

Prescribers who prescribe clozapine only to patients receiving inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition) are not required to be certified in the Clozapine REMS. Patients in this setting are required to be enrolled in the Clozapine REMS in order to receive clozapine.

For immediate certification, please go to www.clozapinerems.com.

Instructions

Clozapine is only available through the Clozapine REMS (Risk Evaluation and Mitigation Strategy). In order to become certified and prescribe clozapine, you must:

1. Review the Prescribing Information for clozapine and *Clozapine and the Risk of Neutropenia: A Guide for Healthcare Providers*
2. Successfully complete and submit the *Clozapine REMS Knowledge Assessment for Prescribers*
3. Complete and submit this one-time *Clozapine REMS Prescriber Enrollment Form*

Prescriber Responsibilities

I have:

- Reviewed the drug's Prescribing Information for clozapine.
- Reviewed the **Clozapine and the Risk of Neutropenia: A Guide for Healthcare Providers**.
- Successfully completed the **Knowledge Assessment for Prescribers** and submitted it to the Clozapine REMS.

Before treatment initiation (first dose), I must:

- Counsel the patient or caregiver on the risks associated with clozapine, including severe neutropenia, and the Clozapine REMS requirements including to report signs of infection using **A Guide for Patients and Caregivers: What You Need to Know about Clozapine and Neutropenia**.
- Provide a copy of the Guide to the patient unless clinical judgment indicates that the patient's adherence to the treatment regimen will be negatively impacted by providing the Guide.
- Assess the patient's absolute neutrophil count (ANC). Document and submit the ANC to the Clozapine REMS using the **Patient Enrollment Form**.
- Enroll the patient in the Clozapine REMS by completing and submitting the **Patient Enrollment Form** to the Clozapine REMS.

During treatment; according to the monitoring frequency in the Prescribing Information, I must

- Assess the patient's ANC and monitoring frequency.
- For patients with an ANC that falls below the acceptable range: Assess the patient's health status for appropriateness of continuing treatment.

During treatment, monthly, I must:

- Document and submit the ANC results, the monitoring frequency, and appropriateness for continuing treatment to the Clozapine REMS using the **Patient Status Form**.

After treatment discontinuation; according to the monitoring frequency in the Prescribing Information, I must:

- Assess the patient's ANC. Document and submit the ANC results to the REMS program using the **Patient Status Form**.

I understand that if I do not maintain compliance with the requirements of the Clozapine REMS, I will no longer be able to prescribe Clozapine.

I understand that personnel from the Clozapine REMS or a designated third party acting on behalf of the Clozapine Sponsors may contact me to gather information, resolve discrepancies, or to provide other information related to the Clozapine REMS.

I understand that clozapine manufacturers or their agents and contractors may contact me via phone, mail or email to survey me on the effectiveness of the program requirements for the Clozapine REMS.

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Prescriber Information (All Fields Required Unless Otherwise Indicated)			
First Name:	MI (opt):	Last Name:	
Individual NPI #:		Individual DEA #:	
Email Address:			
Credentials: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> Other			
Clinic/Practice Name:			
Address:			
City:		State:	Zip Code:
Phone:	Ext (opt):	Fax (opt.):	
Preferred Time of Contact (opt.): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
Preferred Method of Contact (opt.): <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call			
Prescriber's Signature: _____ Date (MM/DD/YYYY): _____			

Submit this form:

- Online at www.clozapinerems.com
- Via fax to 1-800-878-5927

You will receive a confirmation via email