

# Patient Enrollment Checklist

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

Enroll in the [Tolvaptan for ADPKD Shared System REMS](#) 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 [www.TolvaptanADPKDSharedREMS.com](http://www.TolvaptanADPKDSharedREMS.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 Rare Pharmacy**  
**1-855-246-3986**  
Phone: 833-599-2245

121 Bayer Road, Building 5  
Pittsburgh, PA 15205  
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**

*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

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

For patients to enroll directly, visit [PatientExperienceProgram.com](#)

### Educational Materials for Your Patient

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

- [Getting Ready to Start Treatment with JYNARQUE Patient Brochure](#)
- [Tolvaptan for ADPKD Shared System REMS \(Risk Evaluation and Mitigation Strategy\) Patient Guide](#)
- [Tips for Side Effect Management While on Treatment with JYNARQUE](#)
- [Patient Experience Program Flashcard](#)

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