

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

*APPLICATION NUMBER:*  
**103951Orig1s5173**

**REMS**

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**BL 103951 ARANESP® (DARBEPOETIN ALFA)**

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**RISK EVALUATION AND MITIGATION STRATEGY (REMS)**

**I. GOALS**

- A. To support informed decisions between patients and their healthcare providers (HCPs) who are considering treatment with Aranesp by educating them on the risks of Aranesp.
- B. For treatment of patients with cancer, the goal of the REMS, as implemented through the ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs {erythropoiesis stimulating agents}) Oncology Program, is to mitigate the risk of shortened overall survival and/or increased risk of tumor progression or recurrence.

**II. REMS ELEMENTS**

**A. Medication Guides will be provided in accordance with 21 CFR Part 208**

In addition to the specific requirements in the elements to assure safe use (sections C.1.b.iv and C.2.b.iv) that apply to HCPs who prescribe Aranesp, Medication Guides will be provided in accordance with 21 CFR Part 208.

**B. Communication Plan**

Amgen will maintain a communication plan to HCPs to support implementation of this REMS.

**Healthcare Professional Communication:** Amgen will send a Dear Healthcare Provider Letter or Dear Director of Pharmacy/Administrator Letter (as applicable) to (1) non-enrolled HCPs who prescribe<sup>1</sup>, or prescribe and dispense<sup>2</sup>, Aranesp for patients with cancer, and (2) non-enrolled hospitals that dispense Aranesp for patients with cancer, instructing them how to receive training and subsequently enroll in the ESA APPRISE Oncology Program.

**ESA APPRISE Oncology Program Website:** The website will instruct HCPs to direct any questions to their local field-based personnel or to the ESA APPRISE Oncology Program Call Center at 1-866-284-8089. The ESA APPRISE Oncology Program Call Center provides the following services:

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<sup>1</sup> For the purposes of this REMS, the terms prescribe or prescription include medication orders in the clinic or hospital settings.

<sup>2</sup> For purposes of this REMS, dispense in a private practice setting includes dispensing for administration in prescriber's office or under the supervision of a prescriber, such as in an infusion center.

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- assistance with program training and enrollment
  - supports access to program materials

The following materials are part of the REMS and are appended:

- Dear Healthcare Provider (DHCP) Letter to HCPs who prescribe, or prescribe and dispense, ESAs for patients with cancer
- Dear Director of Pharmacy/Administrator Letter to hospitals that dispense ESAs for patients with cancer
- ESA APPRISE Oncology Program website
- ESA REMS Flashcard

**C. Elements to Assure Safe Use**

**1. Healthcare providers who both prescribe and dispense Aranesp for patients with cancer in private practice settings are specially certified.**

- a. Amgen will ensure that appropriately licensed HCPs who both prescribe and dispense Aranesp for patients with cancer in private practice settings are certified.
- b. To become specially certified, HCPs must enroll into the ESA APPRISE Oncology Program by doing the following:
  - i. Review the full prescribing information which includes the Medication Guide.
  - ii. Complete the ESA APPRISE Oncology Program Training Module for Healthcare Providers.
  - iii. Complete and sign the ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers and submit it to the ESA APPRISE Oncology Program Call Center.
  - iv. As a prescriber, agree to provide and review the Medication Guide with the oncology patient or patient representative at the initiation of each new course of ESA therapy. After initiation of treatment, and for as long as treatment continues, provide an Aranesp Medication Guide to each oncology patient once a month during regular office visits—or, if regular office visits occur less frequently than once a month, at the next regularly scheduled office visit.
  - v. Agree to send a completed signed copy of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form (or modified version consistent with the allowable changes) to the ESA APPRISE Oncology Program Call Center and retain a copy for his/her records.

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- c. Amgen will:
- i. Provide each enrolled HCP a unique ESA APPRISE Oncology Program enrollment number, which will be used to confirm enrollment in the Program.
  - ii. Ensure that HCPs retrain and re-enroll into the ESA APPRISE Oncology Program every 3 years, and re-enrollment will be evaluated by a comprehensive auditing mechanism every 3 years. All HCPs certified in the ESA APPRISE Oncology Program will be required to retrain and re-enroll during a 1-year re-enrollment phase beginning at the 3-year anniversary of the implementation of the ESA APPRISE Oncology Program. Upon completion of retraining and re-enrollment, the HCP will maintain the same ESA APPRISE Oncology Program enrollment number. Failure to re-enroll will result in suspension of access to Aranesp.
  - iii. Maintain a secure and accurate database of certified HCPs in the ESA APPRISE Oncology Program.
  - iv. Ensure that printed copies of the Aranesp Medication Guide are available upon request through the ESA APPRISE Oncology Program Call Center.
  - v. Ensure that, as a part of the enrollment process, HCPs receive the following materials that are a part of the ESA APPRISE Oncology Program and are appended to this REMS:
    - ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers
    - ESA APPRISE Oncology Program Training Module for Healthcare Providers
    - ESA APPRISE Oncology Program Healthcare Provider Flashcard
    - Aranesp Medication Guides
    - The ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form
    - HCP Program Starter Kit

**2. Healthcare providers who prescribe Aranesp for patients with cancer in hospitals are specially certified.**

- a. Amgen will ensure that appropriately licensed HCPs who prescribe Aranesp for patients with cancer in hospitals are certified.

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- b. To become specially certified, HCPs must enroll into the ESA APPRISE Oncology Program by doing the following:
- i. Review the full prescribing information which includes the Medication Guide.
  - ii. Complete the ESA APPRISE Oncology Program Training Module for Healthcare Providers.
  - iii. Complete and sign the ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers and submit it to the ESA APPRISE Oncology Program Call Center.
  - iv. Agree to provide and review the Medication Guide with the oncology patient or patient representative at the initiation of each new course of ESA therapy. After initiation of treatment, and for as long as treatment continues, provide an Aranesp Medication Guide to each oncology patient once a month during regular office visits—or, if regular office visits occur less frequently than once a month, at the next regularly scheduled office visit.
  - v. Agree to send a completed signed copy of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms, which may be archived electronically through an electronic medical record system as long as they are retrievable.
- c. Amgen will:
- i. Provide each enrolled HCP a unique ESA APPRISE Oncology Program enrollment number, which will be used to confirm enrollment in the Program.
  - ii. Ensure that HCPs retrain and re-enroll into the ESA APPRISE Oncology Program every 3 years, and re-enrollment will be evaluated by a comprehensive auditing mechanism every 3 years. All HCPs certified in the ESA APPRISE Oncology Program will be required to retrain and re-enroll during a 1-year re-enrollment phase beginning at the 3-year anniversary of the implementation of the ESA APPRISE Oncology Program. Upon completion of retraining and re-enrollment, the HCP will maintain the same ESA APPRISE Oncology Program enrollment number. Failure to re-enroll will result in suspension of access to Aranesp.
  - iii. Maintain a secure and accurate database of certified HCPs in the ESA APPRISE Oncology Program.

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- iv. Ensure that printed copies of the Aranesp Medication Guide are available upon request through the ESA APPRISE Oncology Program Call Center.
  - v. Ensure that, as a part of the enrollment process, HCPs receive the following materials that are part of the ESA APPRISE Oncology Program and are appended to this REMS:
    - ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers
    - ESA APPRISE Oncology Program Training Module for Healthcare Providers
    - ESA APPRISE Oncology Program. Healthcare Provider Flashcard
    - Aranesp Medication Guides
    - The ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form

**3. Hospitals that dispense Aranesp for patients with cancer are specially certified.**

- a. Amgen will ensure that hospitals that dispense Aranesp are certified through the hospital *site level enrollment* in the ESA APPRISE Oncology Program.
- b. To become specially certified, a Hospital Designee (e.g., pharmacy director, Head of Hematology/Oncology, or other appointed designee) must enroll into the ESA APPRISE Oncology Program by doing the following:
  - i. Complete the ESA APPRISE Oncology Program Training Module for Hospital Designees.
  - ii. Agree to assume the authority and responsibility to internally coordinate and oversee the ESA APPRISE Oncology Program requirements in their hospital.
  - iii. Agree to establish or oversee the establishment of a system, order sets, protocols, or other measure designed to ensure that the hospital is in compliance with the ESA APPRISE Oncology Program, such that:
    - i. Aranesp is only dispensed to patients with cancer after verifying:
      - that the healthcare provider who prescribed Aranesp for patients with cancer has enrolled in the ESA APPRISE Oncology Program; and
      - the discussion between the patient and ESA APPRISE Oncology Program-enrolled prescriber on the risks of

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Aranesp therapy is documented by patient and prescriber signatures on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of Aranesp therapy.

- ii. If an HCP that prescribes Aranesp is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe Aranesp for patients with cancer.
  - iv. Oversee compliance with program monitoring and auditing to assess the effectiveness of the ESA APPRISE Oncology Program.
  - v. Maintain evidence of compliance with the ESA APPRISE Oncology Program for monitoring and auditing purposes, as follows:
    - a list of each healthcare provider in my hospital who prescribes Aranesp for cancer patients
    - documentation (i.e., unique enrollment ID number) that each HCP in my hospital who prescribes Aranesp for patients with cancer is enrolled in the ESA APPRISE Oncology Program
    - documentation of the risk:benefit discussion between certified prescriber and patient by archival storage of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form for each cancer patient for whom an Aranesp prescription was filled
  - vi. Complete and sign the ESA APPRISE Oncology Program Enrollment Form for Hospitals and submit it to the ESA APPRISE Oncology Program Call Center.
- c. Amgen will:
- i. Provide each hospital with a unique ESA APPRISE Oncology Program enrollment number that will be used to confirm enrollment in the Program.
  - ii. Ensure hospitals retrain and re-enroll into the ESA APPRISE Oncology Program every 3 years, and re-enrollment will be evaluated by a comprehensive auditing mechanism every 3 years. All hospitals certified in the ESA APPRISE Oncology Program will be required to retrain and re-enroll during a 1-year re-enrollment phase beginning at the 3-year anniversary of the implementation of the ESA APPRISE Oncology Program. Upon completion of retraining and re-enrollment, the hospital will maintain the same ESA APPRISE Oncology Program enrollment number. Failure to re-enroll will result in suspension of access to Aranesp for that hospital.

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- iii. Ensure that the ESA APPRISE Oncology Program Call Center maintains a secure and accurate database of certified hospitals in the ESA APPRISE Oncology Program.
  - iv. Ensure that, as part of the enrollment process, the Hospital Designee receives the following materials that are part of the ESA APPRISE Oncology Program and are appended to this REMS:
    - ESA APPRISE Oncology Program Enrollment Form for Hospitals
    - ESA APPRISE Oncology Program Training Module for Hospital Designees
    - ESA APPRISE Oncology Program Hospital Process Overview Flashcard
    - HCP Program Starter Kit

**4. Aranesp will be dispensed to patients with cancer with evidence or other documentation of safe-use conditions.**

Amgen will ensure that certified hospitals and certified HCPs agree to only dispense Aranesp to patients with cancer once the risk:benefit discussion has occurred and the patient has signed a statement with their certified HCP (the ESA APPRISE Oncology Program Patient and Healthcare Professional [HCP] Acknowledgment Form) prior to the initiation of a new course of ESA therapy.

The ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form is part of the REMS and is appended.

**D. Implementation System**

The Implementation System includes the following:

1. Amgen will monitor compliance with documentation of the risk:benefit discussion and completion of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form and will work to improve implementation of these elements if non-compliance is identified.
  - a. Amgen will allow certain changes to the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form to ensure that the form can be adapted by hospitals and private practices to be compatible with their existing systems. The allowable formatting-related changes are:
    - i. Removal of title instruction and footnoted text
    - ii. Addition of patient identifier and/or clinic/hospital identifiers (e.g., name and/or logo, barcodes)

- iii. Changes to make the form compatible with existing systems, including electronic- and paper-based systems

The content in the Patient Acknowledgment and Healthcare Professional sections of the form cannot be changed. No content can be added or removed from these sections.

The Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics is part of the REMS and is appended.

- b. The ESA APPRISE Oncology Program will conduct monitoring of all private practice-based clinics to determine compliance rates (i.e., the number of patient- and HCP-signed Acknowledgment Forms returned to the ESA APPRISE Oncology Program Call Center compared to the number of patients initiating a new course of ESA therapy based on the amount of ESAs purchased) with section II.C.1 of this REMS and identify those HCPs in clinics with the poorest compliance rates. The ESA APPRISE Oncology Program will identify and audit at least 10% of the least compliant private-practice clinics with certified HCPs who prescribe ESAs to patients with cancer in the U.S. The private practice-based clinics will be audited by the ESA APPRISE Oncology Program to demonstrate evidence of compliance with the program including:
  - i. That the number of ESA prescribers who prescribe ESAs in the Private Practice-based clinic is not greater than the number of HCPs in the private-practice based setting that are certified in the ESA APPRISE Oncology Program (by unique ESA APPRISE Oncology Program enrollment number).
  - ii. That the number of patient- and HCP-signed Acknowledgment Forms returned to the ESA APPRISE Oncology Program Call Center is not less than the number of patients initiating a new course of ESA therapy. For the audits to be effective, private practiced based clinics will implement a means to determine the total number of individual patients that received Aranesp based on orders and prescriptions written.
  - iii. Each audit will be conducted according to a time schedule that allows these data to be provided with each REMS assessment.
- c. For hospitals, the ESA APPRISE Oncology Program will identify a random sample of certified hospitals enrolled in accordance with section II.C.3 of this REMS (at least 25). These hospitals will be audited by the ESA APPRISE Oncology Program to demonstrate evidence of compliance with the Program including:
  - i. That the documentation maintained by hospitals demonstrates that each HCP in the hospitals who prescribe ESAs for patients with cancer is certified in the ESA APPRISE Oncology Program (by unique ESA APPRISE Oncology Program enrollment number).

