

Patient Enrollment Checklist

COMPLETE THIS STEP TO SET UP YOUR PRACTICE FOR PRESCRIBING JYNARQUE:

Enroll in the [JYNARQUE REMS Program](#) to learn about the risks of serious and potentially fatal liver injury associated with the use of JYNARQUE.

FOR YOUR PATIENT:

Before your patient can start JYNARQUE, you'll need to enroll them in the **Risk Evaluation and Mitigation Strategy (REMS) Program** and submit the **Prescription Referral Form**. See the checklists in **Steps 1 and 2** for instructions and additional information.

For the REMS Program, there are 2 ways to enroll:

1) completing the digital form and submitting online or by **2)** downloading a form and faxing to the appropriate number.

For the **Prescription Referral Form**: Specialty Pharmacies require the form to only be faxed.

1 REMS Program Patient Enrollment Form

Fill out the [REMS Program Patient Enrollment](#) form here

OR

Download the [REMS Program Patient Enrollment](#) form and fax to: 1-866-750-6820

Required:

Prescriber signature on **page 1** Patient signature on **page 2**

Prescriber and patient must complete ALL required information

Order baseline liver function tests:

(these labs are included in a Comprehensive Metabolic Panel (CMP) or a Hepatic Function Panel.)

ALT, SGPT AST, SGOT Bilirubin, total
Phosphatase, alkaline (optional)

Additional information:

Counsel and review with patient:

Risk of serious and potentially fatal liver injury
REMS Patient Guide
Requirement for liver function monitoring at baseline and specific intervals during treatment

Continue to monitor and manage JYNARQUE treatment

Monitor the REMS-required blood work and complete the REMS-required Patient Status Form available on jynarquerems.com

2 Prescription Referral Form

Download the [Prescription Referral Form](#) and fax the completed form to the Specialty Pharmacy of your choice:

Walgreens Specialty Pharmacy
1-877-231-8302
Phone: 800-480-9052

130 Enterprise Drive
Pittsburgh, PA 15275
NPI: 1972560688

Optum
1-844-249-0014
Phone: 877-719-6330

1050 Patrol Road
Jeffersonville, IN 47130
NPI: 1083045140

PANTHERx
1-855-246-3986
Phone: 833-599-2245

24 Summit Park Drive
Pittsburgh, PA 15275
NPI: 1316213531

Required:

2 signatures from prescriber

Prescriber must complete ALL required information

Additional information:

When faxing this form to the specialty pharmacy, it is recommended you include the following supporting documents:

Patient insurance card Relevant clinical notes
Lab work and imaging

The Otsuka Patient Experience Program gives patients access to many helpful resources.

If your patient is interested, they can sign up by following the directions in **Step 3**. If you or your patient would like more information, please refer to the [Patient Experience Program Flashcard](#).

3 Patient Experience Program Enrollment Form

Download the [Patient Experience Program Enrollment Form](#) and fax the completed form to: 1-240-514-3999

Required:

- Patient signature on **page 3**
- Patient must complete ALL required information on **page 1** and **page 3**

Should you have questions or need assistance, contact Otsuka Connect at [1-833-468-7852](tel:1-833-468-7852)

Additional information:

- Visit OtsukaPatientSupport.com for more information on patient support services
- Visit JynarqueHCP.com/treatment-resources where you can find step-by-step instructions for getting your patient started on JYNARQUE

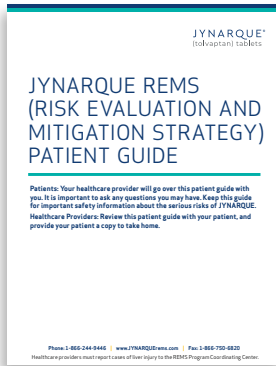
For patients to enroll directly, visit PatientExperienceProgram.com

Educational Materials for Your Patient

Download and print these 6 take-home resources for your patient



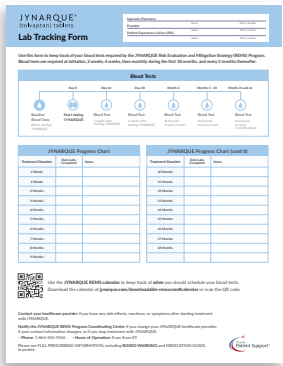
[Getting Ready to Start Treatment With JYNARQUE Patient Brochure](#)



[JYNARQUE Risk Evaluation and Mitigation Strategy \(REMS\) Patient Guide](#)



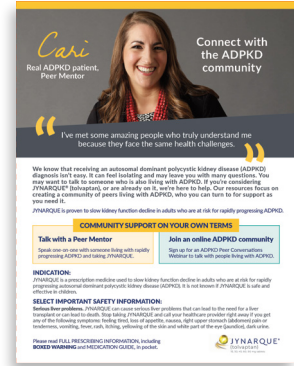
[Tips for Side Effect Management While on Treatment with JYNARQUE](#)



[Lab Tracking Form](#)



[Patient Experience Program Flashcard](#)



[Community Brochure](#)

Please see [FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING**.