

FINTEPLA REMS Patient Status Form

FOR PRESCRIBERS

Prior to starting and during treatment, patients must undergo an echocardiogram to evaluate for cardiac abnormalities. The prescriber must consider the benefits versus the risks of initiating or continuing treatment with FINTEPLA if ANY of the following signs are observed on an echocardiogram:

- Valvular heart disease (VHD) as indicated by mild or greater aortic regurgitation or moderate or greater mitral regurgitation associated with restricted valve motion, valve thickening, and/or physical signs or symptoms attributable to valve disease
- Pulmonary arterial hypertension (PAH) as indicated by elevated right heart/pulmonary artery systolic pressure (PASP >35 mm Hg)

Instructions

- **This form must be regularly completed for all patients treated with FINTEPLA:**
 - Before the start of FINTEPLA treatment
 - With completion of each echocardiogram every 6 months for the duration of FINTEPLA treatment
 - With completion of echocardiogram performed 3 to 6 months after the final dose of FINTEPLA
- Submit the completed form online at www.FinteplaREMS.com, via fax to 1-833-568-6198, or via mail to 1710 N Shelby Oaks Dr, Ste 3, Memphis, TN 38134

PATIENT INFORMATION			
First Name*:	Address Line 1*:		
Last Name*:	Address Line 2:		
Date of Birth (MM/DD/YYYY)*: / /	City*:	State*:	ZIP Code*:
REMS ID:	Height:	Weight:	BMI:

* indicates required field.

PRESCRIBER INFORMATION			
First Name*:	Address Line 1*:		
Last Name*:	Address Line 2:		
National Provider Identifier (NPI)*:	City*:	State*:	ZIP Code*:
REMS ID:	Phone*:	-	-
Email:	Fax*:	-	-

* indicates required field.

FINTEPLA DOSING INFORMATION		
Current dose of FINTEPLA:	_____ mg/kg/day	Total _____ mg/day
Current duration of treatment with FINTEPLA:		

* indicates required field.

ECHOCARDIOGRAM RESULTS				
Date of echocardiogram (MM/DD/YYYY)*: / /				
Regurgitation (check only 1 box per row)				
If echocardiogram report states "mild to moderate" or "moderate to severe," check the more severe category.				
Valve	Absent/Trace	Mild	Moderate	Severe
Aortic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mitral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated pulmonary arterial systolic pressure (PASP >35 mm Hg) (select one)*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any valvular abnormality reported on baseline on echocardiogram (only applicable to baseline echocardiogram assessment)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any new abnormality on echocardiogram (not previously reported)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization for Treatment				
Is this patient authorized to receive FINTEPLA? (select one)*				<input type="checkbox"/> Yes <input type="checkbox"/> No
If this patient is not authorized to receive FINTEPLA, please provide the reason(s) (select all that apply)*				
<input type="checkbox"/> Changes in the echocardiogram or abnormal echocardiogram	<input type="checkbox"/> New diagnosis of VHD or PAH			
<input type="checkbox"/> Noncompliance with echocardiogram	<input type="checkbox"/> Other (please specify) _____			
If findings consistent with VHD, PAH, or any new abnormality have been reported on the echocardiogram, FINTEPLA REMS will send a follow-up Cardiovascular Adverse Event Reporting Form that must be completed and returned to the FINTEPLA REMS within 3 business days of receipt.				
_____ Signature			_____ Print Name	
			_____ Date	
Submitted by: <input type="checkbox"/> Prescriber Designee <input type="checkbox"/> Prescriber				

* indicates required field.

If you have any questions or need additional information, please visit www.FinteplaREMS.com or call 1-877-964-3649, Monday through Friday, between 7 AM and 7 PM Central Time.