

The TOUCH® Prescribing Program was developed as part of the Biogen commitment to patient safety. Only authorized certified pharmacies may dispense to authorized infusion sites. A certified pharmacy may become authorized after it has taken part in compulsory training conducted by Biogen and faxed a completed Enrollment Form to Biogen. Upon receipt of this Enrollment Form, Biogen will fax and mail an Authorization Confirmation Letter to provide your Pharmacy Authorization Number and confirm your Shipping Address. This letter will also provide you with the Site Authorization Numbers of any of your associated infusion sites that have been authorized to infuse TYSABRI.

\*A certified pharmacy is located within a hospital, group practice, or infusion site and is associated with an infusion site. Retail pharmacies and wholesalers are excluded from holding inventory and dispensing TYSABRI.

**Certified Pharmacy Shipping Address**

Please note that this is the ONLY address to which TYSABRI will be shipped.

Name of Certified Pharmacy			Contact name		
Address 1			NCPDP		
Address 2			Title/position		
City	State	ZIP	Telephone	<input type="text"/>	<input type="text"/>
			Fax	<input type="text"/>	<input type="text"/>

**Associated Infusion Site Name**

Please list all potential infusion sites that your pharmacy supports. If you need additional space, please attach a separate page.

<p><b>1</b></p> <p>Name of Infusion Site</p> <p>Contact name</p> <p>Address</p> <p>City State ZIP</p>	<p><b>2</b></p> <p>Name of Infusion Site</p> <p>Contact name</p> <p>Address</p> <p>City State ZIP</p>
<p><b>3</b></p> <p>Name of Infusion Site</p> <p>Contact name</p> <p>Address</p> <p>City State ZIP</p>	<p><b>4</b></p> <p>Name of Infusion Site</p> <p>Contact name</p> <p>Address</p> <p>City State ZIP</p>

I confirm that the above information is correct. I understand that by signing this form this pharmacy agrees to dispense TYSABRI only to associated infusion sites that have been authorized according to the TOUCH Prescribing Program.

**Certified Pharmacy Acknowledgment**

- The pharmacy has received training and educational materials on the TOUCH Prescribing Program for use in the following indication(s):  
 MS  CD (check all that apply)
- Certified pharmacies may dispense TYSABRI only to authorized infusion sites
- I understand that, per the requirements of the TOUCH Prescribing Program, this certified pharmacy's compliance may be reviewed by the Food and Drug Administration (FDA), and/or audited by Biogen, and/or a third party designated by Biogen.
- I understand that noncompliance with the requirements of the TOUCH Prescribing Program may result in my pharmacy no longer being enrolled and termination of our participation in the program

Responsible party acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please see accompanying full Prescribing Information.

