Risk Evaluation and Mitigation Strategies (REMS)

Medications and Requirements Chart

Chart Legend:

- Columns with an "✓" under the designated roles indicate requirements for that role related to the REMS programs
- For medications that are on LH Formulary (including with restrictions), the medication name is linked further in the document to more detailed REMS requirements pertaining to healthcare facilities/pharmacies, prescribers, and/or patients

NOTE: In some instances, a patient may be on a REMS medication and go to a hospital that is not REMS certified. Specific requirements to continue patients on their REMS medications can be seen in the prescribing information and additional information is found at the link below. A pertinent excerpt from that link is also copied below: Roles of Different Participants in REMS | FDA

EXCERPT: "Even if your hospital/health care setting isn't certified to dispense a REMS drug, a patient who is on a REMS medication may be admitted to your hospital or to your emergency department. For example, if you work in an emergency department, you may be treating a patient who experienced a serious adverse event related to a drug he or she is already taking that has REMS requirements. Patients on a REMS drug may also be admitted to your hospital for an unrelated reason and may need to continue treatment on their REMS drug. If you work in an inpatient setting, it may be important for you to understand that your hospital may not stock certain REMS medications. The approved prescribing information is a good resource for medication information as well as information about specific requirements to continue that patient on a REMS medication. Approved prescribing information can be found at Drugs@FDA: FDA-Approved Drugs or DailyMed. Information about REMS requirements can be found at Approved Risk Evaluation and Mitigation Strategies (REMS), in product labeling, or on REMS-specific websites.

Medication Generic (Brand)	**Link to REMS site**	**Sites enrolled**	**Formulary status**	**Portal access**	**Certification/Enrollment requirements**			**Required pharmacist education**	**Comments**
					Pharmacy	**Prescriber**	**Patient**		
Buprenorphine ER (Brixadi®)	✓	LEH/Unity	NF	N/A	✓	N/A	N/A	✓	SLM/E+ for Rx education
Eculizumab (Soliris®)	✓	LEH/RCH, LGS, LMP, LSC, LCI	NF	✓	✓	✓	✓	✓	SLM/E+ for Rx education
Eculizumab-aagh (Epysqli®)	✓	LEH/RCH, LGS, LSC							
Ravulizumab-cwvz (Ultomiris®)	✓	LEH/RCH, LGS, LMP, LSC, LCI	NF	✓	✓	✓	✓	✓	SLM/E+ for Rx education
Vigabatrin (Sabril, Vigfyde)	✓	RCH	NF	✓	N/A when using POM ✓ (in-patient supply)	N/A when using POM ✓ (≥15 days in-patient supplied)	N/A when using POM ✓ (in-patient supply)	✓	SLM/E+ for Rx education

Definitions:

- Risk evaluation and mitigation strategy (REMS): a drug safety program that the food and drug administration (FDA) requires for certain medications with serious safety concerns
- REMS dispense authorization (RDA): A number generated through REMS portal to verify that all safe use conditions have been met before dispensing certain medications
- Elements to assure safe use (ETASU): REMS requirements that must be performed before the medication can be prescribed, dispensed or received. Additional examples can be found here.

Buprenorphine ER (Brixadi®)

This medication is Inpatient Non-formulary and Restricted to Outpatient Use, PES (UBH), ESUDS (UBH) and as a pilot program for LEMC inpatient use.

Receipt of an INPATIENT order:

1. Provider Enrollment is NOT required per BrixadiREMS but need to acknowledge understanding of the REMS requirements by answering "yes" to the order question when placing the order in the EMR:
   Buprenorphine (Brixadi®): https://www.brixadihcp.com/
2. Pharmacist will review the order for completeness and appropriateness for indication, dose, and drug interactions.
   - For Unity PES/ESUD, dispense weekly formulation only from pharmacy inventory.
   - For Unity patients continued as inpatient, transition to sublingual buprenorphine during inpatient days.
   - For LEMC Pilot Program, change the dispense code to "Patient Own Med" in the verification queue to prevent charge generation. Limited strengths of weekly and monthly formulations are available, please check inventory prior to dispensing.

