

## PRESCRIBER ENROLLMENT FORM

Instructions:

1. Review the ZILBRYSQ Prescribing Information, **Healthcare Provider Safety Brochure**, **Patient Guide**, and **Patient Safety Card**.
2. Submit this completed **Prescriber Enrollment Form** to the ZILBRYSQ REMS:
  - Online at [www.ZILBRYSQREMS.com](http://www.ZILBRYSQREMS.com)
  - By scanning and emailing to [ZILBRYSQREMS@ppd.com](mailto:ZILBRYSQREMS@ppd.com)
  - By fax at 1-877-411-3609

**Prescriber Information** (\* fields required)

* First Name:		* Last Name:	
* National Provider Identifier (NPI):		* Email:	
* Credentials: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Other (please specify):			
* Medical Specialty: <input type="checkbox"/> Neurology <input type="checkbox"/> Other (please specify):			
Clinic / Practice Name:			
* Address Line 1:			
Address Line 2:			
* City:		* State:	* Zip Code:
* Office Phone Number:		* Office Fax Number:	
Alternative Office Phone Number:			

## Prescriber Attestations

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

- I have read and understand the ZILBRYSQ Prescribing Information, **Healthcare Provider Safety Brochure, Patient Guide, and Patient Safety Card.**
- **Before treatment initiation, I must:**
  - Assess the patient for unresolved meningococcal infection.
  - For patients with unresolved meningococcal infection: Not initiate ZILBRYSQ.
  - Assess the patient's vaccination status for meningococcal serogroups A, C, W, and Y (MenACWY) and serogroup B (MenB) and vaccinate as needed according to the current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccinations in patients receiving a complement inhibitor.
  - For patients who are not up to date with MenACWY and MenB vaccines at least two weeks prior to initiation of treatment and must start ZILBRYSQ urgently: Provide the patient with a prescription for antibacterial drug prophylaxis.
  - Counsel the patient using the **Patient Safety Card** and **Patient Guide**. Provide the patient with copies of these materials. Instruct the patient to carry the **Patient Safety Card** at all times and for 2 months after their last ZILBRYSQ dose.
- **During treatment, I must:**
  - Assess the patient for early signs and symptoms of meningococcal infection and evaluate immediately, if infection is suspected.
  - For patients who are being treated for meningococcal infections: Withhold administration of ZILBRYSQ.
  - Revaccinate patients according to the current Advisory Committee on Immunization Practices (ACIP) recommendations on meningococcal vaccinations for patients receiving a complement inhibitor.
- **At all times, I must:**
  - Report adverse events suggestive of meningococcal infection, including the patient's clinical outcomes, to UCB, Inc. at 1-844-599-2273.
- I understand that if I do not maintain compliance with the requirements of the REMS, I will no longer be able to prescribe ZILBRYSQ.
- I understand that ZILBRYSQ REMS and its agents or contractors may contact me to support the administration of the REMS.

\*Prescriber's Signature:

\*Date (MM/DD/YYYY):