FILSPARI® REMS PRESCRIBER ENROLLMENT FORM

To enroll in the FILSPARI REMS, complete and submit online at www.FILSPARIREMS.com or complete and fax this form to 1-833-483-4736.

1. Prescriber Information *(*indicates required field)*

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

*Specialty (select one): ☐ Nephrology ☐ Other (please specify):_____	*Professional Designation (select one): ☐ MD ☐ DO ☐ PA ☐ NP

Office Practice/Clinic Name:		
*Address Line #1:		Address Line #2:
*City:	*State:	*Zip:
Preferred Method of Contact (select one): ☐ Fax ☐ Email	*Email:	
*Office Phone:	*Fax:	Mobile Phone:

Primary Office Contact Information

First Name:	Last Name:	
Address Line #1:		Address Line #2:
City:	State:	Zip:
Phone:	Fax:	*Email (required if Office Contact is provided):

Secondary Office Contact Information

First Name:	Last Name:	
Address Line #1:		Address Line #2:
City:	State:	Zip:
Phone:	Fax:	*Email (required if Office Contact is provided):

2. Prescriber Agreement *(*indicates required field)*

By signing this form, I agree to become certified in and comply with the following FILSPARI REMS requirements:

- Review the drug's Prescribing Information.
- Review the following: ***Prescriber and Pharmacy Guide***.
- Enroll in the REMS by completing the ***Prescriber Enrollment Form*** and submitting it to the REMS.

Before treatment initiation (first dose), I must:

- Counsel the patient on the risk of hepatotoxicity associated with FILSPARI, the signs and symptoms of liver problems, to contact the prescriber if the patient has any signs or symptoms of liver problems, on the REMS requirements including the need to complete liver testing monthly for the first 12 months, then every 3 months during treatment, and that FILSPARI is only available through a restricted distribution program using the ***Patient Guide***.
- Assess the patient's liver function. Document and submit to the REMS using the ***Patient Enrollment Form***.
- Assess the patient's reproductive status using the definitions in the ***Prescriber and Pharmacy Guide***. Document and submit to the REMS using the ***Patient Enrollment Form***.
- For patients who can become pregnant: Counsel the patient about the risk of embryo-fetal toxicity, the need to use effective contraception during treatment and for one month following treatment discontinuation, the need to complete monthly pregnancy tests, the potential need for emergency contraception, and to immediately contact their prescriber if the patient misses a menstrual period or if pregnancy is suspected using the ***Patient Guide***.
- For patients who can become pregnant: Assess the patient's pregnancy status by ordering a pregnancy test and reviewing the result. Document and submit to the REMS using the ***Patient Enrollment Form***.
- Provide the patient with the ***Patient Guide***.
- Enroll the patient by completing the ***Patient Enrollment Form*** and submitting it to the REMS.

During treatment; monthly for the first 12 months, then every 3 months, I must:

- Assess the patient's liver function.
- Counsel the patient on the risk of hepatotoxicity and if they are not complying with the required liver testing.

During treatment monthly, I must:

- For patients who can become pregnant: Assess the patient's pregnancy status by ordering a pregnancy test and reviewing the result.
- For patients who can become pregnant: Counsel the patient on the risk of embryo-fetal toxicity, to immediately contact their prescriber if they miss a menstrual period or if pregnancy is suspected, and counsel the patient if they are not complying with the required monthly pregnancy testing or if they are not using effective contraception.

After treatment discontinuation for one month, I must:

- For patients who can become pregnant: Assess the patient's pregnancy status by ordering a pregnancy test and reviewing the result.

At all times, I must:

- Report adverse events suggestive of hepatotoxicity to the REMS.
- Report pregnancies to the REMS.
- Assess the patient's reproductive status.

At all times, within 10 business days, I must:

- Report a change or misclassification in reproductive status to the REMS using the ***Change in Reproductive Potential Status Form***.

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

Healthcare providers should report adverse events suggestive of hepatotoxicity and pregnancies 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.