## **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 (  )	<b>Fax</b> ( )		)
Preferred Method of Contact  Text to Mobile # Demail Phone Call							
3 Pharmacy Attestation							
<ul> <li>As the Authorized Representative, I must: <ul> <li>Review the Pharmacy Education.</li> <li>Successfully complete the Pharmacy Knowledge Assessment and submit it to the REMS.</li> <li>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.</li> <li>Establish processes and procedures to verify that the patient is opioid tolerant.</li> </ul> </li> <li>All pharmacy staff must: <ul> <li>Verify the patient is opioid tolerant through the processes and procedures established as a requirement of the REMS.</li> </ul> </li> </ul>							
<ul> <li>Not distribute, transfer, loan, or sell TIRF medicines.</li> <li>Maintain records of staff training.</li> <li>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.</li> <li>Not dispense TIRF medicines for outpatient use.</li> </ul>							
<ul> <li>To maintain certification to disp</li> <li>Review the following: Pha</li> <li>Successfully complete the</li> <li>Enroll in the REMS by complete the</li> </ul>	oense, any armacy Ed e Pharmac	new authoriz ucation. Knowledge	Assessr	<b>nent</b> and submit it			
Required X	orized Rep	resentative S	ignature			Date:	/ /