



Document split into multiple parts

**PART B**

**FILED**

MAY 24 2019

**IN THE DISTRICT COURT OF CLEVELAND COUNTY**

**STATE OF OKLAHOMA, ex rel.,  
MIKE HUNTER,  
ATTORNEY GENERAL OF OKLAHOMA,  
Plaintiff,**

vs.

- (1) PURDUE PHARMA L.P.;
- (2) PURDUE PHARMA, INC.;
- (3) THE PURDUE FREDERICK COMPANY,
- (4) TEVA PHARMACEUTICALS USA, INC.;
- (5) CEPHALON, INC.;
- (6) JOHNSON & JOHNSON;
- (7) JANSSEN PHARMACEUTICALS, INC,
- (8) ORTHO-MCNEIL-JANSSEN  
PHARMACEUTICALS, INC., n/k/a  
JANSSEN PHARMACEUTICALS;
- (9) JANSSEN PHARMACEUTICA, INC.,  
n/k/a JANSSEN PHARMACEUTICALS, INC.;
- (10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,  
f/k/a ACTAVIS, INC., f/k/a WATSON  
PHARMACEUTICALS, INC.;
- (11) WATSON LABORATORIES, INC.;
- (12) ACTAVIS LLC; and
- (13) ACTAVIS PHARMA, INC.,  
f/k/a WATSON PHARMA, INC.,  
Defendants.

For Judge Balkman's  
Consideration

in the office of the  
Court Clerk MARILYN WILLIAMS

Case No. CJ-2017-816  
Honorable Thad Balkman

William C. Hetherington  
Special Discovery Master

**DEFENDANTS TEVA PHARMACEUTICALS USA, INC.,  
CEPHALON, INC., WATSON LABORATORIES, INC., ACTAVIS LLC,  
AND ACTAVIS PHARMA, INC., f/k/a WATSON PHARMA, INC.'S  
TRIAL BRIEF**

**Transmucosal Immediate Release Fentanyl (TIRF) REMS  
Knowledge Assessment**

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

To submit this form via fax, please answer all questions below, fill in the fields at the bottom of the form, and fax all pages to 1-866-822-1487. You will receive enrollment confirmation via email or fax.

**Question 1**

The patients described are all experiencing breakthrough pain, but ONE is not an appropriate patient for a TIRF medicine. Which patient should not receive a TIRF medicine?

Select one option

- A. 12 year old sarcoma patient, using transdermal fentanyl for her underlying persistent cancer pain.
- B. Adult female with advanced breast cancer; on 60 mg of oral morphine daily for the past 4 weeks.
- C. Adult male with advanced lung cancer, his underlying persistent pain is managed with 25 mcg/hour transdermal fentanyl patches for the past 3 months.
- D. Adult male with multiple myeloma who has bone pain currently managed with 50 mg oral oxymorphone daily for the last 2 weeks.

**Question 2**

The patients described are experiencing breakthrough pain. A TIRF medicine is NOT appropriate for one of them. Which patient should not receive a TIRF medicine?

Select one option.

- A. Adult male with advanced lung cancer; underlying persistent cancer pain managed with 25 mcg/hour transdermal fentanyl patches for the past 2 months.
- B. Adult female with localized breast cancer; just completed a mastectomy and reconstructive surgery; persistent cancer pain managed with 30 mg oral morphine daily for the past 6 weeks.
- C. Adult male patient with advanced prostate cancer who, over the last 2 weeks, has been prescribed 100 mg oral morphine daily for pain due to bone metastasis.
- D. Adult female with advanced sarcoma who has been taking a daily dose of 12 mg oral hydromorphone for the last 3 weeks.

DEA Number or Chain ID: \_\_\_\_\_

**Question 3**

**Certain factors may increase the risk of abuse and/or diversion of opioid medications. Which of the following is most accurate?**

*Select one option.*

- A. A history of alcohol abuse with the patient or close family members.
- B. The patient has a household member with a street drug abuse problem.
- C. The patient has a history of prescription drug misuse.
- D. All of the above.

**Question 4**

**A patient is already taking a TIRF medicine but wants to change their medicine. His/her doctor decides to prescribe a different TIRF medicine (that is not a bioequivalent generic version of a branded product) in its place. How should the prescriber proceed?**

*Select one option.*

- A. The prescriber can safely convert to the equivalent dosage of the new TIRF medicine as it has the same effect as other TIRF medicines.
- B. The prescriber must not convert from the equivalent TIRF medicine dose to another TIRF medicine because they have different absorption properties and this could result in a fentanyl overdose.
- C. Convert from the other TIRF medicine to the new TIRF medicine at half of the dose.
- D. The prescriber should base the starting dose of the newly prescribed TIRF medicine on the dose of the opioid medicine used for their underlying persistent cancer pain.

**Question 5**

**A patient is starting titration with a TIRF medicine. What dose must they start with?**

*Select one option.*

- A. An appropriate dose based on the dose of the opioid medicine used for underlying persistent cancer pain.
- B. The dose that the prescriber believes is appropriate based on their clinical experience.
- C. The lowest available dose, unless individual product Full Prescribing Information provides product-specific guidance.
- D. The median available dose.

**Question 6**

**A prescriber has started titrating a patient with the lowest dose of a TIRF medicine. However, after 30 minutes, the breakthrough pain has not been sufficiently relieved. What should they advise the patient to do?**

*Select one option.*

- A. Take another (identical) dose of the TIRF medicine immediately.
- B. Take a dose of an alternative rescue medicine.
- C. Provide guidance based on the product-specific Medication Guide because the instructions are not the same for all TIRF medicines.
- D. Double the dose and take immediately.

DEA Number or Chain ID: \_\_\_\_\_

**Question 7**

**A patient is taking a TIRF medicine and the doctor would like to prescribe erythromycin, a CYP3A4 inhibitor. Which of the following statements is true?**

*Select one option.*

- A. The patient can't be prescribed erythromycin, because using it at the same time as a TIRF medicine could be fatal.
- B. Use of a TIRF medicine with a CYP3A4 inhibitor may require dosage adjustment; carefully monitor the patient for opioid toxicity, otherwise such use may cause potentially fatal respiratory depression.
- C. There is no possible drug interaction between CYP3A4 inhibitors and TIRF medicines.
- D. The dose of the TIRF medicine must be reduced by one half if a CYP3A4 inhibitor is prescribed in the same patient.

**Question 8**

**Before initiating treatment with a TIRF medicine, prescribers must review the Medication Guide with the patient. Which of the following counseling statements is not correct?**

*Select one option.*

- A. TIRF medicines contain fentanyl in an amount that could be fatal to children of all ages, in individuals for whom they were not prescribed, and in those who are not opioid tolerant.
- B. Inform patients that TIRF medicines must not be used for acute or postoperative pain, pain from injuries, headache/migraine, or any other short-term pain.
- C. Instruct patients that, if they stop taking their around-the-clock opioid medicine, they can continue to take their TIRF medicine.
- D. Instruct patients to never share their TIRF medicine with anyone else, even if that person has the same symptoms.

**Question 9**

**There is a risk of fatal overdose with inappropriate use of TIRF medicines. Which one of the following answers is most accurate?**

*Select one option.*

- A. TIRF medicines can be fatal if taken by children.
- B. TIRF medicines can be fatal if taken by anyone for whom it is not prescribed.
- C. TIRF medicines can be fatal if taken by anyone who is not opioid-tolerant.
- D. All of the above.

**Question 10**

**Which one of the following statements is most accurate regarding the safe storage and disposal of TIRF medicines?**

*Select one option.*

- A. TIRF medicines should be kept in a safe place and out of the reach of children.
- B. TIRF medicines should be protected from theft.
- C. Dispose of partially used or unneeded TIRF medicine by following the TIRF medicine-specific procedure specified in the Medication Guide.
- D. All of the above.

DEA Number or Chain ID: \_\_\_\_\_

**Question 11**

**Conversion between specific TIRF medicines has been established and is described in the Prescribing Information for which products?**

*Select one option.*

- A. Actiq to Abstral
- B. Actiq to Fentora
- C. Actiq to Subsys
- D. All of the above

**Prescriber / Authorized Pharmacy Representative** \_\_\_\_\_

**DEA Number** \_\_\_\_\_

**Chain ID (if applicable)** \_\_\_\_\_

DEA Number or Chain ID: \_\_\_\_\_

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

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, 2 and 3 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, I acknowledge that:

1. I have reviewed the TIRF REMS Access Education Program, including the Full Prescribing Information for each TIRF medicine, and I have completed the Knowledge Assessment. I understand the responsible use conditions for TIRF medicines and the risks and benefits of chronic opioid therapy.
2. I understand that TIRF medicines can be abused and that this risk should be considered when prescribing or dispensing TIRF medicines in situations where I am concerned about an increased risk of misuse, abuse, or overdose, whether accidental or intentional.
3. I understand that TIRF medicines are indicated only for the management of breakthrough pain in patients with cancer, who are already receiving, and who are tolerant to, around-the-clock opioid therapy for their underlying persistent pain.
4. I understand that TIRF medicines are contraindicated for use in opioid non-tolerant patients, and know that fatal overdose can occur at any dose.
5. I understand that TIRF medicines must not be used to treat any contraindicated conditions described in the full Prescribing Information, such as acute or postoperative pain, including headache/migraine.
6. 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/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList)). Note, a branded TIRF medicine and its specific generic product(s) are interchangeable.
7. 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.
8. I will provide a Medication Guide for the TIRF medicine I intend to prescribe to my patient or their caregiver and review it with them. If I convert my patient to a different TIRF medicine, the Medication Guide for the new TIRF medicine will be provided to, and reviewed with my patient or their caregiver.
9. I will complete and sign a TIRF REMS Access Patient-Prescriber Agreement (PPAF) with each new patient, before writing the patient's first prescription for a TIRF medicine, and renew the agreement every two (2) years.
10. I will provide a completed, signed copy of the Patient-Prescriber Agreement (PPAF) to the patient and retain a copy for my records. I will also provide a completed, signed copy to the TIRF REMS Access program (through the TIRF REMS Access website or by fax) within ten (10) working days.
11. At all follow-up visits, I agree to assess the patient for appropriateness of the dose of the TIRF medicine, and for signs of misuse and abuse.

Prescriber Name\* (please print):

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

The TIRF REMS Access Program: Prescriber Enrollment Form

12. I understand that TIRF medicines are only available through the TIRF REMS Access program. I understand and agree to comply with the TIRF REMS Access program requirements for prescribers.
13. I understand that I must re-enroll in the TIRF REMS Access program and successfully complete the enrollment requirements every two (2) years.

**Prescriber Information:**

**Prescriber Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**First Name\*** \_\_\_\_\_ **Last Name\*** \_\_\_\_\_ **Credentials** \_\_\_\_\_

**State License Number\*** \_\_\_\_\_

**Site Name\*** \_\_\_\_\_ **State Issued\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_ **DEA Number\*** \_\_\_\_\_

**City\*** \_\_\_\_\_ **National Provider Identifier (NPI)\*** \_\_\_\_\_

**State\*** \_\_\_\_\_ **ZIP\*** \_\_\_\_\_

**Phone Number\*** \_\_\_\_\_

**Fax Number\*** \_\_\_\_\_

**Email\*** \_\_\_\_\_

**\*Required Fields**

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

If you have additional practice sites, state licenses or DEA numbers that you may use when prescribing TIRF medicines, please provide the information requested below.

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

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

The TIRF REMS Access Program: Prescriber Enrollment Form

**Additional Prescriber Information (All Fields Required)**

Site Name* _____	State License Number* _____
Address* _____	State Issued* _____
City* _____	DEA Number* _____
State* _____ ZIP* _____	
Phone Number* _____	
Fax Number* _____	
<b>*Required Fields</b>	
Site Name* _____	State License Number* _____
Address* _____	State Issued* _____
City* _____	DEA Number* _____
State* _____ ZIP* _____	
Phone Number* _____	
Fax Number* _____	
<b>*Required Fields</b>	
Site Name* _____	State License Number* _____
Address* _____	State Issued* _____
City* _____	DEA Number* _____
State* _____ ZIP* _____	
Phone Number* _____	
Fax Number* _____	
<b>*Required Fields</b>	

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.

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

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



**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program  
Patient-Prescriber Agreement Form**

**For real-time processing of the Patient Prescriber Agreement Form go to [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).**

**To submit this form via fax, please complete all required fields below and fax all pages to 1-866-822-1487.**

**As the prescriber of any TIRF medicine in this TIRF REMS (Risk Evaluation and Mitigation Strategy) Access program, I acknowledge that:**

1. I understand that TIRF medicines are indicated only for the management of breakthrough pain in patients with cancer, who are already receiving, and who are tolerant to, around the clock opioid therapy for their underlying persistent pain.
2. I understand that TIRF medicines are contraindicated for use in opioid non-tolerant patients, and know that fatal overdose can occur at any dose.
3. I understand that patients considered opioid-tolerant are those who are regularly taking at least: 60 mg oral morphine/day; 25 micrograms transdermal fentanyl/hour; 30 mg oral oxycodone/day; 8 mg oral hydromorphone/day; 25 mg oral oxymorphone/day; or an equianalgesic dose of another opioid for one week or longer.
4. I have provided to, and reviewed with, my patient or their caregiver the Medication Guide for the TIRF medicine I intend to prescribe.
5. If I change my patient to a different TIRF medicine, I will provide the Medication Guide for the new TIRF medicine to my patient or my patient's caregiver, and I will review it with them.
6. I understand that if I change my patient to a different TIRF medicine, the initial dose of that TIRF medicine for all patients is the lowest dose, unless individual product labels provide product-specific conversion recommendations.
7. I have counseled my patient or their caregiver about the risks, benefits, and appropriate use of the TIRF medicine including communication of the following safety messages:
  - a. If you stop taking your around-the-clock pain medicine, you must stop taking your TIRF medicine.
  - b. NEVER share your TIRF medicine.
  - c. Giving a TIRF medicine to someone for whom it has not been prescribed can result in a fatal overdose.
  - d. TIRF medicines can be fatal to a child; used and unused dosage units must be safely stored out of the reach of children living in or likely to visit the home and disposed of in accordance with the specific disposal instructions detailed in the product's Medication Guide.

**Prescriber (\*Required Fields):**

Prescriber Signature* _____	Date _____
First Name* _____	Last Name* _____
DEA Number* _____	National Provider Identifier (NPI)* _____
Fax* _____	

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

**As the patient being prescribed a TIRF medicine, or a legally authorized representative, I acknowledge that:**

1. My prescriber has given me a copy of the Medication Guide for the TIRF medicine I have been prescribed, and has reviewed it with me.
2. I understand that TIRF medicines should only be taken by patients who are regularly using another opioid, around-the-clock, for constant pain. If I am not taking around-the-clock opioid pain medicine, my prescriber and I have discussed the risks of only taking TIRF medicines.
3. I understand that if I stop taking my around-the-clock opioid pain medicine for my constant pain, I must stop taking my TIRF medicine.
4. I understand how I should take this TIRF medicine, including how much I can take, and how often I can take it. If my prescriber prescribes a different TIRF medicine for me, I will ensure I understand how to take the new TIRF medicine.
5. I understand that any TIRF medicine can cause serious side effects, including life-threatening breathing problems which can lead to death, especially if I do not take my TIRF medicine exactly as my prescriber has directed me.
6. I agree to contact my prescriber if my TIRF medicine does not relieve my pain. I will not change the dose of my TIRF medicine myself or take it more often than my prescriber has directed.
7. I agree that I will never give my TIRF medicine to anyone else, even if they have the same symptoms, since it may harm them or even cause death.
8. I will store my TIRF medicine in a safe place away from children and teenagers because accidental use by a child, or anyone for whom it was not prescribed, is a medical emergency and can cause death.
9. I have been instructed on how to properly dispose of my partially used or unneeded TIRF medicine remaining from my prescription, and will dispose of my TIRF medicine properly as soon as I no longer need it.
10. I understand that selling or giving away my TIRF medicine is against the law.
11. I have asked my prescriber all the questions I have about my TIRF medicine. If I have any additional questions or concerns in the future about my treatment with my TIRF medicine, I will contact my prescriber.
12. I have reviewed the "Patient Privacy Notice for the TIRF REMS Access Program" below and I agree to its terms and conditions which allow my healthcare providers to share my health information, as defined in this document to the makers of TIRF medicines (TIRF Sponsors) and their agents and contractors for the limited purpose of managing the TIRF REMS Access program.

**Patient (\*Required Fields):**

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_  
 First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY)\* \_\_\_\_\_ Phone Number \_\_\_\_\_  
 State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

**Patient Representative (if required):**

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_  
 First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Relationship to Patient\* \_\_\_\_\_

**Patient Privacy Notice for the TIRF REMS Access Program** For the purpose of the TIRF REMS Access program, my name, address, telephone number and prescription information make up my "Health Information." My doctors, pharmacists, and healthcare providers may share my Health Information with the TIRF REMS Access program, and contractors that manage the TIRF REMS Access program. My Health Information will be kept in a secure database, and may only be used as stated below.

I allow the TIRF REMS Access program to receive, use, and share my Health Information in order to:

- I. Enroll me in the TIRF REMS Access program and manage my participation (including contacting me) in the TIRF REMS Access program.
- II. Provide me with educational information about the TIRF REMS Access program.
- III. Contact my healthcare providers to collect my Health Information for the TIRF REMS Access program.

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

**The TIRF REMS Access Program: Patient-Prescriber Agreement Form**

I allow the TIRF REMS Access program to receive, use, and share my Health Information, using a unique, encrypted identifier instead of my name, in order to evaluate the proper use of TIRF medicines and report to the FDA about the effectiveness of the TIRF REMS Access program.

I understand that I am not required to sign this written approval. However, if I do not sign, I will not be able to enroll in the TIRF REMS Access program and will not be able to receive TIRF medicines.

I understand that I may withdraw this written approval at any time by faxing a signed, written request to the TIRF REMS Access program at 1-866-822-1487. Upon receipt of this written request, the TIRF REMS Access program will notify my healthcare providers about my request. My healthcare providers will no longer be able to share my Health Information with the TIRF REMS Access program once they have received and processed that request. However, withdrawing this written approval will not affect the ability of the TIRF REMS Access program to use and share my Health Information that it has already received to the extent allowed by law. If I withdraw this written approval, I will no longer be able to participate in the TIRF REMS Access program and will no longer be able to receive TIRF medicines.

