



# PALYNZIQ REMS Pharmacy Enrollment Form

PALYNZIQ® (pegvaliase-pqpz) is available only through the PALYNZIQ REMS, a restricted distribution program. Only prescribers, patients, and a limited network of certified pharmacies enrolled in the program are able to prescribe, receive, and dispense PALYNZIQ.

If you have questions, please contact the PALYNZIQ REMS at 1-855-758-REMS (1-855-758-7367). Please complete the form below and fax to 1-866-713-8421.

## AUTHORIZED PHARMACY REPRESENTATIVE RESPONSIBILITIES:

I am the authorized representative designated by my Pharmacy to coordinate the activities of the PALYNZIQ REMS. By signing this form, I agree, on behalf of myself and the Pharmacy, to comply with the following program requirements:

- I will oversee implementation of and ensure my pharmacy's compliance with the PALYNZIQ REMS requirements
- I have reviewed the *REMS Program Overview* and will ensure that all relevant staff involved in the dispensing of PALYNZIQ are trained on the PALYNZIQ REMS requirements and that a record of training is maintained
- Only certified pharmacies can dispense PALYNZIQ
- PALYNZIQ is only available through the PALYNZIQ REMS and the pharmacy must comply with the REMS requirements to dispense PALYNZIQ
- I will ensure that prior to dispensing PALYNZIQ, my pharmacy will document and verify:
  - The patient has auto-injectable epinephrine
  - The prescriber is certified
  - The patient is enrolled
- This pharmacy will ensure that anaphylaxis episodes are reported by the Pharmacy to the PALYNZIQ REMS
- This pharmacy will not distribute, transfer, loan, or sell PALYNZIQ, except to certified pharmacies
- This pharmacy will maintain and make available appropriate documentation reflecting that all processes are in place and being followed for the PALYNZIQ REMS and provide copies of such documentation upon request to BioMarin or any third party acting on behalf of BioMarin
- This pharmacy will comply with audits by BioMarin or a third party acting on behalf of BioMarin, to ensure compliance with the PALYNZIQ REMS
- This pharmacy will ensure that if the pharmacy designates a new authorized representative, the new authorized representative must complete a new *Pharmacy Enrollment Form*
- I understand that non-compliance with the requirements of the PALYNZIQ REMS will result in decertification of my Pharmacy and termination of the authorization to dispense PALYNZIQ

## PHARMACY INFORMATION (please print)

\* indicates a REQUIRED field

Pharmacy Name:*				
Pharmacy Address:*		City:*	State:*	ZIP Code:*
Pharmacy Identifiers:	NPI:*	NCPDP:		

## PHARMACY AUTHORIZED REPRESENTATIVE INFORMATION (please print)

\* indicates a REQUIRED field

First Name:*		Middle Initial:	Last Name:*	
Phone Number:*		Alternate Phone Number:		Fax Number:*
Email:*		Preferred Method of Communication: * <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax		
Authorized Pharmacy Representative Signature:*				Date:*

Access this form at [PALYNZIQREMS.com](http://PALYNZIQREMS.com).  
To submit this form via fax, please complete all required fields and fax to PALYNZIQ REMS at 1-866-713-8421.

For additional information, visit [PALYNZIQREMS.com](http://PALYNZIQREMS.com) or call the PALYNZIQ REMS at 1-855-758-REMS (1-855-758-7367)

For information on 340B, contact the PALYNZIQ REMS at 1-855-758-7367.

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**Palynziq**®  
(pegvaliase-pqpz) Injection