



Qsymia[®] Risk Evaluation and Mitigation Strategy (REMS)

Pharmacy Enrollment Form - Independent 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 independent pharmacy dispensing location must comply with the program requirements for certified pharmacies and the terms of the agreement contained in this form. As the designated 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 configuration and/or updates will be in place and verified with the Qsymia REMS Pharmacy Administrator to ensure that Qsymia prescription claims are submitted in accordance with the program requirements.
 - b. The pharmacy management system will be in place to systematically direct that certified independent pharmacy dispensing locations provide a Medication Guide and the *Risk of Birth Defects with Qsymia* patient brochure to each patient each time Qsymia is dispensed.
 - c. My certified pharmacy will refrain from reselling or transferring Qsymia to another pharmacy or distributor.
 - d. Pharmacy training of pharmacists and staff involved with the dispensing of Qsymia has been completed and documented including the need to provide a Medication Guide and the *Risk of Birth Defects with Qsymia* patient brochure each time Qsymia is dispensed in order to comply with the REMS requirements.
 - e. All Qsymia prescription claims, regardless of the method of payment, must be processed through my pharmacy management system, claims routing switch, or through pharmacy software system for Qsymia REMS verification.
 - f. My certified pharmacy is subject to, and must comply with, survey requirements to ensure that the REMS requirements are being following to maintain pharmacy certification under the Qsymia REMS. Failure to comply may result in decertification.





4. I will oversee compliance with the Qsymia REMS program requirements.
5. I acknowledge, that prior to Qsymia REMS pharmacy certification, the Qsymia REMS Pharmacy Support Center will contact me if an agreement is needed to permit the switch provider to use prescription data from this pharmacy to conduct the REMS.

Authorized Pharmacy Representative to complete (all fields required):

First Name _____ **Last Name** _____

Phone Number _____ **Fax** _____

Email _____

Address _____ **City** _____

State _____ **Zip Code** _____

Pharmacy Name _____

Pharmacy DEA# _____ **Pharmacy NCPDP ID** _____

Pharmacy NPI _____ **Pharmacy Store # (optional)** _____

Signature _____ **Date** _____

Authorized Pharmacy Representative

Please fax completed form to the Qsymia REMS Pharmacy Support Center (855-302-6699).

Once this form is successfully processed, you will receive a fax or e-mail with instructions on how to submit test transaction(s) to the Qsymia REMS program to ensure that your pharmacy management system has been successfully configured/updated to communicate with the Qsymia REMS program. Upon successful verification of connectivity, you will be provided with the Terms & Conditions to become certified. Once this process is complete your pharmacy will receive a confirmation from the Qsymia REMS Pharmacy Support Center and you will be considered certified and permitted to order, receive, and dispense Qsymia.

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

