

Instructions for Prescribers

1. Sign this form along with your patient and place it in the patient's chart.
2. Tear off the bottom portion and provide it to your patient to take home as a reference.
3. Submit this completed form to the SILIQ Risk Evaluation and Mitigation Strategy (REMS) Program online at www.SILIQREMS.com or by fax at 1-866-227-9451.

Patient Acknowledgement (*Required)

By signing this form, I acknowledge that:

- I understand that suicidal thoughts and behavior, including completed suicides, have occurred in patients treated with SILIQ.
- I will call my doctor or the **National Suicide Prevention Lifeline at 1-800-273-8255** if:
 - I feel new or worsening feelings of withdrawal, depression, anxiety, hopelessness, or other mood changes beginning.
 - I am thinking about hurting or killing myself; seeking access to firearms, pills or other means for the purpose of self-harm; or am talking or writing about death and dying.
- I will **call 911** if I feel an **immediate threat of death or self-injury**.
- My doctor has given me a *SILIQ REMS Patient Wallet Card* to carry with me at all times.


Printed First and Last Name*:		Date of Birth (Month/Day/Year) *:	
Address*:	City*:	State*:	Zip Code*:
Race*: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		Phone Number*:	
Patient Signature*:		Date*:	

Prescriber Acknowledgement

I acknowledge that prior to prescribing SILIQ:

- I have counseled my patient about the importance of seeking medical advice should signs of suicidal ideation or behavior, new onset or worsening depression, anxiety, or other mood changes emerge.
- I have evaluated the risks and benefits of continuing treatment with SILIQ if such events occur.

Printed First and Last Name*:		
Phone Number*:	DEA:	NPI*:
Prescriber Signature*:		Date*:

 <p>SILIQ™ (brodalumab) injection 210 mg/1.5 mL</p>	<p>SILIQ Patient Information</p>
<ul style="list-style-type: none"> • I understand that suicidal thoughts and behavior, including completed suicides, have occurred in patients treated with SILIQ. • I will call my doctor or the National Suicide Prevention Lifeline at 1-800-273-8255 if: <ul style="list-style-type: none"> <input type="radio"/> I feel new or worsening feelings of withdrawal, depression, anxiety, hopelessness, or other mood changes beginning. <input type="radio"/> I am thinking about hurting or killing myself; seeking access to firearms, pills or other means for the purpose of self-harm; or am talking or writing about death and dying. • I will call 911 if I feel an immediate threat of death or self-injury. 	

**For more information about the SILIQ REMS Program please visit
www.SILIQREMS.com**