

PALFORZIA REMS Prescriber Enrollment Form

PALFORZIA™ is available only through the PALFORZIA REMS (Risk Evaluation and Mitigation Strategy); a restricted program. Only prescribers, healthcare settings, pharmacies, and patients enrolled in the program can prescribe, administer, dispense, and receive PALFORZIA.

INSTRUCTIONS

1. Review the PALFORZIA Prescribing Information (PI).
2. Complete and submit the *Prescriber Enrollment Form* online at www.PALFORZIAREMS.com or by fax to 1-844-285-2013.

Complete all mandatory fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS Program will notify the prescriber of successful certification within 2 business days.

PRESCRIBER INFORMATION

(*indicates required field)

First Name*:	Last Name*:	National Provider Identifier (NPI #)*:
Credentials* (please select one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other		Specialty* (please select one): <input type="checkbox"/> Pediatric <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Family Medicine <input type="checkbox"/> Other
Office Phone Number*:	Office Fax Number*:	Email Address*:
Practice/Facility Name*:		
Address 1*:		
Address 2:		
City*:	State*:	ZIP*:

OFFICE CONTACT INFORMATION

First Name:	Last Name:	
Office Phone Number: <input type="checkbox"/> Same as above	Office Fax Number: <input type="checkbox"/> Same as above	Email Address:

To provide additional Office Contacts please contact the PALFORZIA REMS Coordinating Center at 1-844-PALFORZ (1-844-725-3679)

PRESCRIBER AGREEMENT

By completing, signing, and submitting this form, I agree to comply with the following REMS requirements:

- o Review the PALFORZIA Prescribing Information (PI)

Before treatment initiation, to prescribe PALFORZIA to a patient, I will:

- o Enroll each patient in the PALFORZIA REMS by completing and submitting the *Patient Enrollment Form* and provide a completed copy of the form to the patient
- o Counsel the patient on the need to have injectable epinephrine available for immediate use at all times, the need for monitoring with the Initial Dose Escalation and first dose of each Up-Dosing level, the need for continued peanut avoidance in the diet, and how to recognize the signs and symptoms of anaphylaxis
- o Assess the patient's supply of injectable epinephrine and provide prescription if necessary

During treatment before dispensing the first dose of each Up-Dosing level, I will:

- o Assess the patient's tolerability of the previous dosing level and appropriateness of continuing the Up-Dosing

At all times:

- o Report treatment discontinuation or transfer of care to the REMS Program



Prescriber Signature *

Date*

