

SABRIL REMS PROGRAM PHARMACY ENROLLMENT FORM

SABRIL REMS Program Pharmacy Enrollment

SABRIL® (vigabatrin) is available only through a restricted distribution REMS program called the SABRIL REMS Program. The SABRIL REMS Program is available to answer questions regarding this program and initiating treatment with SABRIL. Please call 1-888-457-4273 when necessary.

In order to dispense SABRIL, the pharmacy must designate an authorized representative. The authorized representative for the pharmacy must:

1. Complete and submit this *SABRIL REMS Program Pharmacy Enrollment Form* (one-time enrollment).
2. Oversee implementation and compliance with the SABRIL REMS Program requirements.

To submit this form via fax, please complete all required fields below and fax to the SABRIL REMS Program at 1-877-742-1002. You will receive confirmation of your certification via e-mail.

Authorized Representative Responsibilities

I am the authorized representative designated by my pharmacy to coordinate the activities of the SABRIL REMS Program and I understand:

- Pharmacies must be certified in the SABRIL REMS Program to order and dispense SABRIL.
- As the authorized representative for my pharmacy, I must oversee the implementation and compliance with the SABRIL REMS Program requirements
- The pharmacy must recertify if the name and contact information for the authorized representative is changed

As the authorized representative designated by my pharmacy to coordinate the activities of the SABRIL REMS Program, I agree on behalf of my pharmacy to comply with the following program requirements:

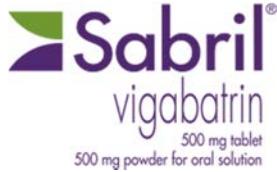
- My pharmacy will establish procedures and protocols designed to ensure compliance with the SABRIL REMS Program, including the following, prior to dispensing SABRIL:
 - Ensure that all relevant staff involved in dispensing SABRIL are trained on the SABRIL REMS Program requirements
 - Verify that the prescriber is certified and the patient is enrolled in the SABRIL REMS Program prior to each dispensing of SABRIL by logging on to www.SabrilREMS.com. If a prescriber or patient is not properly enrolled in the program, the pharmacy should direct the prescriber to www.SabrilREMS.com for enrollment information or contact the SABRIL REMS Program to facilitate enrollment with the prescriber
 - Document confirmed prescriber and patient identification numbers, as assigned by the SABRIL REMS Program. Comply with requests by Lundbeck, the US Food and Drug Administration (FDA), and/or their designated third party to be audited at any time to ensure that all SABRIL REMS Program processes and procedures are in place and are being followed, and appropriate documentation is maintained and available upon request
 - The pharmacy must recertify if the name and contact information for the authorized representative are changed
 - **For Inpatient Pharmacies only:** Ensure that the pharmacy does not dispense more than a 15-day temporary supply of SABRIL to an enrolled patient upon discharge from the healthcare facility

Authorized Representative Name _____
Last First MI

Signature _____ Date _____
Month/Day/Year

If you have any questions or require additional information, please visit the SABRIL REMS Program website (www.SabrilREMS.com) or call the SABRIL REMS Program (1-888-457-4273).

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SABRIL REMS PROGRAM PHARMACY ENROLLMENT FORM

Pharmacy Enrollment Form continued from page 1

Pharmacy Information

Pharmacy Name _____

Pharmacy Address _____
Street City State ZIP Code

Inpatient Pharmacy Identifiers (At least one required)

NPI: _____ NCPDP: _____ DEA: _____

Outpatient Pharmacy Identifiers (NCPDP and NPI required)

NPI: _____ NCPDP: _____ DEA: _____

Authorized Representative Information

Authorized Representative Name _____
Last First MI

Telephone Number _____
Area Code Telephone Number

Alternative Telephone Number _____
Area Code Telephone Number

Office Fax _____
Area Code Fax Number

*E-mail _____ (*Required)

Authorized Representative Signature _____ Date _____

By completing and submitting this form and receiving certification confirmation, your pharmacy will be certified in the SABRIL REMS Program. You will receive confirmation of your certification via e-mail.

To complete your enrollment, fax completed forms to the SABRIL REMS Program at 1-877-742-1002.