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- ii. That the number of patient- and HCP-signed Acknowledgment Forms retained at the hospital is not less than the number of patients initiating a new course of ESA therapy. For the audits to be effective, hospitals will implement a means to determine the total number of individual patients that received Aranesp based on orders and prescriptions written.
    - iii. For sites that are non-compliant, the ESA APPRISE Oncology Program will evaluate the reasons for non-compliance.
    - iv. The audits will be conducted according to a time schedule that allows these data to be provided with each REMS assessment.
  2. Amgen will ensure that distributors will not ship an ESA to a hospital or HCP at a private practice-based clinic without confirmation from the ESA APPRISE Oncology Program Call Center that the hospital is certified under Section II.C.3 or the HCP is certified under Section II.C.1 or that certification is not applicable (i.e., that the hospital does not dispense an ESA for patients with cancer or that the HCP does not prescribe and dispense an ESA for patients with cancer in a private practice setting).
  3. Amgen will monitor HCP enrollment under II.C.1. on an ongoing basis to evaluate compliance with the ESA APPRISE Oncology Program enrollment requirements and will work to improve implementation of this element.
  4. Amgen will monitor hospital enrollment under II.C.3 on an ongoing basis to evaluate compliance with the ESA APPRISE Oncology Program enrollment requirements and will work to improve implementation of this element.

Based on monitoring and evaluation of these elements to assure safe use, Amgen will take reasonable steps to improve implementation of these elements.

**E. Timetable for Submission of Assessments of the REMS**

Amgen will submit REMS Assessments at 8 months, 1 year, 18 months, 24 months, and annually thereafter following the initial approval of the REMS. To facilitate inclusion of as much information as possible while allowing reasonable time to prepare the submission, the reporting interval covered by each assessment should conclude no earlier than 60 days before the submission date for that assessment. Amgen will submit each assessment so that it will be received by the FDA on or before the due date.

## MEDICATION GUIDE

### Aranesp® (Air-uh-nesp) (darbepoetin alfa)

Read this Medication Guide:

- before you start Aranesp,
- if you are told by your healthcare provider that there is new information about Aranesp,
- if you are told by your healthcare provider that you may inject Aranesp at home, read this Medication Guide each time you receive a new supply of medicine.

This Medication Guide does not take the place of talking to your healthcare provider about your medical condition or your treatment. Talk with your healthcare provider regularly about the use of Aranesp and ask if there is new information about Aranesp.

#### **What is the most important information I should know about Aranesp?**

Using Aranesp can lead to death or other serious side effects.

#### **For patients with cancer:**

Your healthcare provider has received special training through the ESA APPRISE Oncology Program in order to prescribe Aranesp. Before you can begin to receive Aranesp, you must sign the patient-healthcare provider acknowledgment form. When you sign this form, you are stating that your healthcare provider talked with you about the risks of taking Aranesp.

These risks include that your tumor may grow faster and you may die sooner if you choose to take Aranesp.

You should talk with your healthcare provider about:

- Why Aranesp treatment is being prescribed for you.
- What are the chances you will get red blood cell transfusions if you do not take Aranesp.
- What are the chances you will get red blood cell transfusions even if you take Aranesp.
- How taking Aranesp may affect the success of your cancer treatment.

After you have finished your chemotherapy course, Aranesp treatment should be stopped.

#### **For all patients who take Aranesp, including patients with cancer or chronic kidney disease:**

- If you decide to take Aranesp, your healthcare provider should prescribe the smallest dose of Aranesp that is needed to reduce your chance of getting red blood cell transfusions.
- You may get serious heart problems such as heart attack, stroke, heart failure, and may die sooner if you are treated with Aranesp to reach a normal or near-normal hemoglobin level.
- You may get blood clots at any time while taking Aranesp. If you are receiving Aranesp for any reason and you are going to have surgery, talk to your healthcare provider about whether or not you need to take a blood thinner to lessen the chance of blood clots during or following surgery. Clots can form in blood vessels (veins), especially in your leg (deep venous thrombosis or DVT). Pieces of a blood clot may travel to the lungs and block the blood circulation in the lungs (pulmonary embolus).

Call your healthcare provider or get medical help right away if you have any of these symptoms of blood clots:

- Chest pain
- Trouble breathing or shortness of breath
- Pain in your legs, with or without swelling

- A cool or pale arm or leg
- Sudden confusion, trouble speaking, or trouble understanding others' speech
- Sudden numbness or weakness in your face, arm, or leg, especially on one side of your body
- Sudden trouble seeing
- Sudden trouble walking, dizziness, loss of balance or coordination
- Loss of consciousness (fainting)
- Hemodialysis vascular access stops working

See **“What are the possible side effects of Aranesp?”** below.

### **What is Aranesp?**

Aranesp is a man-made form of the protein human erythropoietin that is given to reduce or avoid the need for red blood cell transfusions. Aranesp stimulates your bone marrow to make more red blood cells. Having more red blood cells raises your hemoglobin level. If your hemoglobin level stays too high or if your hemoglobin goes up too quickly, this may lead to serious health problems which may result in death. These serious health problems may happen even if you take Aranesp and do not have an increase in your hemoglobin level.

Aranesp may be used to treat a lower than normal number of red blood cells (anemia) if it is caused by:

- Chronic kidney disease (you may or may not be on dialysis).
- Chemotherapy that will be used for at least two months after starting Aranesp.

Aranesp should not be used for the treatment of anemia:

- If you have cancer and you will not be receiving chemotherapy that may cause anemia for at least 2 more months.
- If you have a cancer that has a high chance of being cured.
- In place of emergency treatment for anemia (red blood cell transfusions).

Aranesp has not been proven to improve the quality of life, fatigue, or well-being.

### **Who should not take Aranesp?**

Do not take Aranesp if you:

- Have cancer and have not been counseled by your healthcare provider regarding the risks of Aranesp or if you have not signed the patient-healthcare provider acknowledgment form before you start Aranesp treatment.
- Have high blood pressure that is not controlled (uncontrolled hypertension).
- Have been told by your healthcare provider that you have or have ever had a type of anemia called Pure Red Cell Aplasia (PRCA) that starts after treatment with Aranesp or other erythropoietin protein medicines.
- Have had a serious allergic reaction to Aranesp.

### **What should I tell my healthcare provider before taking Aranesp?**

Aranesp may not be right for you. **Tell your healthcare provider about all your health conditions**, including if you:

- Have heart disease.
- Have high blood pressure.
- Have had a seizure (convulsion) or stroke.
- Are allergic to latex.
- Have any other medical conditions.
- Are pregnant or planning to become pregnant. It is not known if Aranesp may harm your unborn baby. Talk to your healthcare provider about possible pregnancy and birth control choices that are right for you.

If you are pregnant, discuss with your healthcare provider about enrolling in Amgen's Pregnancy Surveillance Program or call 1-800-772-6436 (1-800-77-AMGEN).

- Are breast-feeding or planning to breast-feed. It is not known if Aranesp passes into breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of your medicines with you and show it to your healthcare provider when you get a new medicine.

### **How should I take Aranesp?**

See **“What is the most important information I should know about Aranesp?”**

#### **For patients with cancer:**

Before you begin to receive Aranesp, your healthcare provider will:

- Ask you to review this Aranesp Medication Guide.
- Explain the risks of Aranesp and answer all your questions about Aranesp.
- Have you sign the patient-healthcare provider acknowledgment form.

#### **For all patients who take Aranesp:**

- Continue to follow your healthcare provider's instructions for diet, and medicines, including medicines for high blood pressure, while taking Aranesp.
- Have your blood pressure checked as instructed by your healthcare provider.
- If you or your caregiver has been trained to give Aranesp shots (injections) at home:
  - Be sure that you read, understand, and follow the “Instructions for Use” that come with Aranesp.
  - Take Aranesp exactly as your healthcare provider tells you to. Do not change the dose of Aranesp unless told to do so by your healthcare provider.
  - Your healthcare provider will show you how much Aranesp to use, how to inject it, how often it should be injected, and how to safely throw away the used vials, syringes, and needles.
  - If you miss a dose of Aranesp, call your healthcare provider right away and ask what to do.
  - If you take more than the prescribed amount of Aranesp, call your healthcare provider right away.

### **What are the possible side effects of Aranesp?**

Aranesp may cause serious side effects.

- See **“What is the most important information I should know about Aranesp?”**
- **High blood pressure.** High blood pressure is a common side effect of Aranesp in patients with chronic kidney disease. Your blood pressure may go up or be difficult to control with blood pressure medicine while taking Aranesp. This can happen even if you have never had high blood pressure before. Your healthcare provider should check your blood pressure often. If your blood pressure does go up, your healthcare provider may prescribe new or more blood pressure medicine.
- **Seizures.** If you have any seizures while taking Aranesp, get medical help right away and tell your healthcare provider.
- **Antibodies to Aranesp.** Your body may make antibodies to Aranesp. These antibodies can block or lessen your body's ability to make red blood cells and cause you to have severe anemia. Call your healthcare provider if you have unusual tiredness, lack of energy, dizziness, or fainting. You may need to stop taking Aranesp.
- **Serious allergic reactions.** Serious allergic reactions can cause a rash over your whole body, shortness of breath, wheezing, dizziness and fainting because of a drop in blood pressure, swelling around your mouth

or eyes, fast pulse, or sweating. If you have a serious allergic reaction, stop using Aranesp and call your healthcare provider or get medical help right away.

The needle cover on the prefilled syringe contains latex. If you know you are allergic to latex, talk to your healthcare provider before using Aranesp.

Common side effects of Aranesp include:

- shortness of breath
- cough
- low blood pressure during dialysis
- abdominal pain
- edema (swelling) of the arms or legs

These are not all of the possible side effects of Aranesp. Your healthcare provider can give you a more complete list. Tell your healthcare provider about any side effects that bother you or that do not go away.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

#### **How should I store Aranesp?**

- Do not shake Aranesp.
- Protect Aranesp from light.
- Store Aranesp in the refrigerator between 36°F to 46°F (2°C to 8°C).
- **Do not freeze Aranesp.** Do not use Aranesp that has been frozen.
- Throw away the Aranesp vial or prefilled syringe after one use. Do not re-use even if there is medicine left.

**Keep Aranesp and all medicines out of the reach of children.**

#### **General information about Aranesp**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Use Aranesp only for the condition for which it has been prescribed. Do not give Aranesp to other patients even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about Aranesp. If you would like more information about Aranesp, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about Aranesp that is written for healthcare professionals. For more information, go to the following website: [www.aranesp.com](http://www.aranesp.com) or call 1-800-77-AMGEN.

#### **What are the ingredients in Aranesp?**

**Active Ingredient:** darbepoetin alfa

**Inactive Ingredients:** polysorbate 80, sodium phosphate monobasic monohydrate, sodium phosphate dibasic anhydrous, and sodium chloride in Water for Injection, USP.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

The logo for AMGEN, consisting of the word "AMGEN" in a bold, black, sans-serif font with a registered trademark symbol (®) to the upper right of the letter "N".

**Manufactured by:**

Name  
Address  
City, State Zip

[Date]

Re: IMPORTANT ACTION REQUIRED FOR HEALTHCARE PROVIDERS (HCPs) WHO PRESCRIBE ESAs (erythropoiesis stimulating agents) FOR PATIENTS WITH CANCER

Dear [Insert First Name] [Insert Last Name],

Our records indicate that you have recently been identified as an HCP at [Insert Clinic Name] and you prescribe, or prescribe and dispense, ESAs to patients with cancer. In order to continue to obtain ESAs through distributors for use in clinics or to prescribe ESAs for hospitalized patients, you must train and enroll in the ESA APPRISE Oncology Program at [www.esa-apprise.com](http://www.esa-apprise.com) no later than [insert 90 day enrollment date] or your ability to obtain ESAs for patients with cancer will be suspended.

As you may be aware, on 16 February 2010, the ESA APPRISE Oncology Program was approved by the FDA as part of a Risk Evaluation and Mitigation Strategy (REMS) for ESAs. The FDA has determined that a REMS is necessary for ESAs to ensure that the benefits of these drugs outweigh the risks of **shortened overall survival and/or increased risk of tumor progression or recurrence.**

The ESA APPRISE Oncology Program applies to HCPs who prescribe, or prescribe and dispense, and hospitals that dispense ESAs to patients with cancer. One of the key requirements of the ESA APPRISE Oncology Program is that any HCP who prescribes, or prescribes and dispenses ESAs for patients with cancer must train and enroll in the Program. An ESA REMS Flashcard is enclosed to provide a summary of the ESA REMS.

If our records are not accurate or if you have any questions regarding this letter, please contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089 as soon as possible.

For oncology, ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

For oncology, ESAs are not indicated for use:

- As a substitute for RBC transfusions in patients who require immediate correction of anemia.
- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.

ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

Although the ESA APPRISE Oncology Program applies to both Aranesp® and Epogen®/Procrit®, these are different drugs with distinct dosing schedules.

Please see the accompanying Aranesp®, Epogen®, and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides.

Sincerely,

Amgen  
Centocor Ortho Biotech Products, L.P.

Enclosure:  
ESA REMS Flashcard

Aranesp® and Epogen® are registered trademarks of Amgen Inc.  
Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

Name  
Address  
City, State Zip  
[Date]

Re: IMPORTANT ACTION REQUIRED FOR HOSPITALS THAT DISPENSE ESAs (erythropoiesis stimulating agents) FOR PATIENTS WITH CANCER

Dear Hospital Administrator/Director of Pharmacy,

Our records indicate your hospital [Insert Hospital name] has recently been identified as a hospital dispensing ESAs on behalf of healthcare providers (HCPs) treating patients with an ESA for their cancer. In order to continue to obtain ESAs through distributors, your hospital must designate a representative (e.g., Pharmacy Director or Head of Hematology/Oncology) who, as the Hospital Designee, must train and enroll in the ESA APPRISE Oncology Program at [www.esa-apprise.com](http://www.esa-apprise.com) by [insert 90 day enrollment date] or your hospital's ability to obtain ESAs to dispense to patients with cancer will be suspended.