The sponsors of the TIRF REMS Access program agree to protect my information by using and sharing it only for the purposes described.

**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.**

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

## **The Transmucosal Immediate Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS) Access Program or TIRF REMS Access Program**

### **An Overview for Patients and Caregivers**

#### **What are TIRF medicines?**

TIRF medicines are prescription medicines that contain the drug fentanyl. TIRF medicines are used to manage breakthrough pain in adults with cancer who are routinely taking other opioid (narcotic) pain medicines around-the-clock for cancer pain. Please refer to the list of currently approved TIRF products located on the TIRF REMS website at [www.TIRFREMSaccess.com/TirfUI/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList).

#### **What is the TIRF REMS Access Program?**

A REMS, or Risk Evaluation and Mitigation Strategy, is a program to help manage known or potential serious risks of a medicine. Because TIRF medicines have a risk of misuse, abuse, addiction, and overdose, the Food and Drug Administration (FDA) has required that all TIRF medicines only be available through a restricted program called the TIRF REMS Access program. Healthcare professionals who prescribe your TIRF medicine, as well as pharmacies that fill your prescriptions for TIRF medicine, must be enrolled in the program.

#### **Why is the TIRF REMS Access Program needed?**

Your TIRF medicine contains fentanyl, which can cause life threatening breathing problems, which can lead to death. These life threatening breathing problems can occur if you take more TIRF medicine than your healthcare provider tells you to take, or if the TIRF medicine is taken by anyone other than you.

The TIRF REMS Access program provides training for prescribers and pharmacists to help them select patients for whom TIRF medicines are appropriate. The TIRF REMS Access program also helps your healthcare provider and pharmacist provide advice and guidance to you on the correct way to use your TIRF medicine, including how to store and dispose of it.

#### **How do I participate in the program?**

You or your caregiver will be required to read and sign the TIRF REMS Access Patient-Prescriber Agreement Form to participate in the program. Your healthcare provider will explain the Patient-Prescriber Agreement Form for the TIRF REMS Access program, which you must read and sign before receiving your prescription. Your healthcare provider will ensure that the signed form is submitted to the program. You will be part of the program when your first prescription is filled at a participating pharmacy. Your healthcare provider can identify pharmacies in your area where you can bring your prescription. When you are part of the program, you can start treatment with the TIRF medicine that your healthcare provider has prescribed for you.

## Overview of Steps for the TIRF REMS Access Program for Patients

### Step 1

#### Participating in the Program

- Your healthcare provider will talk with you about the best way to use your TIRF medicine, including the risks and how to store and dispose of it correctly. Your healthcare provider will also review written information about your TIRF medicine with you. This written information is called the Medication Guide. Your healthcare provider will give you a copy of the Medication Guide - **read and keep it.**
- Together you and your healthcare provider will complete and sign the TIRF REMS Access Patient-Prescriber Agreement Form. The form gives you important information you need to know and understand before taking a TIRF medicine.
- You will need to complete a new Patient-Prescriber Agreement Form every two (2) years. You will be notified by your healthcare provider in advance of the need to re-enroll.
- Your healthcare provider will submit a copy to the TIRF REMS Access program.
- Your healthcare provider will also give you a copy and keep a copy in your medical records.

### Step 2

#### Getting a Prescription

- Once you have signed the Patient-Prescriber Agreement Form your healthcare provider will write you a prescription for your TIRF medicine.
- Your healthcare provider can help you find a participating pharmacy to have your prescription filled, because only pharmacies that are in the TIRF REMS Access program can dispense TIRF medicines. You can also find a participating pharmacy by calling the TIRF REMS Access program at **1-866-822-1483.**

### Step 3

#### Having your Prescription Filled

- The pharmacy will check to make sure that your healthcare provider is enrolled in the TIRF REMS Access program. Only then is the pharmacy allowed to dispense the TIRF medicine to you.
- You will be automatically enrolled in the TIRF REMS Access program when you receive your first prescription for a TIRF medicine.
- The pharmacy will remind you how to take, store and dispose of your TIRF medicine correctly.
- The pharmacy will also give you a copy of the Medication Guide. Read and keep the Medication Guide.

#### Additional Program Information

For more information about your TIRF medicine, you can find a copy of the Medication Guide at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or you can call the TIRF REMS Access program at **1-866-822-1483.**

The TIRF REMS Access Program: Frequently Asked Questions

**TIRF REMS Access Program Frequently Asked Questions (FAQs)**

- I. ALL STAKEHOLDERS FAQs
- II. PATIENT FAQs
- III. OUTPATIENT PHARMACY FAQs
- IV. PRESCRIBER FAQs
- V. INPATIENT PHARMACY FAQs
- VI. DISTRIBUTOR (WHOLESALE) FAQs

## I. ALL STAKEHOLDERS FAQs

### What is a TIRF Medicine?

TIRF medicines are transmucosal immediate release fentanyl prescription medicines used to manage breakthrough pain in adults with cancer who are routinely taking other opioid (narcotic) pain medicines around-the-clock for pain. [Click here to see a full list of TIRF medicines.](#)

### What is a REMS?

REMS stands for "Risk Evaluation and Mitigation Strategy." A Risk Evaluation and Mitigation Strategy (REMS) is a risk management program required by the FDA to ensure that the benefits of a drug outweigh the risks. FDA has determined that a REMS is necessary for all marketed TIRF medicines.

### What are the goals of the TIRF REMS Access Program?

The goals of the TIRF REMS Access program are to mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors by:

1. Prescribing and dispensing TIRF medicines only to appropriate patients, which includes use only in opioid-tolerant patients.
2. Preventing inappropriate conversion between fentanyl products.
3. Preventing accidental exposure to children and others for whom it was not prescribed.
4. Educating prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose.

### What are the components of the TIRF REMS Access program?

Because of the risk for misuse, abuse, addiction, and overdose, TIRF medicines are available only through a restricted program called the TIRF REMS Access program.

An overview of the requirements for prescribers, patients, pharmacies, and distributors is included below:

- **Healthcare providers** who prescribe TIRF medicines for outpatient use must review the prescriber educational materials, enroll in the REMS program, and commit to comply with the REMS requirements.
- **Patients** who are prescribed TIRF medicines in an outpatient setting, must understand the risks and benefits of the drug and sign a Patient-Prescriber Agreement Form with their healthcare provider to receive TIRF medicines. These patients will be enrolled by the pharmacy at the time their first prescription is filled.
- **Outpatient pharmacies** that dispense TIRF medicines for outpatient use must enroll in the program, train their pharmacy staff on the REMS requirements, and agree to comply with the REMS requirements. Pharmacy staff can register online to access the Education Program and take the Knowledge Assessment for training purposes.
- **Inpatient pharmacies** that dispense TIRF medicines for inpatient use must enroll in the Program, train their pharmacy staff on the REMS requirements, and agree to comply with the REMS requirements. Pharmacy staff can register online to access the Education Program and take the Knowledge Assessment for training purposes.
- **Wholesalers and distributors** that distribute TIRF medicines must enroll in the program and commit to distributing only to authorized enrolled pharmacies.

## The TIRF REMS Access Program: Frequently Asked Questions

The educational materials referenced above will be available to prescribers and pharmacies through the TIRF REMS Access program. In an outpatient setting, FDA-approved Medication Guides will be provided to patients by prescribers and pharmacists during counseling about the proper use of TIRF medicines.

**Inpatient Use Only-** Prescribers who prescribe TIRF medicines that will only be used in an inpatient setting (e.g., hospitals, hospices, or long-term care facilities) are not required to enroll in the TIRF REMS Access program. Similarly, patients who receive TIRF medicines in an inpatient setting are not required to enroll in the TIRF REMS Access program. Long term care and hospice patients who obtain their medications from outpatient pharmacies must be enrolled.

### **Why does the TIRF REMS Access program require prescriber enrollment for outpatient prescribing?**

Prescriber enrollment is required to help ensure that prescribers receive education on the risks and safe use of TIRF medicines, and can demonstrate their understanding of how to mitigate the risks. Additionally, the educational materials will help them understand the requirements of the TIRF REMS Access program.

To become enrolled, prescribers must review the TIRF REMS Access Education Program including the Full Prescribing Information and successfully complete the Knowledge Assessment.

### **Are there requirements for prescribers for inpatient use in the TIRF REMS Access program?**

No. Healthcare providers who prescribe TIRF medicines for inpatient use only are not required to enroll in the TIRF REMS Access program.

### **Why does the TIRF REMS Access program require pharmacy enrollment?**

Pharmacy enrollment is required to help ensure that pharmacists receive education on the risks and safe use of TIRF medicines. Additionally, the educational materials will help them understand the requirements of the TIRF REMS Access program.

Only enrolled pharmacies are eligible to receive shipments of TIRF medicines and/or to dispense prescriptions written by enrolled prescribers for outpatients. A designated authorized pharmacist must review the Education Program and successfully complete the Knowledge Assessment. Only then can the authorized pharmacist complete enrollment on behalf of the pharmacy. The authorized pharmacist will train other staff within the pharmacy in the appropriate dispensing of TIRF medicines according to the TIRF REMS Access program.

Prescriptions for outpatient use written by prescribers who are not enrolled in the REMS will not be authorized by the TIRF REMS Access program and TIRF medicines will not be dispensed to an outpatient who is not enrolled.

### **Why does the TIRF REMS Access program require a Patient-Prescriber Agreement Form?**

The TIRF REMS Access program requires all prescribers to complete and sign a TIRF REMS Access Patient-Prescriber Agreement Form with each new patient, before writing the patient's first TIRF prescription. The Patient-Prescriber Agreement Form helps to ensure that each patient for whom the TIRF medicine has been prescribed is appropriately counselled on the safe



## The TIRF REMS Access Program: Frequently Asked Questions

use and storage of the TIRF medicine. The prescriber must keep a copy of the signed Patient-Prescriber Agreement Form in the patient's chart, give a copy to the patient and submit a copy to the TIRF REMS Access program within 10 working days.

A Patient-Prescriber Agreement Form is not required for inpatient use of TIRF medicines

### **Where do I find a list of local pharmacies that participate in the TIRF REMS Access program?**

The TIRF REMS Access homepage contains a feature called "Pharmacy Lookup" that is available for prescribers, and distributors, to look up and find enrolled pharmacies. This information can also be obtained by calling the TIRF REMS Access call center at **1-866-822-1483**.

### **How can I obtain TIRF REMS Access program materials?**

All TIRF REMS Access education materials and forms are available and can be downloaded from [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) using Adobe Acrobat Reader. Enrollment Forms and the Patient-Prescriber Agreement Forms can be completed online at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) after reviewing the Education Program and successfully completing the Knowledge Assessment. Materials are also available by calling the TIRF REMS Access call center at **1-866-822-1483** for assistance.

### **How do I contact the TIRF REMS Access program?**

You can contact the TIRF REMS Access program by calling the TIRF REMS Access call center at **1-866-822-1483** or by written correspondence to: TIRF REMS Access, PO Box 29036, Phoenix, AZ 85038

### **How can I report Adverse Events?**

Promptly report suspected adverse events associated with the use of a TIRF medicines including misuse, abuse, and overdose directly to the TIRF REMS Access program at **1-866-822-1483**. You also may report adverse event information to the FDA MedWatch Reporting System by telephone at (800) FDA-1088 or by mail using Form 3500, available at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

## **II. PATIENT FAQs**

### **As a patient, how do I participate with the TIRF REMS Access program?**

You must sign a Patient-Prescriber Agreement with your prescriber and take your prescription for a TIRF medicine to an 'enrolled' pharmacy. The pharmacy will enroll you in the TIRF REMS Access program. Your prescriber will go over important information you need to know before you take the TIRF medicine.

Patients in an inpatient setting are not required to participate in the TIRF REMS Access program in order to be prescribed and dispensed TIRF medicines for inpatient use only. However, if your prescriber gives you a prescription for a TIRF medicine to take at home once you leave the inpatient facility, you must sign a Patient-Prescriber Agreement Form with your prescriber to participate in the TIRF REMS Access program.

### **Where do I find a list of local pharmacies that participate in the TIRF REMS Access program?**

Only pharmacies that are enrolled in the TIRF REMS Access program can dispense TIRF medicines. Your prescriber can help you find a participating pharmacy. You can also get this information by calling the TIRF REMS Access program at **1-866-822-1483**.

### III. OUTPATIENT PHARMACY FAQs

#### What type of Outpatient Pharmacy is my pharmacy?

There are 3 types of outpatient pharmacies. They are all required to be enrolled in the TIRF REMS Access program, complete the TIRF REMS Education Program, and verify patient and prescriber enrollment when processing prescriptions. The difference is in how these pharmacies enroll in the program.

**Independent Outpatient Pharmacy:** Retail, mail order or institutional outpatient pharmacies having an authorized pharmacy representative that is responsible for ensuring enrollment and training of the pharmacy staff within an individual outpatient pharmacy. Each store will individually enroll in the TIRF REMS Access program as a single pharmacy location.

**Chain Outpatient Pharmacy:** Retail, mail or institutional outpatient pharmacy having a chain headquarters that is responsible for ensuring enrollment and training of the pharmacy staff of all associated outpatient pharmacies. The chain headquarters will enroll multiple pharmacy locations (i.e.: chain stores) in the TIRF REMS Access program.

**Closed System Outpatient Pharmacy:** Institutional or mail order outpatient pharmacies that uses a pharmacy management system that does not support the process of electronically transmitting the validation and claim information currently required by the TIRF REMS Access program. If you believe you are a closed system outpatient pharmacy, call the TIRF REMS Access program call center at 1-866-822-1483 to discuss enrollment.

#### How does an Independent Outpatient Pharmacy enroll in the TIRF REMS Access program?

The authorized pharmacist must review the Education Program, successfully complete the Knowledge Assessment and complete the Independent Outpatient Pharmacy Enrollment Form through the website or complete and fax the signed Enrollment Form and Knowledge Assessment to the TIRF REMS Access program at **1-866-822-1487**.

The authorized pharmacist must ensure the pharmacy enables their pharmacy management system to support communication with the TIRF REMS Access system, using established telecommunication standards, and run the standardized validation test transactions.

Before a pharmacy is able to dispense prescriptions to outpatients, an enrollment form must be received either via the website by faxing or mailing it to the TIRF REMS Access program for each pharmacy requesting enrollment in the program. (See information on chain outpatient pharmacy enrollment below.)

#### How does a Chain Outpatient Pharmacy enroll in the TIRF REMS Access program?

An authorized chain outpatient pharmacy representative completes the TIRF REMS Access training, Knowledge Assessment and enrollment on behalf of all the pharmacies within the chain and then documents and manages training of all pharmacy staff by the chains' internal processes. Pharmacy staff can register online to access the Education Program and take the Knowledge Assessment for training purposes.

As part of enrollment, a chain outpatient pharmacy must enable the pharmacy management system to support communication with the TIRF REMS Access system, using established

telecommunication standards, and must run the standardized validation test transactions. For further information or to enroll, access the TIRF REMS Access website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or call the TIRF REMS Access program call center at **1-866-822-1483** for further assistance.

**How does a Closed System Outpatient Pharmacy enroll in the TIRF REMS Access program?**

If you believe you are a closed system outpatient pharmacy, call the TIRF REMS Access program call center at **1-866-822-1483** to discuss enrollment.

**How long is my enrollment effective in TIRF REMS Access?**

Your enrollment is effective for two (2) years. You will be required to re-enroll in the TIRF REMS Access program every two (2) years if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

Independent outpatient pharmacies and chain outpatient pharmacies may re-enroll online or by fax. Closed system outpatient pharmacies may re-enroll by fax only.

For re-enrollment online, go to the "Enrollment Activity" tab on the TIRF REMS Access program website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)). The "Enrollment Activity" tab allows you to:

- Add to, update, or delete your registration information on file.
- Review the TIRF REMS Access Education Program.
- Take the TIRF REMS Access Knowledge Assessment.
- Submit your enrollment form by providing your attestation and signature.

For re-enrollment by fax, review the TIRF REMS Access program Education Materials and submit a new TIRF REMS Access Enrollment Form and Knowledge Assessment to the TIRF REMS Access program at 1-866-822-1487. All TIRF REMS Access Education Materials and Enrollment Forms are available and can be downloaded from [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) using Adobe Acrobat Reader or by calling the TIRF REMS Access call center at **1-866-822-1483**.

**If the patient's prescription is denied, will the TIRF REMS Access system explain the reason?**

All TIRF prescriptions (excluding inpatient use), must go through an electronic verification system via the pharmacy management system. When a prescription is denied, an appropriately coded message will be displayed on the pharmacy management system. For assistance, please call the TIRF REMS Access call center at **1-866-822-1483** for any information related to your denial.

**How does a pharmacy obtain TIRF Medicines from a distributor?**

Only enrolled distributors are allowed to distribute TIRF medicines to enrolled pharmacies. The TIRF REMS Access program provides frequently updated lists of all pharmacies that are currently enrolled in the program that distributors can use to verify enrollment before distributing TIRF medicines to a pharmacy.

## **Chain and Independent Outpatient Pharmacy CASH Claim FAQs**

### **What is the definition of a TIRF REMS CASH Claim?**

The definition of a TIRF REMS CASH Claim is any claim for a TIRF medicine that is not electronically transmitted to a Third Party Insurance BIN using the pharmacy management system and established telecommunication standards. This includes claims for patients without prescription coverage or any paper claims submitted to a program for payment.

### **Does a TIRF REMS CASH claim need to be submitted to the TIRF REMS Access Program?**

Yes, all TIRF prescriptions, including CASH claims and other claims (i.e. workers comp), must be submitted to the TIRF REMS Access program to validate the enrollment status of the prescriber, patient and pharmacy prior to dispensing TIRF medicine to the patient.

### **How do I submit a TIRF REMS CASH claim to the TIRF REMS Access Program?**

Prior to dispensing TIRF medicines, transmit using the REMS CASH BIN 014780, to submit a CASH claim to the TIRF REMS Access program.

