FINTEPLA REMS Prescriber Enrollment Form

FOR PRESCRIBERS

Instructions

1. Review the FINTEPLA Prescribing Information, *Prescriber Training,* and *REMS Program Overview*
2. Successfully complete and submit the *Prescriber Knowledge Assessment* and this *Prescriber Enrollment Form* online at www.FinteplaREMS.com or fax to 1-833-568-6198 or mail to 1710 N Shelby Oaks Dr, Ste 3, Memphis, TN 38134
3. Complete all required fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS will notify you of your successful certification within 2 business days

PRESCRIBER INFORMATION

* indicates required field.

First Name*:	Practice/Facility Name*:
Last Name*:	Address Line 1*:
Degree*: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other (please specify)	Address Line 2:
National Provider Identifier (NPI)*:	City*: State*: ZIP Code*:
State License Number:	Practice/Facility Phone*:
Prescriber Email*:	Practice/Facility Fax*:
Specialty*: ☐ Adult Neurology ☐ Pediatric Neurology ☐ Adult Epileptology ☐ Pediatric Epileptology ☐ Other (please specify)	Primary Contact at Office First Name: Primary Contact at Office Last Name: Primary Contact Title: Are primary contact phone and fax numbers different from practice/facility phone and fax numbers? (If yes, please complete the following 2 fields) No ☐ Yes ☐
Preferred Method of Communication: ☐ Email ☐ Phone ☐ Fax	Primary Contact Direct Phone Number:
Primary Contact Email:	Primary Contact Fax Number:

PRESCRIBER AGREEMENT

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

- Review the FINTEPLA *Prescribing Information (PI), Prescriber Training,* and *REMS Program Overview*
- Successfully complete the *Prescriber Knowledge Assessment* and submit it to the REMS
- Enroll in the REMS by completing this form

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

- Give the patient a copy of the *Patient Guide*
- Counsel the patient on the risks of valvular heart disease and pulmonary arterial hypertension, including how to recognize and respond to signs and symptoms of valvular heart disease and pulmonary arterial hypertension, and the need for cardiac monitoring via echocardiogram at baseline (treatment initiation), every 6 months during treatment, and once 3 to 6 months after treatment discontinuation using the *Patient Guide*
- Enroll the patient by completing and submitting the *Patient Enrollment Form* to the REMS
- Assess the patient's cardiovascular status and the appropriateness of initiating treatment by obtaining an echocardiogram. Document and submit the results and authorization for treatment to the REMS using the *Patient Status Form*

During treatment, every 6 months, I will:

- Counsel the patient on the need for cardiac monitoring via echocardiogram every 6 months during treatment and once 3 to 6 months after treatment discontinuation using the *Patient Guide*
- Assess the patient's cardiovascular status and the appropriateness of continuing treatment by obtaining an echocardiogram. Document and submit the results and appropriateness of continued treatment to the REMS using the *Patient Status Form*

After treatment discontinuation, within 3 to 6 months, I will:

- Assess the patient's cardiovascular status by obtaining an echocardiogram. Document and submit the results to the REMS using the *Patient Status Form*

At all times, I will:

- Report cardiovascular adverse events suggestive of valvular heart disease and pulmonary arterial hypertension to the REMS
- Report treatment discontinuation or transfer of care to the REMS

Signature **Date** / /

Fintepla® (fenfluramine) 2.2 mg/mL oral solution