



Qsymia® Risk Evaluation and Mitigation Strategy (REMS)

Pharmacy Enrollment Form - Mail Order Pharmacy

Because of the teratogenic risk associated with Qsymia therapy, Qsymia is available through a limited program under the REMS. Under the Qsymia REMS, only certified pharmacies may distribute Qsymia. I understand that my certified mail order pharmacy must comply with the program requirements for certified pharmacies and the terms contained in this form. As the Authorized Pharmacy Representative, I acknowledge that:

1. I have reviewed and successfully completed the Qsymia Pharmacy Training Program and the knowledge assessment questions.
2. I understand the risks associated with Qsymia.
3. I understand and agree to comply with the requirements of the Qsymia REMS program for pharmacies.
 - a. The pharmacy management system is in place, and has been validated, to systematically direct that a Medication Guide and the *Risk of Birth Defects with Qsymia* patient brochure be provided to each patient each time Qsymia is dispensed.
 - b. The pharmacy will refrain from reselling or transferring Qsymia to another pharmacy or distributor.
 - c. The pharmacists and staff involved with the dispensing of Qsymia will be trained before dispensing Qsymia about the risks associated with Qsymia and the REMS requirement to provide a Medication Guide and the *Risk of Birth Defects with Qsymia* patient brochure each time Qsymia is dispensed.
 - d. The pharmacy and pharmacy personnel will cooperate with pharmacy audit requirements in order to maintain pharmacy certification.
 - e. The pharmacy will maintain a list of Qsymia prescribers that will be provided to VIVUS monthly.
4. I will oversee compliance with the Qsymia REMS program requirements and will provide quarterly compliance reports back to VIVUS to assess effectiveness and comply with all audit requirements.





Authorized Pharmacy Representative to complete (all fields required):

First Name _____ **Last Name** _____

Phone Number _____ **Fax** _____

Email _____

Mail Order Pharmacy Name _____

Address _____ **City** _____

State _____ **Zip Code** _____

Signature _____ **Date** _____

Authorized Pharmacy Representative

Please fax this completed form to the Qsymia REMS Pharmacy Support Center at 1-855-302-6699.

If you have any questions or require additional information, please contact the Qsymia REMS Pharmacy Support Center at 1-855-302-6698.

