

# NATPARA REMS Program: Pharmacy Enrollment Form

To become certified, the pharmacy must designate an authorized Pharmacy Representative to coordinate the setting's activities and assure compliance with the NATPARA® Risk Evaluation and Mitigation Strategy (REMS) Program.

## INSTRUCTIONS:

Fax completed form to the NATPARA REMS Program Coordinating Center at 1-844-NAT-REMS (628-7367) or scan form and e-mail it to NATPARAREMS@shire.com. You will receive an enrollment confirmation within 2 business days after your form is received.

NATPARA is only available through the NATPARA REMS Program.

Because of the risk of osteosarcoma associated with NATPARA, only certified pharmacies may dispense NATPARA.

## Authorized Pharmacy Representative Responsibilities

As the authorized Pharmacy Representative designated by my pharmacy to coordinate the activities of the NATPARA REMS Program, I agree to comply with the following program requirements:

1. Review the Prescribing Information and the NATPARA *REMS Program: An Introduction* information sheet.
2. Review the NATPARA *REMS Program: Training Module for Pharmacy Representatives*, and answer all questions in the Knowledge Assessment.
3. Ensure all relevant staff involved in dispensing NATPARA are trained on the NATPARA REMS Program requirements as described in the NATPARA *REMS Program: Training Module for Pharmacy Representatives*.
4. Put processes and procedures in place to ensure the following verifications and safe use conditions are met prior to dispensing NATPARA:
  - Verify that the prescriber is certified in the NATPARA REMS Program by reviewing the prescriber's information against a list of REMS certified prescribers sent from the NATPARA REMS Program Coordinating Center
  - Verify that a NATPARA *REMS Program: Patient-Prescriber Acknowledgment Form* has been completed and submitted by verifying that the patient and prescriber are included in a list of REMS approved patients and prescribers available through the NATPARA REMS Program Coordinating Center
5. Make available to Shire, and/or a designated third party of FDA, documentation to verify understanding of, and adherence to, the requirements of the NATPARA REMS Program.

**Please print. All information is required.**

## Authorized Pharmacy Representative

Name (first, middle, last): \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Method of Contact:  Mail  E-mail

E-mail Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Pharmacy Representative (MM/DD/YY)

**If you have any questions, contact the NATPARA REMS Program Coordinating Center.**  
**Phone: 1-855-NATPARA Fax: 1-844-NAT-REMS (628-7367) www.NATPARAREMS.com**



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