FILSPARI® REMS PATIENT ENROLLMENT FORM

Instructions:

1. Review the **Patient Guide**.
2. Enroll by completing the **Patient Enrollment Form** with your healthcare provider and submit to the REMS by fax to 1-833-483-4736.
   - Patient enrollment can also be completed with your healthcare provider online at www.FILSPARIREMS.com

Complete all required fields on this form to avoid a delay in the enrollment process.

1 Patient Information *(*indicates required field)*

*First Name:	Middle Initial:	*Last Name:	*Birthdate (MM-DD-YYYY):
*Address Line #1:			Address Line #2:
*City:			*State: *Zip:
*Primary Phone:	Other Phone:		Email:

2 Patient Agreement

By completing, signing, and submitting this form, I agree and acknowledge that:

Before treatment initiation (first dose), I must:

- Review the **Patient Guide**.
- Get a liver test.
- Receive counseling from my prescriber on the following using the **Patient Guide**:
  - Risk of liver problems
  - Signs and symptoms of liver problems
  - Need to contact the prescriber if I have any signs or symptoms of liver problems
  - Need to complete liver testing every 3 months during treatment.
- Enroll in the REMS by completing the **Patient Enrollment Form** with my prescriber. Enrollment information will be provided to the REMS.
- Receive counseling from the pharmacy on the risk of liver problems associated with FILSPARI treatment.

During treatment, every 3 months, I must:

- Get a liver test.
- Adhere to the safe use condition: Communicate with the pharmacy to confirm completion of liver testing.
- Receive counseling from the pharmacy on the risk of liver problems associated with FILSPARI treatment.

At all times, I must:

- Inform my prescriber if I have any signs or symptoms of liver problems as described in the **Patient Guide**.

Provide Signature Below

By signing below, I acknowledge the above agreements and I understand my personally identifiable information provided above will be shared with Travere Therapeutics, Inc., its agents or contractors and be stored in a secure and confidential database for the FILSPARI REMS. I understand that I may be contacted by Travere Therapeutics, Inc., and its agents about the FILSPARI REMS for voluntary participation in a research study to evaluate possible liver problems while I am receiving FILSPARI. Participation in the study is not required to be enrolled in the REMS or to receive FILSPARI.

***Patient Signature:**	***Date (MM/DD/YYYY):**
***Parent/Legal Guardian Signature:**	***Date (MM/DD/YYYY):**
Parent/Legal Guardian Name (if signing on behalf of patient):	**Parent/Legal Guardian Email:**

3 Prescriber Information *(*indicates required field)*

*First Name:	*Last Name:
*National Provider Identifier (NPI) #:	

4 Prescriber Authorization *(*indicates required field)*

***For this patient, have you reviewed the results of their current liver testing?**

- ☐ Yes (if yes, proceed with signing below)
- ☐ No (if no, necessary testing must be completed before enrolling patient)

Note: Liver testing is required for all patients. Please complete necessary testing before submitting this form.

Provide Signature Below

By signing below, I acknowledge the patient was provided a copy of the **Patient Guide** and was counseled on the following:

- Risk of hepatotoxicity associated with FILSPARI.
- Signs and symptoms of liver problems, and to contact their prescriber if they experience any signs or symptoms of liver problems.
- The REMS requirements including the need to complete liver testing every 3 months during treatment.
- FILSPARI is only available through a restricted distribution program using the **Patient Guide**.

I will continue to fulfill my obligations under the REMS to include assessing the patient's liver function prior to initiation, then every 3 months during treatment.

***Prescriber Signature:**	***Date (MM/DD/YYYY):**

Report adverse events suggestive of hepatotoxicity to the FILSPARI REMS at 1-833-513-1325. Report all other suspected adverse events or product quality complaints associated with FILSPARI to Travere Therapeutics, Inc. at 1-877-659-5518 or the FDA at 1-800-FDA-1088 or online at www.fda.gov/medwatch.