SPRAVATO™ REMS
Pharmacy Enrollment Form

SPRAVATO™ is only available through the SPRAVATO™ REMS (Risk Evaluation and Mitigation Strategy). Only Pharmacies and Healthcare Settings that are certified in the SPRAVATO™ REMS can receive SPRAVATO™.

To become a SPRAVATO™ REMS certified Pharmacy, enroll by following these 3 steps:

STEP 1: REVIEW
- Designate an Authorized Representative
- Authorized Representative review the following:
  - Prescribing Information
  - Fact Sheet
  - Medication Guide
  - Instruction for Use

STEP 2: COMPLETE AND SIGN
- The Authorized Representative must complete the *Pharmacy Enrollment Form*
- If the Authorized Representative changes, the new Authorized Representative must complete and sign a new *Pharmacy Enrollment Form*

STEP 3: SUBMIT
- Submit the *Pharmacy Enrollment Form* either:
  - Online at www.SPRAVATOrems.com.

  or
  - Print and fax completed form to 1-877-778-0091

** Indicates Required Field*

Pharmacy Information

Name of Pharmacy*:		
Pharmacy Address 1*:	Address Line 2:	
City*:	State*:	ZIP*:
DEA License Number* (On file with distributor account):		DEA Expiration Date* (MM/DD/YYYY):

Pharmacy Type*:(select all that apply) ☐ Clinic ☐ Hospital ☐ Inpatient ☐ Long-term care ☐ Mental Health Facility ☐ Outpatient ☐ Specialty ☐ Other _____

Your pharmacy information will be shared with Janssen's patient support and distribution partners, to allow your pharmacy to purchase product.

Pharmacy Shipping Address, if different than above

Pharmacy Address: (address must match the DEA address associated with your Pharmacy's DEA number)	Address Line 2:	
City:	State:	ZIP:

Pharmacy Authorized Representative Information

First Name*:		Last Name*:	Title*:
Telephone Number*:	EXT:	Fax*:	Email Address*:

Alternate Contact

First Name:		Last Name:
Phone Number:	EXT:	Fax:

Pharmacy Authorized Representative Agreement

I am the Authorized Representative designated by my pharmacy to oversee implementation and coordinate the activities of the SPRAVATO™ REMS. By signing this form, I agree, on behalf of myself and pharmacy, to comply with the following requirements:

I will:
- Enroll in the SPRAVATO™ REMS by completing this *Pharmacy Enrollment Form* and submitting this form to the SPRAVATO™ REMS.
- Train all relevant staff involved in dispensing SPRAVATO™ on the following:
  - SPRAVATO™ can only be dispensed to a certified healthcare setting.
  - SPRAVATO™ must never be dispensed directly to a patient for home use.
- Establish processes and procedures to verify that a healthcare setting is certified before dispensing SPRAVATO™
- Before dispensing SPRAVATO™, verify the healthcare setting is certified using the established processes and procedures.
- Not distribute, transfer, loan or sell SPRAVATO™ except to certified dispensers.
- Maintain records documenting staff's completion of training.
- Maintain records that all REMS processes and procedures are in place and are being followed.
- Maintain records of all shipments of SPRAVATO™ received and dispensing information including patient name, dose, number of devices and date dispensed.
- Comply with audits carried out by Janssen Pharmaceuticals, Inc. or third party acting on behalf of Janssen Pharmaceuticals, Inc. to ensure that all processes and procedures are in place and are being followed.

Authorized Representative Signature*:	**Date*:**

Healthcare providers should report suspected adverse events or product quality complaints associated with SPRAVATO™ to Janssen at 1-800-JANSSEN (1-800-526-7736) or the FDA at 1-800-FDA-1088 or online at www.fda.gov/medwatch.

Phone: 1-855-382-6022 **www.SPRAVATOrems.com** **Fax: 1-877-778-0091**