

## Instructions

For [immediate enrollment](http://www.BosentanREMSProgram.com), please go to [www.BosentanREMSProgram.com](http://www.BosentanREMSProgram.com).

To submit this form via fax or mail, please complete all required fields below and fax to 1-800-730-8231 or mail to the Bosentan REMS Program, P.O. Box 29080, Phoenix, AZ 85038. You will receive a confirmation via the contact preference you list below.

If you have questions, require additional information, or need additional copies of Bosentan REMS Program documents, please visit the program website at [www.BosentanREMSProgram.com](http://www.BosentanREMSProgram.com), or call the Bosentan REMS Program at 1-866-359-2612.

## Authorized Representative Responsibilities

**I am the authorized representative designated by my pharmacy to oversee implementation of and compliance with the Bosentan REMS Program. I attest to understanding the Bosentan REMS Program requirements, and accept responsibility to:**

1. Complete and sign this ***Bosentan REMS Program Chain Pharmacy Headquarters Enrollment Form*** on behalf of the pharmacy, and submit the form to the Bosentan REMS Program
2. Review the ***Bosentan REMS Program Pharmacy Guide***
3. Ensure all relevant staff involved in the dispensing of bosentan are trained on the Bosentan REMS Program requirements as described in the ***Bosentan REMS Program Pharmacy Guide*** and maintain a record of the training
4. Recertify in the Bosentan REMS Program if the pharmacy designates a new authorized representative
5. Report all adverse events including those suggestive of hepatotoxicity to the Bosentan REMS Program
6. Report any pregnancy and all available information during treatment with bosentan to the Bosentan REMS Program
7. Maintain documentation that all processes and procedures are in place and are being followed for the Bosentan REMS Program and provide upon request to the Bosentan Sponsors or a third party acting on behalf of the Bosentan Sponsors
8. Comply with audits by the Bosentan Sponsors or a third party acting on behalf of the Bosentan Sponsors to ensure that all processes and procedures are in place and are being followed for the Bosentan REMS Program
9. Put processes and procedures in place to ensure the following requirements are completed prior to dispensing bosentan
  - a. Obtain a pre-dispense authorization
10. Ensure the pharmacy enables its pharmacy management system to support communication with the Bosentan REMS Program system using established telecommunication standards, and runs the standardized validation test transactions to validate the system enhancements
11. Dispense bosentan to patients only after obtaining a pre-dispense authorization by processing the prescription, including cash claims, through their pharmacy management system to electronically:
  - a. Verify the prescriber is certified and the patient is enrolled
  - b. Verify the patient has completed the liver function tests and each female of reproductive potential has completed the pregnancy test or the prescriber has authorized a refill for patients if testing could not be confirmed
  - c. Verify if patient has been counseled on the risk of hepatotoxicity and each female of reproductive potential has been counseled on the risk of embryo-fetal toxicity and the need to use reliable contraception
12. If counseling was not completed, call the Bosentan REMS Program Contact Center to complete the counseling requirement before dispensing bosentan
13. Dispense up to a 30-day supply of bosentan
14. Provide the patient the Medication Guide every time bosentan is dispensed
15. Not transfer bosentan to any pharmacy, practitioner or any healthcare setting not certified in the Bosentan REMS Program

**Chain Pharmacy Headquarters Information (All fields required)**

Pharmacy Name:

Chain ID:

Address:

City:

State:

Zip:

Phone:

Fax

**Authorized Representative Information (All fields required)**

First Name:

Last Name:

Credentials:

R.Ph

PharmD

BCPS

Other

Phone:

Fax:

Email:

Preferred method of contact:  Fax  Email

**Continued on the following page.**

**Authorized Representative Signature**

By signing below, you signify your understanding of the risks of bosentan treatment, your obligations as a pharmacy certified in the Bosentan REMS Program as outlined above, and you agree to oversee the implementation of and compliance with the Bosentan REMS Program requirements for this pharmacy.

**Signature:**

**Date:**

**Next Steps**

1. After completing and signing this form, please fax to 1-800-730-8231 or mail to the Bosentan REMS Program, P.O. Box 29080, Phoenix, AZ 85038
2. Once this form is processed, you will receive instructions on submitting test transactions to the Bosentan REMS Program to ensure that your pharmacy management system has been successfully configured/updated to communicate with the Bosentan REMS Program
3. After successful completion of the test transactions, you will receive a pharmacy certification confirmation. Upon receipt, your chain pharmacy headquarters is certified and your dispensing locations are now eligible to complete their training
4. Once each dispensing location is trained, it is your responsibility to report confirmation of training to the Bosentan REMS Program online through [www.BosentanREMSProgram.com](http://www.BosentanREMSProgram.com), or by calling the Bosentan REMS Program Contact Center at 1-866-359-2612 to obtain instructions on providing a list of trained pharmacy locations. Once the Bosentan REMS Program confirms the required dispensing information, the dispensing location will be authorized to purchase, receive, and dispense bosentan

**Please fax all pages of this form to the Bosentan REMS Program Contact Center at 1-800-730-8231 or mail them to P.O. Box 29080, Phoenix, AZ 85038**