As you may be aware, on 16 February 2010, the ESA APPRISE Oncology Program was approved by the FDA as part of a Risk Evaluation and Mitigation Strategy (REMS) for ESAs. The FDA has determined that a REMS is necessary for ESAs to ensure that the benefits of these drugs outweigh the risks of shortened overall survival and/or increased risk of tumor progression or recurrence.

The ESA APPRISE Oncology Program applies to HCPs who prescribe, or prescribe and dispense, and hospitals that dispense ESAs to patients with cancer. One of the key requirements of the ESA APPRISE Oncology Program is that any hospital that dispenses ESAs on behalf of HCPs treating patients with an ESA for their cancer must enroll in and comply with the Program. An ESA REMS Flashcard is enclosed to provide a summary of the ESA REMS.

If our records are not accurate or if you have any questions regarding this letter, please contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089 as soon as possible.

For oncology, ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

For oncology, ESAs are not indicated for use:

- As a substitute for RBC transfusions in patients who require immediate correction of anemia.
- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.

ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

Although the ESA APPRISE Oncology Program applies to both Aranesp® and Epogen®/Procrit®, these are different drugs with distinct dosing schedules.

Please see the accompanying Aranesp®, Epogen®, and Procrit® full prescribing information, including Boxed WARNINGS, and Medication Guides.

Sincerely,

Amgen  
Centocor Ortho Biotech Products, L.P.

Enclosure:  
ESA REMS Flashcard

Aranesp® and Epogen® are registered trademarks of Amgen Inc.  
Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

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1/10/11

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

**ESA APPRISE Oncology Program Web Site**

# **Site Update Screenshots**

**June 16, 2011**

**Version 2.8.09**

## Table of Contents

Home Page	5
Important Safety Information	6
Overview	7
<b>Enrollment – Training &amp; Enrollment Dialog Window</b>	
Initial Confirmation Question	8
“No” Response - Directions	9
“Yes” Response – Follow-up Question for HCP/Hospital Designee	10
<b>Enrollment – Prescriber</b>	
Training Overview	11
Training Section 1	12
Training Section 2	13
Training Section 3	14
Training Section 4	15
Attestation	16
Enrollment Form Start	17
Enrollment Form – Re-enrollment	18
Enrollment Form – Practice Location – Search	19
Enrollment Form – Practice Location – Manual Entry	20
Enrollment Form – Relative Address Matching	21
Enrollment Form – Additional Practices	22
Enrollment Confirmation	23
<b>Enrollment – Hospital Designee</b>	
Training Overview	24

Training Section 1	25
Training Section 2	26
Training Section 3	27
Training Section 4	28
Attestation	29
Enrollment Form Start	30
Enrollment Form – Re-enrollment	31
Enrollment Form – Hospital Information – Search	32
Enrollment Form – Hospital Information – Manual Entry	33
Enrollment Form – Hospital Information – Search and Custom Contact	34
Enrollment Form – Hospital Information – Manual Entry and Custom Contact	35
Enrollment Form – Relative Address Matching	36
Enrollment Confirmation	37
Forms & Resources	38
Order Fulfillment – Address Selection	39
Order Fulfillment – Address Entry	40
Order Fulfillment – Address Selection and Custom Contact	41
Order Fulfillment – Address Manual Entry and Custom Contact	42
Order Fulfillment – Specify Type and Quantity	43
Order Fulfillment – Current Order	44
Order Fulfillment – Order Confirmation	45
PAF Download Dialog – Enrollment ID	46
PAF Download Dialog – Select a Practice Location	47
Login	48
Password Assistance	49

<b>Prescriber Section</b>	
Landing Page	50
Practice Location Management	51
Add Practice Location – Practice Location Search	52
Add Practice Location – Manual Practice Entry	53
Remove Practice Location	54
Edit Profile	55
Change Password	56
<b>Hospital Designee Section</b>	
Landing Page	57
Hospital HCP Enrollment Report	58
Add Prescriber Page	59
Remove Prescriber Page	60
Edit Profile	61
Change Password	62
<b>Read-Only Access Section</b>	
Hospital HCP Management Report	63
FAQs	64
Contact Us	65
Privacy Policy	66
Terms of Use	67

## Welcome to the ESA APPRISE Oncology Program

**Train and enroll**



**Learn more**



**Access forms & resources**

**NEW** PAF Modification Guidelines

### What is the ESA APPRISE Oncology Program?

Erythropoiesis Stimulating Agents (ESAs) include Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), and Procrit® (epoetin alfa). The FDA determined that a Risk Evaluation and Mitigation Strategy (REMS) is necessary to ensure that the decision to initiate treatment with an ESA is informed by a discussion between the patient and healthcare provider (HCP) about the benefits and risks associated with ESA therapy.\*

Amgen and Centocor Ortho Biotech Products, L.P. have implemented the ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program as part of a REMS designed for HCPs treating patients with an ESA for their cancer.

### What are risks addressed through the ESA APPRISE Oncology Program?

- **Increased risk of death and/or increased risk of tumor progression or recurrence in patients with cancer.**
  - ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
- **Increased risk of death from cardiovascular and thromboembolic reactions** in clinical studies in patients with cancer treated with ESAs.

### Key Program Requirements

Healthcare Providers	Hospitals
<b>1. Complete Training</b>	<b>1a. Select a Hospital Designee</b> <b>1b. Complete Training</b>
<b>2. Enroll in the ESA APPRISE Oncology Program</b>	<b>2. Enroll in the ESA APPRISE Oncology Program</b>
<b>3. Inform</b> <ul style="list-style-type: none"> <li>• Provide the Medication Guide to patient</li> <li>• Conduct the risk/benefit discussion with the patient and document this has occurred by completing and signing the Patient Acknowledgment Form</li> </ul>	<b>3. Implement</b> <ul style="list-style-type: none"> <li>• Hospital Designee establishes and oversees measures designed to ensure ESA prescribers adhere to the ESA APPRISE Oncology Program requirements in the hospital setting</li> </ul>

For further details on the program requirements, see the ESA APPRISE Oncology Program Overview page. Note that patient registration or approval through the ESA APPRISE Oncology Program is not required. [The ESA APPRISE Oncology Program training and enrollment](#) takes you step-by-step through the required training and enrollment process.

**Failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of your access to ESAs**

### Appropriate Use of ESAs for Patients with Cancer

- ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- ESAs are not indicated for use:
  - in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure;
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

### Important Dosing and Treatment Information

- Initiate ESA therapy in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose needed to avoid red blood cell (RBC) transfusions.
- Discontinue ESA treatment following completion of a chemotherapy course.

### Questions about the ESA APPRISE Oncology Program?

If you need more information about the ESA APPRISE Oncology Program:

- Contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or
- Call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089

\*Additional Information on REMS may be found at [www.FDA.gov](http://www.FDA.gov)

Aranesp® and Epogen®/Procrit® are different drugs with distinct schedules.

This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Selected Important Safety Information

### Cancer:

- ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
- To decrease these risks, as well as the risk of serious cardiovascular and thromboembolic reactions, use the lowest dose needed to avoid red blood cell (RBC) transfusions.
- Use ESAs only for anemia from myelosuppressive chemotherapy.
- ESAs are not indicated for patients receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
- Discontinue following the completion of a chemotherapy course.

### Oncology Indication

ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

### ESAs are not indicated for use:

- As a substitute for RBC transfusions in patients who require immediate correction of anemia.
- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.

ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

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## ESA APPRISE Oncology Program Overview

Three important points you should know about the ESA APPRISE Oncology Program.

### 1. REMS goals

- To support informed decisions between patients and their healthcare providers (HCPs) who are considering treatment with Aranesp® or Epogen®/Procrit® by educating them on the risks of Aranesp® or Epogen®/Procrit®.
- For treatment of patients with cancer, the goal of the REMS, as implemented through the ESA APPRISE Oncology Program, is to mitigate the risk of shortened overall survival and/or increased risk of tumor progression or recurrence.

### 2. Program key requirements

- **TRAIN**  
Complete the ESA APPRISE Oncology Program training, which includes a review of the risks of ESA therapy and appropriate use of ESAs in patients with cancer.
- **ENROLL**  
Enroll in the ESA APPRISE Oncology Program by completing the ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers.
- **INFORM**  
Prior to each new course of ESA therapy:
  - Provide and review the appropriate Medication Guide and counsel each patient on the risks and benefits of ESAs. Review ESA risk:benefit information with your patient, and answer any questions he/she may have.
  - Document that the ESA risk:benefit discussion occurred using the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form. Fill in your ESA APPRISE enrollment ID number and ensure both you and your patient sign the form.
  - If you are in a private practice setting, send the form (or modified version consistent with the allowable changes) by facsimile to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124 or mail using the prepaid envelope to P.O. Box #29000, Phoenix, AZ 85038 and retain an archival copy of the form.
  - If you are in a hospital setting, provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

### 3. Repercussions of failing to train and enroll and re-enroll at 3 years

**Failure to comply with the ESA APPRISE Oncology Program requirements will result  
in suspension of your access to ESAs.**

If you have questions regarding the ESA APPRISE Oncology Program, you may contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

[Continue to the ESA APPRISE Oncology Program Training & Enrollment section now.](#)

## Welcome to the ESA APPRISE Oncology Program

### Registration Acknowledgment

Train and enroll



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Please confirm your enrollment in this program is related to the treatment of patients with cancer.

Yes  No

epoetin alfa), and (REMS) is a discussion between you and your doctor about the risks and benefits of ESA therapy.\*

Assisting Providers and Cancer Patients with Risk Information for the Safe Use of ESAs) Oncology Program as part of a REMS designed for HCPs treating patients with an ESA for their cancer.

### What are risks addressed through the ESA APPRISE Oncology Program?

- **Increased risk of death and/or increased risk of tumor progression or recurrence in patients with cancer.**
  - ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
- **Increased risk of death from cardiovascular and thromboembolic reactions** in clinical studies in patients with cancer treated with ESAs.

### Key Program Requirements

Healthcare Providers	Hospitals
<p><b>1. Complete Training</b></p>	<p><b>1a. Select a Hospital Designee</b></p> <p><b>1b. Complete Training</b></p>
<p><b>2. Enroll in the ESA APPRISE Oncology Program</b></p>	<p><b>2. Enroll in the ESA APPRISE Oncology Program</b></p>
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For further details on the program requirements, see the ESA APPRISE Oncology Program Overview page. Note that patient registration or approval through the ESA APPRISE Oncology Program is not required.

The [ESA APPRISE Oncology Program training and enrollment](#) takes you step-by-step through the required training and enrollment process.

**Failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of your access to ESAs**

### Appropriate Use of ESAs for Patients with Cancer

- ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- ESAs are not indicated for use:
  - in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy;
  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure;
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

### Important Dosing and Treatment Information

- Initiate ESA therapy in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose needed to avoid red blood cell (RBC) transfusions.
- Discontinue ESA treatment following completion of a chemotherapy course.

### Questions about the ESA APPRISE Oncology Program?

- If you need more information about the ESA APPRISE Oncology Program:
- Contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or
  - Call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089

\*Additional information on REMS may be found at [www.FDA.gov](http://www.FDA.gov)

Aranesp® and Epogen®/Procrit® are different drugs with distinct schedules.

This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

**WARNING TO THE ESA APPRISE**

**Enrollment Confirmation**

Please confirm your enrollment in this program is related to the treatment of patients with cancer.

Yes  No

The ESA APPRISE Oncology Program is solely intended for the purposes of treating patients with cancer.

[Non-prescribing HCPs—Training only \(click here\)](#)

Close

epoetin alfa) and (REMS) is discussion between A therapy.\*

Assisting Providers part of a REMS

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- **Increased risk of death and/or increased risk of tumor progression or recurrence in patients with cancer.**
  - ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
- **Increased risk of death from cardiovascular and thromboembolic reactions** in clinical studies in patients with cancer treated with ESAs.

**Key Program Requirements**

Healthcare Providers	Hospitals
<p><b>1. Complete Training</b></p>	<p><b>1a. Select a Hospital Designee</b></p> <p><b>1b. Complete Training</b></p>
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For further details on the program requirements, see the ESA APPRISE Oncology Program Overview page. Note that patient registration or approval through the ESA APPRISE Oncology Program is not required. The [ESA APPRISE Oncology Program training and enrollment](#) takes you step-by-step through the required training and enrollment process.

**Failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of your access to ESAs**

**Appropriate Use of ESAs for Patients with Cancer**

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  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure;
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

**Important Dosing and Treatment Information**

- Initiate ESA therapy in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose needed to avoid red blood cell (RBC) transfusions.
- Discontinue ESA treatment following completion of a chemotherapy course.

**Questions about the ESA APPRISE Oncology Program?**

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WELCOME TO THE ESA APPRISE

Required during enrollment

To ensure that you are directed to the appropriate ESA APPRISE Oncology Program Training and Enrollment Module, please select the option that best describes you

- I am an HCP who prescribes ESAs
- I am the authorized designee enrolling on behalf of a Hospital

epoetin alfa), and (REMS) is discussion between A therapy.\*  
Assisting Providers part of a REMS



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Key Program Requirements

Healthcare Providers	Hospitals
<p><b>1. Complete Training</b></p>	<p><b>1a. Select a Hospital Designee</b></p> <p><b>1b. Complete Training</b></p>
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Appropriate Use of ESAs for Patients with Cancer

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[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Training Module for Healthcare Providers

This ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program Training Module is the core requirement for enrollment within the ESA APPRISE Oncology Program, developed by Amgen and Centocor Ortho Biotech Products, L.P. The ESA APPRISE Oncology Program is part of a Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration (FDA) has determined that REMS is necessary for ESAs to ensure that the benefits of a drug outweigh the risks of shortened overall survival and/or increased risk of tumor progression or recurrence as shown in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.

This training module is intended for HCPs who prescribe or prescribe and dispense ESAs for patients with cancer.

