Inpatient Pharmacy Enrollment Form



Instructions

To become certified in the TIRF REMS and dispense TIRF medicines, a pharmacy must designate an Authorized Representative to:

- 1. Review the Pharmacy Education
- 2. Complete and submit the Pharmacy Knowledge Assessment to the TIRF REMS
- 3. Complete and submit this **Pharmacy Enrollment Form** to the TIRF REMS
- For real time processing of enrollment, visit www.TIRFREMSaccess.com

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

1 Pharmacy Information (PLEASE TYPE OR PRINT)

Pharmacy Name						Organizational NPI #	
Address			City		Sta	ate	Zip
Phone ()		Ext.	Fax ()		Ch	Chain ID	
2 Authorized Representative Information (PLEASE TYPE OR PRINT)							
First Name	Last Name		Credentials		3CPS 🗌 Other		
Email Address				Phone ()	Fax ())
Preferred Method of Contact Text to Mobile # Demail Phone Call							
3 Pharmacy Attestation							
 As the Authorized Representative, I must: Review the Pharmacy Education. Successfully complete the Pharmacy Knowledge Assessment and submit it to the REMS. Train all relevant staff involved in dispensing of TIRF medicines on the risks associated with TIRF medicines and the requirements of the REMS using the Pharmacy Education. Establish processes and procedures to verify that the patient is opioid tolerant. All pharmacy staff must: Verify the patient is opioid tolerant through the processes and procedures established as a requirement of the REMS. 							
 Not distribute, transfer, loan, or sell TIRF medicines. Maintain records of staff training. Comply with audits carried out by the manufacturers or a third party acting on behalf of the manufacturers to ensure that all processes and procedures are in place and are being followed. Not dispense TIRF medicines for outpatient use. 							
 To maintain certification to disp Review the following: Pha Successfully complete the Enroll in the REMS by complete the 	oense, any armacy Ed e Pharmac	new authoriz ucation. Knowledge	Assessr	nent and submit it			
Required X	orized Rep	resentative S	ignature			Date:	/ /