.**

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