### The goals of the REMS for Aranesp® and Epogen®/Procrit® are:

- To support informed decisions between patients and their healthcare providers (HCPs) who are considering treatment with Aranesp® or Epogen®/Procrit® by educating them on the risks of Aranesp® or Epogen®/Procrit®.
- For treatment of patients with cancer, the goal of the REMS, as implemented through the ESA APPRISE Oncology Program, is to mitigate the risk of shortened overall survival and/or increased risk of tumor progression or recurrence.

**FAILURE TO ENROLL IN THE ESA APPRISE ONCOLOGY PROGRAM WILL RESULT  
IN SUSPENSION OF YOUR ACCESS TO ESAs.**

This training module, as a component of this REMS program, presents the requirements for HCPs who prescribe, or prescribe and dispense, Aranesp®, Epogen®, or Procrit® to cancer patients.

The ESA APPRISE Oncology Program Training Module features four sections:

**Section 1: Key safety information for the use of ESAs in patients with cancer**

**Section 2: Appropriate use of ESAs for patients with cancer**

**Section 3: HCP program requirements and materials**

**Section 4: Enrollment**

Please see the Aranesp®, Epogen® and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides.

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

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**AMGEN**

## Section 1: Key Safety Information for Use of ESAs in Patients with Cancer

### 1. ESAs resulted in decreased locoregional control/progression-free survival and/or overall survival.

As shown in the table below, these findings were observed in studies of patients with advanced head and neck cancer receiving radiation therapy (Studies 5 and 6), in patients receiving chemotherapy for metastatic breast cancer (Study 1) or lymphoid malignancy (Study 2), and in patients with non-small cell lung cancer or various malignancies who were not receiving chemotherapy or radiotherapy (Studies 7 and 8).

Study/Tumor(n)	Hemoglobin Target	Achieved Hemoglobin (Median Q1, Q3)	Primary Endpoint	Adverse Outcome for ESA-containing Arm
<b>Chemotherapy</b>				
<b>Cancer Study 1</b> Metastatic breast cancer (n=939)	12–14 g/dL	12.9 g/dL 12.2, 13.3 g/dL	12-month overall survival	Decreased 12-month survival
<b>Cancer Study 2</b> Lymphoid malignancy (n=344)	13–15 g/dL (M) 13–14 g/dL (F)	11.0 g/dL 9.8, 12.1 g/dL	Proportion of patients achieving a hemoglobin response	Decreased overall survival
<b>Cancer Study 3</b> Early breast cancer (n=733)	12.5–13 g/dL	13.1 g/dL 12.5, 13.7 g/dL	Relapse-free and overall survival	Decreased 3 yr. relapse-free and overall survival
<b>Cancer Study 4</b> Cervical Cancer (n=114)	12–14 g/dL	12.7 g/dL 12.1, 13.3 g/dL	Progression-free and overall survival and locoregional control	Decreased 3 yr. progression-free and overall survival and locoregional control
<b>Radiotherapy Alone</b>				
<b>Cancer Study 5</b> Head and neck cancer (n=351)	≥15 g/dL (M) ≥14 g/dL (F)	Not available	Locoregional progression-free survival	Decreased 5-year locoregional progression-free survival Decreased overall survival
<b>Cancer Study 6</b> Head and neck cancer (n=522)	14–15.5 g/dL	Not available	Locoregional disease control	Decreased locoregional disease control
<b>No Chemotherapy or Radiotherapy</b>				
<b>Cancer Study 7</b> Non-small cell lung cancer (n=70)	12–14 g/dL	Not available	Quality of life	Decreased overall survival
<b>Cancer Study 8</b> Non-myeloid malignancy (n=989)	12–13 g/dL	10.6 g/dL 9.4, 11.8 g/dL	RBC transfusions	Decreased overall survival

### 2. ESAs increase the risk of serious cardiovascular and thromboembolic reactions.

An increased incidence of thromboembolic reactions, some serious and life-threatening, occurred in patients with cancer treated with ESAs. In a randomized, placebo-controlled study (Cancer Study 1) of 939 women with metastatic breast cancer receiving chemotherapy, patients received either weekly epoetin alfa or placebo for up to a year. This study was designed to show that survival was superior when epoetin alfa was administered to prevent anemia (maintain hemoglobin levels between 12 and 14 g/dL or hematocrit between 36% and 42%). This study was terminated prematurely when interim results demonstrated a higher mortality at 4 months (8.7% vs. 3.4%) and a higher rate of fatal thrombotic reactions (1.1% vs. 0.2%) in the first 4 months of the study among patients treated with epoetin alfa. Based on Kaplan-Meier estimates, at the time of study termination, the 12-month survival was lower in the epoetin alfa group than in the placebo group (70% vs. 76%; HR 1.37, 95% CI: 1.07, 1.75; p = 0.012).

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen®, or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

You must respond to the following question to advance to the next section

Have you reviewed all of Section 1: Key Safety Information for Use of ESAs in Patients with Cancer?

**Yes, I have reviewed all of Section 1**

Training & Enrollment Progress

BACK

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Section 2: Appropriate Use of ESAs for Patients with Cancer

- ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- ESAs are not indicated for use:
  - in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

### Important Dosing and Treatment Information

- Initiate ESAs in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose of ESAs necessary to avoid RBC transfusions.
- Discontinue ESAs following the completion of a chemotherapy course.

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

Please see the full Prescribing Information for Procrit® regarding the pediatric use of Procrit®. The safety and efficacy of Aranesp® in pediatric cancer patients have not been established.

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You must respond to the following question to advance to the next section

Have you reviewed all of Section 2: Appropriate Use of ESAs for Patients with Cancer?

**Yes, I have reviewed all of Section 2**

[BACK](#)

Training & Enrollment Progress

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

## Section 3: Program Requirements and Materials for Healthcare Providers

### HCP requirements for patient education and counseling:

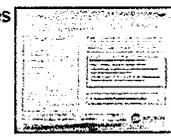
The ESA APPRISE Oncology Program requires HCPs to educate and counsel patients utilizing these program materials in the following manner:

- Provide the appropriate ESA Medication Guide to each patient prior to each new course of ESA therapy, review its contents, and counsel each patient on the risks and benefits of ESAs.
- Inform each patient that ESAs are associated with the following risks: increased mortality, serious cardiovascular and thromboembolic reactions, and increased risk of tumor progression or recurrence.
- Discuss each patient's questions or concerns about ESAs.
- Document that the risk/benefit discussion with the patient has occurred by completing and signing the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form.



[CLICK HERE](#)

- In a private practice-based setting, return the form (or modified version consistent with the allowable changes) via mail or fax (preferred method) to the ESA APPRISE Oncology Program Call Center as instructed on the acknowledgment form; maintain a copy of the signed ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form on-site.
- If you are in a hospital setting, provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.
- To learn more about allowed changes to the Patient Acknowledgment Form, please refer to the Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics flashcard.



[CLICK HERE](#)

**Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your access to ESAs.**

A re-enrollment period will occur every 3 years for this program. You will be notified when re-enrollment is required. Upon completion of this enrollment process you will receive an ESA APPRISE Oncology Program enrollment identification (ID) number via email. Your enrollment ID number will be required on every patient acknowledgment form. Once you have enrolled, you will receive the HCP Program Starter Kit to assist you in implementing the ESA APPRISE Oncology Program. The HCP Program Starter Kit will be shipped to each private practice location listed on your enrollment form.

### Materials provided in the HCP Program Starter Kit:

- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form
- Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) Medication Guides
- Prepaid Reply Envelopes
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

You must respond to the following question to advance to the next section

Have you reviewed all of Section 3: Program Requirements and Materials for Healthcare Providers?

**Yes, I have reviewed all of Section 3**

Training & Enrollment Progress

[BACK](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Section 4: Healthcare Provider Enrollment

Now that you have completed the ESA APPRISE Oncology Program Training Module, you are ready to enroll. Enrollment confirms the fact that you have reviewed the safety and appropriate use information for ESAs in patients with cancer, commits you to complying with the program requirements, and asks you to list all your sites of practice.

**Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your access to ESAs.**

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You must respond to the following question to advance to the next section

**Have you reviewed all of Section 4: Healthcare Provider Enrollment?**

**Yes. I have reviewed all of Section 4**

Training & Enrollment Progress

[BACK](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

## ESA APPRISE Oncology Program Enrollment for Healthcare Providers

### I agree to the following:

I have reviewed the appropriate current prescribing information for Aranesp® or Epogen®/Procrit®.

- I understand that ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
- I understand that ESAs increased the risk of death from cardiovascular and thromboembolic reactions in clinical studies in patients with cancer treated with ESAs
- I understand that in order to decrease these risks, the lowest dose of ESAs should be used to avoid red blood cell transfusions.
- I understand that ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- I understand that ESAs are not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- I understand that ESAs are not indicated for use in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
- I understand that ESAs are not indicated for use in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
- I understand that ESAs have not been shown to improve quality of life, fatigue, or patient well-being.
- I understand that ESAs should be discontinued following the completion of a chemotherapy course of treatment.

I have reviewed the ESA APPRISE Oncology Program requirements and agree that:

- I will discuss my patient's questions or concerns about Aranesp® or Epogen®/Procrit®.

<i>When I prescribe and dispense an ESA to a patient with cancer in my clinic, when an ESA is dispensed for administration under my supervision to a patient with cancer in an infusion center, or when I prescribe or order an ESA for a patient with cancer in a hospital:</i>	I will provide an Aranesp® or Epogen®/Procrit® Medication Guide to each oncology patient at the initiation of each new course of the respective ESA therapy. After initiation of treatment, and for as long as treatment continues, I will provide the appropriate Aranesp® or Epogen®/Procrit® Medication Guide to each oncology patient once a month during regular office visits—or, if regular office visits occur less frequently than once a month, at the next regularly scheduled office visit.
--	---

- I will review the contents of the respective Medication Guide with the patient, counsel each patient on the risks (increased mortality, serious cardiovascular and thromboembolic reactions, and increased risk of tumor progression or recurrence) and benefits of Aranesp® or Epogen®/Procrit® I am prescribing to my patient before each new course of the respective ESA therapy. I will document that the discussion with each patient has occurred by signing the ESA APPRISE Oncology Program Patient and Healthcare Professional Acknowledgment Form and by obtaining the patient's signature.
- By signing the patient section of the form, the patient acknowledges the following:
  - I acknowledge that prior to receiving my first dose of Aranesp® or Epogen®/Procrit® therapy:
    - I have read and understand the Aranesp® or Epogen®/Procrit® Medication Guide that my healthcare professional has given to me.
    - I have had all my questions or concerns about Aranesp® or Epogen®/Procrit® or my treatment answered by my healthcare professional.
    - I am aware that using Aranesp® or Epogen®/Procrit® may make my tumor grow faster or I may get serious heart problems such as heart attack, stroke, heart failure, or blood clots, and I may die sooner.
- By signing the HCP section of the form, as a healthcare provider enrolled in the ESA APPRISE Oncology Program, I acknowledge that prior to prescribing my patient's first dose of Aranesp® or Epogen®/Procrit® therapy:
  - I provided my patient with the appropriate Aranesp® or Epogen®/Procrit® Medication Guide and instructed the patient to read it carefully before signing this form.
  - I counseled my patient on the risks and benefits of Aranesp® or Epogen®/Procrit®, using the respective Medication Guide as the review tool in counseling the patient.
  - I discussed all concerns and answered all questions my patient had about Aranesp® or Epogen®/Procrit® or his/her treatment to the best of my ability.
  - The patient signed the Acknowledgment Form in my presence.

<i>When I prescribe and dispense an ESA to a patient with cancer in my clinic, or an ESA is dispensed for administration under my supervision to a patient with cancer in an infusion center:</i>	<ul style="list-style-type: none"> <li>• I will send a signed copy of the ESA APPRISE Oncology Program Patient and Healthcare Professional Acknowledgment Form (or modified version consistent with the allowable changes) back to the ESA APPRISE Oncology Program Call Center and retain a copy for my records.</li> <li>• I agree that the ESA obtained for use in my patients with cancer will not be prescribed and dispensed by an uncertified HCP.</li> <li>• I will ensure the ESA that I prescribe will be dispensed under my supervision.</li> </ul>
---	--

<i>When I prescribe or order an ESA for a patient with cancer in a hospital:</i>	<ul style="list-style-type: none"> <li>• I will provide the completed ESA APPRISE Oncology Program Patient and Healthcare Professional Acknowledgment Form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.</li> </ul>
--	---

- I will comply with any program monitoring and auditing required to assess the effectiveness of the ESA APPRISE Oncology Program.

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You must agree to the above to advance to the enrollment form

I have completed the ESA APPRISE Program Training Module. I understand that failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of my access to ESAs.

**Yes, I agree to all the above**

Training & Enrollment Progress

BACK

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment for Prescribers

⊕ indicates a required field.

Are you enrolling into the  
ESA APPRISE Oncology  
Program for the first time?  First-time Enrollment  
 Re-enrollment

### Prescriber Information

**My primary practice location is (select one)**  Private practice-based clinic  
 Hospital or outpatient facility  
affiliated with a  
hospital/institution

**First Name**

**Last Name**

**Professional Designation**

**Title**

**Email Address**

**Confirm Email Address**

**NPI #**

- or -

**State/Territory License # and Issuing State**

### Electronic Signature

Your signature and date are required to complete your enrollment. Please enter your name and date in the space provided. This will serve as your electronic signature and will certify that you have read and agree with the terms provided.

**Signature**  First and Last Name

**Date**  Today's date (mm/dd/yyyy)

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

Home

Important Safety  
Information

Overview

Training &  
Enrollment

Forms & Resources

FAQs

Contact Us

## ESA APPRISE Oncology Program Enrollment for Prescribers

⊗ indicates a required field.

Are you enrolling into the  
ESA APPRISE Oncology  
Program for the first time?  First-time Enrollment  
 Re-enrollment

Enrollment ID

### Prescriber Information

**My primary practice location is (select one)**  Private practice-based clinic  
 Hospital or outpatient facility affiliated with a hospital/institution

First Name

Last Name

Professional Designation

Title

Email Address

Confirm Email Address

NPI #

- or -

State/Territory License #   
and Issuing State

### Electronic Signature

Your signature and date are required to complete your enrollment. Please enter your name and date in the space provided. This will serve as your electronic signature and will certify that you have read and agree with the terms provided.

