

To become certified in the TURALIO REMS and prescribe TURALIO:

1. Review the TURALIO **Prescribing Information**
2. Review the **Program Overview** and the **Prescriber Training**
3. Complete and submit the **Prescriber Knowledge Assessment** to the TURALIO REMS
4. Complete and submit this **Prescriber Enrollment Form** to the TURALIO REMS

Submit the completed Prescriber Enrollment Form via:

- a. Online at www.TURALIOREMS.com,
- b. Fax to the TURALIO REMS at 1-833-TRL-REMS (833-875-7367), or
- c. E-mail to Enroll@TURALIOREMS.com

Prescriber Information Note: Fields marked with an * are REQUIRED.			
*First Name:	Middle Initial:	*Last Name:	
*Credentials: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other			
*Specialty: <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Other			
*National Provider Identifier (NPI) #:		State License #:	
Practice/Facility Name:			
*Street Address:		*City:	*State:
*Office Phone Number:		*Office Fax Number:	
*E-mail:	Preferred Method of Communication (please select one): <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Phone		Preferred Time of Contact: <input type="checkbox"/> AM <input type="checkbox"/> PM
Office Contact Information Note: Fields marked with an * are REQUIRED.			
Prescribers may grant administrative rights to two (2) Office Contacts which allow them to view, edit, and initiate paperwork related to the TURALIO REMS via the REMS Portal.			
I, the prescriber, grant administrative rights to the office contact(s) listed below and understand that I must review all paperwork and sign prior to submitting to the REMS			
First Name:		Last Name:	
Office Phone Number: <input type="checkbox"/> Same as above	Office Fax Number: <input type="checkbox"/> Same as above	E-mail:	
First Name:		Last Name:	
Office Phone Number: <input type="checkbox"/> Same as above	Office Fax Number: <input type="checkbox"/> Same as above	E-mail:	
Office Contacts can be updated by visiting www.turaliorems.com or contacting the TURALIO REMS Coordinating Center at 1-833-TURALIO (833-887-2546).			



Prescriber Attestations

By signing this form, I agree TURALIO is only available through the TURALIO REMS and I agree to comply with the following TURALIO REMS requirements:

I have:

- Reviewed the **Prescribing Information, Program Overview** and **Prescriber Training**.
- Successfully completed the **Prescriber Knowledge Assessment** and submitted it to the TURALIO REMS.

Before treatment initiation and with the first dose of TURALIO:

- I understand that I should counsel the patient on the risk of serious and potentially fatal liver injury, and liver test monitoring at baseline and periodically during treatment.
- I must assess the patient by obtaining baseline liver tests. I must submit the results of the assessment on the **Patient Enrollment Form**.
- I must enroll patients in the TURALIO REMS by completing and submitting the **Patient Enrollment Form**.

During treatment with TURALIO:

- I must assess the patient by obtaining liver tests weekly for the first 8 weeks, then every 2 weeks for 1 month, then every 3 months and modify the dose of TURALIO as needed in accordance with the **Prescribing Information**.
- I must prescribe no more than a 30 days supply for each of the first 3 months of treatment.
- I must complete the **Patient Status Form** every month for the first 3 months of treatment, at months 6, 9, and 12 and then every 6 months thereafter while the patient receives TURALIO.

At all times:

- I must report adverse events of serious and potentially fatal liver injury by submitting the **Liver Adverse Event Reporting Form**.
- I understand that Daiichi Sankyo, Inc. and/or its agents may contact me by phone, mail or email to provide or obtain additional information related to the REMS program, including details regarding any reported liver adverse events.

*Prescriber Signature:

*Date:

