



E.A.S.E.[®]
 ENTEREG Access Support & Education Program
 ENTEREG REMS Program

HOSPITAL PHARMACY ENROLLMENT FORM

Enrollment in the E.A.S.E.[®] ENTEREG REMS Program permits hospitals that perform surgeries that include a bowel resection to receive ENTEREG[®] for short-term, in-hospital use.

In one long-term (12-month) clinical study of 0.5 mg alvimopan in patients treated with opioids for chronic non-cancer pain, a numeric imbalance was seen in the incidence of ischemic cardiovascular events. As a result, the E.A.S.E. ENTEREG REMS Program was developed to ensure that ENTEREG is administered only short-term in inpatient hospital settings and for no more than 15 doses.

This hospital pharmacy acknowledges that:

- The E.A.S.E. ENTEREG REMS Program Kit has been received by the hospital and education on the benefits and risks of ENTEREG has been provided to the healthcare practitioners who are responsible for ordering, dispensing, or administration of ENTEREG
- The representative understands the risks and benefits of ENTEREG and has read the materials in the E.A.S.E. ENTEREG REMS Program Kit before ENTEREG is dispensed
- The certified hospital pharmacy has pharmacy systems, order sets, protocols, and/or other measures in place to limit the use of ENTEREG to no more than 15 doses per patient for administration in the hospital inpatient setting only
- The certified hospital pharmacy will not dispense ENTEREG for outpatient use and will not transfer ENTEREG to any hospital pharmacy not enrolled with the E.A.S.E. ENTEREG REMS Program

*Hospital Name _____

*Hospital DEA# _____

Health Industry Number _____

*Authorized Signatory: First Name _____ *Last Name _____

*Title Hospital Pharmacist
 Representative of P&T Committee _____
(must check one) (insert title)

*E-mail Address _____

*Pharmacy Phone _____ *Pharmacy Fax _____

*Hospital Ship-to Address _____

*City _____ *State _____ *ZIP Code _____

Your Sales Representative for ENTEREG E-mail Address _____

Please check one: New Enrollment Update to Existing Enrollment

*Denotes mandatory fields to complete.

I confirm that the information above is correct.

I understand that this information will be used to enable Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. ("Merck") to identify hospitals at which surgeries that include a bowel resection are performed that are eligible to receive shipments of ENTEREG. I also understand that this information may be shared with others working with Merck, other hospitals enrolled in the E.A.S.E. ENTEREG REMS Program, and may be shared with government agencies.

Signature _____ Date _____

To submit via fax: Sign and fax to 1-800-278-1365. After verification of eligibility, a confirmation will be provided to you, **via e-mail**. If you have any questions, please contact Merck at 1-800-278-0340 or visit www.ENTEREGREMS.com. **NOTE: If you have multiple shipping sites, please complete a separate E.A.S.E. registration for each ship site with an accompanying DEA number.**

