

**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program**

**Inpatient Pharmacy Enrollment Form (e.g. hospitals, in-hospital hospices, and long-term care facilities that dispense for inpatient use)**

For real-time processing of enrollment, please go to [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).

To submit this form via fax, please complete all required fields below and fax pages 1 and 2 to 1-866-822-1487. 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 inpatient pharmacist, I acknowledge that:

1. I have reviewed the TIRF REMS Access Education Program, and I have completed the Knowledge Assessment. I understand the benefits and risks associated with TIRF medicines and the requirements of the TIRF REMS Access program for pharmacies.
2. I will ensure that our inpatient pharmacists 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.
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/rems/products.action](http://www.TIRFREMSaccess.com/TirfUI/rems/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 that pharmacies within or associated with the healthcare facility that dispense to outpatients must be separately enrolled in and comply with the TIRF REMS Access program to dispense TIRF medicines to outpatients.
7. I understand that our inpatient pharmacy must not dispense TIRF medicines for outpatient use.
8. I understand that a prescriber who wants to discharge a patient with a TIRF medicine prescription, intended to be dispensed by an outpatient pharmacy, will be required to enroll in the TIRF REMS Access program.
9. I will establish, or oversee the establishment of, a system, order sets, protocols and/or other measures to help ensure appropriate patient selection and compliance with the requirements of the TIRF REMS Access program.
10. I understand that our pharmacy will not sell, loan or transfer any TIRF medicine inventory to any other pharmacy, institution, distributor, or prescriber.
11. I understand that TIRF medicines can only be obtained from wholesalers/distributors that are enrolled in the TIRF REMS Access program.
12. I understand that our pharmacy must re-enroll in the TIRF REMS Access program every two (2) years.
13. I understand that TIRF medicines are available only through the TIRF REMS Access program. I understand and agree to comply with the TIRF REMS Access program requirements for inpatient pharmacies.

Pharmacist Name\* (please print):

The TIRF REMS Access Program: Inpatient Pharmacy Enrollment Form

<b>Authorized Inpatient Pharmacist</b>	
Signature* _____	Date _____
First Name* _____	Last Name* _____ Title _____
Phone Number* _____	Email* _____
<b>*Required Fields</b>	
<b>Inpatient Pharmacy Information</b>	
Pharmacy Name* _____	DEA Number* _____
Address* _____	Pharmacy License Number* _____
City* _____	Phone Number* _____
State* _____ ZIP* _____	Fax Number* _____
<b>*Required Fields</b>	

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

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

Pharmacist Name\* (please print): \_\_\_\_\_

For more information about TIRF medicines, please see Full Prescribing Information, including BOXED WARNINGS