

MYALEPT will be available only through the MYALEPT REMS Program. To prescribe MYALEPT, a prescriber must: (1) review the Prescribing Information, review and complete the Prescriber Training Module, (2) complete this one-time MYALEPT REMS Program Prescriber Enrollment Form, and (3) complete and submit a MYALEPT REMS Prescription Authorization Form for each new prescription.

**Complete this enrollment form and fax it to the MYALEPT REMS Program at 1-877-328-9682.**

### Prescriber Information (Please Print \*indicates a required field.)

Full Name (first, middle, last)*			
Credentials* <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (specify) _____			
Physician Specialty*		<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Family Medicine
		<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Pediatrics
		<input type="checkbox"/> Cardiology	<input type="checkbox"/> Other _____
Who do you treat?			
<input type="checkbox"/> Adults <input type="checkbox"/> Pediatrics <input type="checkbox"/> Both			
Practice / Facility Name			
Address 1*			
Address 2 (optional)		City*	State*      ZIP code*
Phone number*	Alternate phone number*	Fax number*	
Email*		NPI #*	
Practice Setting*			
<input type="checkbox"/> Solo private practice <input type="checkbox"/> Group private practice <input type="checkbox"/> Academic/ Hospital affiliated practice <input type="checkbox"/> Government Institution <input type="checkbox"/> Other _____			

### Office Contact

Full Name (first, middle, last)*		
Phone number (if different from above)	Fax number (if different from above)	Email (if office contact is provided)

#### Prescriber Attestation. By completing this form, I attest that:

- I understand that MYALEPT is indicated as an adjunct to diet as replacement therapy to treat the complications of leptin-deficiency in patients with congenital or acquired generalized lipodystrophy.
- I understand that MYALEPT is available only through the MYALEPT REMS Program and that I must comply with the program requirements in order to prescribe MYALEPT.
- I have completed the MYALEPT REMS Prescriber Training Module.
- I understand that MYALEPT is associated with serious adverse events due to the development of anti-metreleptin antibodies that neutralize endogenous leptin and/or MYALEPT.
- I agree to test for neutralizing antibodies in patients who experience severe infections or if I suspect MYALEPT is no longer working (e.g., loss of glycemic control, or increases in triglycerides).
- I understand that MYALEPT is associated with a risk of lymphoma.
- I will carefully consider the risks of treatment with MYALEPT in patients with significant hematologic abnormalities and/or acquired generalized lipodystrophy.
- I understand that MYALEPT is not indicated for the treatment of complications of partial lipodystrophy.
- I understand that MYALEPT is not indicated for the treatment of liver disease, including non-alcoholic steatohepatitis (NASH).
- I understand that MYALEPT is not indicated for use in patients with HIV-related lipodystrophy.
- I understand that MYALEPT is not indicated for use in patients with metabolic disease, including diabetes mellitus and hypertriglyceridemia without concurrent evidence of congenital or acquired generalized lipodystrophy.
- I understand that MYALEPT is contraindicated in patients with general obesity not associated with congenital leptin deficiency.
- I agree that personnel from the MYALEPT REMS Program may contact me to gather further information or resolve discrepancies or to provide other information related to MYALEPT or the MYALEPT REMS Program.
- I will complete and submit a MYALEPT REMS Program Prescription Authorization Form for each new prescription.
- I agree that Aegerion Pharmaceuticals, Inc., its agents and contractors such as the pharmacy providers, may contact me via phone, mail, or email to survey me on the effectiveness of the program requirements for the MYALEPT REMS Program.

Signature* _____	Date* _____
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**If you have any questions, please contact the MYALEPT REMS Program.**

Phone number: 1-855-669-2537 | Fax number: 1-877-328-9682 | [www.MYALEPTREMS.com](http://www.MYALEPTREMS.com)