At all times for INPATIENT dispensing:

- Report adverse events to drug manufacturer or FDA MedWatch as per usual procedures.
  - **Braeburn**: drugsafety@braeburnrx.com or 7-833-274-9234
  - **FDA:** www.fda.gov/medwatch or 1-800-FDA-1088
- Do not distribute, transfer, loan, or sell Brixadi to other healthcare settings or pharmacies without manager approval.
- Maintain records of staff's completion of REMS training.
- Maintain records that all processes and procedures are in place and are being followed.
- Comply with audits carried out by drug manufacturer or a third party acting on behalf of drug manufacturer, to ensure that all processes and procedures are in place and are being followed.

Drug procurement:

- Staff to reorder per standard procedures.
- [AR & Purchaser] Ordering via Authorized Distributor (CurascriptSD).
  - Upon initial procurement and annually, the Authorized Representative (AR) will need to submit Intent to Purchase Controlled Substance (PCS) Questionnaire to CurascriptSD.
  - Once PCS Questionnaire approved, the AR and/or site purchaser will submit the Brixadi Order Form to CurascriptSD for processing.
  - Shipment of product may take up to 5 to 7 business days from time of ordering.

Eculizumab (Soliris®) and Eculizumab-aagh (Epysqli®)

This medication is **Inpatient Non-formulary and Restricted to Outpatient Use**. Inpatient use requires approval by a physician department leader (i.e. Medical Director or Chair, or hospital CMO) collaborating with a pharmacy leader – See Non-Formulary, Restricted to Outpatient Medication process.

Receipt of an INPATIENT or OUTPATIENT (Day Treatment Unit or Infusion Center) order:

3. Verify Provider Enrollment by accessing the associated REMS page:
   Eculizumab (Soliris®): https://ultsolrems.com
   Eculizumab-aagh (Epysqli®): https://www.epysqlirems.com
   - If provider is not enrolled, pharmacist must contact the provider to enroll.
   - Provider will need to email or fax the Prescriber Enrollment Form available on the REMS site.
   - Do not proceed until provider enrollment is confirmed.

4. Collect patient information: Name, DOB, MRN, indication, dose, ordering physician from EHR and/or REMS portal.
   - Review or enter patient information and vaccination information into REMS portal.
   - Ensure patient has received meningococcal vaccinations for serogroups A, C, W, Y, and B based on vaccination recommendations according to the current Advisory Committee on Immunization Practices (ACIP) recommendations.
     - If meningococcal vaccinations are not fully up to date, ensure antibacterial drug prophylaxis is initiated before treatment
     - Update vaccination history, as applicable, based on EHR or provider supplied documentation.
     - Document findings in EHR and portal.

   Vaccinations: Ensure patient has plans to receive vaccines covering all serogroups listed above. These must be ordered and signed by the ordering provider.
     - Assess vaccination status prior to initiation; patients should receive meningococcal vaccine(s) at least 2 weeks prior to treatment initiation.
     - In unvaccinated patients, administer meningococcal vaccine(s) as soon as possible and initiate antibacterial prophylaxis.

   Prophylaxis: All patients should also receive antibacterial prophylaxis when receiving C5 inhibitors.
   Adults:
     - Penicillin VK 500 mg PO twice daily
     - In the case of penicillin allergy, Ciprofloxacin 500 mg daily or Azithromycin 500 mg daily may be used

   Pediatrics:
     - Penicillin VK:
       - ≤3 years: Oral: 125 mg twice daily
       - >3-12 years: Oral: 250 mg twice daily
       - > 12 years: Oral 500 mg twice daily
     - Azithromycin:
       - 5 mg/kg/dose (maximum 500mg) PO daily

5. Generate REMS Dispense Authorization (RDA) for dispensing by accessing the REMS portal.
6. Drug procurement
   - Ordering via McKesson Plasma & Biologics by 1300, for next day. If ordered after 1300, will need to call manufacturer direct.

