



THERE ARE **2** PAGES TO THIS FORM • ALL FIELDS ARE REQUIRED • PLEASE PRINT

JUXTAPID is only available through the JUXTAPID Risk Evaluation and Mitigation Strategy (REMS) Program.

PHARMACY

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

AUTHORIZED PHARMACY REPRESENTATIVE

To become enrolled as a certified pharmacy under the JUXTAPID REMS Program, pharmacies must designate an authorized representative for the pharmacy. The authorized representative must complete the remainder of the form.

Name: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

Authorized Pharmacy Representative Attestation

JUXTAPID is only available through the JUXTAPID REMS Program. In order to become certified and purchase, dispense and distribute JUXTAPID, pharmacies must agree to 1) recertify if there is a change in the authorized representative 2) be audited 3) provide prescription data to Amryt as requested.

As the Authorized Pharmacy Representative, I attest that:

- I have reviewed the Prescribing Information (PI) for JUXTAPID
- I have reviewed the JUXTAPID REMS Program Fact Sheet that summarizes the risks and requirements of the JUXTAPID REMS program
- I have completed the JUXTAPID REMS Program Pharmacy Training Module including the Knowledge Assessment component
- I agree to train all pharmacy staff involved with JUXTAPID in the requirement of the REMS Program.

CONTINUED ON NEXT PAGE

- I agree to put processes and procedures in place to verify, prior to dispensing JUXTAPID® (lomitapide) capsules, that:
 - The prescriber is certified in the JUXTAPID REMS Program
 - The JUXTAPID REMS Program Prescription Authorization Form is received for each new prescription
 - The JUXTAPID REMS Program Patient-Prescriber Acknowledgement Form is on file with the JUXTAPID REMS Program Coordinating Center

Signature: _____ Date: _____

**This form must be completed for initial pharmacy enrollment, re-certification
and after any changes with the authorized representative.**

IMPORTANT

REVIEW TO ENSURE ALL FIELDS ARE COMPLETED • RETURN BOTH PAGES

Fax it to 1-855-898-2498. Or scan and email it to REMS@amrytpharma.com

If you have any questions, please contact the JUXTAPID REMS Coordinating Center.
Phone: 1-85-JUXTAPID (1-855-898-2743) | Fax: 1-855-898-2498 | www.juxtapidREMSprogram.com