#### **IV. PRESCRIBER FAQs**

##### **What is the enrollment process?**

The prescriber must review the Education Program, successfully complete the Knowledge Assessment and complete an enrollment form through the website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com), or complete and fax the signed Enrollment Form and Knowledge Assessment to the TIRF REMS Access program at **1-866-822-1487**.

A prescriber may obtain an enrollment form online from the TIRF REMS Access website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)) or by calling **1-866-822-1483**.

The program requires that a signed enrollment form and Knowledge Assessment be received by the TIRF REMS Access program for each prescriber who requests enrollment. Only healthcare providers who will prescribe TIRF medicines for outpatient use are required to be enrolled in the TIRF REMS Access program.

##### **How long is my enrollment effective in TIRF REMS Access?**

Your enrollment is effective for two (2) years. You will be required to re-enroll in the TIRF REMS Access program every two (2) years if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

You may re-enroll via your "Enrollment Activity" tab on the TIRF REMS Access program website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)). The "Enrollment Activity" tab allows you to:

- Add to, update, or delete your registration information on file.
- Review the TIRF REMS Access Education Program.
- Take the TIRF REMS Access Knowledge Assessment.
- Submit your enrollment form by providing your attestation and signature.

Alternatively, you may also complete re-enrollment via fax by reviewing the TIRF REMS Access program Education Materials and submitting a new TIRF REMS Access Enrollment Form and Knowledge Assessment into the TIRF REMS Access program at 1-866-822-1487. All TIRF REMS Access Education Materials and Enrollment Forms are available and can be downloaded from [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) using Adobe Acrobat Reader or by calling the TIRF REMS Access call center at **1-866-822-1483**.

##### **Where do I find a list of local pharmacies that participate in the TIRF REMS Access program?**

A list of participating pharmacies can be found on the TIRF REMS Access website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)) homepage under the link "Pharmacy Lookup". You may also call **1-866-822-1483**.

Patients can find a participating pharmacy by calling the TIRF REMS Access program at **1-866-822-1483**.

**Can I write an order for TIRF Medicines for inpatient use?**

Yes, prescribers can write orders for TIRF medicines for inpatient use without the prescriber or the patient being enrolled in the TIRF REMS Access program. However, the inpatient pharmacy needs to be enrolled in the TIRF REMS Access program to receive and dispense TIRF medicines to inpatients in the healthcare facility.

If a prescriber is discharging a patient with a TIRF medicine prescription, intended to be filled by an outpatient pharmacy, then the prescriber must be enrolled in the TIRF REMS Access program and complete a Patient-Prescriber Agreement Form. The prescription for outpatient use can only be filled through an enrolled outpatient pharmacy.

Additional information on the TIRF REMS Access Education Program and enrollment can be obtained through the TIRF REMS Access program ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)) or by calling **1-866-822-1483**.

## V. INPATIENT PHARMACY FAQs

### **How do I enroll as an inpatient pharmacy?**

To enroll, the inpatient pharmacy must designate an authorized pharmacist who will review the required Education Program and successfully complete the Knowledge Assessment for the TIRF REMS Access program. Upon successful completion of the Knowledge Assessment, the authorized pharmacist will complete and sign the Inpatient Pharmacy Enrollment Form through the website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)). The Knowledge Assessment and Enrollment Form may also be completed, signed, and faxed to the TIRF REMS Access program at 1-866-822-1487.

Additional information about the TIRF REMS Access Education Program and enrollment can be obtained through the TIRF REMS Access program ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)) or by calling **1-866-822-1483**.

### **How long is my enrollment effective in TIRF REMS Access?**

Your enrollment is effective for two (2) years. You will be required to re-enroll in the TIRF REMS Access program every two (2) years if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

You may re-enroll via your "Enrollment Activity" tab on the TIRF REMS Access program website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)). The "Enrollment Activity" tab allows you to:

- Add to, update, or delete your registration information on file.
- Review the TIRF REMS Access Education Program.
- Take the TIRF REMS Access Knowledge Assessment.
- Submit your enrollment form by providing your attestation and signature.

Alternatively, you may also complete re-enrollment via fax by reviewing the TIRF REMS Access program Education Materials and submitting a new TIRF REMS Access Enrollment Form and Knowledge Assessment into the TIRF REMS Access program at 1-866-822-1487. All TIRF REMS Access Education Materials and Enrollment Forms are available and can be downloaded from [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) using Adobe Acrobat Reader or by calling the TIRF REMS Access call center at **1-866-822-1483**.

### **Can inpatient pharmacies obtain TIRF Medicines in a Healthcare Facility?**

Yes. However, the inpatient pharmacy within or associated with the healthcare facility must be enrolled in the TIRF REMS Access program before inpatient pharmacies can purchase TIRF medicines.

Additional information can be obtained from [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by calling the TIRF REMS Access call center at **1-866-822-1483**.



## **VI. DISTRIBUTOR (WHOLESALE) FAQs**

### **Does a distributor have to enroll in the TIRF REMS Access program?**

Yes, distributors will need to enroll in the TIRF REMS Access program in order to be able to purchase and distribute TIRF medicines.

### **How long is my enrollment effective in TIRF REMS Access?**

Your enrollment is effective for two (2) years. You will be required to re-enroll in the TIRF REMS Access program every two (2) years if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

You can complete re-enrollment via fax by submitting a new TIRF REMS Access Enrollment Form into the TIRF REMS Access program at 1-866-822-1487. TIRF REMS Access Enrollment Forms are available and can be downloaded from [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) using Adobe Acrobat Reader or by calling the TIRF REMS Access call center at **1-866-822-1483**.

### **What are the TIRF REMS Access program requirements for a distributor?**

To enroll in the TIRF REMS Access program, a distributor will have to complete and sign the Distributor Enrollment Form. In signing the enrollment form, the distributor is required to indicate that they understand that TIRF medicines are available only through the TIRF REMS Access program and they will comply with the program requirements.

### **How can enrolled distributors access a list of pharmacies that participate in the TIRF REMS Access program?**

After enrollment, distributors can access the current list of enrolled pharmacies by:

- Downloading from a secure FTP site (you will be contacted regarding the TIRF REMS Access secure FTP site once your enrollment is complete).
- Utilizing the feature "Pharmacy Look Up" on a password protected section of the TIRF REMS Access website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com))
- Calling the TIRF REMS Access call center at **1-866-822-1483**.

**Important Drug Warning**

**Subject: Announcement of a single shared REMS (Risk Evaluation and Mitigation Strategy) program for all Transmucosal Immediate Release Fentanyl (TIRF) products due to the potential risk of misuse, abuse, addiction, overdose and serious complications due to medication errors**

**The TIRF REMS Access program is a Food and Drug Administration (FDA) required risk management program**

Dear Healthcare Provider:

The purpose of this letter is to make you aware of a change from individual REMS programs to a shared REMS program (the TIRF REMS Access program) and to provide guidance on enrollment into the new shared REMS program **beginning mm/dd/yyyy**. The individual REMS programs are being converted to the TIRF REMS Access program to reduce the burden on the healthcare providers and the healthcare system of having multiple individual programs. The products covered under this new program include:

- Abstral<sup>®</sup> (fentanyl) sublingual tablets
- Actiq<sup>®</sup> (fentanyl citrate) oral transmucosal lozenge
- Fentora<sup>®</sup> (fentanyl citrate) buccal tablet
- Lazanda<sup>®</sup> (fentanyl) nasal spray
- Onsolis<sup>®</sup> (fentanyl buccal soluble film)
- Subsys<sup>™</sup> (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program

**Prescriber Action:**

***Option 1: If you are already enrolled in at least one individual REMS program***

- Your enrollment information will be automatically entered into the new shared TIRF REMS Access program. Your enrollment in the shared TIRF REMS Access program allows prescribing of all TIRF medicines that are covered under the TIRF REMS Access program. The website for the shared TIRF REMS Access program can be accessed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
- You can use your existing secure user ID and password from any one of your individual REMS programs to access the TIRF REMS Access website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) and prescribe all TIRF medicines.
  - The user ID and password you use to initially log on will become your permanent user ID and password for the shared TIRF REMS Access program.
- The TIRF REMS Access Education Program is available on the shared TIRF REMS Access website or by calling **1-866-822-1483**. We recommend that you review the TIRF REMS Access Education Program for information on all the products that are available under the TIRF REMS Access program.
- You will be required to re-enroll in the shared TIRF REMS Access program two (2) years after your last enrollment in an individual REMS program if you wish to continue prescribing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.
- Patients that have already signed a Patient-Prescriber Agreement Form on file will not have to sign another form until their two year enrollment is due.

**Option 2: If you do not have an existing enrollment in any individual REMS program**

- Access the TIRF REMS Access program at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) to create an account.
- Review the TIRF REMS Access Education Program materials available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) including the Full Prescribing Information for each product covered in this program, and successfully complete the Knowledge Assessment.
- Enroll in the TIRF REMS Access program by completing the Prescriber Enrollment Form and re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.
- If you are unable to enroll online, please call the TIRF REMS program call center at 1-866-822-1483 for further assistance.

**The goals of the TIRF REMS Access program are to mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors by:**

1. Prescribing and dispensing TIRF medicines only to appropriate patients, which includes use only in opioid-tolerant patients.
2. Preventing inappropriate conversion between fentanyl products.
3. Preventing accidental exposure to children and others for whom it was not prescribed.
4. Educating prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose of TIRF medicines.

This new shared program replaces the individual product REMS that were previously available. Any prescribers, pharmacies, patients and distributors enrolled in these programs will be automatically transitioned to the new shared TIRF REMS Access program beginning **mm/dd/yyyy**. If you have not enrolled in one or more of these individual REMS programs and you intend to prescribe any of these products for outpatient use you must enroll in the TIRF REMS program.

For inpatient administration (e.g. hospitals, in-patient hospices, and long-term care facilities that dispense for inpatient use) of these products, patient and prescriber enrollment in the TIRF REMS Access program is not required.

TIRF medicines are opioid analgesics indicated only for the management of breakthrough pain in cancer patients 18 years of age and older (16 years of age and older for Actiq<sup>®</sup> brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain, unless otherwise indicated in the product label.

Patients considered opioid-tolerant are those who are regularly taking at least 60 mg oral morphine/day, or at least 25 micrograms transdermal fentanyl/hour, or at least 30 mg of oral oxycodone/day, or at least 8 mg oral hydromorphone/day, or at least 25 mg oral oxymorphone/day or an equianalgesic dose of another opioid for one week or longer.

**To help you understand the TIRF REMS Access program the following program materials are available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or can be ordered by calling 1-866-822-1483:**

- Prescriber Program Overview
- TIRF REMS Access Education Program
- Knowledge Assessment Form
- Prescriber Enrollment Form
- Frequently Asked Questions

The TIRF REMS Access Program: Dear Healthcare Provider Letter

**You can also access the following patient materials at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or order them by calling 1-866-822-1483:**

- An Overview for Patients and Caregivers
- Patient-Prescriber Agreement Form
- Frequently Asked Questions
- Full Prescribing Information and Medication Guides for each TIRF medicine

**To access the above information and to enroll in the TIRF REMS Access program, visit [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or call 1-866-822-1483 to have enrollment materials sent to you.**

## **Selected Important Safety Information**

### ***IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE***

**TIRF medicines contain fentanyl, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics.** TIRF medicines can be abused in a manner similar to other opioid agonists, legal or illicit. Consider the potential for abuse when prescribing or dispensing TIRF medicines in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse or diversion. Schedule II opioid substances which include morphine, oxycodone, hydromorphone, oxymorphone, and methadone have the highest potential for abuse and risk of fatal overdose due to respiratory depression.

Serious adverse events, including deaths, in patients treated with some oral transmucosal fentanyl medicines have been reported. Deaths occurred as a result of improper patient selection (e.g., use in opioid non-tolerant patients) and/or improper dosing. The substitution of a TIRF medicine for any other fentanyl medicine, including another TIRF medicine, may result in fatal overdose.

**TIRF medicines are indicated only for the management of breakthrough pain in adult cancer patients 18 years of age and older (16 years of age and older for Actiq® brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain.**

Patients considered opioid-tolerant are those who are taking:

- at least 60 mg of oral morphine/daily
- at least 25 mcg transdermal fentanyl/hour
- at least 30 mg of oral oxycodone daily
- at least 8 mg oral hydromorphone daily
- at least 25 mg oral oxymorphone daily
- or an equianalgesic dose of another opioid daily for a week or longer.

**TIRF medicines are contraindicated in opioid non-tolerant patients** and are contraindicated in the management of acute or postoperative pain, including headache/migraine and dental pain, or use in the emergency room. Please see the individual medicine prescribing information for a full list of specific situations in which TIRF medicines are not indicated or are contraindicated. Life-threatening respiratory depression could occur at any dose in opioid non-tolerant patients. Deaths have occurred in opioid non-tolerant patients treated with some TIRF medicines.

When prescribing, do not convert patients on a mcg per mcg basis from another fentanyl medicine to a TIRF medicine, except for substitutions between a branded TIRF medicine and its generic equivalent. Patients beginning treatment with TIRF medicines must begin with titration from the lowest available dose for that specific medicine. Carefully consult the Initial Dosing Instructions in the TIRF medicine-specific Full Prescribing Information.

When dispensing, TIRF medicines are not interchangeable with each other, regardless of route of administration. Differences exist in the pharmacokinetics of TIRF medicines resulting in clinically important differences in the amount of fentanyl absorbed that could cause a fatal overdose. Converting patients from one TIRF medicine to a different TIRF medicine must not be done on a microgram-per-microgram basis, and must be titrated according to the labeled dosing instructions each time they begin use of a new TIRF medicine. The only exception is for substitution between a branded TIRF medicine and its specific generic equivalent.

Special care must be used when dosing TIRF medicines. Refer to the Full Prescribing Information for the individual TIRF medicine for guidance on the maximum number of doses that can be taken per breakthrough pain episode and the time that patients must wait before treating another episode of breakthrough pain with the TIRF medicine.

TIRF medicines are intended to be used only in the care of opioid-tolerant cancer patients and only by healthcare professionals who are knowledgeable of, and skilled in, the use of Schedule II opioids to treat cancer pain.

**Patients and their caregivers must be instructed that TIRF medicines contain a medicine in an amount which can be fatal in children, in individuals for whom it is not prescribed, and in those who are not opioid-tolerant. All medicines must be kept out of the reach of children.**

The concomitant use of TIRF medicines with cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, and may cause potentially fatal respiratory depression.

### **Adverse Reactions**

The most commonly observed adverse reactions with TIRF medicines include typical opioid adverse reactions, such as nausea, vomiting, constipation, somnolence, dizziness, and headache. Refer to individual medicine prescribing information for all adverse reactions. Expect opioid side effects and manage them accordingly.

Please see the individual Full Prescribing Information for each TIRF medicine for all information including boxed warnings, and Medication Guide for important safety information for each TIRF medicine.

### **Adverse Event Reporting**

Promptly report suspected adverse events including misuse, abuse, addiction and overdoses directly to the TIRF REMS Access program at **1-866-822-1483**. You also may report adverse event information to the FDA MedWatch Reporting System by telephone at 1-800-FDA-1088 or by mail using Form 3500, available at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### **Medication Guide**

It is important that you discuss the risks of TIRF medicines with your patients and encourage them to read the relevant Medication Guide. The Medication Guide provides important information on the safe and effective use of TIRF medicines and you will need to review the appropriate Medication Guide for the TIRF medicine you prescribe/dispense to your patient.

The TIRF REMS Access Program: Dear Healthcare Provider Letter

Patients should be counseled on the need to store TIRF medicines safely out of the reach of children and other persons for whom the medicine is not prescribed.

Provide your patient with a copy of the appropriate Medication Guide for the TIRF medicine you prescribe. Medication Guides will be provided to you by the manufacturers of individual TIRF medicines. If you require additional Medication Guides you can:

- Print copies from the TIRF REMS Access program website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
- Contact the TIRF REMS Access program at **1-866-822-1483**.

Sincerely,

TIRF REMS Access Industry Group

**Attachment 1:**

**List of TIRF Medicines Available Only through the TIRF REMS Access Program**

- ABSTRAL® (fentanyl) sublingual tablets
- ACTIQ® (fentanyl citrate) oral transmucosal lozenge
- FENTORA® (fentanyl citrate) buccal tablet
- LAZANDA® (fentanyl) nasal spray
- ONSOLIS® (fentanyl buccal soluble film)
- SUBSYS™ (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program.





### TIRF REMS Access Program Home

#### What is the TIRF REMS Access Program?

The Transmucosal Immediate Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS) program is an FDA-required program designed to ensure informed risk-benefit decisions before initiating treatment, and while patients are treated to ensure appropriate use of TIRF medicines. The purpose of the TIRF REMS Access program is to mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors with the use of TIRF medicines.

**You must enroll in the TIRF REMS Access program to prescribe, dispense, or distribute TIRF medicines.**

If you have never enrolled in a REMS program for a product that is covered under the TIRF REMS Access program, click [Create My Account](#).

**Log In TIRF REMS Access Account**

User ID:

Password:

[Forgot Password?](#)

[Forgot User ID?](#)

New User:

[Click here for a list of Products Covered under the TIRF REMS Access program](#)

**Important Safety Information (ISI) is included on the bottom of the Home Page. To reduce the space and image distortion, ISI is not shown as part of Home Page in this document.**

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

### **An Overview for Independent Outpatient Pharmacies**

**To dispense TIRF medicines, your Independent Outpatient Pharmacy must enroll in the TIRF REMS Access program.**

#### **What is the TIRF REMS Access Program?**

The TIRF REMS (Risk Evaluation and Mitigation Strategy) Access program is designed to ensure informed risk-benefit decisions before initiating treatment and, while patients are on treatment, to ensure appropriate use of TIRF medicines. TIRF medicines are available only through a restricted distribution program required by the Food and Drug Administration (FDA), because of the risk for misuse, abuse, addiction, overdose, and serious complications due to medication errors. A list of TIRF medicines available through the TIRF REMS Access program is located on the TIRF Products web page at [www.TIRFREMSaccess.com/TirfUI/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList).

