



LEMTRADA REMS PHARMACY ENROLLMENT FORM

Please fax this completed form to the LEMTRADA REMS Program at 1-855-557-2478 or enroll online at www.LemtradaREMS.com

LEMTRADA® (alemtuzumab) is only available through the LEMTRADA REMS Program, a restricted distribution program. Only prescribers, pharmacies, healthcare facilities, and patients enrolled in the program are able to prescribe, dispense, administer, and receive LEMTRADA. An authorized representative of the pharmacy must enroll the pharmacy in the LEMTRADA REMS Program.

- New Enrollment
 Re-enrollment (every 2 years)

*Indicates a mandatory field.

PHARMACY INFORMATION (PLEASE PRINT)

Name of Pharmacy*		NPI Number*	
Pharmacy Address*			
City*		State*	ZIP Code*
Name of Authorized Pharmacy Representative*		Title*	
Phone Number*	Fax Number*	Email Address	

PHARMACY AGREEMENT

I am the authorized representative designated by my Pharmacy to coordinate the activities of the LEMTRADA REMS Program. By signing this form, I agree to comply with the following program requirements:

- > I understand that my pharmacy must be certified with the LEMTRADA REMS Program to dispense LEMTRADA.
- > I will oversee implementation and compliance with the LEMTRADA REMS Program requirements.
- > I have reviewed the LEMTRADA REMS Program Overview.
- > I will ensure that all relevant staff involved in the dispensing of LEMTRADA are educated and trained using the LEMTRADA REMS Program Overview.
- > I will put processes and procedures in place, and follow such processes and procedures, to ensure the following verifications are met prior to dispensing LEMTRADA:
 - The LEMTRADA REMS Prescription Ordering Form is received for each prescription.
 - The prescriber is certified, the infusion site is certified, and the patient is enrolled and authorized to receive LEMTRADA by contacting the LEMTRADA REMS Program prior to dispensing LEMTRADA.
- Ensuring LEMTRADA is only dispensed to a certified infusion center.
- > This pharmacy will establish procedures and protocols that are subject to audit, to help ensure compliance with the requirements of the LEMTRADA REMS Program.
- > I understand that my pharmacy must renew enrollment in the LEMTRADA REMS Program every 2 years from initial enrollment.
- > To make available to Genzyme, documentation to verify understanding of, and adherence to, the requirements of the LEMTRADA REMS Program.

SIGNATURE

Authorized Pharmacy Representative Signature*	Date*
Print Name*	Title

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If you have any questions regarding the LEMTRADA REMS Program, call 1-855-676-6326