

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	State	Zip
Phone ()	Ext.	Fax ()	Chain ID	
2 Authorized Representative Information (PLEASE TYPE OR PRINT)				
First Name	Last Name	Credentials <input type="checkbox"/> RPh <input type="checkbox"/> PharmD <input type="checkbox"/> BCPS <input type="checkbox"/> Other	Position/Title	
Email Address			Phone ()	Fax ()
Preferred Method of Contact <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call				
3 Pharmacy Attestation				
<p>As the Authorized Representative, I must:</p> <ul style="list-style-type: none"> • Review the Pharmacy Education. • Successfully complete the Pharmacy Knowledge Assessment and submit it to the REMS. • Establish processes and procedures to check the patient's medication use for a change in opioid tolerance. • 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. <p>Before dispensing, all pharmacy staff must:</p> <ul style="list-style-type: none"> • Provide the patient with the product-specific Medication Guide. • Assess the patient's medication use for a change in opioid tolerant status. Document and submit the results to the REMS. • Obtain authorization to dispense each prescription by contacting the REMS to verify that the prescriber and the patient are enrolled, and the patient is opioid tolerant. <p>All pharmacy staff must:</p> <ul style="list-style-type: none"> • 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. • Report serious adverse events of accidental exposure, misuse, abuse, addiction, and overdose associated with the TIRF medicine to the REMS using the Adverse Events of Special Interest Reporting Form. 				

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To maintain certification to dispense, any new authorized representative must:

- Review the **Pharmacy Education**.
- Successfully complete the **Pharmacy Knowledge Assessment** and submit it to the REMS.
- Enroll in the REMS by completing the **Outpatient Pharmacy Enrollment Form**.

The name, location, and phone number of your pharmacy will be publicly available on www.TIRFREMSaccess.com. If you do not want your information available, please call the TIRF REMS at 1-866-822-1483.

Required	Pharmacy Authorized Representative Signature	Date:
	X	/ /

You may add additional pharmacy locations below.

Pharmacy Information (PLEASE TYPE OR PRINT)

Pharmacy Name			Organizational NPI #	
Address		City	State	Zip
Phone ()	Ext.	Fax ()	Chain ID	

Pharmacy Information (PLEASE TYPE OR PRINT)

Pharmacy Name			Organizational NPI #	
Address		City	State	Zip
Phone ()	Ext.	Fax ()	Chain ID	

Pharmacy Information (PLEASE TYPE OR PRINT)

Pharmacy Name			Organizational NPI #	
Address		City	State	Zip
Phone ()	Ext.	Fax ()	Chain ID	

Pharmacy Information (PLEASE TYPE OR PRINT)

Pharmacy Name			Organizational NPI #	
Address		City	State	Zip
Phone ()	Ext.	Fax ()	Chain ID	

Pharmacy Information (PLEASE TYPE OR PRINT)

Pharmacy Name			Organizational NPI #	
Address		City	State	Zip
Phone ()	Ext.	Fax ()	Chain ID	