



Osymia[®] Risk Evaluation and Mitigation Strategy (REMS) **Pharmacy Enrollment Form**

Because of the teratogenic risk associated with Qsymia therapy, Qsymia is available through a limited program under a REMS. Under the Osymia REMS, only certified pharmacies may distribute Osymia. I understand that my certified pharmacy and any retail chain pharmacy dispensing locations associated with my pharmacy must comply with the program requirements for certified pharmacies and the terms contained in this form.

As the Authorized Representative, I must:

- Carry out the certification process and oversee implementation and compliance with the Osymia REMS on behalf of the pharmacy
- Complete the Qsymia REMS Pharmacy Training,
- Complete the Pharmacy Enrollment Form and fax or email the form to the Qsymia REMS Pharmacy Support Center
- Train all relevant staff involved in dispensing on the risks associated with Qsymia and the requirement to provide the Medication Guide and the Risk of Birth Defects with Osymia patient brochure using the Osymia REMS Pharmacy Training
- Establish processes and procedures to provide the Medication Guide and the *Risk of Birth* Defects with Osymia patient brochure to each patient each time Osymia is dispensed

Before dispensing, all pharmacy staff must:

Provide the patient with the Medication Guide and the Risk of Birth Defects with Osymia patient brochure through the processes and procedures established as a requirement of the REMS program

At all times, all pharmacy staff must:

- Not distribute, transfer, loan, or sell Osymia
- Maintain records of standard operating procedures, training, and providing the Medication Guide and the Risk of Birth Defects with Qsymia patient brochure
- Maintain and submit annual compliance reports to the Osymia REMS
- Comply with audits carried out by VIVUS to ensure that all processes and procedures are in place and are being followed
- Have a new Authorized Representative enroll in the Qsymia REMS by completing the Qsymia REMS Pharmacy Training and the Pharmacy Enrollment Form





Authorized Representative to complete (all fields required):

First Name	Last Name	
Phone Number	Fax	
Email		
Pharmacy Name		
Pharmacy Type (Corpor	ate, Independent, or Mail Order)	
Pharmacy DEA	Pharmacy NCPDP	Pharmacy NPI
Address	City	
State	Zip Code	
Signature		Date
Au	thorized Representative	

Please fax the completed form to the Osymia REMS Pharmacy Support Center at 855-302-6699 or email the form to VivusUSREMS.sm@ppd.com.

Once this form is successfully processed, you will receive a pharmacy enrollment confirmation via email from VIVUS. Your pharmacy will be considered certified to order, receive, and dispense Osymia.

Important Enrollment Information for Corporate Chain Entities with Retail Chain Pharmacy Dispensing Locations

The Osymia REMS Pharmacy Training for retail chain pharmacy dispensing locations is available through the Qsymia REMS website (www.QsymiaREMS.com). Once the Training and Knowledge Assessment are completed at a pharmacy dispensing location within your organization, it is the responsibility of the Authorized Representative to capture the following required pharmacy dispensing location information for each trained retail chain pharmacy dispensing location and submit the information to VIVUS:

- Dispensing pharmacy address
- Phone and fax numbers
- Pharmacy DEA, NCPDP, and NPI numbers

Once VIVUS receives, processes, and confirms the required retail chain pharmacy dispensing location information from the Authorized Representative, the pharmacy dispensing location will be considered certified and permitted to order, receive, and dispense Osymia.

If you have any questions or require additional information, please contact the Qsymia REMS Pharmacy Support Center at 1-855-302-6698.

