

Prescriber Enrollment Form



Instructions

To become certified in the TIRF REMS and prescribe TIRF medicines:

1. Review all TIRF medicines Prescribing Information
2. Review the **Prescriber Education**
3. Complete and submit the **Prescriber Knowledge Assessment** to the TIRF REMS
4. Complete and submit this **Prescriber Enrollment Form** to the TIRF REMS

For real time processing of enrollment, visit www.TIRFREMSaccess.com

Or submit completed Prescriber Enrollment Form by fax to 1-866-822-1487.

1 Prescriber Information (PLEASE TYPE OR PRINT)

First Name		Middle Initial	Last Name	
Individual NPI #		Clinic / Practice Name		
Specialty		Credentials <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> Other		
Address		City	State	Zip
Phone ()	Ext.	Fax ()	Email Address	
Preferred Time of Contact <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Preferred Method of Contact <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call		

2 Office Contact Information (PLEASE TYPE OR PRINT)

First and Last Name		Phone	Fax
Email Address	Preferred Time of Contact <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Preferred Method of Contact <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call	

3 Prescriber Attestation

By signing below, you attest to the following:

I have:

- Reviewed each drug's **Prescribing Information**.
- Reviewed the **Prescriber Education**.
- Successfully completed the **Prescriber Knowledge Assessment** and submitted it to the REMS.

Before treatment initiation, I must:

- Assess the patient for risk factors of opioid addiction, abuse, and misuse including personal and family history of substance abuse or mental illness.
- Counsel the patient on the safe use of TIRF medicines using the **Medication Guide** for the prescribed TIRF medicine and the **Patient Counseling Guide**.
- Provide a copy of the materials to the patient.
- Assess the patient's opioid tolerance.
- Document the patient's opioid tolerance using the **Patient Enrollment Form** and submit to the REMS.
- Enroll the patient by completing and submitting the **Patient Enrollment Form** to the TIRF REMS.

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During treatment, and before each prescription, I must:

- Assess the patient's health status for opioid tolerance, appropriateness of dose, misuse, abuse, addiction, and overdose.
- Document and submit this information to the REMS using the **Patient Status and Opioid Tolerance Form**.

During treatment, every 2 years, I must:

- Counsel the patient on the safe use of TIRF medicines using the **Medication Guide** for the prescribed TIRF medicine, and the **Patient Counseling Guide**.
- Provide a copy of the materials to the patient.
- Re-enroll the patient in the REMS by completing the **Patient Enrollment Form** and submitting it to the REMS.

Before treatment re-initiation, after a lapse in treatment of 6 months or longer, I must:

- Counsel the patient on the safe use of TIRF medicines using the **Medication Guide** for the prescribed TIRF medicine and the **Patient Counseling Guide**.
- Provide a copy of the materials to the patient.

At all times, I must:

- Counsel the patient using the **Medication Guide** for any new TIRF medicine not previously prescribed and provide a copy to the patient.
- Report serious adverse events of accidental exposure, misuse, abuse, addiction, and overdose to the REMS using the **Adverse Events of Special Interest Reporting Form**.
- Report treatment discontinuation to the REMS using the **Patient Discontinuation Form**.

To maintain certification to prescribe, every 2 years, I must:

- Review each drug's **Prescribing Information**.
- Review the **Prescriber Education**.
- Successfully complete the **Prescriber Knowledge Assessment** and submit it to the REMS.
- Re-enroll in the REMS by completing the **Prescriber Enrollment Form**.

Required for all prescribers	Prescriber Signature X	Date: / /
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If you have additional practice sites that you use when prescribing TIRF medicines, you may provide this information online.