

Complete this form if your pharmacy is within a facility dispensing 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).

*If your pharmacy dispenses clozapine only to patients treated on an outpatient or chronic basis, including, but not limited to, retail drug-stores, ambulatory care pharmacies, and pharmacies dispensing to long-term care, rehabilitation facilities, and prison systems, please complete the Clozapine REMS Outpatient Pharmacy Enrollment Form.*

For immediate certification, please go to [www.clozapinerems.com](http://www.clozapinerems.com).

## Instructions

Use this form to enroll a **SINGLE** pharmacy location. To enroll **MULTIPLE** pharmacy locations, you must go to [www.clozapinerems.com](http://www.clozapinerems.com).

Clozapine is only available through the Clozapine REMS (Risk Evaluation and Mitigation Strategy). In order to dispense clozapine, the pharmacy must designate an authorized representative.

**The authorized representative for the pharmacy must:**

1. Review *Clozapine and the Risk of Neutropenia: A Guide for Pharmacists*.
2. Successfully complete and submit the *Knowledge Assessment for Pharmacies*.
3. Complete and submit this *Inpatient Pharmacy Enrollment Form*.

## Authorized Representative Responsibilities

**As the Authorized Representative, I must:**

- Review **Clozapine and the Risk of Neutropenia: A Guide for Pharmacists**.
- Successfully complete the **Knowledge Assessment for Pharmacies** and submit it to the Clozapine REMS.
- Establish processes and procedures to verify an available, current ANC is within the acceptable range for patients enrolled but not authorized to receive clozapine.
- Train all relevant staff involved in dispensing clozapine on the requirements of the Clozapine REMS, using the **Clozapine and the Risk of Neutropenia: A Guide for Pharmacists**.

**Before first dose, all pharmacy staff must:**

- Obtain authorization to dispense by contacting the Clozapine REMS to verify that the patient is enrolled and authorized to receive the drug.
- For patients enrolled but not authorized to receive clozapine:
  - Verify an available, current ANC is within the acceptable range through the processes and procedures established as a requirement of the Clozapine REMS,
  - Document and submit the ANC to the Clozapine REMS and
  - Obtain authorization to dispense each prescription by contacting the Clozapine REMS to verify the patient is now authorized to receive clozapine.

**At discharge, all pharmacy staff must:**

- Dispense no more than a 7-days' supply.

**At all times, all pharmacy staff must:**

- Maintain records of staff training and that all processes and procedures are in place and are being followed.
- Not distribute, transfer, loan, or sell clozapine except to certified dispensers.
- Comply with audits carried out by the manufacturers or a third party acting on behalf of the manufacturers, to ensure that all processes and procedures are in place and are being followed.

**To maintain certification to dispense, any new Authorized Representative must:**

- Enroll in the Clozapine REMS by reviewing **Clozapine and the Risk of Neutropenia: A Guide for Pharmacists**, successfully complete the **Knowledge Assessment for Pharmacies** and the **Inpatient Pharmacy Enrollment Form** and submit both to the Clozapine REMS.

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Inpatient Pharmacy Information (All Fields Required Unless Otherwise Indicated)			
Pharmacy Name:		Organization NPI #:	
Address:		DEA # (opt.)	
City:		State:	Zip Code:
Phone:	Ext (opt):	Fax (opt.):	
Authorized Representative Information (All Fields Required Unless Otherwise Indicated)			
First Name:	Last Name:	Position/Title:	
Email Address:			
Credentials: <input type="checkbox"/> RPh <input type="checkbox"/> PharmD <input type="checkbox"/> BCPS <input type="checkbox"/> Other			
Phone:	Ext (opt):	Fax (opt.):	
Preferred Method of Contact (opt.): <input type="checkbox"/> Text to Mobile # <input type="checkbox"/> Email <input type="checkbox"/> Phone Call			
Authorized Representative's Signature: _____ Date (MM/DD/YYYY): _____			

**Submit this form:**

- Online at [www.clozapinerems.com](http://www.clozapinerems.com)
- Via fax to 1-800-878-5927

You will receive a confirmation via email