#### **How does the TIRF REMS Access program work?**

The TIRF REMS Access program requires pharmacies, prescribers, patients and wholesalers to enroll in the program in order to utilize TIRF medications. The supply of TIRF medicines to pharmacies is controlled by enrolled distributors, who will verify the current enrollment status of the pharmacy prior to shipment of TIRF medicines. Pharmacies are required to verify the prescriber and the patient are enrolled in the TIRF REMS Access program before dispensing any TIRF medication.

#### **Does your pharmacy qualify as an Independent Outpatient Pharmacy?**

For the purposes of this REMS, an independent outpatient pharmacy is defined as an outpatient pharmacy such as a retail, mail or institutional outpatient pharmacy having an authorized pharmacy representative that is responsible for ensuring enrollment and training of the pharmacy staff within an individual outpatient pharmacy. Each store will individually enroll in TIRF REMS Access as a single pharmacy location. Additionally, to qualify as an independent outpatient pharmacy, your pharmacy must use a pharmacy management system to electronically transmit the required validation and claim information to the TIRF REMS Access program using established telecommunication standards.

**NOTE:** There are different requirements for inpatient pharmacies that only dispense for inpatient use. Please refer to "An Overview for Inpatient Pharmacies" for more information.

### **Options and Requirements for the TIRF REMS Access Program for Independent Outpatient Pharmacies**

#### **Pharmacy Education, Enrollment & Pharmacy Management Systems**

**All enrollment activities can be completed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)**

## **If I have previously enrolled in an individual TIRF REMS do I need to enroll in the shared TIRF REMS Access Program?**

All pharmacy enrollment information was transferred from the individual TIRF REMS to the TIRF REMS Access Program on March 12, 2012. If the authorized pharmacist or pharmacy representative logged onto the TIRF REMS Access program website and agreed to the shared program terms and conditions before September 12, 2012, your pharmacy is able to order and dispense *all* TIRF medications. If the authorized pharmacist or pharmacy representative has not agreed to the shared terms and conditions, your pharmacy will need to enroll in the TIRF REMS Access program (see how to enroll below).

You will be required to re-enroll in the shared TIRF REMS two (2) years after your last enrollment in an individual REMS program if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

*The following two sections provide detailed information on the Enrollment Process (Section 1) and the Dispensing Process (Section 2) for TIRF medicines in an independent outpatient pharmacy.*

## **Section 1: Enrollment Process**

### **Summary of Enrollment:**

1. Select an individual to be your Authorized Independent Outpatient Pharmacy Representative.
2. Create an account and complete registration at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
3. Complete the TIRF REMS Access Education Program and Knowledge Assessment.
4. Complete and submit an Independent Outpatient Pharmacy Enrollment form.
5. Enable the pharmacy management system to support communication with the TIRF REMS Access system.
6. Train pharmacy staff.

### **Detailed Enrollment Process**

#### **Step 1: Select an individual to be your Authorized Chain Representative**

- Select an authorized pharmacy representative to establish and oversee the TIRF REMS Access program requirements.

#### **Step 2: Create an account and complete registration at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)**

- Create an account at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) and then complete registration on behalf of your pharmacy.

**How do I create an account and complete the TIRF REMS Access registration on-line?**

- Select the Create Account button on the home page
- Complete the Create Account Information section
- Select 'No' if you have not submitted an enrollment form via fax at the 'Already enrolled via Fax and have an enrollment ID?' prompt
- Create User ID and password and select 'Create My Account'
- Select 'Pharmacy' as the option to best describe you and select 'Continue'
- Select 'Independent Outpatient Authorized Pharmacist'
- Review the content in the pop-up box and select 'Confirm' to continue
- Complete required fields on the Independent Outpatient Pharmacy Registration page and select 'Submit' to continue

**Step 3: Complete the TIRF REMS Access Education Program and Knowledge Assessment**

**How do I complete the TIRF REMS Access Education Program by fax?**

- Review the TIRF REMS Access Education Program. A printable version of the TIRF REMS Access Education Program is available online at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by contacting the TIRF REMS Access call center at **1-866-822-1483**.
- Once you have reviewed the Education Program complete the Knowledge Assessment and submit by fax to **1-866-822-1487**.
- The TIRF REMS Access program will notify you of the status of your Knowledge Assessment via your indicated preferred method of communication (fax or e-mail).

**How do I complete the TIRF REMS Access Education Program online?**

- Select the 'Start the TIRF REMS Access Education Program' to proceed to the training upon completion of registration
- Select 'Go To Knowledge Assessment', complete the Knowledge Assessment, and select 'Submit Assessment'
- A Knowledge Assessment Confirmation Code will be provided once the assessment is completed successfully

**Step 4: Complete and submit Independent Outpatient Pharmacy Enrollment**

- To finalize enrollment in the TIRF REMS Access program complete Independent Outpatient Pharmacy Enrollment.

- If you are unable to enroll online, please call the TIRF REMS Access program call center at **1-866-822-1483** for further assistance.

### **How do I complete the TIRF REMS Access Enrollment on-line?**

- Upon successful completion of the TIRF REMS Access Education Program and Knowledge Assessment, you will be prompted to read the TIRF REMS Access attestation and enter your electronic signature, today's date, and check the attestation box before clicking 'Submit'.

NOTE: You are required to re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

### **Step 5: Confirm the Pharmacy Management System supports communication with the TIRF REMS Access system**

- Following completion of steps 1-4 above, you will receive instruction on how to submit test transactions to the TIRF REMS Access program. Successful submission of the test transaction confirms the pharmacy management system supports communication with the TIRF REMS Access system.
- After successful completion of the test transactions you will receive enrollment confirmation.

### **Step 6: Train Pharmacy Staff**

- Ensure that all pharmacy staff involved in the processing and dispensing of TIRF medicines have been trained to only dispense TIRF medicines in accordance with the TIRF REMS Access program requirements.
  - Pharmacy staff can register online to access the Education Program and take the Knowledge Assessment for training purposes.
- Ensure that this training is documented and retained by the pharmacy. This documentation should include the pharmacist/pharmacy staff member's name, the date training was completed and the method of training as a minimum.

## **Section 2: Dispensing Process**

### **Summary of Dispensing Process**

1. Confirm pharmacy staff is trained.
2. Confirm patient and prescriber enrollment in TIRF REMS Access Program.
3. Dispense TIRF medication.
4. Counsel patient and provide medication guide.

### **Detailed Dispensing Process**

#### **Step 1: Confirm that the Pharmacy staff is trained**

- Ensure all pharmacy staff involved in the processing and dispensing of TIRF medicines have been trained to specifically dispense TIRF medicines in accordance with the TIRF REMS Access program requirements available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com). (see Section 1, Step 6 : Train Pharmacy Staff).

### **Step 2: Confirm prescriber and patient enrollment**

- Each pharmacy site must confirm that the prescriber and patient are enrolled in the TIRF REMS Access program prior to dispensing each TIRF prescription by submitting a pharmacy billing claim via the chain pharmacy practice management system. This includes third party insurance claims, cash claims and any other claims (i.e.: workers compensation). Submitting a claim for a patient's first TIRF prescription through the pharmacy management system will automatically enroll that patient in the TIRF REMS Access program.
- To allow the TIRF REMS Access program to confirm prescriber and patient enrollment the pharmacy practice management system must populate the following fields in the pharmacy billing claim\*:
  - Patient First Name,
  - Patient Last Name,
  - Patient Date of Birth,
  - Patient ZIP / Postal Zone,
  - Quantity Dispensed,
  - Days Supply,
  - Prescriber ID,
  - Prescriber Last Name

\*Use BIN 014780 for all cash and non-third party claims.
- If the prescriber or patient enrollment is not confirmed, or if any other rejection message is received that prevents the prescription from being filled, contact the TIRF REMS Access call center at **1-866-822-1483** for further instruction.

### **Step 3: Dispense TIRF Medication**

- Receive approval from the TIRF REMS Access program and then prepare, label and dispense the medication.

### **Step 4: Counsel Patient and Provide Medication Guide**

- Advise the patient on how to take, store and dispose of TIRF medicine appropriately.
- Provide a copy of the product specific Medication Guide to the patient with each prescription.

### **Reporting Adverse Events and Monitoring**

The TIRF REMS Access Program: An Overview for Independent Outpatient Pharmacies

To report any adverse events including the misuse, abuse, addiction, or overdose of TIRF medication contact:

- TIRF REMS Access program at 1-866-822-1483 and/or
- FDA MedWatch program by phone at 1-800-FDA-1088 or online at [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm)

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

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

### **An Overview for Chain Outpatient Pharmacies**

**To dispense TIRF medicines, your Chain Outpatient Pharmacy must enroll in the TIRF REMS Access program.**

#### **What is the TIRF REMS Access Program?**

The TIRF REMS (Risk Evaluation and Mitigation Strategy) Access program is designed to ensure informed risk-benefit decisions before initiating treatment and, while patients are on treatment, to ensure appropriate use of TIRF medicines. TIRF medicines are available only through a restricted distribution program required by the Food and Drug Administration (FDA), because of the risk for misuse, abuse, addiction, overdose, and serious complications due to medication errors. A list of TIRF medicines available through the TIRF REMS Access program is located on the TIRF Products web page at [www.TIRFREMSaccess.com/TirfUI/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList).

#### **How does the TIRF REMS Access program work?**

The TIRF REMS Access program requires pharmacies, prescribers, patients and wholesalers to enroll in the program in order to utilize TIRF medications. The supply of TIRF medicines to pharmacies is controlled by enrolled distributors, who will verify the current enrollment status of the pharmacy prior to shipment of TIRF medicines. Pharmacies are required to verify the prescriber and the patient are enrolled in the TIRF REMS Access program before dispensing any TIRF medication.

#### **Does your pharmacy qualify as a Chain Outpatient Pharmacy?**

For the purposes of this REMS, a chain outpatient pharmacy is defined as an outpatient pharmacy such as a retail, mail order or institutional outpatient pharmacy having a chain headquarters that is responsible for ensuring enrollment and training of the pharmacy staff of all associated outpatient pharmacies. The chain headquarters will enroll multiple pharmacy locations (i.e.: chain stores) in the TIRF REMS Access program. Additionally, to qualify as a chain outpatient pharmacy, your pharmacy must use a pharmacy management system to electronically transmit the required validation and claim information to the TIRF REMS Access program using established telecommunication standards.

**NOTE:** There are different requirements for inpatient pharmacies that only dispense for inpatient use. Please refer to "An Overview for Inpatient Pharmacies" for more information.



## **Overview of the TIRF REMS Access Program for Chain Outpatient Pharmacies: Steps for Enrollment and Program Requirements**

### **Chain Outpatient Pharmacy Education, Enrollment & Pharmacy Management Systems**

***All enrollment activities can be completed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)***

#### **If I have previously enrolled in an individual TIRF REMS do I need to enroll in the shared TIRF REMS Access Program?**

All pharmacy enrollment information was transferred from the individual TIRF REMS to the TIRF REMS Access program on March 12, 2012. If the authorized pharmacist or pharmacy representative logged onto the TIRF REMS Access program website, executed a TIRF REMS Access contract with their switch provider to agree to the shared program terms and conditions before September 12, 2012, your pharmacy is able to order and dispense all TIRF medications. If the authorized pharmacist or pharmacy representative has not agreed to the shared terms and conditions, your pharmacy will need to enroll in the TIRF REMS Access program (see how to enroll below).

You will be required to re-enroll in the shared TIRF REMS two (2) years after your last enrollment in an individual REMS program if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

The following two sections provide detailed information on the Enrollment Process (Section 1) and the Dispensing Processes (Section 2) for TIRF medicines in a chain outpatient pharmacy.

## **Section 1: Enrollment Process**

### **Summary of Enrollment Process**

1. Execute a TIRF REMS Access contract with your switch provider.
2. Select an individual to be your Authorized Chain Outpatient Pharmacy Representative.
3. Create an account and complete registration at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)
4. Complete the TIRF REMS Access Education Program and Knowledge Assessment.
5. Complete and submit a Chain Outpatient Pharmacy Enrollment form
6. Enable the pharmacy management system to support communication with the TIRF REMS Access system.
7. Train pharmacy staff.

## **Detailed Enrollment Process**

### **Step 1: Execute a TIRF REMS Access contract with your switch provider**

- Call the TIRF REMS Access program at **1-866-822-1483**.
- The TIRF REMS program will notify your switch provider and advise that a contract must be executed for participation in the program.

Your account executive will contact you directly and work with you to establish a contractual agreement.

### **Step 2: Select an individual to be your Authorized Chain Outpatient Pharmacy Representative**

- Select an authorized chain outpatient pharmacy representative to establish and oversee the TIRF REMS Access program requirements.

### **Step 3: Create an account and complete registration at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)**

- Create an account at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) and then complete registration at the corporate level on behalf of your individual pharmacies.

#### **How do I create an account and complete the TIRF REMS Access registration on-line?**

- Select the Create Account button on the home page
- Complete the Create Account Information section
- Select 'No' if you have not submitted an enrollment form via fax at the 'Already enrolled via Fax and have an enrollment ID?' prompt
- Create User ID and password and select 'Create My Account'
- Select 'Pharmacy' as the option to best describe you and select 'Continue'
- Select 'Chain Outpatient Pharmacy – Authorized Chain Outpatient Pharmacy Representative'
- Review the content in the pop-up box and select 'Confirm' to continue
- Complete required fields on the Chain Outpatient Pharmacy Registration page and select 'Submit' to continue

### **Step 4: Complete the TIRF REMS Access Education Program and Knowledge Assessment**

#### **How do I complete the TIRF REMS Access Education Program by fax?**

- Review the TIRF REMS Access Education Program. A printable version of the TIRF REMS Access Education Program is available online at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by contacting the TIRF REMS Access call center at **1-866-822-1483**.

- Once you have reviewed the Education Program complete the Knowledge Assessment and submit by fax to **1-866-822-1487**.
- The TIRF REMS Access program will notify you of the status of your Knowledge Assessment via your indicated preferred method of communication (fax or e-mail).

**How do I complete the TIRF REMS Access Education Program online?**

- Select the 'Start the TIRF REMS Access Education Program' to proceed to the training upon completion of registration
- Select 'Go To Knowledge Assessment', complete the Knowledge Assessment, and select 'Submit Assessment'
- A Knowledge Assessment Confirmation Code will be provided once the assessment is completed successfully

**Step 5: Complete and submit Chain Outpatient Pharmacy Enrollment**

- To finalize enrollment in the TIRF REMS Access program complete Chain Outpatient Pharmacy Enrollment.
- If you are unable to enroll online, please call the TIRF REMS Access program call center at **1-866-822-1483** for further assistance.

**How do I complete the TIRF REMS Access Enrollment on-line?**

- Upon successful completion of the TIRF REMS Access Education Program and Knowledge Assessment, you will be prompted to read the TIRF REMS Access attestation and enter your electronic signature, today's date, and check the attestation box before clicking 'Submit'.

NOTE: You are required to re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

**Step 6: Confirm the Pharmacy Management System supports communication with the TIRF REMS Access system**

- A chain outpatient pharmacy is required to complete test transactions one time on behalf of all their stores. Following completion of steps 1-5 above, you will receive instruction on how to submit test transactions to the TIRF REMS Access program. Successful submission of the test transaction confirms the pharmacy management system supports communication with the TIRF REMS Access system.
- After successful completion of the test transactions you will receive enrollment confirmation.

**Step 7: Train Pharmacy Staff**

- Ensure that all chain outpatient pharmacy staff involved in the processing and dispensing of TIRF medicines have been trained to only dispense TIRF medicines in accordance with the TIRF REMS Access program requirements.
  - Pharmacy staff can register online to access the Education Program and take the Knowledge Assessment for training purposes.
- Ensure that this training is documented and retained by the chain outpatient pharmacy in accordance to the chains' internal processes. This documentation should include the pharmacist/pharmacy staff member's name, the date training was completed and the method of training, as a minimum.
- The list of pharmacy sites that have been trained should be updated by the Authorized Chain Outpatient Pharmacy Representative on the Chain Outpatient Pharmacy Dashboard where all chain stores are listed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com). This list should include the required Pharmacy Information for each pharmacy site.

## **Section 2: Dispensing Process**

### **Summary of Dispensing Process**

1. Confirm pharmacy staff is trained.
2. Confirm patient and prescriber enrollment in TIRF REMS Access Program.
3. Dispense TIRF medication.
4. Counsel patient and provide medication guide.

### **Detailed Dispensing Process**

#### **Step 1: Confirm that the Pharmacy staff is trained**

- Ensure all pharmacy staff involved in the processing and dispensing of TIRF medicines have been trained to specifically dispense TIRF medicines in accordance with the TIRF REMS Access program requirements available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com). (see Section 1, Step 7 : Train pharmacy staff).

#### **Step 2: Confirm prescriber and patient enrollment**

- Each pharmacy site must confirm that the prescriber and patient are enrolled in the TIRF REMS Access program prior to dispensing each TIRF prescription by submitting a pharmacy billing claim via the chain outpatient pharmacy practice management system. This includes third party insurance claims, cash claims and any other claims (i.e.: workers compensation). Submitting a claim for a patient's first TIRF prescription through the pharmacy management system will automatically enroll that patient in the TIRF REMS Access program.
- To allow the TIRF REMS Access program to confirm prescriber and patient enrollment the chain outpatient pharmacy practice management system must populate the following fields in the pharmacy billing claim\*:

## The TIRF REMS Access Program: An Overview for Chain Outpatient Pharmacies

- Patient First Name,
- Patient Last Name,
- Patient Date of Birth,
- Patient ZIP / Postal Zone,
- Quantity Dispensed,
- Days Supply,
- Prescriber ID,
- Prescriber Last Name

\*Use BIN 014780 for all cash and non-third party claims.

- If the prescriber or patient enrollment is not confirmed, or if any other rejection message is received that prevents the prescription from being filled, contact the TIRF REMS Access call center at **1-866-822-1483** for further instruction.

### **Step 3: Dispense TIRF Medication**

- Receive approval from the TIRF REMS Access program and then prepare, label and dispense the medication.

### **Step 4: Counsel Patient and Provide Medication Guide**

- Advise the patient on how to take, store and dispose of TIRF medicines appropriately.
- Provide a copy of the product specific Medication Guide to the patient with each prescription.

