NATPARA REMS Program: Prescriber Enrollment Form

NATPARA® (parathyroid hormone) for injection is only available through the NATPARA Risk Evaluation and Mitigation Strategy (REMS) Program. In order to prescribe NATPARA, a prescriber must:

1. Review the Prescribing Information, the NATPARA *REMS Program: An Introduction information sheet*, the NATPARA *REMS Program: Training Module for Prescribers*, and successfully complete the Knowledge Assessment.
2. Complete this one-time NATPARA *REMS Program: Prescriber Enrollment Form.*
3. Complete and submit a NATPARA *REMS Program: Patient-Prescriber Acknowledgment Form* prior to initiation of therapy for each patient.

Step 1 and 2 can be completed directly online at www.NATPARAREMS.com; or you may complete and submit this form along with the Knowledge Assessment to the NATPARA REMS Program Coordinating Center by fax at 1-844-NAT-REMS (628-7367) or scan and email to NATPARAREMS@shire.com. Please print. All information is required.

Prescriber Information

Name (first, middle, last): _____ Credentials: ☐ MD ☐ DO ☐ NP ☐ PA Other: _____

Name of Institution/Practice Name: _____

Practice Setting: ☐ Hospital-Based Practice ☐ Private/Group Practice

Practice Address: _____

City: _____ State: _____ Zip Code: _____

Physician Specialty (Board Certification):
☐ Endocrinology ☐ Internal Medicine
☐ Family Medicine
Other [please specify]: _____

Preferred Method of Contact: ☐ Mail ☐ Email Email Address: _____

Office Phone Number: _____ Mobile Phone Number: _____ Office Fax Number: _____

Primary State License Number/State of Issue: _____

National Provider Identification (NPI) Number: _____

Prescriber Attestation

By signing this form I attest that:

- I understand that 1) NATPARA is a parathyroid hormone indicated as an adjunct to calcium and vitamin D to control hypocalcemia in patients with hypoparathyroidism 2) NATPARA is not a parathyroid hormone replacement and 3) Because of the potential risk of osteosarcoma, NATPARA is recommended only for patients who cannot be well-controlled on calcium and active forms of vitamin D alone
- I understand there is a potential risk of osteosarcoma associated with NATPARA. NATPARA causes an increase in the incidence of osteosarcoma in rats. The increase in osteosarcoma in rats is dependent on NATPARA dose and treatment duration
- I understand that NATPARA is only available through the NATPARA REMS Program and that I must comply with the program requirements in order to prescribe NATPARA
- I have reviewed the Prescribing Information, the NATPARA *REMS Program: An Introduction information sheet*, the NATPARA *REMS Program: Training Module for Prescribers*, and answered all questions included in the Knowledge Assessment
- I understand that I must counsel my patients on the benefits and risks of NATPARA treatment, sign and submit the NATPARA *REMS Program: Patient-Prescriber Acknowledgment Form*, and provide a copy of the NATPARA *REMS Program* Patient Brochure and NATPARA *REMS Program: Patient-Prescriber Acknowledgment Form* to my patients prior to initiation of therapy
- I agree that Shire, its agents, and contractors, such as the pharmacy, may contact me via phone, mail, or email to survey me on the effectiveness of the program requirements for NATPARA REMS Program

Prescriber Signature: _____ Date: _____ (MM/DD/YY)

Print Name: _____

If you have any questions, contact the NATPARA REMS Program Coordinating Center.
Phone: 1-855-NATPARA Fax: 1-844-NAT-REMS (628-7367) www.NATPARAREMS.com

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