**Prescriber Knowledge Assessment**

**Questions 1-10**

**Question 1 (check one)**
To certify in the TEGSEDI REMS Program I must:
- [ ] A. Review the Prescribing Information
- [ ] B. Review the Prescriber Training
- [ ] C. Successfully complete the Prescriber Knowledge Assessment
- [ ] D. Enroll in the TEGSEDI REMS by completing and signing the Prescriber Enrollment Form
- [ ] E. All of the above

**Question 2 (check one)**
TEGSEDI can cause severe thrombocytopenia that may occur suddenly
- [ ] True
- [ ] False

**Question 3 (check one)**
Before TEGSEDI treatment (first dose), I must:
- [ ] A. Counsel the patient on how to recognize and respond to signs and symptoms of serious bleeding and glomerulonephritis and the need to have their platelets and renal function monitored, using the Patient Guide and Wallet Card
- [ ] B. Provide the patient with the Patient Guide and Wallet Card
- [ ] C. Assess the patient’s platelet count and appropriateness of initiating treatment
- [ ] D. Assess the patient’s estimated glomerular filtration rate (eGFR), urinalysis, and urine protein to creatinine ratio (UPCR) and appropriateness of initiating treatment
- [ ] E. Enroll the patient by completing and submitting the Patient Enrollment Form to the REMS Program and provide a completed copy of the form to the patient
- [ ] F. All of the above

**Question 4 (check one)**
Testing and monitoring for severe thrombocytopenia, serious bleeding with severe thrombocytopenia, and glomerulonephritis is not a requirement of the TEGSEDI REMS
- [ ] True
- [ ] False

**Question 5 (check one)**
At all times during treatment with TEGSEDI a prescriber must:
Report events of severe thrombocytopenia, serious bleeding with severe thrombocytopenia, and glomerulonephritis to the REMS Program and report treatment discontinuation or transfer of care to the REMS Program
- [ ] True
- [ ] False

**Question 6**
Match each lab value to the monitoring frequency as described in the TEGSEDI Prescribing Information (PI) during treatment:
- **Platelets** (check one)
  - A. □
  - B. □
  - C. □
  - D. □
- **eGFR** (check one)
  - A. □
  - B. □
  - C. □
  - D. □
- **Urinalysis** (check one)
  - A. □
  - B. □
  - C. □
  - D. □
- **UPCR** (check one)
  - A. □
  - B. □
  - C. □
  - D. □

A. Do not need monitoring
B. Weekly or more frequently as described in the PI.
C. Every 2 weeks
D. Every 3 months

**Question 7 (check one)**
If a platelet measurement is uninterpretable, I should hold TEGSEDI dosing until an acceptable platelet count is confirmed with an interpretable blood sample
- [ ] True
- [ ] False

**Question 8 (check one)**
I should complete and submit a Patient Status Form to the REMS Program:
- [ ] A. At treatment discontinuation
- [ ] B. Every 90 days during treatment
- [ ] C. Eight weeks following discontinuation of TEGSEDI
- [ ] D. Every 2 months during treatment
- [ ] E. A, B & C above

**Question 9 (check one)**
TEGSEDI can cause glomerulonephritis
- [ ] True
- [ ] False

**Question 10 (check one)**
TEGSEDI should not generally be initiated in patients, or treatment continued to be given to patients who have or develop a urinary protein to creatinine ratio (UPCR) of ____________ or higher.
- [ ] A. 1000 mg/g
- [ ] B. 500 mg/g
- [ ] C. 200 mg/g