### **Reporting Adverse Events and Monitoring**

To report any adverse events including the misuse, abuse, addiction, or overdose of TIRF medication contact:

- TIRF REMS Access program at 1-866-822-1483 and/or
- FDA MedWatch program by phone at 1-800-FDA-1088 or online at [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm)

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

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

### **An Overview for Closed System Outpatient Pharmacies**

**To dispense TIRF medicines, your Closed System Outpatient Pharmacy must enroll in the TIRF REMS Access program.**

#### **What is the TIRF REMS Access program?**

The TIRF REMS (Risk Evaluation and Mitigation Strategy) Access program is designed to ensure informed risk-benefit decisions before initiating treatment, while patients are on treatment, and to ensure appropriate use of TIRF medicines. TIRF medicines are available only through a required Food and Drug Administration (FDA) restricted distribution program, because of the risk for misuse, abuse, addiction, overdose, and serious complications due to medication errors. A list of TIRF medicines available through the TIRF REMS Access program is located on the TIRF Products web page at [www.TIRFREMSaccess.com/TirfUI/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList).

#### **How does the TIRF REMS Access program work?**

The TIRF REMS Access program requires pharmacies, prescribers, patients and wholesalers to enroll in the program in order to utilize TIRF medications. The supply of TIRF medicines to pharmacies is controlled by enrolled distributors, who will verify the current enrollment status of the pharmacy prior to shipment of TIRF medicines. Pharmacies are required to verify the prescriber and the patient are enrolled in the TIRF REMS Access program before dispensing any TIRF medication.

#### **Does your institution qualify as a Closed System Outpatient Pharmacy?**

For the purposes of this REMS, a closed system outpatient pharmacy is defined as an outpatient pharmacy that uses a pharmacy management system that does not support the process of electronically transmitting the validation and claim information currently required by the TIRF REMS Access program. For example, some pharmacies that are part of integrated healthcare delivery systems may qualify as closed system outpatient pharmacies.

**NOTE:** There are different requirements for outpatient pharmacies that support the process of electronically transmitting claim information, and for inpatient pharmacies that only dispense for inpatient use. Please refer to "An Overview for Chain Outpatient Pharmacies", "An Overview for Independent Outpatient Pharmacies" or "An Overview for Inpatient Pharmacies" for more information. If you do not qualify as a closed system outpatient pharmacy, please refer to the requirements for the other type of pharmacies.

The following two sections provide detailed information on the Enrollment Process (Section 1) and the Dispensing Processes (Section 2) for TIRF medicines in a closed system outpatient pharmacy.

## Section 1: Enrollment Process

### Summary of Enrollment Process

1. Confirm that your facility qualifies as a closed system outpatient pharmacy.
2. Select an individual to be your Authorized Closed System Outpatient Pharmacy Representative.
3. Complete the TIRF REMS Access Education Program and Knowledge Assessment.
4. Complete and submit a Closed System Outpatient Pharmacy Enrollment Form.
5. Train pharmacy staff.

### Detailed Enrollment Process

#### Step 1: Confirm your facility qualifies as a Closed System Outpatient Pharmacy

- Notify the TIRF REMS Access program by phone at **1-866-822-1483** or by email to [information@TIRFREMSaccess.com](mailto:information@TIRFREMSaccess.com) that you are a closed system outpatient pharmacy.
- When your pharmacy is validated as a closed system outpatient pharmacy, a Closed System Outpatient Pharmacy Enrollment Form will be provided.

#### Step 2: Select an individual to be your Authorized Closed System Outpatient Pharmacy Representative

- Select an authorized closed system outpatient pharmacy representative to establish and oversee the TIRF REMS Access program requirements.

#### Step 3: Complete the TIRF REMS Access Education Program

- Review the TIRF REMS Access Education Program and successfully complete the Knowledge Assessment. The TIRF REMS Access Education Program is available online at the TIRF REMS Access program website [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by contacting the TIRF REMS Access call center at **1-866-822-1483**.
- If Knowledge Assessment was completed on paper, Fax to **1-855-474-3062** or email the Knowledge Assessment to [information@TIRFREMSaccess.com](mailto:information@TIRFREMSaccess.com) with enrollment form (see Step 4: Complete and submit enrollment form).

#### How do I complete the TIRF REMS Access Education Program online?

- Select the Create Account button on the home page
- Complete the Create Account Information section
- 'Already enrolled via Fax and have an enrollment ID?' - Select No
- Create User ID and password and select the Create my Account button
- Select 'Pharmacy' as the option to best describe you and select 'Continue'
- In response to Question 2, select 'Pharmacy Staff'
- Review the content in the pop-up box and select 'Confirm' to continue

## The TIRF REMS Access Program: An Overview for Closed System Outpatient Pharmacies

- Complete required fields in Pharmacy Staff details
- Select 'Other' from the dropdown list in the Chain Pharmacy name and populate the name of your closed system outpatient pharmacy organization in the 'Other' field and submit form
- Select the 'Start the TIRF REMS Access Education Program' to proceed to the training
- Once you have completed the Education Program, select the 'Go To Knowledge Assessment' button and complete
- A Knowledge Assessment Confirmation Code will be provided once the assessment is completed successfully

### **Step 4: Complete and Submit Enrollment Form**

- Complete and return the Closed System Outpatient Pharmacy Enrollment Form by fax to **1-855-474-3062**. The authorized closed system outpatient pharmacy representative will receive an Enrollment Confirmation letter and instructions for enrolling dispensing locations within the closed system outpatient pharmacy by using a standard file template provided by the TIRF REMS Access program.
- If you did not complete the Education Program online then you need to submit the Knowledge Assessment form with the Enrollment form.
- Re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

### **Step 5: Train Pharmacy Staff**

- All closed system outpatient pharmacy staff involved in processing and dispensing of TIRF medications must be trained to dispense TIRF medicines in accordance with the TIRF REMS Access Education Program requirements available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
- Ensure that this training is documented and retained by the closed system outpatient pharmacy. This documentation should include the pharmacist/pharmacy staff member's name, the date training was completed and the method of training as a minimum.



## Section 2: Dispensing Process

### Summary of Dispensing Process

1. Confirm pharmacy staff is trained.
2. Confirm patient and prescriber enrollment in TIRF REMS Access Program.
3. Dispense TIRF medication.
4. Counsel patient and provide medication guide.

### Detailed Dispensing Process

#### Step 1: Confirm that the Pharmacy staff is trained

- Ensure all pharmacy staff involved in the processing and dispensing of TIRF medicines have been trained to specifically dispense TIRF medicines in accordance with the TIRF REMS Access program requirements available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com). (see Section 1, Step 5 : Train pharmacy staff).

#### Step 2: Confirm prescriber and patient enrollment:

Prior to dispensing each TIRF medicine prescription, confirm that the prescriber and patient are enrolled in the TIRF REMS Access program by contacting the TIRF REMS Access program by phone at **1-866-822-1483** or fax at **1-855-474-3062**. This includes third party insurance claims, cash claims and any other claims (i.e.: workers compensation).

- **To confirm enrollment confirmation by phone:**

- Contact the TIRF REMS Access program at **1-866-822-1483** and select option **#2**.
- Provide the following required data from the TIRF prescription to obtain an authorization to dispense:

Dispensing Pharmacy DEA	Patient Date of Birth	Rx Date of Service
Dispensing Pharmacy NPI	Patient First Name	Rx Number
Dispensing Pharmacy Phone #	Patient Last Name	Rx NDC
Dispensing Pharmacy Fax #	Patient Zip Code	Days Supply
Prescriber DEA or NPI	Prescriber Last Name	Quantity for Dispense

- If validated, you will be supplied a *prescription authorization number* which indicates you can dispense TIRF medicine.
- If not validated, you will be provided a rejection reason and information regarding how to resolve the rejection.

- **To confirm enrollment confirmation by fax:**

- Populate all of the required fields on the TIRF REMS Access Prescription Authorization Form and fax to **1-855-474-3062**. To obtain a TIRF REMS Access Prescription Authorization Form which may be reproduced to use continually, please email [information@TIRFREMSaccess.com](mailto:information@TIRFREMSaccess.com).

- If validated, you will be supplied a *prescription authorization number* via fax within one (1) business day which indicates you can dispense the TIRF medicine.
- If not validated, you will be provided a rejection reason and information regarding how to resolve the rejection using the phone number provided on the request.

### **Step 3: Dispensing**

- Receive the *prescription authorization number* from the TIRF REMS Access program and then prepare, label and dispense the medication.

### **Step 4: Counsel patient and provide Medication Guide**

- Counsel the patient on the appropriate use, safe storage, and the proper disposal procedures of TIRF medicines.
- Provide a copy of the product specific Medication Guide to the patient with each prescription.

### **Reporting Adverse Events and Monitoring**

To report any adverse events including the misuse, abuse, addiction, or overdose of TIRF medication contact:

- TIRF REMS Access program at 1-866-822-1483 and/or
- FDA MedWatch program by phone at 1-800-FDA-1088 or online at [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm)

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

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

**An Overview for Inpatient Pharmacies (e.g. hospitals, in-hospital hospices, and long-term care facilities that dispense for inpatient use).**

**To dispense TIRF medicines, your Inpatient Pharmacy must enroll in the TIRF REMS Access program.**

### **What is the TIRF REMS Access Program?**

The TIRF REMS (Risk Evaluation and Mitigation Strategy) Access program is designed to ensure informed risk-benefit decisions before initiating treatment and, while patients are on treatment, to ensure appropriate use of TIRF medicines. TIRF medicines are available only through a restricted distribution program required by the Food and Drug Administration (FDA), because of the risk for misuse, abuse, addiction, overdose, and serious complications due to medication errors. A list of TIRF medicines available through the TIRF REMS Access program is located on the TIRF Products web page at [www.TIRFREMSaccess.com/TirfUI/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList).

### **How does the TIRF REMS Access program work?**

The TIRF REMS Access program requires pharmacies, prescribers, patients and wholesalers to enroll in the program in order to utilize TIRF medications. The supply of TIRF medicines to pharmacies is controlled by enrolled distributors, who will verify the current enrollment status of the pharmacy prior to shipment of TIRF medicines. Pharmacies are required to verify the prescriber and the patient are enrolled in the TIRF REMS Access program before dispensing any TIRF medication.

### **Does your pharmacy qualify as an Inpatient Pharmacy?**

For the purposes of this REMS, an inpatient pharmacy is defined as a pharmacy where the patient's care is coordinated on-site at a care facility and the pharmacy claims are submitted as a medical benefit.

### ***Important Information about Outpatient Pharmacies within the Facility***

Outpatient pharmacies, within or associated with the healthcare facility, that provide dispensing services to outpatients **must be separately enrolled** in the TIRF REMS Access program and comply with the TIRF REMS Access program to dispense TIRF medicines to outpatients. Please refer to "An Overview for Outpatient Pharmacies" for more information. Additionally, any prescribers who prescribe TIRF medicines to outpatients must also be enrolled in the TIRF REMS Access program.

### **Overview of the TIRF REMS Access Program for Inpatient Pharmacies: Steps for Enrollment and Program Requirements**

#### **Inpatient Pharmacy Education and Enrollment**

**All enrollment activities can be completed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)**

**If I have previously enrolled in an individual TIRF REMS do I need to enroll in the shared TIRF REMS Access Program?**

All pharmacy enrollment information was transferred from the individual TIRF REMS to the TIRF REMS Access program on March 12, 2012. Your enrollment in the shared TIRF REMS Access program allows dispensing of all TIRF medicines that are covered under the TIRF REMS Access program. The website for the shared TIRF REMS Access program can be accessed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).

You will be required to re-enroll in the shared TIRF REMS two (2) years after your last enrollment in an individual REMS program if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

The following two sections provide detailed information on the Enrollment Process (Section 1) and the Implementation Processes (Section 2) for TIRF medicines in an inpatient pharmacy.

## **Section 1: Enrollment Process**

### **Summary of Enrollment**

1. Select an individual to be your Authorized Inpatient Pharmacy Representative.
2. Create an account and complete registration at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
3. Complete the TIRF REMS Access Education Program and Knowledge Assessment.
4. Complete and submit an Inpatient Pharmacy Enrollment form.
5. Train pharmacy staff.

### **Detailed Enrollment Process**

#### **Step 1: Select an individual to be your Authorized Chain Representative**

- Select an authorized pharmacy representative to establish and oversee the TIRF REMS Access program requirements.

#### **Step 2: Create an account and complete registration at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)**

- Create an account at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) and then complete registration on behalf of your pharmacy.

#### **How do I create an account and complete the TIRF REMS Access registration on-line?**

- Select the Create Account button on the home page
- Complete the Create Account Information section
- Select 'No' if you have not submitted an enrollment form via fax at the 'Already enrolled via Fax and have an enrollment ID?' prompt.

- Create User ID and password and select 'Create My Account'
- Select 'Pharmacy' as the option to best describe you and select 'Continue'
- Select 'Inpatient Pharmacy – Authorized Pharmacy Representative'
- Review the content in the pop-up box and select 'Confirm' to continue
- Complete required fields on the Inpatient Pharmacy Registration page and select 'Submit' to continue

### **Step 3: Complete the TIRF REMS Access Education Program and Knowledge Assessment**

#### **How do I complete the TIRF REMS Access Education Program by fax?**

- Review the TIRF REMS Access Education Program. A printable version of the TIRF REMS Access Education Program is available online at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by contacting the TIRF REMS Access call center at **1-866-822-1483**.
- Once you have reviewed the Education Program complete the Knowledge Assessment and submit by fax to **1-866-822-1487**
- The TIRF REMS Access program will notify you of the status of your Knowledge Assessment via your indicated preferred method of communication (fax or e-mail)

#### **How do I complete the TIRF REMS Access Education Program online?**

- Select the 'Start the TIRF REMS Access Education Program' to proceed to the training upon completion of registration
- Select 'Go To Knowledge Assessment' button and complete upon completion of the Education Program
- A Knowledge Assessment Confirmation Code will be provided once the assessment is completed successfully.

### **Step 4: Complete and submit Inpatient Pharmacy Enrollment**

- To finalize enrollment in the TIRF REMS Access program complete Inpatient Pharmacy Enrollment
- If you are unable to enroll online, please call the TIRF REMS Access program call center at **1-866-822-1483** for further assistance.

#### **How do I complete the TIRF REMS Access Enrollment on-line?**

- Upon successful completion of the TIRF REMS Access Education Program and Knowledge Assessment, you will be prompted to read the TIRF REMS Access attestation and enter your electronic signature, today's date, and check the attestation box before clicking 'Submit'.

NOTE: You are required to re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

## **Section 2: Implementation Process**

### **Summary of Implementation Process**

1. Ensure appropriate patient selection and compliance with TIRF REMS Access program requirements
2. Train Pharmacy Staff

### **Detailed Implementation Process**

#### **Step 1: Ensure appropriate patient selection and compliance with TIRF REMS Access program requirements**

- The authorized inpatient pharmacist must establish or oversee the 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.
- The authorized inpatient pharmacist must ensure the inpatient pharmacy does not sell, loan or transfer any TIRF medicines to any other pharmacy, institution, distributor, or prescriber.
- Inpatient pharmacies may not dispense TIRF medicines for outpatient use.

#### **Step 2: Train Pharmacy Staff**

- The authorized inpatient pharmacist must ensure that inpatient pharmacists and other relevant inpatient staff are educated on the risks associated with TIRF medicines and the requirements of the TIRF REMS Access program, as described in the Education Program.
  - Pharmacy staff can register online to access the Education Program and take the Knowledge Assessment for training purposes.

### **Reporting Adverse Events and Monitoring**

To report any adverse events including the misuse, abuse, addiction, or overdose of TIRF medication contact:

- TIRF REMS Access program at 1-866-822-1483 and/or
- FDA MedWatch program by phone at 1-800-FDA-1088 or online at [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm)

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

**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program  
Independent Outpatient Pharmacy Enrollment Form**

**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, 2, 3 and 4 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 independent outpatient pharmacy representative, I acknowledge that:

1. I have reviewed the TIRF REMS Access Education Program, and I have completed the Knowledge Assessment. I understand the risks and benefits associated with TIRF medicines and the requirements of the TIRF REMS Access program for pharmacies.
2. I will ensure that all pharmacy staff who participate in dispensing TIRF medicines 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. This training should be documented and is subject to audit.
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/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList)). 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 the importance of discussing the risks and benefits of TIRF medicines with patients and their caregivers, and in particular the importance of taking the drug as prescribed, not sharing with others, and proper disposal.
7. I understand that the product-specific Medication Guide must be given to the patient or their caregiver each time a TIRF medicine is dispensed.
8. I understand that a TIRF medicine will not be dispensed without verifying through our pharmacy management system that the prescriber and pharmacy are enrolled and active, and that the patient has not been inactivated in the program.
9. I understand that ALL TIRF medicine prescriptions, regardless of the method of payment, must be processed through our pharmacy management system.
10. I understand that all dispensing locations must be enrolled in the TIRF REMS Access program to dispense TIRF medicines.
11. I understand that TIRF medicines can only be obtained from wholesalers/distributors that are enrolled in the TIRF REMS Access program.

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

The TIRF REMS Access Program: Independent Outpatient Pharmacy Enrollment Form

12. I understand that our pharmacy will not sell, loan or transfer any TIRF medicine inventory to any other pharmacy, institution, distributor, or prescriber.
13. I understand that our pharmacy must re-enroll in the TIRF REMS Access program and successfully complete the enrollment requirements every two (2) years.
14. I understand that TIRF medicines are only available through the REMS program. I understand that the pharmacy must comply with the TIRF REMS Access program requirements for outpatient pharmacies and the terms of the agreement that follow this form.
15. I understand that differences in pharmacy software may affect automation capabilities for adjudicating prescriptions through the TIRF REMS Access program without an insurance claim (i.e.: cash claim). If insurance is not used, pharmacy staff must manually enter the REMS Cash BIN #014780 in order for the transaction to be properly adjudicated through the TIRF REMS Access program.