Signature

Date

Training & Enrollment Progress

BACK

NEXT

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

## ESA APPRISE Oncology Program Enrollment for Prescribers

⊗ indicates a required field.

**Primary Practice Location**

Please provide ZIP code or city/state to find your Primary Practice Location

ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 - or - ▼

Please select your Primary Practice Location

Practice Name *	Address	City	State	ZIP Code

Primary practice is not listed

**Primary Practice Contact Information**

Same as Contact Information and Primary Location Address

**First Name** ⊗ \_\_\_\_\_  
**Last Name** ⊗ \_\_\_\_\_  
**Address** ⊗ \_\_\_\_\_  
**City** ⊗ \_\_\_\_\_  
**State** ⊗ \_\_\_\_\_ ▼  
**ZIP Code** ⊗ \_\_\_\_\_  
**Email Address** ⊗ \_\_\_\_\_  
**Confirm Email Address** ⊗ \_\_\_\_\_  
**Phone (###-###-####)** ⊗ \_\_\_\_\_  
**Fax (###-###-####)** ⊗ \_\_\_\_\_

Training & Enrollment Progress



[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment for Prescribers

⊗ indicates a required field.

### Primary Practice Location

**Primary Practice Name** ⊗ \_\_\_\_\_

**Address** ⊗ \_\_\_\_\_

**City** ⊗ \_\_\_\_\_

**State** ⊗ \_\_\_\_\_ ▼

**ZIP Code** ⊗ \_\_\_\_\_

Search by ZIP code or City/State

### Primary Practice Contact Information

Same as Contact Information  
and Primary Location Address

**First Name** ⊗ \_\_\_\_\_

**Last Name** ⊗ \_\_\_\_\_

**Address** ⊗ \_\_\_\_\_

**City** ⊗ \_\_\_\_\_

**State** ⊗ \_\_\_\_\_ ▼

**ZIP Code** ⊗ \_\_\_\_\_

**Email Address** ⊗ \_\_\_\_\_

**Confirm Email Address** ⊗ \_\_\_\_\_

**Phone (###-###-####)** ⊗ \_\_\_\_\_

**Fax (###-###-####)** ⊗ \_\_\_\_\_

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment for Prescribers

⊙ indicates a required field.

### Primary Practice Address Match

The address you entered has returned similar entries in the ESA APPRISE Oncology Program address database. The address you entered follows.

**New Practice Name**  
1001 Main Blvd  
Los Angeles, CA 90001

Please select an address already available in the ESA APPRISE Oncology Program below or confirm your address.

- NEW PRACTICE NAME MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE NAME MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE NAME MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001
- NEW PRACTICE NAME MAIN**  
1001 MAIN BLVD  
LOS ANGELES, CA 90001

Your entered address:

- New Practice Name**  
1001 Main Blvd  
Los Angeles, CA 90001

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment for Prescribers

⊛ indicates a required field.

### Additional Practice Locations

Enter in a combination of up to 3 ZIP codes or City/State combinations to search for additional affiliation sites to enroll.

ZIP	City	State
- or -		▼
ZIP	City	State
- or -		▼
ZIP	City	State
- or -		▼

Please select up to 10 Secondary Practice Locations

<input type="checkbox"/>	Practice Name	Address	City	State	ZIP Code

Training & Enrollment Progress

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

Home

Important Safety  
Information

Overview

Training &  
Enrollment

Forms & Resources

FAQs

Contact Us

## ESA APPRISE Oncology Program Enrollment for Prescribers

Thank you for participating in the ESA APPRISE Oncology Program

 [Print this Page](#)

**Your enrollment is now complete.** Below is your ESA APPRISE Oncology Program enrollment identification (ID) number along with a list of the site affiliation(s) you provided.

### Enrollment ID:

Your Enrollment ID will be required on every ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form.

### Site Affiliation(s)

Site ID	Site Name	Site Address	City	State	Zip	Affiliation(s)
1234	Scottsdale Clinic	456 Harper	Scottsdale	AZ	85260	Primary
7890	Phoenix Hospital	112 Elm	Phoenix	AZ	85027	Secondary

You will receive the HCP Program Starter Kit which contains the required materials for the ESA APPRISE Oncology Program. The HCP Program Starter Kit will be shipped to each private practice location in the above list.

### HCP Program Starter Kit

Materials provided in the HCP Program Starter Kit include:

- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms
- Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), and Procrit® (epoetin alfa) Medication Guides
- Prepaid Reply Envelopes
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

Until your starter kits arrive you can [download and print the ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form](#) and begin completing the form with your patients.

For questions regarding the ESA APPRISE Oncology Program, please visit the [ESA APPRISE Oncology Program Frequently Asked Questions](#) page, contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

\* As a reminder, patient registration or approval through the ESA APPRISE Oncology Program is not required.

**Print this confirmation notice. It is recommended that it be kept in a safe location as you will need to reference your enrollment number during the program.**

An email has also been sent confirming your enrollment. If you do not receive a confirmation email, please check your email spam folder.

## ESA APPRISE Training Module for Hospital Designees

This ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program Training Module is the core requirement for enrollment within the ESA APPRISE Oncology Program, developed by Amgen and Centocor Ortho Biotech Products, L.P. The ESA APPRISE Oncology Program is part of a Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration (FDA) has determined that REMS is necessary for ESAs to ensure that the benefits of these drugs outweigh the risks of shortened overall survival and/or increased risk of tumor progression or recurrence as shown in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.

This training module is intended for Hospital Designees at hospitals that dispense ESAs for patients with cancer.

**The goals of the REMS for Aranesp® and Epogen®/Procrit® are:**

- To support informed decisions between patients and their healthcare providers (HCPs) who are considering treatment with Aranesp® or Epogen®/Procrit® by educating them on the risks of Aranesp® or Epogen®/Procrit®.
- For treatment of patients with cancer, the goal of the REMS, as implemented through the ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program, is to mitigate the risk of shortened overall survival and/or increased risk of tumor progression or recurrence.

**FAILURE TO ENROLL IN THE ESA APPRISE ONCOLOGY PROGRAM WILL RESULT IN SUSPENSION OF YOUR HOSPITAL'S ACCESS TO ESAs.**

This training module, as a component of this REMS program, presents the requirements for HCPs who prescribe, or prescribe and dispense, Aranesp®, Epogen®, or Procrit® to cancer patients as well as the requirements for Hospital Designees who must oversee this safety program at their respective Hospitals.

The ESA APPRISE Oncology Program Training Module features four sections:

- Section 1: Key safety information for the use of ESAs in patients with cancer**
- Section 2: Appropriate use of ESAs for patients with cancer**
- Section 3: HCP and Hospital Designee program requirements and materials**
- Section 4: Enrollment**

Please see the Aranesp®, Epogen® and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides.

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Training & Enrollment Progress

BACK

NEXT

## Section 1: Key ESA Safety Information for Appropriate Use in Patients With Cancer

### 1. ESAs resulted in decreased locoregional control/progression-free survival and/or overall survival.

As shown in the table below, these findings were observed in studies of patients with advanced head and neck cancer receiving radiation therapy (Studies 5 and 6), in patients receiving chemotherapy for metastatic breast cancer (Study 1) or lymphoid malignancy (Study 2), and in patients with non-small cell lung cancer or various malignancies who were not receiving chemotherapy or radiotherapy (Studies 7 and 8).

Study/Tumor(n)	Hemoglobin Target	Achieved Hemoglobin (Median, CI, Q3)	Primary Endpoint	Adverse Outcome for ESA-containing Arm
<b>Chemotherapy</b>				
<b>Cancer Study 1</b> Metastatic breast cancer (n=939)	12–14 g/dL	12.9 g/dL 12.2, 13.3 g/dL	12-month overall survival	Decreased 12-month survival
<b>Cancer Study 2</b> Lymphoid malignancy (n=344)	13–15 g/dL (M) 13–14 g/dL (F)	11.0 g/dL 9.8, 12.1 g/dL	Proportion of patients achieving a hemoglobin response	Decreased overall survival
<b>Cancer Study 3</b> Early breast cancer (n=733)	12.5–13 g/dL	13.1 g/dL 12.5, 13.7 g/dL	Relapse-free and overall survival	Decreased 3 yr. relapse-free and overall survival
<b>Cancer Study 4</b> Cervical Cancer (n=114)	12–14 g/dL	12.7 g/dL 12.1, 13.3 g/dL	Progression-free and overall survival and locoregional control	Decreased 3 yr. progression-free and overall survival and locoregional control
<b>Radiotherapy Alone</b>				
<b>Cancer Study 5</b> Head and neck cancer (n=351)	≥15 g/dL (M) ≥14 g/dL (F)	Not available	Locoregional progression-free survival	Decreased 5-year locoregional progression-free survival Decreased overall survival
<b>Cancer Study 6</b> Head and neck cancer (n=522)	14–15.5 g/dL	Not available	Locoregional disease control	Decreased locoregional disease control
<b>No Chemotherapy or Radiotherapy</b>				
<b>Cancer Study 7</b> Non-small cell lung cancer (n=70)	12–14 g/dL	Not available	Quality of life	Decreased overall survival
<b>Cancer Study 8</b> Non-myeloid malignancy (n=989)	12–13 g/dL	10.6 g/dL 9.4, 11.8 g/dL	RBC transfusions	Decreased overall survival

### 2. ESAs increase the risk of serious cardiovascular and thromboembolic reactions.

An increased incidence of thromboembolic reactions, some serious and life-threatening, occurred in patients with cancer treated with ESAs. In a randomized, placebo-controlled study (Cancer Study 1) of 939 women with metastatic breast cancer receiving chemotherapy, patients received either weekly epoetin alfa or placebo for up to a year. This study was designed to show that survival was superior when epoetin alfa was administered to prevent anemia (maintain hemoglobin levels between 12 and 14 g/dL or hematocrit between 36% and 42%). This study was terminated prematurely when interim results demonstrated a higher mortality at 4 months (8.7% vs. 3.4%) and a higher rate of fatal thrombotic reactions (1.1% vs. 0.2%) in the first 4 months of the study among patients treated with epoetin alfa. Based on Kaplan-Meier estimates, at the time of study termination, the 12-month survival was lower in the epoetin alfa group than in the placebo group (70% vs. 76%; HR 1.37, 95% CI: 1.07, 1.75; p = 0.012).

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen®, or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

You must respond to the following question to advance to the next section

Have you reviewed all of Section 1: Key Safety Information for Use of ESAs in Patients with Cancer?

**Yes, I have reviewed all of Section 1**

Training & Enrollment Progress

BACK

## Section 2: Appropriate Use of ESAs for Patients with Cancer

- ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- ESAs are not indicated for use:
  - in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

### Important Dosing and Treatment Information

- Initiate ESAs in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose of ESAs necessary to avoid RBC transfusions.
- Discontinue ESAs following the completion of a chemotherapy course.

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

Please see the full Prescribing Information for Procrit® regarding the pediatric use of Procrit®. The safety and efficacy of Aranesp® in pediatric cancer patients have not been established.

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

You must respond to the following question to advance to the next section

Have you reviewed all of *Section 2: Appropriate Use of ESAs for Patients with Cancer*?

**Yes. I have reviewed all of Section 2**

[BACK](#)

Training & Enrollment Progress

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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## Section 3: Program Requirements and Materials for Healthcare Providers and Hospital Designees

### HCP requirements for patient education and counseling:

The ESA APPRISE Oncology Program requires HCPs to educate and counsel patients utilizing these program materials in the following manner:

- Provide the appropriate ESA Medication Guide to each patient prior to each new course of ESA therapy, review its contents, and counsel each patient on the risks and benefits of ESAs.
- Inform each patient that ESAs are associated with the following risks: increased mortality, serious cardiovascular and thromboembolic reactions, and increased risk of tumor progression or recurrence.
- Discuss each patient's questions or concerns about ESAs.
- Document that the risk/benefit discussion with the patient has occurred by completing and signing the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form



[CLICK HERE](#)

- In a private practice-based setting, return the form (or modified version consistent with the allowable changes) via mail or fax (preferred method) to the ESA APPRISE Oncology Program Call Center as instructed on the acknowledgment form; maintain a copy of the signed ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form on-site.
- If you are in a hospital setting, provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

### Hospital Designee Requirements

- Assume the authority and responsibility to internally coordinate and oversee the ESA APPRISE Oncology Program requirements in your hospital.
- Complete the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- Understand that if HCPs in your hospital prescribe Aranesp® or Epogen®/Procrit® to patients with cancer, failure of the staff to comply with enrollment requirements will lead to suspension of access to ESAs for your hospital.
- Inform all Aranesp® or Epogen®/Procrit® prescribers at your hospital of the ESA APPRISE Oncology Program training and oncology prescriber certification requirements.
- Establish or oversee the establishment of a system, order sets, protocols, or other measures designed to ensure that, in your hospital:
  - ESAs are only dispensed to patients with cancer after verifying:
    - that the HCP who prescribed ESAs for patients with cancer has enrolled in the ESA APPRISE Oncology Program; and
    - that the discussion between the patient and ESA APPRISE Oncology Program-enrolled prescriber on the risks of ESA therapy is documented by patient and prescriber signatures on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of ESA therapy.
  - If an HCP who prescribes ESAs is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe ESAs for patients with cancer.
- Oversee compliance with program monitoring and auditing to assess the effectiveness of the ESA APPRISE Oncology Program.
- Maintain evidence of compliance with the ESA APPRISE Oncology Program for monitoring and auditing purposes, as follows:
  - A list of each HCP in your hospital who prescribes ESAs for cancer patients
  - Documentation (i.e., unique enrollment ID number) that each HCP in your hospital who prescribes ESAs for patients with cancer is enrolled in the ESA APPRISE Oncology Program
  - Documentation of the risk/benefit discussion between certified prescriber and cancer patient by archival storage of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form for each cancer patient for whom an ESA prescription was filed
- To learn more about allowed changes to the Patient Acknowledgment Form, please refer to the Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics flashcard.



