TIRF REMS

Patient Discontinuation Form

INSTRUCTIONS:

- This form must be completed and submitted to the TIRF REMS by the prescriber when a patient discontinues treatment with TIRF medicines for any reason.
- For real time processing, complete this form online at TIRFREMSaccess.com.
- The form may also be faxed to the program at 1-855-474-3062. If faxed, allow one (1) business day for processing.
- **Adverse events related to accidental exposure, misuse, abuse, addiction, overdose or other serious adverse events must be reported to the TIRF REMS by the Adverse Events of Special Interest Reporting Form.**

*Indicates required field

1 Patient Information (please type or print)

First Name*	M.I.	Last Name*	Date of Birth* (MM/DD/YYYY)	Zip Code*

2 Prescriber Information (please type or print)

First Name*	MI.	Last Name*	Individual NPI #*

Phone*	Extension*	Fax*

Email Address*

3 Discontinuation of a TIRF Medicine

Was the TIRF medicine discontinued? ☐ **YES** ☐ **NO**

Date TIRF medicine was discontinued: _____

Reason for discontinuation (check all that apply):

- ☐ **No longer required to manage pain**
- ☐ **No longer on around-the-clock Opioid**
- ☐ **Death** ➡ **Date**: _____ **Cause of Death**: _____
- ☐ **Adverse event** ➡ Complete Section 4
- ☐ **Other (financial reasons, patient preference, etc.)**

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4 Adverse Events of Special Interest

Adverse events related to accidental exposure, misuse, abuse, addiction, overdose or other serious adverse events must be reported to the TIRF REMS.

Has this patient experienced one or more of the following adverse events of special interest associated with the use of their TIRF medicine? *

☐ **NO ➡ Continue to Section 5 Prescriber Signature**

☐ **YES – Check all that apply below** (Adverse Events of Special Interest)

- ☐ **Experienced an overdose of their TIRF medicine** (**Overdose** - ingestion of an excessive amount of drug that is considered lethal or toxic, either intentionally or accidentally)
- ☐ **Shown signs or symptoms of addiction to their TIRF medicine** (**Addiction** – a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance. Signs and symptoms include: a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal)
- ☐ **Misused or been suspected of misusing their TIRF medicine** (**Misuse** - the use of a medicinal product without a prescription or in a manner other than as directed by a physician, including use without a prescription of one's own; use in greater amounts to feel euphoria (i.e. to get high), more often, or for a period longer than prescribed; or use in any other way not directed by the prescribing physician)
- ☐ **Abused or been suspected of abusing their TIRF medicine** (**Abuse** - intentional non-therapeutic use of a medicinal product, even once, for its rewarding psychological or physiological or euphoric effect, and often associated with physical dependence)
- ☐ **Someone else has been accidentally exposed to the patient's TIRF medicine** (**Accidental exposure** - unintended exposure of a medicinal product to someone other than to whom it was prescribed)
- ☐ **Another serious adverse event (Serious Adverse Event** – any adverse event at any dose that results in death, is life-threatening, requires inpatient hospitalization, or causes prolongation of existing hospitalization)

If adverse events of special interest are reported, you will be contacted on behalf of the TIRF REMS for follow-up.

5 Prescriber Signature

Prescriber Signature*:	Date*:

Complete this form online at TIRFREMSaccess.com or fax the completed form to 1-855-474-3062.

Please visit TIRFREMSaccess.com or call 1-866-822-1483 for more information about the TIRF REMS.