AVEED
(testosterone undecanoate) injection 750mg/3mL CIII

AVEED™ REMS
Healthcare Provider Enrollment Form

Instructions

AVEED is only available through the AVEED Risk Evaluation and Mitigation Strategy (REMS) Program. In order to prescribe AVEED, a healthcare provider must:

1. Ensure that your healthcare setting is enrolled. You cannot complete certification until your healthcare setting is enrolled.
2. Review the AVEED REMS Education Program for Healthcare Providers, including the Prescribing Information.
3. Successfully complete the AVEED REMS Knowledge Assessment.
4. Complete and submit this one-time AVEED REMS Healthcare Provider Enrollment Form.

For online enrollment processing, please go to **www.AveedREMS.com.**

For enrollment via fax, please complete all required fields on the next page and fax the page to **1-855-755-0495**. You will receive enrollment confirmation via your preferred method of communication (email or fax) within two business days.

For questions regarding the AVEED REMS Program, please either visit **www.AveedREMS.com** or call the AVEED REMS Program at **1-855-755-0494**.

Enrollment is not required for non-prescribing healthcare providers who will administer AVEED.

Healthcare Provider Responsibilities

By completing this form, I attest that:

- I understand that AVEED is only available through the AVEED REMS Program and that I must comply with the program requirements in order to prescribe and administer AVEED.
- I completed the AVEED REMS Education Program, including review of the AVEED Prescribing Information, and successfully completed the AVEED REMS Knowledge Assessment.
- I understand how to inject AVEED properly.
- I understand the risks of serious pulmonary oil microembolism (POME) reactions and anaphylaxis following the administration of AVEED, which have the potential to lead to serious medical consequences (e.g., respiratory distress and syncope), and how to manage these risks.
- Prior to initiating treatment and before each injection, I agree to provide a copy of "What You Need To Know About AVEED Treatment: A Patient Guide" to each patient and review it with them to inform them about the risk of serious POME reactions and anaphylaxis and the need to remain in my healthcare setting for **30 minutes** following each AVEED injection.
- I acknowledge that my healthcare setting must be a certified healthcare setting.
- I understand that each patient must be observed in the healthcare setting for **30 minutes** following each AVEED injection in order to provide appropriate medical treatment in the event of serious POME reactions or anaphylaxis following the administration of AVEED.
- I agree that personnel from the AVEED REMS Program may contact me to gather further information or resolve discrepancies or to provide other information related to the AVEED REMS Program.
- I understand that Endo Pharmaceuticals Solutions Inc. (Endo), its agents and contractors, such as the distributors, may contact me via phone, mail or email to survey me on the effectiveness of the program requirements for the AVEED REMS Program.
- I understand the importance of reporting serious events of POME and anaphylaxis following AVEED treatment.

To report suspected adverse events contact Endo at 1-800-462-3636, FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch/report.htm**.

Reference ID: 3465380

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HEALTHCARE PROVIDER INFORMATION (*REQUIRED FIELDS):

☐ M.D. ☐ D.O. ☐ Physician Assistant ☐ Nurse Practitioner ☐ Other _____

SPECIALTY:

☐ Endocrinology ☐ Primary Care ☐ Urology ☐ Other _____

First Name* (please print) MI Last Name* (please print) Email Address*

Phone Number* Ext DEA Number* State License Number and State

Prescriber NPI* Fax Number*

Healthcare Setting Name*

Address*

City* State* Zip*

Preferred Method of Communication* (please select **one**)

☐ Email ☐ Fax

I understand that this enrollment and certification only applies to me, and does not apply to any healthcare setting that employs me or in which I may have an interest.

Healthcare Provider Signature* Date* (MM/DD/YYYY)

Fax this page to **1-855-755-0495**.

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endo Pharmaceuticals

Rx Only

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February 2014 www.AveedREMS.com 1-800-462-ENDO (3636)