[CLICK HERE](#)

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

**Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your hospital's access to ESAs.**

A re-enrollment period will occur every 3 years for this program. You will be notified when re-enrollment is required.

Upon completion of this enrollment process, you (and an alternate contact, if provided) will receive an email with the ESA APPRISE Oncology Program enrollment ID number unique to your hospital. This enrollment ID number allows you to identify HCPs enrolled at your location, by clicking the Hospital Designee log-in at the top right of the ESA APPRISE Oncology Program website home page. You can also order more ESA APPRISE Oncology Program materials via [www.esa-apprise.com](http://www.esa-apprise.com) using the hospital enrollment ID number.

Once you have enrolled, you will receive the HCP Program Starter Kit to assist HCPs in your hospital in implementing the ESA APPRISE Oncology Program.

### Materials provided in the HCP Program Starter Kit:

- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form
- Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) Medication Guides
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

The prescriber's enrollment identification number and the hospital's site identification number are required on every patient acknowledgment form.

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You must respond to the following question to advance to the next section

Have you reviewed all of Section 3: Program Requirements and Materials for Healthcare Providers and Hospital Designees?

Yes, I have reviewed all of Section 3

Training & Enrollment Progress

[BACK](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Section 4: Hospital Designee Enrollment

Now that you completed the ESA APPRISE Oncology Program Training Module, you are ready to enroll. Enrollment confirms the fact that you have reviewed the safety and appropriate use information for ESAs in patients with cancer, and commits you to complying with the program requirements.

**Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your hospital's access to ESAs.**

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You must respond to the following question to advance to the next section

Have you reviewed all of *Section 4: Hospital Designee Enrollment*?

**Yes, I have reviewed all of Section 4**

Training & Enrollment Progress

[BACK](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)[Important Safety  
Information](#)[Overview](#)[Training &  
Enrollment](#)[Forms & Resources](#)[FAQs](#)[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment for Hospitals

I agree to the following on behalf of my hospital:

- I have been designated by hospital management to assume the authority and responsibility to internally coordinate and oversee the ESA APPRISE Oncology Program requirements in my hospital.
- I have completed the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- I understand that if healthcare providers (HCPs) in my hospital prescribe Aranesp® or Epogen®/Procrit® to patients with cancer, failure of the staff to comply with enrollment requirements will lead to suspension of access to Aranesp® and Epogen®/Procrit® for my hospital.
- I will inform all Aranesp® or Epogen®/Procrit® prescribers at my hospital of the ESA APPRISE Oncology Program training and oncology prescriber certification requirements.
- I will establish or oversee the establishment of a system, order sets, protocols, or other measures designed to ensure that, in my hospital:
  - Aranesp® or Epogen®/Procrit® is only dispensed to patients with cancer after verifying:
    - that the HCP who prescribed Aranesp® or Epogen®/Procrit® for patients with cancer has enrolled in the ESA APPRISE Oncology Program; and
    - that the discussion between the patient and ESA APPRISE Oncology Program-enrolled prescriber on the risks of Aranesp or Epogen/Procrit therapy is documented by patient and prescriber signatures on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of Aranesp or Epogen/Procrit therapy.
  - If an HCP that prescribes Aranesp® or Epogen®/Procrit® is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe Aranesp® or Epogen®/Procrit® for patients with cancer.
- I am authorized to oversee compliance with program monitoring and auditing to assess the effectiveness of the ESA APPRISE Oncology Program.
- I will maintain evidence of compliance with the ESA APPRISE Oncology Program for monitoring and auditing purposes, as follows:
  - A list of each HCP in my hospital who prescribes Aranesp or Epogen/Procrit for cancer patients.
  - Documentation (ie, unique enrollment ID number) that each HCP in my hospital who prescribes Aranesp® or Epogen®/Procrit® for patients with cancer is enrolled in the ESA APPRISE Oncology Program.
  - Documentation of the risk:benefit discussion between certified prescriber and cancer patient by archival storage of the ESA APPRISE Oncology Program Patient and Healthcare Professional Acknowledgment Form for each cancer patient for whom an Aranesp or Epogen/Procrit prescription was filled.

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

You must agree to the above to advance to the enrollment form

**I have completed the ESA APPRISE Training Module. I understand that failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of my hospital's access to ESAs.**

**Yes, I agree to all the above**

**BACK**

Training & Enrollment Progress

[Home](#)[Contact Us](#)[Privacy Policy](#)[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment For Hospitals

⊗ indicates a required field.

- Are you enrolling into the  
ESA APPRISE Oncology  
Program for the first  
time?
- First-time Enrollment  
 Re-enrollment

### Authorized Hospital Designee Information

First Name ⊗	_____
Last Name ⊗	_____
Title	_____
Email Address ⊗	_____
Confirm Email Address ⊗	_____
Password ⊗	_____
Confirm Password ⊗	_____
Phone (###-###-####) ⊗	_____
Fax (###-###-####) ⊗	_____

**Hospital Summary Report Opt-in**  
Please send an email notification to the hospital email addresses listed above that summarizes all HCPs enrolled in the ESA APPRISE Oncology Program at our hospital each time a new HCP affiliated with our hospital enrolls in the program.  
Note: You will automatically be notified of all HCPs enrollment terminations, whether voluntary or for cause.

### Electronic Signature

Your signature and date are required to complete your enrollment. Please enter your name and date in the space provided. This will serve as your electronic signature and will certify that you have read and agree with the terms provided.

Signature ⊗ \_\_\_\_\_  
Date ⊗ \_\_\_\_\_  
Today's date (mm/dd/yyyy)

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

# ESA APPRISE Oncology Program Enrollment For Hospitals

⊗ indicates a required field.

Are you enrolling into the  
ESA APPRISE Oncology  
Program for the first  
time?  First-time Enrollment  
 Re-enrollment

Enrollment ID

### Authorized Hospital Designee Information

First Name <input type="text"/>	<input type="text"/>
Last Name <input type="text"/>	<input type="text"/>
Title <input type="text"/>	<input type="text"/>
Email Address <input type="text"/>	<input type="text"/>
Confirm Email Address <input type="text"/>	<input type="text"/>
Password <input type="text"/>	<input type="text"/>
Confirm Password <input type="text"/>	<input type="text"/>
Phone (###-###-####) <input type="text"/>	<input type="text"/>
Fax (###-###-####) <input type="text"/>	<input type="text"/>

**Hospital Summary Report Opt-in**  
Please send an email notification to the hospital email addresses listed above that summarizes all HCPs enrolled in the ESA APPRISE Oncology Program at our hospital each time a new HCP affiliated with our hospital enrolls in the program.  
Note: You will automatically be notified of all HCPs enrollment terminations, whether voluntary or for cause.

### Electronic Signature

Your signature and date are required to complete your enrollment. Please enter your name and date in the space provided. This will serve as your electronic signature and will certify that you have read and agree with the terms provided.

Signature  First and Last Name

Date  Today's date (mm/dd/yyyy)

Training & Enrollment Progress

[BACK](#)

[NEXT](#)





[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment For Hospitals

⊕ indicates a required field.

### Hospital Enrollment Information

**Hospital Name** ⊕ \_\_\_\_\_

**Address** ⊕ \_\_\_\_\_

**City** ⊕ \_\_\_\_\_

**State** ⊕ \_\_\_\_\_ ▾

**ZIP Code** ⊕ \_\_\_\_\_

**HIN #** ⊕ \_\_\_\_\_

- or -

**DDD #** ⊕ \_\_\_\_\_

Search by ZIP code or City/State

### Hospital Contact Information for Receipt of Program Materials

Click here if different from the authorized designee

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

- Home
- Important Safety Information
- Overview
- Training & Enrollment
- Forms & Resources
- FAQs
- Contact Us

## ESA APPRISE Oncology Program Enrollment For Hospitals

⊙ indicates a required field.

**Hospital Enrollment Information**

Please provide ZIP code or city/state to find your Hospital Main Address

ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
- or -

Please select your hospital

Practice Name	Address	City	State	ZIP Code

Hospital main address is not listed

**Hospital Contact Information for Receipt of Program Materials**

**First Name** ⊙ \_\_\_\_\_

**Last Name** ⊙ \_\_\_\_\_

Same as hospital main address

**Address** ⊙ \_\_\_\_\_

**City** ⊙ \_\_\_\_\_

**State** ⊙ \_\_\_\_\_

**ZIP Code** ⊙ \_\_\_\_\_

**Email Address** ⊙ \_\_\_\_\_

**Confirm Email Address** ⊙ \_\_\_\_\_

**Password** ⊙ \_\_\_\_\_

**Confirm Password** ⊙ \_\_\_\_\_

**Phone (###-###-####)** ⊙ \_\_\_\_\_

**Fax (###-###-####)** ⊙ \_\_\_\_\_

**Hospital Summary Report Opt-in**  
Please send an email notification to the hospital email addresses listed above that summarizes all HCPs enrolled in the ESA APPRISE Oncology Program at our hospital each time a new HCP affiliated with our hospital enrolls in the program.  
Note: You will automatically be notified of all HCPs enrollment terminations, whether voluntary or for cause.

Click here if contact is the same authorized designee

Training & Enrollment Progress

# ESA APPRISE Oncology Program Enrollment For Hospitals

⊙ indicates a required field.

Hospital Enrollment Information

**Hospital Name** ⊙ \_\_\_\_\_

**Address** ⊙ \_\_\_\_\_

**City** ⊙ \_\_\_\_\_

**State** ⊙ \_\_\_\_\_

**ZIP Code** ⊙ \_\_\_\_\_

**HIN #** ⊙ \_\_\_\_\_

- or -

**DDD #** ⊙ \_\_\_\_\_

Search by ZIP code or City/State

Hospital Contact Information for Receipt of Program Materials

**First Name** ⊙ \_\_\_\_\_

**Last Name** ⊙ \_\_\_\_\_

Same as hospital main address

**Address** ⊙ \_\_\_\_\_

**City** ⊙ \_\_\_\_\_

**State** ⊙ \_\_\_\_\_

**ZIP Code** ⊙ \_\_\_\_\_

**Email Address** ⊙ \_\_\_\_\_

**Confirm Email Address** ⊙ \_\_\_\_\_

**Password** ⊙ \_\_\_\_\_

**Confirm Password** ⊙ \_\_\_\_\_

**Phone (###-###-####)** ⊙ \_\_\_\_\_

**Fax (###-###-####)** ⊙ \_\_\_\_\_

**Hospital Summary Report Opt-in**  
Please send an email notification to the hospital email addresses listed above that summarizes all HCPs enrolled in the ESA APPRISE Oncology Program at our hospital each time a new HCP affiliated with our hospital enrolls in the program.  
Note: You will automatically be notified of all HCPs enrollment terminations, whether voluntary or for cause.

Click here if contact is the same authorized designee

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment For Hospitals

⊕ indicates a required field.

### Hospital Enrollment Information Address Match

The address you entered has returned similar entries in the ESA APPRISE Oncology Program address database. The address you entered follows.

**New Hospital Name**  
**1001 Main Blvd**  
**Los Angeles, CA 90001**

Please select an address already available in the ESA APPRISE Oncology Program below or confirm your address.

- NEW HOSPITAL NAME MAIN**  
**1001 MAIN BLVD**  
**LOS ANGELES, CA 90001**
- NEW HOSPITAL**  
**1001 MAIN BLVD**  
**LOS ANGELES, CA 90001**
- NEW HOSPITAL MAIN**  
**1001 MAIN BLVD**  
**LOS ANGELES, CA 90001**

Your entered address:

- New Hospital Name**  
**1001 Main Blvd**  
**Los Angeles, CA 90001**

Training & Enrollment Progress

[BACK](#)

[NEXT](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Enrollment For Hospitals

Thank you for participating in the ESA APPRISE Oncology Program

 [Print this Page](#)

**Your enrollment is now complete.** Below is your ESA APPRISE Oncology Program enrollment identification (ID) number and the hospital that has been enrolled.

**Enrollment ID: 123456**

This enrollment ID number allows you to identify HCPs enrolled at your location.

**Enrolled Hospital**

Site ID	Site Name	Site Address	City	State	Zip
7890	Phoenix Hospital	112 Elm	Phoenix	AZ	85027

You will receive the HCP Program Starter Kit which contains the required materials for the ESA APPRISE Oncology Program for HCPs in your hospital.

**HCP Program Starter Kit**

Materials provided in the HCP Program Starter Kit include:

- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms
- Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), and Procrit® (epoetin alfa) Medication Guides
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

Until your starter kits arrive, [download and print the ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form](#). HCPs in your hospital must begin using this form with their patients.

For questions regarding the ESA APPRISE Oncology Program, please visit the [ESA APPRISE Oncology Program Frequently Asked Questions](#) page, contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

\* As a reminder, patient registration or approval through the ESA APPRISE Oncology Program is not required.

**Print this confirmation notice. It is recommended that it be kept in a safe location as you will need to reference your enrollment number during the program.**

An email has also been sent confirming your enrollment. If you do not receive a confirmation email, please check your email spam folder.

Home

Important Safety  
Information

Overview

Training &  
Enrollment

Forms & Resources

FAQs

Contact Us

## Forms & Resources

Materials for Healthcare Providers

### Order Program Materials

Medication Guides can be delivered to your practice location. To begin, enter in your Enrollment ID and click the button below.

