

**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program
Closed System Outpatient Pharmacy Enrollment Form**

To enroll in TIRF REMS Access, please complete all required fields below and fax pages 1 and 2 to 1-866-822-1487. You may also scan the completed form and email to: information@TIRFREMSAccess.com. Please note, you must review the TIRF REMS Access Education Program and successfully complete the Knowledge Assessment to complete enrollment. If you have not completed the Knowledge Assessment online, please include it with this enrollment form. You will receive enrollment confirmation via email or fax.

I understand that TIRF medicines are only available through the TIRF REMS (Risk Evaluation and Mitigation Strategy) Access program and that I must comply with the program requirements. In addition, as the designated authorized closed system outpatient pharmacy representative, I acknowledge that:

1. I have reviewed the TIRF REMS Access Education Program, and I have completed the Knowledge Assessment. I understand the risks and benefits associated with TIRF medicines and the requirements of the TIRF REMS Access program for pharmacies.
2. I will ensure that all pharmacy staff who participate in dispensing TIRF medicines are educated on the risks associated with TIRF medicines and the requirements of the TIRF REMS Access program, as described in the TIRF REMS Access Education Program. This training should be documented and is subject to audit.
3. I understand that converting patients from one TIRF medicine to a different TIRF medicine must not be done on a microgram-per-microgram basis. I understand that TIRF medicines are not interchangeable with each other, regardless of route of administration, and that conversion may result in fatal overdose, unless conversion is done in accordance with labeled product-specific conversion recommendations (refer to the list of currently approved TIRF products located on the TIRF REMS Access website at www.TIRFREMSAccess.com/TirfUI/remes/products.action). Note, a branded TIRF medicine and its specific generic product(s) are interchangeable.
4. I understand that TIRF medicines are contraindicated for use in opioid non-tolerant patients.
5. I understand that the initial starting dose for TIRF medicines for all patients is the lowest dose, unless individual product labels provide product-specific conversion recommendations, and I understand that patients must be titrated individually.
6. I understand the importance of discussing the risks and benefits of TIRF medicines with patients and their caregivers, and in particular the importance of taking the drug as prescribed, not sharing with others, and proper disposal.
7. I understand that the product-specific Medication Guide must be given to the patient or their caregiver each time a TIRF medicine is dispensed.
8. I understand that a TIRF medicine will not be dispensed without obtaining a TIRF REMS Access prescription authorization number issued by the TIRF REMS Access program prior to dispensing the prescription. A TIRF REMS Access prescription authorization number verifies that the prescriber and pharmacy are enrolled and active, and that the patient has not been inactivated in the program.
9. I understand that all dispensing locations must be enrolled in the TIRF REMS Access program to dispense TIRF medicines.
10. I understand that TIRF medicines can only be obtained from wholesalers/distributors that are enrolled in the TIRF REMS Access program.
11. I understand that our pharmacy will not sell, loan or transfer TIRF medicine inventory to any other pharmacy, institution, distributor, or prescriber.
12. I understand that our pharmacy must re-enroll in the TIRF REMS Access program and successfully complete the enrollment requirements every two (2) years.

Closed System Chain ID*:

13. I understand that TIRF medicines are only available through the REMS program. I understand that the pharmacy must comply with the TIRF REMS Access program requirements for outpatient closed system pharmacies.

Authorized Closed System Outpatient Pharmacy Representative:

Authorized Pharmacy Representative Signature* _____ **Date** _____

First Name* _____ **Last Name*** _____ **Title** _____

Phone Number* _____ **Email*** _____

Closed System Outpatient Pharmacy Information:

Pharmacy Name* _____ **Closed System Chain ID*** _____

Address* _____ **Phone Number*** _____

City* _____ **Fax Number*** _____

State* _____ **ZIP*** _____

*Required Fields

Preferred Method of Communication (please select one): Fax Email

After submitting this form, you will receive a fax or email with your enrollment confirmation and instructions on how your pharmacy staff can complete the training process and how your closed system outpatient pharmacy dispensing locations may obtain a TIRF REMS Access Prescription Authorization.

If you have any questions or require additional information or further copies of any TIRF REMS Access documents, please visit either www.TIRFREMSaccess.com, or call the TIRF REMS Access program at 1-866-822-1483.

Closed System Chain ID*: _____