



LEMRADA REMS PHARMACY ENROLLMENT FORM

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

- 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. 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 to dispense LEMTRADA.
- I will oversee implementation and compliance with the LEMTRADA REMS requirements.
- I have reviewed the LEMTRADA REMS Education Program
- I will ensure that all relevant staff involved in the dispensing of LEMTRADA are educated and trained using the LEMTRADA REMS.
- 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 Patient Enrollment and 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 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.
- I understand that my pharmacy must renew enrollment in the LEMTRADA REMS 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.

SIGNATURE

Authorized Pharmacy Representative Signature*		Date	
Print Name*		Title	

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