**Please note: If you are a chain outpatient pharmacy, please complete the Chain Outpatient Pharmacy Enrollment Form which can be found on [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or call the TIRF REMS Access program at 1-866-822-1483.**

**Authorized Independent Outpatient Pharmacy Representative:**

Authorized Pharmacist Signature\* \_\_\_\_\_ Date \_\_\_\_\_

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ Title \_\_\_\_\_

Phone Number\* \_\_\_\_\_ Email\* \_\_\_\_\_

**Independent Outpatient Pharmacy Information:**

Pharmacy Name\* \_\_\_\_\_ DEA Number\* \_\_\_\_\_

Address\* \_\_\_\_\_ National Provider Identifier (NPI)\* \_\_\_\_\_

City\* \_\_\_\_\_ Medicaid ID \_\_\_\_\_

State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_ State Issued \_\_\_\_\_

Phone Number\* \_\_\_\_\_ NCPDP Number\* \_\_\_\_\_

Fax Number\* \_\_\_\_\_

\*Required Fields

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

After submitting this form, you will receive a fax or email with instructions on how to submit test transaction(s) to the TIRF REMS Access program to ensure that your pharmacy management system has been successfully configured to allow for communication with the TIRF REMS Access program.

After successful completion of the test transaction(s) you will receive enrollment confirmation via fax or email.

For additional Medicaid IDs that you may use when dispensing TIRF medicines, please complete below:

Medicaid ID \_\_\_\_\_ State Issued \_\_\_\_\_  
 Medicaid ID \_\_\_\_\_ State Issued \_\_\_\_\_  
 Medicaid ID \_\_\_\_\_ State Issued \_\_\_\_\_

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

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



**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.**

**The TIRF REMS Access Program Additional Terms and Conditions**

Pharmacy ("Pharmacy") agrees to the following requirements, with respect to the Transmucosal Immediate Release Fentanyl (TIRF) REMS program (the "Program"), sponsored by the Transmucosal REMS Industry Group (hereinafter "TRIG" or "Program Sponsor") and supported, under the direction of TRIG by McKesson Specialty Arizona Inc and its affiliates including NDCHealth Corporation d/b/a RelayHealth ("RelayHealth") and McKesson Canada, and any other pharmacy transaction switch system (collectively, "the Providers").

Pharmacy represents that (i) it shall perform its obligations under these terms and conditions in compliance with all applicable laws and regulations, (ii) Pharmacy's participation in the Program does not conflict with its obligations under any contracts or other arrangements with any third party, and (iii) Pharmacy is authorized to submit patient information to the Providers for purposes of verifying and tracking each patient's eligibility to participate in the Program and Pharmacy authorizes Providers and Program Sponsor and their respective designees and agents to use the submitted information for such purposes.

Pharmacy agrees to the following Program Requirements: (a) If applicable, enable Pharmacy's pharmacy practice management system to support the Program, including submission of required data fields and display of Program messages; (b) Respond appropriately to Program messages and alerts in order to comply with Program requirements, including contacting the call center when an exception process occurs; (c) Report all Program Drug dispensing activity for all transmucosal immediate release fentanyl Program Drug NDC #'s. This includes any future drug deemed by FDA to be included in the TIRF REMS Access Program to Providers via submission of all billing and reversal request. Please reference the following link ([www.TIRFREMSaccess.com/TirfUI/NDCList](http://www.TIRFREMSaccess.com/TirfUI/NDCList)) for a detailed list of products (including their NDC numbers) available through the TIRF REMS Access program. This document is available on the Resources tab (for pharmacies and distributors) on the program website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).

Pharmacy acknowledges that billing request for the Program Drug will not pass to the payer, or cash prescription processor, if the prescriber, pharmacy or patient registration is not verified.

Pharmacy authorizes and directs the Providers to de-identify, in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended, its historical and prospective prescriptions claims data submitted to the Providers and/or their affiliates in connection with or related to the Program on behalf of Pharmacy, and to use that de-identified data for purposes of (i) analyzing, identifying, designing and/or enabling a REMS service; (ii) developing communication documentation for such services for both Program Sponsors and Pharmacy; (iii) providing the Program Sponsors with reports and information (including any fees paid, which will be aggregated), for purposes of implementing, maintaining, supporting, monitoring or improving a Program, and (iv) any other purpose required by law. These reports may contain information aggregated by NCPDP number. Further, Pharmacy authorizes Providers to deliver all of the above enumerated data and reports otherwise to be delivered to Program Sponsor to the designee or agent of Program Sponsor. In addition, Pharmacy authorizes Program Sponsor and its contracting Providers, to receive from wholesaler(s) of the Program Drug(s) distribution and purchasing data, including 867 data, with respect to the Program Drug(s).

Pharmacy acknowledges that the FDA or Program Sponsor may mandate modification, suspension or termination of a Program. The Providers reserve the right to modify, suspend or terminate any REMS service for any reason, without liability to Switch Systems.

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

The TIRF REMS Access Program: Independent Outpatient Pharmacy Enrollment Form

EXCEPT FOR PROVIDER'S FRAUD OR INTENTIONAL MISCONDUCT ARISING OUT OF THE SERVICES OR THE PROGRAM, IN NO EVENT WILL THE PROGRAM SPONSOR OR PROVIDER BE LIABLE TO PHARMACY UNDER, IN CONNECTION WITH, OR RELATED TO THE PROGRAM OR THE SERVICES FOR ANY DIRECT, SPECIAL, INCIDENTAL, INDIRECT, OR CONSEQUENTIAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS OR LOSS OF GOODWILL, WHETHER BASED ON BREACH OF CONTRACT, WARRANTY, TORT, PRODUCT LIABILITY, OR OTHERWISE, AND WHETHER OR NOT PROVIDERS OR PROGRAM SPONSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

To the extent any of these terms and conditions conflict with any other written agreement between the parties with respect to the Program, the terms and conditions of such other written agreement shall prevail.

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

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

**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program  
Chain Outpatient Pharmacy Enrollment Form**

**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, 2, 3, 4 and 5 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 chain outpatient pharmacy representative, I acknowledge that:

1. I have reviewed the TIRF REMS Access Education Program, and I have completed the Knowledge Assessment. I understand the risks and benefits associated with TIRF medicines and the requirements of the TIRF REMS Access program for pharmacies.
2. I will ensure that all pharmacy staff who participate in dispensing TIRF medicines are educated on the risks associated with TIRF medicines and the requirements of the TIRF REMS Access program, as described in the Education Program. This training should be documented and is subject to audit.
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/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList)). 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 the importance of discussing the risks and benefits of TIRF medicines with patients and their caregivers, and in particular the importance of taking the drug as prescribed, not sharing with others, and proper disposal.
7. I understand that the product-specific Medication Guide must be given to the patient or their caregiver each time a TIRF medicine is dispensed.
8. I understand that a TIRF medicine will not be dispensed without verifying through our pharmacy management system that the prescriber and pharmacy are enrolled and active, and that the patient has not been inactivated in the program.
9. I understand that ALL TIRF medicine prescriptions, regardless of the method of payment, must be processed through our pharmacy management system.
10. I understand that all dispensing locations must be enrolled in the TIRF REMS Access program to dispense TIRF medicines.
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 will not sell, loan or transfer TIRF medicine inventory to any other pharmacy, institution, distributor, or prescriber.

Chain ID\*:

The TIRF REMS Access Program: Chain Outpatient Pharmacy Enrollment Form

13. I understand that our pharmacy must re-enroll in the TIRF REMS Access program and successfully complete the enrollment requirements every two (2) years.
14. I understand that TIRF medicines are only available through the REMS program. I understand that the pharmacy must comply with the TIRF REMS Access program requirements for outpatient pharmacies and the terms of the agreement that follow this form.
15. I understand that differences in pharmacy software may affect automation capabilities for adjudicating prescriptions through the TIRF REMS Access program without an insurance claim (i.e.: cash claim). If insurance is not used, pharmacy staff must manually enter the REMS Cash BIN #014780 or the designated chain pharmacy cash bin in order for the transaction to be properly adjudicated through the TIRF REMS Access program.

**Authorized Chain Outpatient Pharmacy Representative:**

**Authorized Pharmacy Representative Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**First Name\*** \_\_\_\_\_ **Last Name\*** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone Number\*** \_\_\_\_\_ **Email\*** \_\_\_\_\_

**Chain Outpatient Pharmacy Information:**

**Pharmacy Name\*** \_\_\_\_\_ **Chain ID\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_ **Phone Number\*** \_\_\_\_\_

**City\*** \_\_\_\_\_ **Fax Number\*** \_\_\_\_\_

**State\*** \_\_\_\_\_ **ZIP\*** \_\_\_\_\_

**\*Required Fields**

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

After submitting this form, you will receive a fax or email with instructions on how to submit test transaction(s) to the TIRF REMS Access program to ensure that your pharmacy management system has been successfully configured to allow for communication with the TIRF REMS Access program.

After successful completion of the test transaction(s) you will receive enrollment confirmation via fax or email.

Pharmacy sites that have been trained can then be updated to an enrolled status through the Chain Outpatient Pharmacy Dashboard which will list all chain stores at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)

Chain ID\*: \_\_\_\_\_

The TIRF REMS Access Program: Chain Outpatient Pharmacy Enrollment Form

The following pharmacy information will need to be provided for each trained pharmacy site.

<b>Pharmacy Information:</b>	
Pharmacy Name* _____	DEA Number* _____
Address* _____	National Provider Identifier (NPI)* _____
City* _____	Medicaid ID _____
State* _____ ZIP _____	State Issued _____
Phone Number* _____	NCPDP Number* _____
Fax Number* _____	Store Number* _____
*Required Fields	Chain ID*: _____

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.

Chain ID\*: \_\_\_\_\_

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

## The TIRF REMS Access Program: Chain Outpatient Pharmacy Enrollment Form

### The TIRF REMS Access Program Additional Terms and Conditions

Pharmacy ("Pharmacy") agrees to the following requirements, with respect to the Transmucosal Immediate Release Fentanyl (TIRF) REMS program (the "Program"), sponsored by the Transmucosal REMS Industry Group (hereinafter "TRIG" or "Program Sponsor") and supported, under the direction of TRIG by McKesson Specialty Arizona Inc and its affiliates including NDCHealth Corporation d/b/a RelayHealth ("RelayHealth") and McKesson Canada, and any other pharmacy transaction switch system (collectively, "the Providers").

Pharmacy represents that (i) it shall perform its obligations under these terms and conditions in compliance with all applicable laws and regulations, (ii) Pharmacy's participation in the Program does not conflict with its obligations under any contracts or other arrangements with any third party, and (iii) Pharmacy is authorized to submit patient information to the Providers for purposes of verifying and tracking each patient's eligibility to participate in the Program and Pharmacy authorizes Providers and Program Sponsor and their respective designees and agents to use the submitted information for such purposes.

Pharmacy agrees to the following Program Requirements: (a) If applicable, enable Pharmacy's pharmacy practice management system to support the Program, including submission of required data fields and display of Program messages; (b) Respond appropriately to Program messages and alerts in order to comply with Program requirements, including contacting the call center when an exception process occurs; (c) Report all Program Drug dispensing activity for all transmucosal immediate release fentanyl Program Drug NDC #'s. This includes any future drug deemed by FDA to be included in the TIRF REMS Access Program to Providers via submission of all billing and reversal request. Please reference the following link ([www.TIRFREMSaccess.com/TirfUI/NDCList](http://www.TIRFREMSaccess.com/TirfUI/NDCList)) for a detailed list of products (including their NDC numbers) available through the TIRF REMS Access program. This document is available on the Resources tab (for pharmacies and distributors) on the program website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).

Pharmacy acknowledges that billing request for the Program Drug will not pass to the payer, or cash prescription processor, if the prescriber, pharmacy or patient registration is not verified.

Pharmacy authorizes and directs the Providers to de-identify, in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended, its historical and prospective prescriptions claims data submitted to the Providers and/or their affiliates in connection with or related to the Program on behalf of Pharmacy, and to use that de-identified data for purposes of (i) analyzing, identifying, designing and/or enabling a REMS service; (ii) developing communication documentation for such services for both Program Sponsors and Pharmacy; (iii) providing the Program Sponsors with reports and information (including any fees paid, which will be aggregated), for purposes of implementing, maintaining, supporting, monitoring or improving a Program, and (iv) any other purpose required by law. These reports may contain information aggregated by NCPDP number. Further, Pharmacy authorizes Providers to deliver all of the above enumerated data and reports otherwise to be delivered to Program Sponsor to the designee or agent of Program Sponsor.

In addition, Pharmacy authorizes Program Sponsor and its contracting Providers, to receive from wholesaler(s) of the Program Drug(s) distribution and purchasing data, including 867 data, with respect to the Program Drug(s).

Pharmacy acknowledges that the FDA or Program Sponsor may mandate modification, suspension or termination of a Program. The Providers reserve the right to modify, suspend or terminate any REMS service for any reason, without liability to Switch Systems.

Chain ID\*: \_\_\_\_\_

The TIRF REMS Access Program: Chain Outpatient Pharmacy Enrollment Form

EXCEPT FOR PROVIDER'S FRAUD OR INTENTIONAL MISCONDUCT ARISING OUT OF THE SERVICES OR THE PROGRAM, IN NO EVENT WILL THE PROGRAM SPONSOR OR PROVIDER BE LIABLE TO PHARMACY UNDER, IN CONNECTION WITH, OR RELATED TO THE PROGRAM OR THE SERVICES FOR ANY DIRECT, SPECIAL, INCIDENTAL, INDIRECT, OR CONSEQUENTIAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS OR LOSS OF GOODWILL, WHETHER BASED ON BREACH OF CONTRACT, WARRANTY, TORT, PRODUCT LIABILITY, OR OTHERWISE, AND WHETHER OR NOT PROVIDERS OR PROGRAM SPONSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

To the extent any of these terms and conditions conflict with any other written agreement between the parties with respect to the Program, the terms and conditions of such other written agreement shall prevail.

Chain ID\*: \_\_\_\_\_

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

**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program  
Closed System Outpatient Pharmacy Enrollment Form**

**To enroll in TIRF REMS Access, please complete all required fields below and fax pages 1 and 2 to 1-866-822-1487. You may also scan the completed form and email to: [information@TIRFREMSAccess.com](mailto:information@TIRFREMSAccess.com). 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 closed system outpatient pharmacy representative, I acknowledge that:

1. I have reviewed the TIRF REMS Access Education Program, and I have completed the Knowledge Assessment. I understand the risks and benefits associated with TIRF medicines and the requirements of the TIRF REMS Access program for pharmacies.
2. I will ensure that all pharmacy staff who participate in dispensing TIRF medicines 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. This training should be documented and is subject to audit.
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/ProductList](http://www.TIRFREMSAccess.com/TirfUI/ProductList)). 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 the importance of discussing the risks and benefits of TIRF medicines with patients and their caregivers, and in particular the importance of taking the drug as prescribed, not sharing with others, and proper disposal.
7. I understand that the product-specific Medication Guide must be given to the patient or their caregiver each time a TIRF medicine is dispensed.
8. I understand that a TIRF medicine will not be dispensed without obtaining a TIRF REMS Access prescription authorization number issued by the TIRF REMS Access program prior to dispensing the prescription. A TIRF REMS Access prescription authorization number verifies that the prescriber and pharmacy are enrolled and active, and that the patient has not been inactivated in the program.
9. I understand that all dispensing locations must be enrolled in the TIRF REMS Access program to dispense TIRF medicines.
10. I understand that TIRF medicines can only be obtained from wholesalers/distributors that are enrolled in the TIRF REMS Access program.
11. I understand that our pharmacy will not sell, loan or transfer TIRF medicine inventory to any other pharmacy, institution, distributor, or prescriber.
12. I understand that our pharmacy must re-enroll in the TIRF REMS Access program and successfully complete the enrollment requirements every two (2) years.

Closed System Chain ID\*:



The TIRF REMS Access Program: Closed System Outpatient Pharmacy Enrollment Form

13. I understand that TIRF medicines are only available through the REMS program. I understand that the pharmacy must comply with the TIRF REMS Access program requirements for outpatient closed system pharmacies.

**Authorized Closed System Outpatient Pharmacy Representative:**

Authorized Pharmacy Representative Signature\* \_\_\_\_\_ Date \_\_\_\_\_

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ Title \_\_\_\_\_

Phone Number\* \_\_\_\_\_ Email\* \_\_\_\_\_

**Closed System Outpatient Pharmacy Information:**

Pharmacy Name\* \_\_\_\_\_ Closed System Chain ID\* \_\_\_\_\_

Address\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

City\* \_\_\_\_\_ Fax Number\* \_\_\_\_\_

State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

\*Required Fields

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

After submitting this form, you will receive a fax or email with your enrollment confirmation and instructions on how your pharmacy staff can complete the training process and how your closed system outpatient pharmacy dispensing locations may obtain a TIRF REMS Access Prescription Authorization.

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.

Closed System Chain ID\*: \_\_\_\_\_

**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/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList). 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* _____
*Required Fields	
<b>Inpatient Pharmacy Information</b>	
Pharmacy Name* _____	DEA Number* _____
Address* _____	Pharmacy License Number* _____
City* _____	Phone Number* _____
State* _____ ZIP* _____	Fax Number* _____
*Required Fields	

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

**Important Drug Warning**

**Subject: Announcement of a single shared REMS (Risk Evaluation and Mitigation Strategy) program for all Transmucosal Immediate Release Fentanyl (TIRF) products due to the potential risk of misuse, abuse, addiction, overdose and serious complications due to medication errors**

**The TIRF REMS Access program is a Food and Drug Administration (FDA) required risk management program**

Dear Outpatient Pharmacy:

The purpose of this letter is to make you aware of a change from individual REMS programs to a shared REMS program (the TIRF REMS Access program) and to provide guidance on enrollment into the new shared REMS program **beginning mm/dd/yyyy**. The individual REMS programs are being converted to the TIRF REMS Access program to reduce the burden on the healthcare providers and the healthcare system of having multiple individual programs. The products covered under this new program include:

- Abstral<sup>®</sup> (fentanyl) sublingual tablets
- Actiq<sup>®</sup> (fentanyl citrate) oral transmucosal lozenge
- Fentora<sup>®</sup> (fentanyl citrate) buccal tablet
- Lazanda<sup>®</sup> (fentanyl) nasal spray
- Onsolis<sup>®</sup> (fentanyl buccal soluble film)
- Subsys<sup>™</sup> (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program

This new shared program replaces the individual product REMS that were previously available, and any prescribers, pharmacies, patients and distributors enrolled in these programs will be automatically transitioned to the new shared REMS. Outpatient pharmacies from individual product REMS will be automatically transitioned to the new shared REMS, **beginning mm/dd/yyyy**, but will need to agree to shared program terms and conditions before they can order and dispense all TIRF medicines. If you have not enrolled in one or more of these individual REMS programs and, if any of these products are dispensed for outpatient use in your pharmacy, you must enroll your pharmacy in the shared TIRF REMS Access program.

