

For a patient to receive TURALIO® (pexidartinib), the prescriber must enroll the patient in the TURALIO REMS by completing this form. The patient must review and sign the Patient Attestations section of the form.

Please complete this form online at www.TURALIOREMS.com, fax it to the TURALIO REMS Call Center at 1-833-TRL-REMS or E-mail it to Enroll@TURALIOREMS.com.

Patient Information		
First Name:	Middle Initial:	Last Name:
Birthdate (MM/DD/YYYY):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address Line 1:		
Address Line 2:		
City:	State:	ZIP Code:
Phone:	Email:	
Weight:	Height:	
	Pounds	Feet Inches
Race (check one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Specify _____		
Is the patient currently taking pexidartinib (i.e., started prior to REMS enrollment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: When did patient start pexidartinib? Date (MM/DD/YYYY): _____		
If yes: Was this part of a clinical study? <input type="checkbox"/> Yes Study Number: _____ Subject ID: _____ <input type="checkbox"/> No Comment: _____		

Prescriber Information		
First Name:	Last Name:	NPI #:
Practice/Facility Name (where you see this patient):		
Address Line 1:		
Address Line 2:		
City:	State:	ZIP Code:
Phone:		

Please visit www.turaliorems.com or contact the TURALIO REMS Coordinating Center at 1-833-TURALIO (833-887-2546) to designate up to two additional REMS certified prescribers who can view, edit, and submit REMS paperwork for your TURALIO patients.

Baseline Labs		
Assess the patient by obtaining liver tests as stated in the Prescribing Information . If Albumin or PT/INR were not obtained, indicate "not applicable." Please provide the results below.		
Laboratory Test	Baseline Value (units, reference range)	Date
AST or SGOT		
ALT or SGPT		
GGT		
Total Bilirubin		
Direct Bilirubin		
Alkaline Phosphatase		
Albumin		
PT/INR		



Current Medication (including prescription, non-prescription and herbal or dietary supplements):

Check box if there are no current medications

Medication

Hepatic Medical History:

Check box if this section if there is no hepatic medical history

- | | | |
|--|--|--|
| <input type="checkbox"/> Hepatitis Viral Status | <input type="checkbox"/> Wilson's Disease | <input type="checkbox"/> Biliary Tract Disorder |
| <input type="checkbox"/> Hepatic Cyst | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Hypertriglyceridemia |
| <input type="checkbox"/> Ischemic Hepatitis | <input type="checkbox"/> Gilbert's syndrome | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Hypolipoproteinemia | <input type="checkbox"/> Gallbladder Disease/ Gallstones/
Bile Duct Occlusion |
| <input type="checkbox"/> Family History of Liver Disease | <input type="checkbox"/> Familial Hyperbilirubinemia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Autoimmune Hepatitis | <input type="checkbox"/> Anorexia | |

Prescriber Agreement

I have reviewed and discussed the risks of TURALIO and the requirements of the TURALIO REMS with this patient.

Prescriber Signature:

Date (MM/DD/YYYY):

Patient Attestation

In order to receive TURALIO I must be enrolled in the TURALIO REMS. The TURALIO REMS will collect data to assess the risk of serious liver problems which can be severe and lead to death as described in the **Patient Guide**.

- I agree to enroll in the Patient Registry.
- I agree to review the **Patient Guide**.
- I must get blood tests to test my liver as directed by my healthcare provider.
- I agree to tell my healthcare provider if I have signs and/or symptoms of liver injury.
- My personal information will be shared to enroll me in the Patient Registry so that my health and any liver injury can be evaluated while I am receiving TURALIO.
- Daiichi Sankyo, Inc., and its agents, may contact me or my prescriber by phone, mail or email to manage the TURALIO REMS.
- Daiichi Sankyo, Inc., and its agents, may use and share my personal health information, including lab tests and prescriptions as part of the TURALIO REMS. My information will be protected and will be used to enroll me into and manage the TURALIO REMS. My health information may be shared with the U.S. Food and Drug Administration (FDA) to evaluate the TURALIO REMS.

Patient or Legal Guardian Signature:

Date (MM/DD/YYYY):

Printed Patient or Legal Guardian Name:

Prescribers should always report all adverse events by contacting the REMS at 1-833-TURALIO, Daiichi Sankyo, Inc. at 1-877-4DS-PROD (1-877-437-7763) or FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.



Phone: 1-833-TURALIO

www.TURALIOREMS.com

Fax: 1-833-TRL-REMS

