

INSTRUCTIONS

- Review and complete this Pharmacy Enrollment Form (*this is a one-time enrollment*)
- Enroll online at www.vigabatrinREMS.com or complete all required fields below and fax all pages to Vigabatrin REMS at 1-866-205-3072.
You will receive confirmation of your certification and log-in credentials for the assigned authorized representative via e-mail.

*Authorized Representative Name _____
First Name Last Name Middle Initial

*Authorized Representative Title/Position _____

*Telephone Number _____ *Office Fax Number _____
Area Code/Telephone Number Area Code/Fax Number

*E-mail _____

*Preferred Method of Communication (please select one) Fax E-mail Phone

*Authorized Representative Signature _____ *Date _____
Month/Day/Year

Pharmacy Location Information

*Pharmacy Name _____

*Pharmacy Address _____
Street City State ZIP Code

*Pharmacy Phone Number _____ *Pharmacy Fax Number _____
Area Code/Telephone Number Area Code/Fax Number

*Select either inpatient or outpatient below and provide the appropriate identifier(s).

Inpatient Pharmacy Identifiers Outpatient Pharmacy Identifiers

*NPI: _____ NCPDP: _____

If you are enrolling more than one pharmacy location, check this box and provide the information on page 3 for each site. Use as many forms as necessary.

By completing and submitting this form as directed above and receiving certification confirmation, your pharmacy will be certified in the Vigabatrin REMS.

Authorized Representative: Please PRINT your name and phone number here. This will ensure that all pages of your enrollment record are collated accurately.

*Name _____ <small>Last First Middle Initial</small>	*Telephone Number _____ <small>Area Code/Telephone Number</small>
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Authorized Representative Responsibilities

I am the authorized representative designated by my pharmacy to coordinate the activities of the Vigabatrin REMS and I understand:

- Pharmacies must be certified in the Vigabatrin REMS to order and dispense vigabatrin
- As the authorized representative for my pharmacy, I must oversee the implementation and compliance with the Vigabatrin REMS requirements
- The pharmacy must recertify if the name and contact information for the authorized representative is changed

As the authorized representative designated by my pharmacy to coordinate the activities of the Vigabatrin REMS, I agree on behalf of my pharmacy to comply with the following program requirements:

- My pharmacy must establish procedures and protocols designed to ensure compliance with the Vigabatrin REMS, including the following, prior to dispensing vigabatrin:
 - Ensure that all relevant staff involved in dispensing vigabatrin are trained on the Vigabatrin REMS requirements
 - Comply with requests by the Sponsors (manufacturers of vigabatrin), and/or their designated third party to be audited at any time to ensure that all Vigabatrin REMS processes and procedures are in place and are being followed, and appropriate documentation is maintained and available upon request
 - The pharmacy must recertify if the name and contact information for the authorized representative are changed

For Outpatient Pharmacies only:

- For each prescription, verify that the prescriber is certified and the patient is enrolled in the Vigabatrin REMS prior to each dispensing of vigabatrin by logging on to www.vigabatrinREMS.com. Document confirmed prescriber and patient identification numbers as well as the authorization code to dispense, as assigned by the Vigabatrin REMS. If a prescriber or patient is not properly enrolled in the program, the pharmacy should direct the prescriber to www.vigabatrinREMS.com for enrollment information or contact the Vigabatrin REMS to facilitate prescriber enrollment

For Inpatient Pharmacies only:

- Verify the patient is enrolled in the Vigabatrin REMS prior to dispensing vigabatrin by logging on to www.vigabatrinREMS.com. Document the patient identification number.
- Obtain authorization to continue dispensing by contacting the REMS Program to verify a certified prescriber authorizes continuing vigabatrin treatment within 15 days of the patient's admission to the healthcare facility. Document confirmed prescriber and patient identification numbers as well as the authorization code to dispense, as assigned by the Vigabatrin REMS.
- Do not dispense more than a 15-day temporary supply of vigabatrin to a patient upon discharge from the healthcare facility

If I do not maintain compliance with the requirements of the Vigabatrin REMS, I will no longer be able to dispense vigabatrin

Please note: Enrolled pharmacies are only authorized to order vigabatrin from Vigabatrin REMS sponsors or contracted distributors. If you have any questions or require additional information, please visit the Vigabatrin REMS website (www.vigabatrinREMS.com) or call the Vigabatrin REMS (1-866-244-8175).

Access this form and enroll online at www.vigabatrinREMS.com.
To submit this form via fax, please complete all required fields below and fax all pages to the Vigabatrin REMS at 1-866-205-3072.

Note: Fields marked with an * are REQUIRED.

If you are enrolling more than one pharmacy location, the following information will need to be provided for each site. Use additional forms as necessary.

Pharmacy Location Information

*Pharmacy Name _____			
*Pharmacy Address _____ Street	_____ City	_____ State	_____ ZIP Code
*Pharmacy Phone Number _____ Area Code/Telephone Number	*Pharmacy Fax Number _____ Area Code/Fax Number		
*Select either inpatient or outpatient below and provide the appropriate identifier(s).			
<input type="checkbox"/> Inpatient Pharmacy Identifiers	<input type="checkbox"/> Outpatient Pharmacy Identifiers		
*NPI: _____	NCPDP: _____		

Pharmacy Location Information

*Pharmacy Name _____			
*Pharmacy Address _____ Street	_____ City	_____ State	_____ ZIP Code
*Pharmacy Phone Number _____ Area Code/Telephone Number	*Pharmacy Fax Number _____ Area Code/Fax Number		
*Select either inpatient or outpatient below and provide the appropriate identifier(s).			
<input type="checkbox"/> Inpatient Pharmacy Identifiers	<input type="checkbox"/> Outpatient Pharmacy Identifiers		
*NPI: _____	NCPDP: _____		