- Evening/weekend emergent shipment: Contact site leadership to determine procurement.

Prior to each dispense for continuation of therapy:

1. Review patient vaccination status for meningococcal vaccines including antibacterial drug prophylaxis, if needed, before dispensing prescriptions.
   - If vaccine status is not up to date or antibacterial drug prophylaxis needed, do not dispense and contact provider.
2. If vaccination status is up to date and/or prophylaxis is provided with plan to complete vaccination, obtain authorization to dispense each prescription by accessing the REMS portal and generating RDA.

At all times for either INPATIENT or OUTPATIENT dispensing:

- Report adverse events suggestive of meningococcal infections to drug manufacturer or FDA MedWatch.
  - **Eculizumab (Soliris®)**: Alexion Pharmaceuticals, Inc. 1-844-259-6783
  - **Eculizumab-aagh (Epysqli®)**: Teva Pharmaceuticals 1-888-483-8279
  - **FDA:** www.fda.gov/medwatch or 1-800-FDA-1088
- Not distribute, transfer, loan, or sell eculizumab or eculizumab-aagh, except to other certified healthcare settings or certified pharmacies.
- Maintain records of staff's completion of REMS training.
- Maintain records that all processes and procedures are in place and are being followed.
- Comply with audits carried out by drug manufacturer or a third party acting on behalf of drug manufacturer, to ensure that all processes and procedures are in place and are being followed.

Ravulizumab-cwvz (Ultomiris®)

This medication is **Inpatient Non-formulary and Restricted to Outpatient Use**. Inpatient use requires approval by a physician department leader (i.e. Medical Director or Chair, or hospital CMO) collaborating with a pharmacy leader – See Non-Formulary, Restricted to Outpatient Medication process.

Receipt of an INPATIENT or OUTPATIENT (Day Treatment Unit or Infusion Center) order:

1. Verify Provider Enrollment by accessing the associated REMS page:
   Ravulizumab-cwvz (Ultomiris®): https://ultsolrems.com
   - If provider is not enrolled, pharmacist must contact the provider to enroll.
   - Provider will need to email or fax the Prescriber Enrollment Form available on the REMS site.
   - Do not proceed until provider enrollment is confirmed.

2. Collect patient information: Name, DOB, MRN, indication, dose, ordering physician from EHR and/or REMS portal.
   - Review or enter patient information and vaccination information into REMS portal.
   - Ensure patient has received meningococcal vaccinations for serogroups A, C, W, Y, and B based on vaccination recommendations according to the current Advisory Committee on Immunization Practices (ACIP) recommendations.
     - If meningococcal vaccinations are not fully up to date, ensure antibacterial drug prophylaxis is initiated before treatment
     - Update vaccination history, as applicable, based on EHR or provider supplied documentation.
     - Document findings in EHR and portal.

Vaccinations: Ensure patient has plans to receive vaccines covering all serogroups listed above. These must be ordered and signed by the ordering provider.

- Assess vaccination status prior to initiation; patients should receive meningococcal vaccine(s) at least 2 weeks prior to treatment initiation.
- In unvaccinated patients, administer meningococcal vaccine(s) as soon as possible and initiate antibacterial prophylaxis.

Prophylaxis: All patients should also receive antibacterial prophylaxis when receiving C5 inhibitors.

Adults:

- Penicillin VK 500 mg PO twice daily
- In the case of penicillin allergy, Ciprofloxacin 500 mg daily or Azithromycin 500 mg daily may be used

Pediatrics:

- Penicillin VK:
  - ≤3 years: Oral: 125 mg twice daily
  - >3-12 years: Oral: 250 mg twice daily
  - > 12 years: Oral 500 mg twice daily
- Azithromycin:
  - 5 mg/kg/dose (maximum 500mg) PO daily

3. Generate REMS Dispense Authorization (RDA) for dispensing by accessing the REMS portal.
4. Drug procurement
   - Ordering via McKesson Plasma & Biologics by 1300, for next day. If ordered after 1300, will need to call manufacturer direct.
   - Evening/weekend emergent shipment: Contact site leadership to determine procurement.

