TOUCH® PRESCRIBING PROGRAM

TYSABRI Outreach: Unified Commitment to Health

Phone: 1-800-456-2255

Pharmacy* Enrollment Form

Please submit this form to:
Biogen
www.touchprogram.com
Fax: 1-800-840-1278

The TOUCH® Prescribing Program was developed as part of the Biogen commitment to patient safety. Certified pharmacies may dispense TYSABRI only to authorized infusion sites. For in-home infusion, authorized certified pharmacies may dispense to the patient home. A certified pharmacy may become authorized after it has taken part in compulsory training conducted by Biogen and designated an authorized representative to carry out the certification process and to oversee implementation and compliance with the REMS program on behalf of the pharmacy and faxed a completed Enrollment Form to Biogen. Upon receipt of this Enrollment Form, Biogen will send 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 pharmacy is defined as a certified pharmacy located within a hospital, group practice, or infusion provider and is associated with an infusion provider. Retail pharmacies and wholesalers are excluded from holding inventory and dispensing TYSABRI.**

Certified Pharmacy Shipping Address

Name of Certified Pharmacy

Address 1

Address 2

City State ZIP

Contact name

NCPDP

Title/position

Telephone - - -

Fax

☐ Yes ☐ No The Certified Pharmacy will offer services to dispense to the patient home.

Authorized Infusion Site Name

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

1

Name of Infusion Site

Contact name

Address

City State ZIP

2

Name of Infusion Site

Contact name

Address

City State ZIP

3

Name of Infusion Site

Contact name

Address

City State ZIP

4

Name of Infusion Site

Contact name

Address

City State ZIP

I confirm that the above information is correct.
I understand that I am to contact Biogen if my pharmacy name or shipping address changes. By signing below, I understand that I am the TOUCH Trained Authorized Representative at the certified pharmacy and am responsible for what is outlined in the "Certified Pharmacy Acknowledgment" below.

Certified Pharmacy Acknowledgment

- The pharmacy has designated an authorized representative to carry out the certification process and oversee implementation and compliance with the REMS Program on behalf of the pharmacy
- The pharmacy has received training and educational materials on the TOUCH Prescribing Program
- Certified pharmacies may dispense TYSABRI only to certified infusion sites. For in-home infusion, authorized certified pharmacies may dispense to the patient home. Before dispensing, pharmacies must verify that the infusion site is authorized through the processes and procedures established as a requirement of the REMS Program
- The pharmacy must maintain records of the pharmacy's Site Authorization Confirmation
- I understand that, per the requirements of the TOUCH Prescribing Program, this certified pharmacy's compliance may be reviewed by and/or audited by Biogen, and/or a third party designated by Biogen
- I understand that continued enrollment in the TOUCH Prescribing Program depends on full compliance of my pharmacy with the program requirements

Authorized Representative acknowledgment: _____ Date: _____

Name: _____ Title: _____

Please see the Prescribing Information, including **BOXED WARNING,** for more information

Biogen

TYSABRI® (natalizumab)