

PALFORZIA REMS Pharmacy Enrollment Form

PALFORZIA™ is available only through the PALFORZIA REMS (Risk Evaluation and Mitigation Strategy); a restricted program. Only prescribers, healthcare settings, pharmacies, and patients enrolled in the program can prescribe, administer, dispense, and receive PALFORZIA.

INSTRUCTIONS

To become certified in the PALFORZIA REMS Program and dispense PALFORZIA, a pharmacy must designate an Authorized Representative to:

1. Review the *REMS Program Overview for Pharmacies*
2. Carry out the certification process and oversee implementation and compliance with the REMS Program on behalf of the pharmacy
3. Complete and submit the *Pharmacy Enrollment Form* by fax to 1-844-285-2013

Upon completion of these steps, the REMS Program will notify the pharmacy of successful certification within 2 business days

PHARMACY INFORMATION

(*indicates required field)

Pharmacy Name*:		National Provider Identifier (NPI #)*:	
National Council for Prescription Drug Program ID (NCPDP):		Other Identifier:	
Address Line 1*:			
Address Line 2:			
City*:		State*:	ZIP*:

AUTHORIZED REPRESENTATIVE INFORMATION

First Name*:		Last Name*:	
Role*: <input type="checkbox"/> RPH <input type="checkbox"/> PharmD <input type="checkbox"/> Other Responsible Individual <input type="checkbox"/> Other		Reason for Form* (please select one): <input type="checkbox"/> New Enrollment <input type="checkbox"/> New Representative	
Phone Number*:	Fax Number*:	Email Address*:	
Address 1*:			
Address 2:			
City*:		State*:	ZIP*:

AUTHORIZED PHARMACY REPRESENTATIVE AGREEMENT

I am the authorized representative designated by my Pharmacy to coordinate the activities of the PALFORZIA REMS. By completing, signing, and submitting this form, I agree, on behalf of myself and my Pharmacy, to comply with the following REMS requirements, **I will:**

- o Oversee implementation of and ensure my pharmacy's compliance with the PALFORZIA REMS requirements
- o Review the *REMS Program Overview for Pharmacies* and will ensure that all relevant staff involved in the dispensing of PALFORZIA are trained on the PALFORZIA REMS requirements and that a record of training is maintained
- o Train all relevant staff involved in dispensing PALFORZIA, and **establish processes and procedures** to ensure that the following take place in my pharmacy:

Prior to dispensing the PALFORZIA Initial Dose Escalation, my pharmacy will verify:

- o The prescriber is certified
- o The patient is enrolled
- o Initial Dose Escalation is only dispensed to certified healthcare settings

Prior to dispensing all Up-Dosing prescriptions, my pharmacy will verify:

- o The patient is enrolled
- o The prescriber is certified
- o Only one dose level is dispensed to the patient at a time

At all times:

- o Have any new authorized representative enroll in the REMS by completing the *Pharmacy Enrollment Form*
- o Maintain records that all processes are in place and are being followed
- o Comply with audits carried out by Aimmune Therapeutics, Inc., or a third party acting on behalf of Aimmune Therapeutics, Inc., to ensure that all processes and procedures are in place and are being followed
- o Not dispense the Initial Dose Escalation for use outside a certified healthcare setting
- o Not distribute, transfer, loan, or sell PALFORZIA



Authorized Representative Signature *

Date*



Phone: 1-844-PALFORZ (1-844-725-3679)

www.PALFORZIAREMS.com

Fax: 1-844-285-2013

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Palförzia
Peanut (*Arachis hypogaea*)
Allergen Powder-dnfp