Prior to each dispense for continuation of therapy:

1. Review patient vaccination status for meningococcal vaccines including antibacterial drug prophylaxis, if needed, before dispensing prescriptions.
   - If vaccine status is not up to date or antibacterial drug prophylaxis needed, do not dispense and contact provider.
2. If vaccination status is up to date and/or prophylaxis is provided with plan to complete vaccination, obtain authorization to dispense each prescription by accessing the REMS portal and generating RDA.

At all times for either INPATIENT or OUTPATIENT dispensing:

- Report adverse events suggestive of meningococcal infections to drug manufacturer or FDA MedWatch.
  - **Ravulizumab-cwvz (Ultomiris®)**: Alexion Pharmaceuticals, Inc. 1-844-259-6783
  - **FDA:** www.fda.gov/medwatch or 1-800-FDA-1088
- Not distribute, transfer, loan, or sell ravulizumab-cwvz, except to other certified healthcare settings or certified pharmacies.
- Maintain records of staff's completion of REMS training.
- Maintain records that all processes and procedures are in place and are being followed.
- Comply with audits carried out by drug manufacturer or a third party acting on behalf of drug manufacturer, to ensure that all processes and procedures are in place and are being followed.

Vigabatrin

This medication is **non-formulary and restricted to Patient's Own Medication or continuation of home medication**.

Receipt of an INPATIENT order – Patient Supplied:

1. Vigabatrin is non-formulary at Legacy Health. If a patient is admitted with home supply, no need to log into REMS portal or document within portal. Label patient's own medication and follow POM policy and procedure outlined in 900.3104.

Receipt of an INPATIENT order – Patient Unable to Supply or own supply not sufficient for entirety of hospital stay; in-patient supply provided to patient:

1. Verify Patient Enrollment by accessing the associated REMS page PRIOR to dispensing:
   Vigabatrin: https://www.vigabatrinrems.com/
   1. If patient is enrolled, obtain authorization code.
   2. Document in an i-vent: 1) patient REMS ID 2) authorization code within EPIC EHR attached to medication order 3) date of 15-day mark as handoff reminder for 15-day verification

2. For continuation of dispensing for **15 days and longer**:
   1. Confirm and verify that a certified prescriber (affiliated with the healthcare facility or with admitting hospital privileges/prescribing rights – pediatric neurology) authorizes continuing vigabatrin treatment
      1. If provider is not certified in the REMS program, guide provider to register.
   2. Pharmacist to verify Patient AND Prescriber Enrollment by accessing the associated REMS page PRIOR to dispensing
   3. If patient AND prescriber are enrolled, obtain authorization code.
   4. Document in an i-vent: 1) patient REMS ID, 2) prescriber REMS ID, 3) authorization code within EPIC EHR attached to medication order

3. Drug procurement
   - When feasible, patient own supply should be used as outlined in 900.3104
   - If no supply on hand, order via McKesson or manufacturer dependent on Legacy Health's contract.
   - Evening/weekend emergent shipment: Contact site leadership to determine procurement.

At all times for INPATIENT dispensing from INPATIENT supply:

- Do not dispense more than a 15-day temporary supply of vigabatrin from the inpatient supply to bridge a patient who is discharging from the healthcare facility.
- Verify the patient is enrolled in the Vigabatrin REMS prior to dispensing vigabatrin by logging into the portal and document the patient's REMS ID.
- Maintain records of staff's completion of REMS training.
- Maintain records that all processes and procedures are in place and are being followed.
- Comply with audits carried out by drug manufacturer or a third party acting on behalf of drug manufacturer, to ensure that all processes and procedures are in place and are being followed.