Enrollment ID:

### Healthcare Provider and Hospital Designee Materials

 [Dear Healthcare Provider \(DHCP\) Letter to HCPs who prescribe or prescribe and dispense ESAs for patients with cancer](#)

 [Dear Director of Pharmacy/Administrator Letter to hospitals that dispense ESAs for patients with cancer](#)

 [ESA REMS Flashcard](#)

 [ESA APPRISE Oncology Program Healthcare Provider Flashcard](#)

 [ESA APPRISE Oncology Program Hospital Process Overview Flashcard](#)

 [ESA APPRISE Oncology Program Training Module for Healthcare Providers](#)

 [ESA APPRISE Oncology Program Training Module for Hospital Designees](#)

 [ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers](#)

 [ESA APPRISE Oncology Program Enrollment Form for Hospitals](#)

 [ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form](#)

 [Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics](#) 

 [ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form - SPANISH](#)

### Prescribing Information

 [Aranesp® \(darbepoetin alfa\) full Prescribing Information](#)

 [Epoetin® \(epoetin alfa\) full Prescribing Information](#)

 [Procrit® \(epoetin alfa\) full Prescribing Information](#)

Materials for Patients

### Medication Guides

 [Aranesp® \(darbepoetin alfa\) Medication Guide](#)

 [Aranesp® \(darbepoetin alfa\) Medication Guide - SPANISH](#)

 [Epoetin® \(epoetin alfa\) Medication Guide](#)

 [Epoetin® \(epoetin alfa\) Medication Guide - SPANISH](#)

 [Procrit® \(epoetin alfa\) Medication Guide](#)

 [Procrit® \(epoetin alfa\) Medication Guide - SPANISH](#)

### Instructions for Use

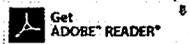
 [Aranesp® \(darbepoetin alfa\) Instructions for Use—Single-Dose Vial](#)

 [Aranesp® \(darbepoetin alfa\) Instructions for Use—Single-Dose Prefilled Syringe \(SingleJect®\)](#)

 [Epoetin® \(epoetin alfa\) Instructions for Use](#)

 [Procrit® \(epoetin alfa\) Instructions for Use](#)

Adobe® Reader® is required to view all of these PDFs. If you do not have it installed, download it free [here](#).



[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Address Selection

### Personal Information

The Enrollment ID is associated to the following individual.

**First Name** John

**Last Name** Smith

**Email Address** john.smith@email.com

### Practice Locations

Please select/enter your shipping address

Practice Name *	Address	City	State	ZIP Code
Practice Name	1234 N MAIN ST	WAYNE	PA	19087

Primary practice is not listed

### Practice Contact Information

Confirm the following contact information is correct

**First Name** Allison

**Last Name** Tennant

**Email Address** allison.tennant@email.com

**Phone (###-###-####)** 215-555-1212

**Fax (###-###-####)** 215-555-1213

Primary contact is not listed

[Next](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Address Selection

### Personal Information

The Enrollment ID is associated to the following individual.

**First Name** John  
**Last Name** Smith  
**Email Address** john.smith@email.com

### Practice Locations

**Primary Practice Name**   
**Address**   
**City**   
**State**   
**ZIP Code**

Select from the list of registered sites

### Practice Contact Information

Confirm the following contact information is correct

**First Name** Allison  
**Last Name** Tennant  
**Email Address** allison.tennant@email.com  
**Phone (###-###-####)** 215-555-1212  
**Fax (###-###-####)** 215-555-1213

Primary contact is not listed

[Next](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety Information](#)

[Overview](#)

[Training & Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Address Selection

### Personal Information

The Enrollment ID is associated to the following individual.

**First Name** John

**Last Name** Smith

**Email Address** john.smith@email.com

### Practice Locations

Please select/enter your shipping address

Practice Name *	Address	City	State	ZIP Code
Practice Name	1234 N MAIN ST	WAYNE	PA	19087

Primary practice is not listed

### Practice Contact Information

**First Name**

**Last Name**

**Email Address**

**Phone (###-###-####)**

**Fax (###-###-####)**

Select the registered primary contact

[Next](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Address Selection

### Personal Information

The Enrollment ID is associated to the following individual.

**First Name** John

**Last Name** Smith

**Email Address** john.smith@email.com

### Practice Locations

**Primary Practice Name**

**Address**

**City**

**State**

**ZIP Code**

Select from the list of registered sites

### Practice Contact Information

**First Name**

**Last Name**

**Email Address**

**Phone (###-###-####)**

**Fax (###-###-####)**

Select the registered primary contact

[Next](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Specify Type and Quantity

### Materials Selection

Select the materials you would like to order

**Quantity** **Item**

#### **Medication Guides**

- 0 ▾ Aranesp® (darbepoetin alfa) Medication Guide
- 0 ▾ Aranesp® (darbepoetin alfa) Medication Guide - SPANISH
- 0 ▾ Epogen® (epoetin alfa) Medication Guide
- 0 ▾ Epogen® (epoetin alfa) Medication Guide - SPANISH
- 0 ▾ Procrit® (epoetin alfa) Medication Guide
- 0 ▾ Procrit® (epoetin alfa) Medication Guide - SPANISH

#### **Tear Pads**

- 0 ▾ Tear-pad (25 sheets) ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms
- 0 ▾ Tear-pad (25 sheets) ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms - SPANISH

#### **Other Items**

- 0 ▾ Prepaid Reply Envelopes

[Next](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Your Current Order Items

### Current Order

The items that you have selected are listed below.

Quantity	Order Item
5	Aranesp® (darbepoetin alfa) Medication Guide
10	Epogen® (epoetin alfa) Medication Guide
15	Procrit® (epoetin alfa) Medication Guide
25	Tear-pad (25 sheets) ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms

### Delivered to the following location

Practice Name  
1234 N MAIN ST  
WAYNE, PA 19087

Your order is not submitted until you click **Submit Order** below.

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Material Order : Your Current Order Items

 [Print this Page](#)

Your order has been received and the confirmation number is 012345678.

An email will also be sent confirming your order along with a confirmation number. If you do not receive a confirmation email, please check your email spam folder.

### Order Summary

Quantity	Order Item
5	Aranesp® (darbepoetin alfa) Medication Guide
10	Epogen® (epoetin alfa) Medication Guide
15	Procrit® (epoetin alfa) Medication Guide
25	Tear-pad (25 sheets) ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms

### Delivered to

Practice Name  
1234 N MAIN ST  
WAYNE, PA 19087

You may continue with [another order to a different, associated shipping address](#) or [enter in a new Enrollment ID](#) to order materials.

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

Home

Important Safety  
Information

Overview

Training &  
Enrollment

Forms & Resources

FAQs

Contact Us

## Forms & Resources

Materials for Healthcare Providers

### Order Program Materials

Med

Enr

To download the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form, enter your Enrollment ID and click Next. Your Enrollment ID can be obtained in your enrollment confirmation email.

Hea

Enr

Enrollment ID

Enr

Cancel

Next >

[ESA APPRISE Oncology Program Healthcare Provider Flashcard](#)

[ESA APPRISE Oncology Program Hospital Process Overview Flashcard](#)

[ESA APPRISE Oncology Program Training Module for Healthcare Providers](#)

[ESA APPRISE Oncology Program Training Module for Hospital Designees](#)

[ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers](#)

[ESA APPRISE Oncology Program Enrollment Form for Hospitals](#)

[ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form](#)

[Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics](#) **NEW**

[ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form - SPANISH](#)

### Prescribing Information

[Aranesp® \(darbepoetin alfa\) full Prescribing Information](#)

[Epogen® \(epoetin alfa\) full Prescribing Information](#)

[Procrit® \(epoetin alfa\) full Prescribing Information](#)

Materials for Patients

### Medication Guides

[Aranesp® \(darbepoetin alfa\) Medication Guide](#)

[Aranesp® \(darbepoetin alfa\) Medication Guide - SPANISH](#)

[Epogen® \(epoetin alfa\) Medication Guide](#)

[Epogen® \(epoetin alfa\) Medication Guide - SPANISH](#)

[Procrit® \(epoetin alfa\) Medication Guide](#)

[Procrit® \(epoetin alfa\) Medication Guide - SPANISH](#)

### Instructions for Use

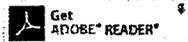
[Aranesp® \(darbepoetin alfa\) Instructions for Use—Single-Dose Vial](#)

[Aranesp® \(darbepoetin alfa\) Instructions for Use—Single-Dose Prefilled Syringe \(SingleJect®\)](#)

[Epogen® \(epoetin alfa\) Instructions for Use](#)

[Procrit® \(epoetin alfa\) Instructions for Use](#)

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## Forms & Resources

Materials for Healthcare Providers

### Order Program Materials

Med

Enr

Click the Practice Name to download the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form for that location

Hea

Name	Address	City	State	ZIP Code
<a href="#">Dakota Health System</a>	123 Main St	Los Angeles	CA	90001
<a href="#">Imperial Point Medical Center</a>	456 Race St	Los Angeles	CA	90001
<a href="#">Sibley Memorial Hospital</a>	123 Main St	Los Angeles	CA	90001
<a href="#">AMI Culver Union Hospital</a>	456 Race St	Los Angeles	CA	90001

[ESA APPRISE Oncology Program Training Module for Hospital Designees](#)

[ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers](#)

[ESA APPRISE Oncology Program Enrollment Form for Hospitals](#)

[ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form](#)

[Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics](#) **NEW**

[ESA APPRISE Oncology Program Patient and Healthcare Professional \(HCP\) Acknowledgment Form - SPANISH](#)

### Prescribing Information

[Aranesp® \(darbepoetin alfa\) full Prescribing Information](#)

[Epogen® \(epoetin alfa\) full Prescribing Information](#)

[Procrit® \(epoetin alfa\) full Prescribing Information](#)

Materials for Patients

### Medication Guides

[Aranesp® \(darbepoetin alfa\) Medication Guide](#)

[Aranesp® \(darbepoetin alfa\) Medication Guide - SPANISH](#)

[Epogen® \(epoetin alfa\) Medication Guide](#)

[Epogen® \(epoetin alfa\) Medication Guide - SPANISH](#)

[Procrit® \(epoetin alfa\) Medication Guide](#)

[Procrit® \(epoetin alfa\) Medication Guide - SPANISH](#)

### Instructions for Use

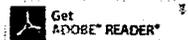
[Aranesp® \(darbepoetin alfa\) Instructions for Use—Single-Dose Vial](#)

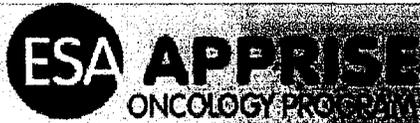
[Aranesp® \(darbepoetin alfa\) Instructions for Use—Single-Dose Prefilled Syringe \(SingleJect®\)](#)

[Epogen® \(epoetin alfa\) Instructions for Use](#)

[Procrit® \(epoetin alfa\) Instructions for Use](#)

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Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

[Full Prescribing Information  
including Boxed WARNINGS](#)

[Medication  
Guides](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Login

Username

Password

[First time user? Forgot password? Click here.](#)

[Home](#)

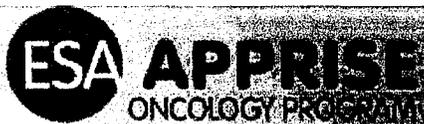
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Risk Information for the Safe use of ESAs

[Full Prescribing Information  
including Boxed WARNINGS](#)

[Medication  
Guides](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Password Assistance

### Forgotten Password

Enter in the username you use to access the site and an email will be sent that will provide you information to login.

**Username**

**Confirm Username**

### First Time Users

Enter in your Enrollment ID and an email with instructions for how to login will be sent to the associated email on record.

**Enrollment ID**

**Confirm Enrollment ID**

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[Contact Us](#)

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[Terms of Use](#)

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[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Prescriber

[Practice Location Management](#)

Add and remove practice locations.

[Edit Profile](#)

Review and edit your contact information.

[Change Password](#)

Change your password.

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

Assisting Providers and cancer Patients with  
Risk Information for the Safe Use of ESA

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Prescriber](#) » [Practice Location Management](#)

## Practice Location Management

<input type="checkbox"/>	Practice Name	Address	City	State	ZIP Code
<input type="checkbox"/>	Dakota Health System	123 Main St	Los Angeles	CA	90001
<input type="checkbox"/>	Imperial Point Medical Center	456 Race St	Los Angeles	CA	90001
<input type="checkbox"/>	Sibley Memorial Hospital	123 Main St	Los Angeles	CA	90001
<input type="checkbox"/>	AMI Culver Union Hospital	456 Race St	Los Angeles	CA	90001

[Add Practice Location](#)

[Remove Practice Location](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety Information](#)

[Overview](#)

[Training & Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Prescriber](#) » [Practice Location Management](#) » [Add Practice Location](#)

## Add Practice Location

### Practice Location Lookup

ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
- or -

Practice Name *	Address	City	State	ZIP Code
Dakota Health System	123 Main St	Los Angeles	CA	90001
Imperial Point Medical Center	456 Race St	Los Angeles	CA	90001
Sibley Memorial Hospital	123 Main St	Los Angeles	CA	90001
AMI Culver Union Hospital	456 Race St	Los Angeles	CA	90001

Practice location not listed

### Practice Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address same as Practice Location information above

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Confirm Email Address \_\_\_\_\_

Phone (###-###-####) \_\_\_\_\_

Fax (###-###-####) \_\_\_\_\_

Home

Important Safety  
Information

Overview

Training &  
Enrollment

Forms & Resources

FAQs

Contact Us

ESA APPRISE Oncology Program Prescriber » Practice Location Management » Add Practice Location

## Add Practice Location

### Practice Location Lookup

Practice Name

Address

City

State

ZIP Code

Search by ZIP code or City/State

### Practice Contact Information

First Name

Last Name

Address same as Practice Location information above

Address

City

State

ZIP Code

Email Address

Confirm Email Address

Phone (###-###-####)

Fax (###-###-####)

Cancel

Add Practice Location

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Prescriber » Practice Location Management](#)

## Practice Location Management

<input type="checkbox"/>	Practice Name	Address	City	State	ZIP Code
<input checked="" type="checkbox"/>	Dakota Health System	123 Main St	Los Angeles	CA	90001
<input type="checkbox"/>	Imperial Point Medical				90001
<input type="checkbox"/>	Sibley Memorial Hospital				90001
<input type="checkbox"/>	AMI-Culver Union Hospital				90001



Do you really want to remove the following practice location?