**Outpatient Pharmacy Action:**

***Option 1: If you are already enrolled in at least one individual REMS program***

- Your enrollment information will be automatically entered into the new shared TIRF REMS Access program, but you will need to agree to the shared program terms and conditions before you can order and dispense all TIRF medicines. Your enrollment in the shared TIRF REMS Access program allows dispensing of all TIRF medicines that are covered under the TIRF REMS Access program. The website for the shared TIRF REMS Access program can be accessed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
  - Once the program is available, you will have six months to agree to the shared program terms and conditions. Until you agree to the shared program terms and conditions, you will be able to dispense those TIRF medicines with an individual REMS program, in which you were previously enrolled. However, if you do not agree to the shared program terms and conditions within six months, you will no longer be able to order or dispense any TIRF medicine.

## The TIRF REMS Access Program: Dear Outpatient Pharmacy Letter

- You can use your existing secure user ID and password from any one of your individual REMS programs to access the TIRF REMS Access website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
  - The user ID and password you use to initially log on will become your permanent user ID and password for the shared TIRF REMS Access program.
- Once you have logged in, review your account information and make any necessary updates. You are required to agree to the shared program terms and conditions to complete enrollment for the new shared program.
- You will be required to re-enroll in the shared TIRF REMS two (2) years after your last enrollment in an individual REMS program if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

### ***Option 2: If you do not have an existing enrollment in any individual REMS program***

- Select an authorized pharmacy representative to establish and oversee the TIRF REMS Access program requirements.
- Access the TIRF REMS Access program at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) to create an account.
- Review the TIRF REMS Access Education Program materials available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) and successfully complete the Knowledge Assessment.
- Enable the pharmacy management system to support communication with the TIRF REMS Access program, using established telecommunication standards, and run the standardized validation test transactions to validate the system enhancements.
- Enroll in the TIRF REMS Access program by completing the Outpatient Pharmacy Enrollment Form and re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.
- If you are unable to enroll online, please call the TIRF REMS Access program call center at **1-866-822-1483** for further assistance.

### **The goals of the TIRF REMS Access program are to mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors by:**

1. Prescribing and dispensing TIRF medicines only to appropriate patients, which includes use only in opioid-tolerant patients.
2. Preventing inappropriate conversion between fentanyl products.
3. Preventing accidental exposure to children and others for whom it was not prescribed.
4. Educating prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose of TIRF medicines

TIRF medicines are opioid analgesics indicated only for the management of breakthrough pain in cancer patients 18 years of age and older (16 years of age and older for Actiq<sup>®</sup> brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent pain.

Patients considered opioid-tolerant are those who are regularly taking at least 60 mg oral morphine/day, or at least 25 micrograms transdermal fentanyl/hour, or at least 30 mg of oral oxycodone/day, or at least 8 mg oral hydromorphone/day, or at least 25 mg oral oxymorphone/day or an equianalgesic dose of another opioid for one week or longer.

### **To help you understand the TIRF REMS Access program the following program materials are available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or can be ordered by calling 1-866-822-1483:**

- Overview for Outpatient Pharmacies

The TIRF REMS Access Program: Dear Outpatient Pharmacy Letter

- TIRF REMS Access Education Program
- Knowledge Assessment
- Frequently Asked Questions
- Outpatient Pharmacy Enrollment Form
- *Full Prescribing Information and Medication Guides for each TIRF medicine*

Inpatient pharmacies have different REMS requirements. Please see the TIRF REMS Access program - An Overview for Inpatient Pharmacies available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).

**To access the above information and to enroll in the TIRF REMS Access program, visit [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or call 1-866-822-1483 to have enrollment materials sent to you.**

## **Selected Important Safety Information**

### ***IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE***

**TIRF medicines contain fentanyl, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics.** TIRF medicines can be abused in a manner similar to other opioid agonists, legal or illicit. Consider the potential for abuse when prescribing or dispensing TIRF medicines in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse or diversion. Schedule II opioid substances which include morphine, oxycodone, hydromorphone, oxymorphone, and methadone have the highest potential for abuse and risk of fatal overdose due to respiratory depression.

Serious adverse events, including deaths, in patients treated with some oral transmucosal fentanyl medicines have been reported. Deaths occurred as a result of improper patient selection (e.g., use in opioid non-tolerant patients) and/or improper dosing. The substitution of a TIRF medicine for any other fentanyl medicine, including another TIRF medicine, may result in fatal overdose.

**TIRF medicines are indicated only for the management of breakthrough pain in adult cancer patients 18 years of age and older (16 years of age and older for Actiq<sup>®</sup> brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain.**

Patients considered opioid-tolerant are those who are taking:

- at least 60 mg of oral morphine/daily
- at least 25 mcg transdermal fentanyl/hour
- at least 30 mg of oral oxycodone daily
- at least 8 mg oral hydromorphone daily
- at least 25 mg oral oxymorphone daily
- or an equianalgesic dose of another opioid daily for a week or longer.

**TIRF medicines are contraindicated in opioid non-tolerant patients** and are contraindicated in the management of acute or postoperative pain, including headache/migraine and dental pain, or use in the emergency room. Please see the individual medicine prescribing information for a full list of specific situations in which TIRF medicines are not indicated or are contraindicated. Life-threatening respiratory depression could occur at any dose in opioid non-tolerant patients. Deaths have occurred in opioid non-tolerant patients treated with some TIRF medicines.

When prescribing, do not convert patients on a mcg per mcg basis from another fentanyl medicine to a TIRF medicine, except for substitutions between a branded TIRF medicine and its generic equivalent. Patients beginning treatment with TIRF medicines must begin with titration from the lowest available dose for that specific medicine. Carefully consult the Initial Dosing Instructions in the TIRF medicine-specific Full Prescribing Information.

When dispensing, TIRF medicines are not interchangeable with each other, regardless of route of administration. Differences exist in the pharmacokinetics of TIRF medicines resulting in clinically important differences in the amount of fentanyl absorbed that could cause a fatal overdose. Converting patients from one TIRF medicine to a different TIRF medicine must not be done on a microgram-per-microgram basis, and must be titrated according to the labeled dosing instructions each time they begin use of a new TIRF medicine. The only exception is for substitution between a branded TIRF medicine and its specific generic equivalent.

Special care must be used when dosing TIRF medicines. Refer to the Full Prescribing Information for the individual TIRF medicine for guidance on the maximum number of doses that can be taken per breakthrough pain episode and the time that patients must wait before treating another episode of breakthrough pain with the TIRF medicine.

TIRF medicines are intended to be used only in the care of opioid-tolerant cancer patients and only by healthcare professionals who are knowledgeable of, and skilled in, the use of Schedule II opioids to treat cancer pain.

**Patients and their caregivers must be instructed that TIRF medicines contain a medicine in an amount which can be fatal in children, in individuals for whom it is not prescribed, and in those who are not opioid-tolerant. All medicines must be kept out of the reach of children.**

The concomitant use of TIRF medicines with cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, and may cause potentially fatal respiratory depression.

### **Adverse Reactions**

The most commonly observed adverse reactions with TIRF medicines include typical opioid adverse reactions, such as nausea, vomiting, constipation, somnolence, dizziness, and headache. Refer to individual medicine prescribing information for all adverse reactions. Expect opioid side effects and manage them accordingly.

Please see the individual Full Prescribing Information for each TIRF medicine for all information including boxed warnings, and Medication Guide for important safety information for each TIRF medicine.

### **Adverse Event Reporting**

Promptly report suspected adverse events including misuse, abuse, addiction and overdoses directly to the TIRF REMS Access program at **1-866-822-1483**. You also may report adverse event information to the FDA MedWatch Reporting System by telephone at 1-800-FDA-1088 or by mail using Form 3500, available at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### **Medication Guide**

It is important that you discuss the risks of TIRF medicines with your patients and encourage them to read the relevant Medication Guide. The Medication Guide provides important information on the safe and effective use of TIRF medicines and you will need to review the appropriate Medication Guide for the TIRF medicine you prescribe/dispense to your patient.



The TIRF REMS Access Program: Dear Outpatient Pharmacy Letter

Patients should be counseled on the need to store TIRF medicines safely out of the reach of children and other persons for whom the medicine is not prescribed.

Provide your patient with a copy of the appropriate Medication Guide for the TIRF medicine you prescribe. Medication Guides will be provided to you by the manufacturers of individual TIRF medicines. If you require additional Medication Guides you can:

- Print copies from the TIRF REMS Access program website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
- Contact the TIRF REMS Access program at **1-866-822-1483**.

Sincerely,

TIRF REMS Access Industry Group

**Attachment 1:**

**List of TIRF Medicines Available Only through the TIRF REMS Access Program**

- ABSTRAL® (fentanyl) sublingual tablets
- ACTIQ® (fentanyl citrate) oral transmucosal lozenge
- FENTORA® (fentanyl citrate) buccal tablet
- LAZANDA® (fentanyl) nasal spray
- ONSOLIS® (fentanyl buccal soluble film)
- SUBSYS™ (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program.

## Attachment 2

### Standardized validation test transaction required to validate pharmacy system enhancements

Participating pharmacies must demonstrate that their pharmacy management system can receive and display program reject codes and messages. The software certification process requires the pharmacy to submit several test transactions via their pharmacy management system.

Pharmacies will not be able to successfully process transactions for TIRF medicines through the pharmacy management system until these system changes have been implemented.

#### Test Transaction Flow

##### TEST #1 REQUIRED DATA FIELDS – PHARMACY SUBMITS THE REQUIRED DATA FIELDS:

° Submits a prescription billing request to RelayHealth BIN # 014780, PCN REMS with the following data fields populated;

- Patient First Name..... TIRFREMSTEST
- Patient Last Name..... Smithers
- Date of Birth..... 19841105
- Patient ZIP/Postal Zone..... 07921
- Drug Name..... TIRFPRODUCT 800 mcg – NDC # 49884-0462-55
- Quantity Dispensed..... 12
- Days Supply..... 4
- Prescriber ID..... BA1111119
- Prescriber Last Name..... REMSTEST

##### • Test #1 Response

° A Successful Expected Response will look like this:

° Transaction Response Status..... "R" (Rejected)

° Reject Code..... "NN"

° Additional Message Information: **\*REMS\* – This is certification test message # 1 for TIRF REMS. Resubmit this transaction with the following value in the in the Intermediary Authorization ID or Patient ID field – [NNNNNNNNNN]**

° Next Step – Proceed to Test #2

° An Unsuccessful Response will look like this:

° Transaction Response Status..... "R" (Rejected)

° Reject Code..... "Will vary based upon missing/invalid required field"

° Additional Message Information: **Missing/ Invalid [field]**

° Next Step – Call your software vendor and provide the vendor the field provided in the reject message, request the vendor to enable the submission of that field in your pharmacy management system. Once, this has been resolved Test 1 needs to be resubmitted.

**TEST #2 RE-SUBMIT CLAIM WITH OVER-RIDE PROVIDED – PHARMACY RE-SUBMITS CLAIM WITH OVERRIDE PROVIDED FROM TEST #1.**

- Receives and reviews the prescription billing request reject code and message for override value
- Inputs the identified code value provided in the reject message:
- *Intermediary Authorization ID, or*
- Patient ID
- Resubmits the prescription billing request.

• Test #2 Response

- A Successful Expected Response will look like this:
- Transaction Response Status..... "P" (Paid)
- Additional Message Information: **\*REMS\*** – ***This is certification test message # 2 for TIRF REMS. Submit a reversal request for this prescription to complete TIRF REMS certification testing***

◦ Next Step – Proceed to Test #3

- An Unsuccessful Response will look like this:
- Transaction Response Status..... "R" (Rejected)
- Reject Code..... "Will vary based upon missing/invalid required field"
- Additional Message Information: ***Missing/ Invalid [field]***

- Next Step – Call your software vendor and request the vendor enable the submission of either the Patient ID or Intermediary Authorization ID field in your pharmacy management system.

**TEST #3 REVERSE CLAIM- PHARMACY SUBMITS**

- Receives and reviews the prescription billing request and message
- Submits the prescription reversal request for the previously approved billing request.

• Test #3 Expected Response

- A Successful Expected Response will look like this:
- Transaction Response Status = "A" (Approved)
- Additional Message Information: **\*REMS\*** – ***This is certification test message # 3 for TIRF REMS. TIRF REMS certification testing for NCPDP Telecommunication Standard is complete.***

◦ Next Step – Vendor Verification Test complete.

- An Unsuccessful Response will look like this:
- Transaction Response Status..... "R" (Rejected)
- Reject Code..... "NN"
- Additional Message Information: ***Invalid test transaction sequence***

### **Important Drug Warning**

**Subject: Announcement of a single shared REMS (Risk Evaluation and Mitigation Strategy) program for all Transmucosal Immediate Release Fentanyl (TIRF) products due to the potential risk of misuse, abuse, addiction, overdose and serious complications due to medication errors**

**The TIRF REMS Access program is a Food and Drug Administration (FDA) required risk management program**

*Dear Inpatient Pharmacy:*

The purpose of this letter is to make you aware of a change from individual REMS programs to a shared REMS program (the TIRF REMS Access program) and to provide guidance on enrollment into the new shared REMS program **beginning mm/dd/yyyy**. The individual REMS programs are being converted to the TIRF REMS Access program to reduce the burden on the healthcare providers and the healthcare system of having multiple individual programs. The products covered under this new program include:

- Abstral® (fentanyl) sublingual tablets
- Actiq® (fentanyl citrate) oral transmucosal lozenge
- Fentora® (fentanyl citrate) buccal tablet
- Lazanda® (fentanyl) nasal spray
- Onsolis® (fentanyl buccal soluble film)
- Subsys™ (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program

This new shared program replaces the individual product REMS that were previously available. Any prescribers, pharmacies, patients and distributors enrolled in these programs will be automatically transitioned to the new shared TIRF REMS Access program **beginning mm/dd/yyyy**. If you have not enrolled in one or more of these individual REMS programs, and if any of these products are prescribed and dispensed in your healthcare facility (e.g., hospitals, in-hospital hospices, and long-term care facilities that dispense for inpatient use), you must enroll your inpatient pharmacy in the shared TIRF REMS Access program.

For inpatient administration of these products, patient and prescriber enrollment in the TIRF REMS Access program is not required.

#### **Inpatient Pharmacy Action:**

##### ***Option 1: If you are already enrolled in at least one individual REMS program***

- Your enrollment information will be automatically entered into the new shared TIRF REMS Access program. Your enrollment in the shared TIRF REMS Access program allows dispensing of all TIRF medicines that are covered under the TIRF REMS Access program. The website for the shared TIRF REMS Access program can be accessed at [www.TIRFREMSAccess.com](http://www.TIRFREMSAccess.com).
- You can use your existing secure user ID and password from any one of your individual REMS programs to access the TIRF REMS Access website at [www.TIRFREMSAccess.com](http://www.TIRFREMSAccess.com).
  - The user ID and password you use to initially log on will become your permanent user ID and password for the shared TIRF REMS Access program.

## The TIRF REMS Access Program: Dear Inpatient Pharmacy Letter

- The TIRF REMS Education Program is also available on the shared TIRF REMS Access website. Alternatively, you can request this information by calling **1-866-822-1483**.
- You will be required to re-enroll in the shared TIRF REMS two (2) years after your last enrollment in an individual REMS program if you wish to continue dispensing these products. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.

### **Option 2: If you do not have an existing enrollment in any individual REMS program**

- Select an authorized pharmacist to establish and oversee the TIRF REMS Access program requirements.
- Access the TIRF REMS Access program at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) to create an account.
- Review the TIRF REMS Access Education Program materials available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) and successfully complete the Knowledge Assessment.
- Enroll in the TIRF REMS Access program by completing the Inpatient Pharmacy Enrollment Form and re-enroll every two (2) years. You will be notified by the TIRF REMS Access program in advance of the need to re-enroll.
- If you are unable to enroll online, please call the TIRF REMS Access program call center at **1-866-822-1483** for further assistance.

### **The goals of the TIRF REMS Access program are to mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors by:**

1. Prescribing and dispensing TIRF medicines only to appropriate patients, which includes use only in opioid-tolerant patients.
2. Preventing inappropriate conversion between fentanyl products.
3. Preventing accidental exposure to children and others for whom it was not prescribed.
4. Educating prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose of TIRF medicines.

TIRF medicines are opioid analgesics indicated only for the management of breakthrough pain in cancer patients 18 years of age and older (16 years of age and older for Actiq® brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain, unless otherwise indicated in the product label.

Patients considered opioid-tolerant are those who are regularly taking at least 60 mg oral morphine/day, or at least 25 micrograms transdermal fentanyl/hour, or at least 30 mg of oral oxycodone/day, or at least 8 mg oral hydromorphone/day, or at least 25 mg oral oxymorphone/day or an equianalgesic dose of another opioid for one week or longer.

**To help you understand the TIRF REMS Access program, the following program materials are available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or can be ordered by calling 1-866-822-1483:**

- Overview for Inpatient Pharmacies
- TIRF REMS Access Education Program
- Knowledge Assessment
- Frequently Asked Questions
- Inpatient Pharmacy Enrollment Form
- Full Prescribing Information and Medication Guides for each TIRF medicine

The TIRF REMS Access Program: Dear Inpatient Pharmacy Letter

Outpatient pharmacies within the facility providing dispensing services to discharged inpatients or outpatients have different REMS requirements. In order to dispense TIRF medicines to outpatients, a separate enrollment in the TIRF REMS Access program is required (see the TIRF REMS Access program - An Overview for Outpatient Pharmacies available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)).

