PRESCRIBER TRAINING CONFIRMATION FORM
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The FDA determined that a REMS (Risk Evaluation and Mitigation Strategy) is necessary to ensure that the benefits of mycophenolate outweigh the risks of first trimester pregnancy loss and congenital malformations associated with mycophenolate use during pregnancy.

Mycophenolate is available by prescription as
- CellCept® (mycophenolate mofetil)
- Myfortic® (mycophenolic acid)
- Generic formulations of mycophenolate mofetil
- Generic formulations of mycophenolic acid

As a prescriber of mycophenolate to females of reproductive potential,* I understand that I need to complete and return the Training Confirmation Form to enroll in Mycophenolate REMS.

*A female of reproductive potential includes girls who have entered puberty and all females who have a uterus and have not passed through menopause.

I agree to do the following:
1. Read and understand the full Prescribing Information for mycophenolate and the Mycophenolate REMS Brochure for Healthcare Providers.
2. Understand the risks of first trimester pregnancy loss and congenital malformations associated with mycophenolate.
3. Educate females of reproductive potential on the risks associated with exposure to mycophenolate during pregnancy.
4. Provide a Mycophenolate REMS Overview & Your Birth Control Options booklet to females of reproductive potential.
5. Provide contraception counseling to patients directly or by partnering with an OB/GYN.
6. Only prescribe mycophenolate to a pregnant patient if the benefits of initiating or continuing treatment outweigh the risk of fetal harm.
7. Discuss alternative treatments to mycophenolate with females of reproductive potential who are pregnant or considering pregnancy.
8. Follow the pregnancy testing recommendations as outlined in the full Prescribing Information for mycophenolate and the Mycophenolate REMS Brochure for Healthcare Providers.
9. Report to the Mycophenolate Pregnancy Registry any pregnancies that occur during mycophenolate treatment or within 6 weeks following discontinuation of treatment. Encourage pregnant patients to participate in the Mycophenolate Pregnancy Registry.
10. Obtain a signed Patient-Prescriber Acknowledgment Form from each female of reproductive potential.

I understand that I may be contacted in the future for items pertaining to the administration of Mycophenolate REMS.

(PLEASE PRINT)
Complete all fields below:

Prescriber
First Name: ___________________________  Prescriber
Last Name: ___________________________

Prescriber Degree: MD, DO, NP, PA (Circle One)

Specialty Code  (Select one from the back of this form): ___________________________

National Provider Identifier: ___________________________

Prescriber E-mail Address: ___________________________

Facility: ___________________________

Address 1: ___________________________

Address 2: ___________________________

City: ___________________________  State: ___________________________  ZIP: ___________________________

Telephone: ___________________________

Fax: ___________________________

Prescriber Signature: ___________________________

Date: ___________________________

Healthcare Provider acting on behalf of the prescriber: ___________________________

Degree: RN, LPN, NP, PA, RPH, PharmD, CSW (Circle One)

For complete safety information, please see full Prescribing Information, including Boxed WARNING and Medication Guide, which can be found at www.MycophenolateREMS.com.
PREScriber TRAINING CON FirMATION FORM

You can submit a Prescriber Training Confirmation Form by visiting www.MycophenolateREMS.com and completing the online form.

If you prefer, you can complete the paper form and return it via fax to 1-800-617-5768 or mail it to:

Mycophenolate REMS
200 Pinecrest Plaza
Morgantown, WV 26505-8065

You can also call 1-800-617-8191 to complete a Prescriber Training Confirmation Form.

For more information about Mycophenolate REMS, visit www. MycophenolateREMS.com or call 1-800-617-8191.

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