To become a certified prescriber in the TURALIO REMS, you have 3 attempts to answer all questions correctly.

1. Review the TURALIO Prescribing Information, Prescriber Training, and Program Overview.
2. Complete this Prescriber Knowledge Assessment and the Prescriber Enrollment Form.
3. Fax both pages of this form containing your responses to the 9 Prescriber Knowledge Assessment questions and the Prescriber Enrollment Form to 1-833-TRL-REMS (833-875-7367) or email them to Enroll@TURALIOREMS.com.

You will be notified via email by the TURALIO REMS on the status of your certification within 2 business days of submitting. When contacted, you will receive either:

- Confirmation of your certification in the TURALIO REMS
  OR
- Instructions on how to retake the Prescriber Knowledge Assessment.
QUESTIONS 1-9

1. TURALIO is indicated for the treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery.
   - True
   - False

2. TURALIO is contraindicated in patients with hepatic impairment.
   - True
   - False

3. To prescribe TURALIO, I must enroll each patient in the TURALIO REMS by completing a Patient Enrollment Form with the patient and submitting it to the TURALIO REMS.
   - True
   - False

4. Before treating each patient with TURALIO, I must (check one):
   - Become certified in the TURALIO REMS
   - Counsel the patient regarding the risk of serious and potentially fatal liver injury associated with TURALIO
   - Obtain and review baseline liver tests
   - All of the above

5. One of the primary counseling messages I must tell my patients before prescribing TURALIO is (check one):
   - Do not take TURALIO if you have vision issues
   - Patients with renal impairment should not start TURALIO at a reduced dose
   - There is a risk of liver injury associated with TURALIO and liver monitoring is required prior to treatment initiation and periodically while taking TURALIO
   - None of the above

6. I am required to educate my patients on the signs and symptoms of liver injury and the need to notify me should they experience them.
   - True
   - False

7. If any dose modifications are required, they must be done in increments of 200 mg.
   - True
   - False

8. After treatment initiation, I need to monitor liver tests weekly for the first 8 weeks of treatment, every 2 weeks for the next month, and every 3 months thereafter.
   - True
   - False

9. I must complete a Patient Status Form for each patient taking TURALIO and submit it to the TURALIO REMS:
   - Every month during treatment
   - Weekly for 8 weeks of treatment, every 2 weeks for the next month, and every 3 months thereafter
   - Every month for the first 3 months of treatment, month 6, month 9, and month 12 of treatment, and every 6 months thereafter
   - Every month for the first 6 months of treatment and every 6 months thereafter
   - None of the above

Phone: 1-833-TURALIO  www.TURALIOREMS.com  Fax: 1-833-TRL-REMS
ANSWER KEY

1. TURALIO is indicated for the treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery.
   - True

2. TURALIO is contraindicated in patients with hepatic impairment.
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3. To prescribe TURALIO, I must enroll each patient in the TURALIO REMS by completing a Patient Enrollment Form with the patient and submitting it to the TURALIO REMS.
   - True

4. Before treating each patient with TURALIO, I must [check one]:
   - All of the Above

5. One of the primary counseling messages I must tell my patients before prescribing TURALIO is [check one]:
   - There is a risk of liver injury associated with TURALIO and liver monitoring is required prior to treatment initiation and periodically while taking TURALIO

6. I am required to educate my patients on the signs and symptoms of liver injury and the need to notify me should they experience them.
   - True

7. If any dose modifications are required, they must be done in increments of 200 mg.
   - True

8. After treatment initiation, monitor liver tests weekly for the first 8 weeks of treatment, every 2 weeks for the next month, and every 3 months thereafter.
   - True

9. I must complete a Patient Status Form for each patient taking TURALIO and submit it to the TURALIO REMS:
   - Every month for the first 3 months of treatment, month 6, month 9, and month 12 of treatment, and every 6 months thereafter