**To access the above information and to enroll in the TIRF REMS Access program, visit [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or call 1-866-822-1483 to have enrollment materials sent to you.**

## **Selected Important Safety Information**

### ***IMPORTANCE OF PROPER PATIENT SELECTION, DOSING, and POTENTIAL FOR ABUSE***

**TIRF medicines contain fentanyl, an opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics.** TIRF medicines can be abused in a manner similar to other opioid agonists, legal or illicit. Consider the potential for abuse when prescribing or dispensing TIRF medicines in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse or diversion. Schedule II opioid substances which include morphine, oxycodone, hydromorphone, oxymorphone, and methadone have the highest potential for abuse and risk of fatal overdose due to respiratory depression.

Serious adverse events, including deaths, in patients treated with some oral transmucosal fentanyl medicines have been reported. Deaths occurred as a result of improper patient selection (e.g., use in opioid non-tolerant patients) and/or improper dosing. The substitution of a TIRF medicine for any other fentanyl medicine, including another TIRF medicine, may result in fatal overdose.

**TIRF medicines are indicated only for the management of breakthrough pain in adult cancer patients 18 years of age and older (16 years of age and older for Actiq® brand and generic equivalents) who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain.**

Patients considered opioid-tolerant are those who are taking:

- at least 60 mg of oral morphine/daily
- at least 25 mcg transdermal fentanyl/hour
- at least 30 mg of oral oxycodone daily
- at least 8 mg oral hydromorphone daily
- at least 25 mg oral oxymorphone daily
- or an equianalgesic dose of another opioid daily for a week or longer.

**TIRF medicines are contraindicated in opioid non-tolerant patients** and are contraindicated in the management of acute or postoperative pain, including headache/migraine and dental pain, or use in the emergency room. Please see the individual medicine prescribing information for a full list of specific situations in which TIRF medicines are not indicated or are contraindicated. Life-threatening respiratory depression could occur at any dose in opioid non-tolerant patients. Deaths have occurred in opioid non-tolerant patients treated with some TIRF medicines.

When prescribing, do not convert patients on a mcg per mcg basis from another fentanyl medicine to a TIRF medicine, except for substitutions between a branded TIRF medicine and its generic equivalent. Patients beginning treatment with TIRF medicines must begin with titration from the lowest available dose for that specific medicine. Carefully consult the Initial Dosing Instructions in the TIRF medicine-specific Full Prescribing Information.



When dispensing, TIRF medicines are not interchangeable with each other, regardless of route of administration. Differences exist in the pharmacokinetics of TIRF medicines resulting in clinically important differences in the amount of fentanyl absorbed that could cause a fatal overdose. Converting patients from one TIRF medicine to a different TIRF medicine must not be done on a microgram-per-microgram basis, and must be titrated according to the labeled dosing instructions each time they begin use of a new TIRF medicine. The only exception is for substitution between a branded TIRF medicine and its specific generic equivalent.

Special care must be used when dosing TIRF medicines. Refer to the Full Prescribing Information for the individual TIRF medicine for guidance on the maximum number of doses that can be taken per breakthrough pain episode and the time that patients must wait before treating another episode of breakthrough pain with the TIRF medicine.

TIRF medicines are intended to be used only in the care of opioid-tolerant cancer patients and only by healthcare professionals who are knowledgeable of, and skilled in, the use of Schedule II opioids to treat cancer pain.

**Patients and their caregivers must be instructed that TIRF medicines contain a medicine in an amount which can be fatal in children, in individuals for whom it is not prescribed, and in those who are not opioid-tolerant. All medicines must be kept out of the reach of children.**

The concomitant use of TIRF medicines with cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, and may cause potentially fatal respiratory depression.

### **Adverse Reactions**

The most commonly observed adverse reactions with TIRF medicines include typical opioid adverse reactions, such as nausea, vomiting, constipation, somnolence, dizziness, and headache. Refer to individual medicine prescribing information for all adverse reactions. Expect opioid side effects and manage them accordingly.

Please see the individual Full Prescribing Information for each TIRF medicine for all information including boxed warnings, and Medication Guide for important safety information for each TIRF medicine.

### **Adverse Event Reporting**

Promptly report suspected adverse events including misuse, abuse, addiction and overdoses directly to the TIRF REMS Access program at **1-866-822-1483**. You also may report adverse event information to the FDA MedWatch Reporting System by telephone at 1-800-FDA-1088 or by mail using Form 3500, available at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### **Medication Guide**

It is important that you discuss the risks of TIRF medicines with your patients and encourage them to read the relevant Medication Guide. The Medication Guide provides important information on the safe and effective use of TIRF medicines and you will need to review the

The TIRF REMS Access Program: Dear Inpatient Pharmacy Letter

appropriate Medication Guide for the TIRF medicine you prescribe/dispense to your patient. Patients should be counseled on the need to store TIRF medicines safely out of the reach of children and other persons for whom the medicine is not prescribed.

Provide your patient with a copy of the appropriate Medication Guide for the TIRF medicine you prescribe. Medication Guides will be provided to you by the manufacturers of individual TIRF medicines. If you require additional Medication Guides you can:

- Print copies from the TIRF REMS Access program website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
- Contact the TIRF REMS Access program at **1-866-822-1483**.

Sincerely,

TIRF REMS Access Industry Group

**Attachment 1:**

**List of TIRF Medicines Available Only through the TIRF REMS Access Program**

- ABSTRAL® (fentanyl) sublingual tablets
- ACTIQ® (fentanyl citrate) oral transmucosal lozenge
- FENTORA® (fentanyl citrate) buccal tablet
- LAZANDA® (fentanyl) nasal spray
- ONSOLIS® (fentanyl buccal soluble film)
- SUBSYS™ (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program.

**Important Drug Warning**

**Subject: Announcement of a single shared REMS (Risk Evaluation and Mitigation Strategy) program for all Transmucosal Immediate Release Fentanyl (TIRF) products due to the potential risk of misuse, abuse, addiction, overdose and serious complications due to medication errors**

**The TIRF REMS Access program is a Food and Drug Administration (FDA) required risk management program**

Dear Wholesaler/Distributor:

The purpose of this letter is to make you aware of a change from individual REMS programs to a shared REMS program (the TIRF REMS Access program) and to provide guidance on enrollment into the new shared REMS program **beginning mm/dd/yyyy**. The individual REMS programs are being converted to the TIRF REMS Access program to reduce the burden on the healthcare providers and the healthcare system of having multiple individual programs. The products covered under this new program include:

- Abstral® (fentanyl) sublingual tablets
- Actiq® (fentanyl citrate) oral transmucosal lozenge
- Fentora® (fentanyl citrate) buccal tablet
- Lazanda® (fentanyl) nasal spray
- Onsolis® (fentanyl buccal soluble film)
- Subsys™ (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program.

This new shared program replaces the individual product REMS that were previously available, and any prescribers, pharmacies, patients and distributors enrolled in these programs will be automatically transitioned to the new shared TIRF REMS Access program. If you have not enrolled in one or more of these individual REMS programs and you wish to purchase these products in order to fulfill orders from enrolled pharmacies, you must enroll in the TIRF REMS Access program.

**Distributor Action:**

***Option 1: If you are already enrolled in at least one individual REMS program***

- **Beginning mm/dd/yyyy**, your enrollment information will be automatically entered into the new shared TIRF REMS Access program. The website for the shared TIRF REMS Access program can be accessed at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com).
- You can use your existing secure user ID and password from any one of your individual REMS programs to access the TIRF REMS Access website at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)
  - The user ID and password you use to initially log on will become your permanent user ID and password for the shared TIRF REMS Access program.
- You will be required to re-enroll in the shared TIRF REMS within two years after your last enrollment in an individual REMS if you wish to continue distributing these products. You will be notified by the REMS program in advance of the need to re-enroll.
- By enrolling in the shared TIRF REMS Access program a distributor/wholesaler may distribute all of the TIRF medicines. However, the decision to maintain a direct selling relationship with the wholesaler/distributor is at the sole discretion of each individual TIRF manufacturer.

***Option 2: If you do not have an existing enrollment in any individual REMS program***

- Review and understand the requirements of the TIRF REMS Access program.
- Verify that relevant staff are trained on the TIRF REMS Access program requirements and procedures
- Complete the Distributor Enrollment Form. Forms are available at [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or by calling **1-866-822-1483**.
- By enrolling in the shared TIRF REMS Access program a distributor/wholesaler may distribute all of the TIRF medicines. However, the decision to maintain a direct selling relationship with the wholesaler/distributor is at the sole discretion of each individual TIRF manufacturer.

**Distributor Responsibilities in the TIRF REMS Access Program:**

**Verification of TIRF REMS Access program Pharmacy Enrollment Prior to Distributing TIRF medicines**

- Obtain the current list of enrolled pharmacies by:
  - Downloading (daily) a complete electronic registry of enrolled pharmacies from a secure FTP site (you will be contacted regarding the TIRF REMS Access secure FTP site once your enrollment is complete), or
  - Receiving (daily) a complete electronic registry, or
  - Accessing the website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)) using a user ID and password, or
  - Calling the TIRF REMS Access program call center at **1-866-822-1483**.
- Ensure that pharmacies are enrolled in the TIRF REMS Access program before distributing TIRF medicines.
- If a pharmacy places an order for a TIRF medicine, but is not listed on the enrolled list for the TIRF REMS Access program, do not distribute TIRF medicines.

**Provide periodic distribution data**

- Provide weekly product activity data (i.e. EDI 867 transmission) to the TIRF REMS Access program including complete (unblinded/unblocked) information to validate compliance with the TIRF REMS Access program.

Please note that a manufacturer of products included in Attachment 1 cannot ship TIRF medicines to distributors who have not completed and signed the Distributor Enrollment Form. Refer to the 'List of TIRF Medicines Available only through the TIRF REMS Access program' in Attachment 1.

**Adverse Event Reporting**

Promptly report suspected adverse events including misuse, abuse, addiction and overdoses directly to the TIRF REMS Access program at **1-866-822-1483**. You also may report adverse event information to the FDA MedWatch Reporting System by telephone at 1-800-FDA-1088 or by mail using Form 3500, available at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**To access the above information and to enroll in the TIRF REMS Access program, visit [www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com) or call 1-866-822-1483 to have enrollment materials sent to you.**

Sincerely,

TIRF REMS Access Industry Group

**Attachment 1:**

**List of TIRF Medicines Available Only through the TIRF REMS Access Program**

- ABSTRAL® (fentanyl) sublingual tablets
- ACTIQ® (fentanyl citrate) oral transmucosal lozenge
- FENTORA® (fentanyl citrate) buccal tablet
- LAZANDA® (fentanyl) nasal spray
- ONSOLIS® (fentanyl buccal soluble film)
- SUBSYS™ (fentanyl sublingual spray)
- Approved generic equivalents of these products are also covered under this program.

**The Transmucosal Immediate Release Fentanyl (TIRF) REMS Access Program  
Wholesaler / Distributor Enrollment Form**

**To enroll in TIRF REMS Access, complete all required fields below and fax pages 1 and 2 to 1-866-822-1487. You will receive enrollment confirmation via email or fax.**

TIRF medicines are available only through a FDA mandated REMS (Risk Evaluation and Mitigation Strategy), a restricted distribution program, called the TIRF REMS Access program. Under the TIRF REMS Access program, only prescribers, pharmacies, wholesalers / distributors and patients enrolled in the program are able to prescribe, dispense, distribute, purchase or receive TIRF medicines. Refer to the list of currently approved TIRF products located on the TIRF REMS Access website at [www.TIRFREMSaccess.com/TirfUI/ProductList](http://www.TIRFREMSaccess.com/TirfUI/ProductList).

Under the TIRF REMS Access program, wholesalers / distributors must verify the current enrollment of a pharmacy in the TIRF REMS Access program prior to distributing a TIRF medicine to that pharmacy. If the pharmacy location is not enrolled, the distributor must not fill any orders for TIRF medicines until enrollment can be confirmed.

The current list of enrolled pharmacies may be accessed via:

- receipt of a complete pharmacy registry daily in a mutually agreed format,
- a daily download from a secure FTP site,
- a password protected section of the website ([www.TIRFREMSaccess.com](http://www.TIRFREMSaccess.com)), or
- by calling 1-866-822-1483.

Your company will receive login information (unique secure user ID and password) to access the TIRF REMS Access program website and you will be contacted regarding the secure FTP site once your enrollment is complete.

The Wholesaler / Distributor understands that TIRF medicines are only available through the TIRF REMS Access program and acknowledges that they will comply with the following program requirements:

1. The Wholesaler / Distributor will ensure that relevant staff are trained on the TIRF REMS Access program procedures and will follow the requirements of the TIRF REMS Access program.
2. The Wholesaler / Distributor will ensure that TIRF medicines are only distributed to pharmacies whose enrollment has been verified in the TIRF REMS Access program.
3. The Wholesaler / Distributor will provide complete unblinded and unblocked data (i.e. EDI 867 transmission) to the TIRF REMS Access program, including information on shipments to enrolled pharmacies.
4. The Wholesaler / Distributor will cooperate with periodic audits or non-compliance investigations to ensure that TIRF Medicines are distributed in accordance with the program requirements.

Authorized Representative Name\* (please print): \_\_\_\_\_

The TIRF REMS Access Program: Wholesaler / Distributor Enrollment Form

<b>Authorized Wholesaler / Distributor Representative:</b>	
Signature* _____	Date _____
First Name* _____	Last Name* _____
Phone Number* _____	Email* _____
<b>*Required Fields</b>	
<b>Wholesaler / Distributor Information:</b>	
Corporate Wholesaler / Distributor Name* _____	DEA* _____
Address* _____	
City* _____	
State* _____	ZIP* _____
Phone Number* _____	Email* _____
	Fax Number* _____
<b>*Required Fields</b>	

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

^ If a DEA number is not available at corporate enter N/A for DEA number in the field above and please provide a list of Distribution Centers with their DEA numbers below.

**Distribution Centers (DC) Information**

Please populate the information below for each of your Distribution Centers.

**DC information:**

DC Name	DEA	Address	City	State	Zip Code	Title	Contact First Name	Contact Last Name	Fax Number	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.**

Authorized Representative Name\* (please print): \_\_\_\_\_

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



---

**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**

---

*/s/*

---

SHARON H HERTZ  
12/21/2015

# EXHIBIT D

IN THE DISTRICT COURT OF CLEVELAND COUNTY  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,  
MIKE HUNTER,  
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiff,

vs.

- (1) PURDUE PHARMA L.P.;
- (2) PURDUE PHARMA, INC.;
- (3) THE PURDUE FREDERICK COMPANY;
- (4) TEVA PHARMACEUTICALS USA, INC.;
- (5) CEPHALON, INC.;
- (6) JOHNSON & JOHNSON;
- (7) JANSSEN PHARMACEUTICALS, INC.;
- (8) ORTHO-McNEIL-JANSSEN  
PHARMACEUTICALS, INC., n/k/a  
JANSSEN PHARMACEUTICALS, INC.;
- (9) JANSSEN PHARMACEUTICA, INC.,  
n/k/a JANSSEN PHARMACEUTICALS, INC.;
- (10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,  
f/k/a ACTAVIS, INC., f/k/a WATSON  
PHARMACEUTICALS, INC.;
- (11) WATSON LABORATORIES, INC.;
- (12) ACTAVIS LLC; and
- (13) ACTAVIS PHARMA, INC.,  
f/k/a WATSON PHARMA, INC.,

Defendants.

STATE OF OKLAHOMA  
CLEVELAND COUNTY } S.S.  
FILED

JUN 30 2017

In the office of the  
Court Clerk MARILYN WILLIAMS

Case No. CJ-2017-816  
JURY TRIAL DEMANDED

ORIGINAL PETITION

**TABLE OF CONTENTS**

	<b><u>Page</u></b>
I. INTRODUCTION .....	1
II. JURISDICTION AND VENUE .....	3
III. PARTIES .....	3
A. Plaintiff .....	3
B. Defendants .....	4
i. The Purdue Defendants .....	4
ii. The Actavis Defendants .....	4
iii. The Cephalon Defendants .....	5
iv. The Janssen Defendants .....	5
IV. FACTUAL ALLEGATIONS .....	6
A. <i>Defendants' Conduct Created A Devastating Opioid Epidemic         in Oklahoma</i> .....	6
i. <i>Defendants' Deceptive and Misleading Prescription Opioid             Marketing Campaign Has Caused a Devastating             Public Health Crisis in Oklahoma</i> .....	6
ii. <i>Defendants' Deceptive and Misleading Marketing Campaign             Has Caused an Immense Financial Burden on Oklahoma,             Its Businesses, Consumers, Communities and Citizens</i> .....	8
B. <i>Defendants Falsely and Deceptively Marketed Their Opioids in         Oklahoma</i> .....	12
i. <i>Defendants Spent Millions of Dollars to Falsely Market Their             Opioids</i> .....	13
ii. <i>Defendants Falsely Marketed Their Opioids in Oklahoma             Through Other Clandestine Channels</i> .....	15
1. <i>Defendants Used Members of the Medical Community                 to Falsely Market Their Opioids</i> .....	16

2.	Defendants Funded Seemingly Third-Party Groups to Spread Their False Marketing Even Further and Give Their Statements False Credibility.....	17
C.	Defendants' Representations Were False and Misleading.....	19
D.	Defendants Concealed the Truth About their Campaign.....	20
V.	CAUSES OF ACTION.....	20
A.	Oklahoma Medicaid False Claims Act, 63 Okl. St. §§ 5053.1-7.....	20
i.	Count 1.....	21
ii.	Count 2.....	22
B.	Oklahoma Medicaid Program Integrity Act, 56 Okl. St. §§ 1001-1008.....	23
C.	Oklahoma Consumer Protection Action, 15 Okl. St. §§ 751-65 .....	24
i.	Count 1.....	25
ii.	Count 2.....	26
D.	Public Nuisance, 50 Okl. St. § 2.....	27
E.	Fraud (Actual and Constructive) and Deceit .....	28
F.	Unjust Enrichment.....	30
VI.	JURY DEMAND.....	31
VII.	PRAYER.....	31