

Complete this form 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.

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 *Outpatient Pharmacy Enrollment*.

## 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 the drug.
- 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 dispensing, all pharmacy staff must:

- Obtain authorization to dispense each prescription by contacting the Clozapine REMS to verify that the patient is enrolled and authorized to receive 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 and the prescriber's NPI 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.
- Report dosing information to the Clozapine REMS.

### All pharmacy staff must

- Not distribute, transfer, loan, or sell clozapine except to certified dispensers.
- Maintain records of staff training and that all processes and procedures are in place and are being followed.
- 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 **Outpatient Pharmacy Enrollment Form** and submit both to the Clozapine REMS.

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Outpatient Pharmacy Information (All Fields Required Unless Otherwise Indicated)			
Pharmacy Name:		Organization NPI #:	
Address:		DEA # (opt.)	
City:		State:	Zip Code:
Phone:	Ext (opt.):	Fax (opt.):	
The name, location, and phone number of your pharmacy will be publicly available on ClozapineREMS.com. If you do not want your information available, please call the Clozapine REMS Contact Center at 1-888-586-0758.			
Allow this pharmacy to be found on the Clozapine REMS website as a: <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Specialty Pharmacy			
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			
<b>Authorized Representative's Signature:</b> _____			
<b>Date (MM/DD/YYYY):</b> _____			

**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