Dakota Health System  
123 Main St  
Los Angeles, CA 90001

[Add Practice Location](#)

By removing this practice location, you will no longer be able to prescribe ESAs for patients with cancer from this location.

[Cancel](#)

[Remove Practice Location](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Prescriber » Edit Profile](#)

## Edit Profile

### Prescriber Information

First Name

Last Name

Professional Designation

Title

Email Address

Confirm Email Address

Phone (###-###-####)

Fax (###-###-####)

NPI #

- or -

State/Territory License #  
and Issuing State

[Cancel](#)

[Update Profile](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)



Assisting Providers and cancer Patients With  
Risk Information for the Safe use of ESAs

[Full Prescribing Information  
including Boxed WARNINGS](#)

[Medication  
Guides](#)

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Prescriber » Change Password](#)

## Change Password

New Password

Confirm New Password

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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[Full Prescribing Information  
including Boxed WARNINGS](#)

[Medication  
Guides](#)

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## ESA APPRISE Oncology Program Hospital Designee

### [Hospital HCP Enrollment Management Report](#)

Manage your prescribers for this location.

### [Edit Profile](#)

Keep your profile updated.

### [Change Password](#)

Change your password.

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESA

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Hospital Designee](#) » Hospital HCP Enrollment Management Report

## Hospital HCP Enrollment Management Report

Enrollment ID	First Name	Last Name	Designation	Completed Date
548789	John	Smith	MD	01/24/2010
563482	Jane	Wintersmith	MD	03/03/2010
457687	Allison	Tennant	MD	03/30/2010

[Add Prescriber](#)

[Remove Prescriber](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

- Home
- Important Safety Information
- Overview
- Training & Enrollment
- Forms & Resources
- FAQs
- Contact Us

ESA APPRISE Oncology Program Hospital Designee » Hospital HCP Enrollment Management Report

## Hospital HCP Enrollment Management Report

**Enrollment Management**

 To add a prescriber to this site, enter the prescriber's Enrollment ID in the following field.

**Enrollment ID**

Date

	/24/2010
	/03/2010
	/30/2010

Cancel
Add Prescriber

Enrollment ID	Name
548789	John
563482	Jane
457687	Allisor

- Add Prescriber
- Remove Prescriber

Assisting Providers and cancer Patients with  
Risk Information for the Safe Use of ESAs

- Home
- Important Safety Information
- Overview
- Training & Enrollment
- Forms & Resources
- FAQs
- Contact Us

ESA APPRISE Oncology Program Hospital

## Hospital HCP Enrollment

Enrollment ID	Name
548789	John
563482	Jane
457687	Allisor

### Unintended Prescriber Management



Do you really want to remove the following prescriber?

**John Smith**  
Enrollment ID: 548789

Date  
/24/2010  
/03/2010  
/30/2010



By removing this prescriber, this individual will lose the ability to dispense and/or prescribe ESAs for patients with cancer from this location.

Cancel

Remove Prescriber

Add Prescriber

Remove Prescriber

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Hospital Designee » Edit Profile](#)

## Edit Profile

### Authorized Hospital Designee Information

First Name

Last Name

Title

Email Address

Confirm Email Address

Phone (###-###-####)

Fax (###-###-####)

**Hospital Summary Report Opt-in**

Please send an email notification to the hospital email addresses listed above that summarizes all HCPs enrolled in the ESA APPRISE Oncology Program at our hospital each time a new HCP affiliated with our hospital enrolls in the program. Note: You will automatically be notified when an affiliated HCP is removed from the ESA APPRISE Oncology Program, regardless of reason or cause.

[Cancel](#)

[Update Profile](#)

### Hospital HCP Enrollment Management Report Access

Manage a username and password to provide read-only access to the Hospital HCP Enrollment Management Report for individuals within your hospital.

Hospital Username

Password

[Update](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)



[Full Prescribing Information  
including Boxed WARNINGS](#)

[Medication  
Guides](#)

Assisting Providers and cancer Patients with  
Risk Information for the Safe Use of ESAs

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

[ESA APPRISE Oncology Program Hospital Designee » Change Password](#)

## Change Password

New Password

Confirm New Password

[Cancel](#)

[Change Password](#)

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Hospital HCP Management Report

### Hospital Information

*HOSPITAL ADDRESS*  
Dakota Health System  
123 Main St  
Los Angeles, CA 90001

### Hospital HCP Management Report

Enrollment ID *	First Name	Last Name	Designation	Completed Date
548789	John	Smith	MD	01/24/2010
563482	Jane	Wintersmith	MD	03/03/2010
457687	Allison	Tennant	MD	03/30/2010

[Print](#)

## FAQs

### Questions

[What is a REMS?](#)

[Who must enroll in the ESA APPRISE Oncology Program?](#)

[What are the consequences of not training and enrolling in the ESA APPRISE Oncology Program?](#)

[How long will this enrollment take and can my nurse or office manager enroll for me?](#)

[Why do I need to give out a Medication Guide if my practice has developed our own educational pieces?](#)

[We utilize standard forms for documenting patient consent. Can we modify our existing consent form to be like the acknowledgment form you provided?](#)

[Can the discussion with the patient on ESA risks and benefits be conducted by a nurse or other qualified health care professional?](#)

[I enrolled in the ESA APPRISE Oncology Program through my office, but now I want to initiate a new course of ESA therapy to a patient in the hospital. Do I have to re-enroll?](#)

[Can patients still receive their ESAs if there is no enrolled provider on site on the actual day of injection?](#)

[When I treat a patient with cancer in my private practice, do I need to send the signed patient acknowledgment form to the ESA APPRISE Oncology Program Call Center prior to administering the ESA?](#)

[Should I be concerned in sending my patient's name on the patient acknowledgment form to the ESA APPRISE Oncology Program Call Center?](#)

### Answers

#### What is a REMS?

A Risk Evaluation and Mitigation Strategy (REMS) is a program established under the Food and Drug Administration Amendments Act (FDAAA) of 2007. FDAAA grants FDA the authority to require a drug manufacturer to develop and implement a REMS if FDA determines that a REMS is necessary to ensure that the benefits of a drug outweigh the risks. This provision took effect on March 25, 2008. Links to approved REMS can be found on the FDA website at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111350.htm>.

FDA has determined that a REMS is necessary for all marketed erythropoiesis stimulating agents (ESA) [Aranesp®, Epogen® and Procrit®].

[Back to Top](#)

#### Who must enroll in the ESA APPRISE Oncology Program?

All healthcare providers (HCPs), inclusive of licensed non-physicians, who prescribe or prescribe and dispense ESAs to treat cancer patients for their anemia must enroll in the ESA APPRISE Oncology Program.

In addition to HCPs, for each hospital that dispenses an ESA for patients with cancer, a Hospital Designee, e.g. pharmacy director or other Hospital Designee, must enroll in the ESA APPRISE Oncology Program.

[Back to Top](#)

#### What are the consequences of not training and enrolling in the ESA APPRISE Oncology Program?

Failure to comply with program requirements, including training and enrollment, will result in suspension of access to ESAs.

[Back to Top](#)

#### How long will this enrollment take and can my nurse or office manager enroll for me?

The training and enrollment should take approximately 10-15 minutes to complete and can be completed on this website or facilitated by field-based company representatives. The ESA APPRISE Oncology Program requires that the actual prescribing HCP complete the training and enrollment in the program.

[Back to Top](#)

#### Why do I need to give out a Medication Guide if my practice has developed our own educational pieces?

The Medication Guide for the drug you are prescribing (Aranesp®, Epogen® or Procrit®) must be used as the review tool in counseling patients on the risks of that ESA. Your educational pieces can be given together with the Medication Guide, but cannot replace it.

[Back to Top](#)

#### We utilize standard forms for documenting patient consent. Can we modify our existing consent form to be like the acknowledgment form you provided?

The Program requires the risk/benefit discussion be documented using the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form.

To learn more about allowed changes to the Patient Acknowledgment Form, please refer to the Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics flashcard.

[Back to Top](#)

#### Can the discussion with the patient on ESA risks and benefits be conducted by a nurse or other qualified health care professional?

This program specifically requires that healthcare providers who prescribe or prescribe and dispense ESAs conduct and document the ESA risk/benefit discussion. However, nurses and other qualified health care professionals may still be involved in their standard patient education processes.

[Back to Top](#)

#### I enrolled in the ESA APPRISE Oncology Program through my office, but now I want to initiate a new course of ESA therapy to a patient in the hospital. Do I have to re-enroll?

No, a single enrollment will apply across all your practice locations.

[Back to Top](#)

#### Can patients still receive their ESAs if there is no enrolled provider on site on the actual day of injection?

Yes, as long as the patient receiving the ESA was given the Medication Guide, had the risk/benefit discussion and signed the Patient Acknowledgment Form with the trained and enrolled prescriber of the ESA prior to receiving the injection.

[Back to Top](#)

#### When I treat a patient with cancer in my private practice, do I need to send the signed patient acknowledgment form to the ESA APPRISE Oncology Program Call Center prior to administering the ESA?

No, the form can be sent after the ESA has been administered.

[Back to Top](#)

#### Should I be concerned in sending my patient's name on the patient acknowledgment form to the ESA APPRISE Oncology Program Call Center?

No, by signing the patient acknowledgment the patient has only authorized his/her name to be sent to the ESA APPRISE Oncology Program Call Center.

[Back to Top](#)



[Full Prescribing Information  
including Boxed WARNINGS](#)

[Medication  
Guides](#)

[Login](#)

Assisting Providers and cancer Patients with  
Risk Information for the Safe Use of ESA

[Home](#)

[Important Safety  
Information](#)

[Overview](#)

[Training &  
Enrollment](#)

[Forms & Resources](#)

[FAQs](#)

[Contact Us](#)

## Contact Us

For questions on the ESA APPRISE Oncology Program contact the ESA APPRISE Oncology Program Call Center at 1-866-284-8089, Monday through Friday between the hours of 8:00 AM to 8:00 PM (ET). You may also contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative for further assistance.

If you enroll via the paper ESA APPRISE Oncology Program Enrollment Form, the completed form can be faxed to 1-866-553-8124.

[Home](#)

[Contact Us](#)

[Privacy Policy](#)

[Terms of Use](#)

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# Erythropoiesis Stimulating Agents (ESA) Risk Evaluation and Mitigation Strategy (REMS) Flashcard

For the use of Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa)

## ESA REMS Requirements for Healthcare Providers (HCPs) and Hospitals

**ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program\***

**ESA REMS Requirements for Healthcare Providers (HCPs) and Hospitals**

**ESA Other Indications**



Dispense Medication Guide to patients to support informed decisions between the patient and his or her HCP



HCP certification via training and enrollment



Hospital certification via training and enrollment



Certified HCP and patient documentation of risk:benefit discussion



Confirmation of compliance with program requirements via site audits



Failure to enroll or re-enroll will result in suspension of access to ESAs

\*The ESA APPRISE Oncology Program is designed for oncology and hematology HCPs treating patients for their cancer.

Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa)/Procrit® (epoetin alfa) are different drugs with distinct dosing schedules. Please see the Aranesp®, Epogen®, and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides. For more information, access the ESA APPRISE Oncology Program Website at [www.esa-apprise.com](http://www.esa-apprise.com), contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or call 1-866-284-8089.

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**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

For the use of erythropoiesis stimulating agents (ESAs\*) Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) in patients with cancer

To become certified, healthcare providers must train and enroll into the ESA APPRISE Oncology Program:

- Complete the ESA APPRISE Oncology Program Training Module for Healthcare Providers.
- Complete this enrollment form and fax it to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124.

**Failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of your access to ESAs.**

Check one:  New enrollment  Re-enrollment (required every 3 years)  
 Enter your enrollment ID #:           (for re-enrollment only)

**By completing this form, I agree to the following:**

- I have reviewed the appropriate current prescribing information for Aranesp® or Epogen®/Procrit®.
  - I understand that ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
  - I understand that ESAs increased the risk of death from cardiovascular and thromboembolic reactions in clinical studies in patients with cancer treated with ESAs.
  - I understand that in order to decrease these risks, the lowest dose of ESAs should be used to avoid red blood cell transfusions.
  - I understand that ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
  - I understand that ESAs are not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia.
  - I understand that ESAs are not indicated for use in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - I understand that ESAs are not indicated for use in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - I understand that ESAs have not been shown to improve quality of life, fatigue, or patient well-being.
  - I understand that ESAs should be discontinued following the completion of a chemotherapy course of treatment.
- I have reviewed the ESA APPRISE Oncology Program requirements and agree that:
  - I will discuss my patient's questions or concerns about Aranesp® or Epogen®/Procrit®.

*When I prescribe and dispense an ESA to a patient with cancer in my clinic, when an ESA is dispensed for administration under my supervision to a patient with cancer in an infusion center, or when I prescribe or order an ESA for a patient with cancer in a hospital:*

I will provide an Aranesp® or Epogen®/Procrit® Medication Guide to each oncology patient at the initiation of each new course of the respective ESA therapy. After initiation of treatment, and for as long as treatment continues, I will provide the appropriate Aranesp® or Epogen®/Procrit® Medication Guide to each oncology patient once a month during regular office visits—or, if regular office visits occur less frequently than once a month, at the next regularly scheduled office visit.

# ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers

- I will review the contents of the respective Medication Guide with the patient, counsel each patient on the risks (increased mortality, serious cardiovascular and thromboembolic reactions, and increased risk of tumor progression or recurrence) and benefits of Aranesp® or Epogen®/Procrit® I am prescribing to my patient before each new course of the respective ESA therapy. I will document that the discussion with each patient has occurred by signing the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form and by obtaining the patient's signature.
  - By signing the patient section of the form, the patient acknowledges the following:
    - I acknowledge that prior to receiving my first dose of Aranesp® or Epogen®/Procrit® therapy:
      - I have read and understand the Aranesp® or Epogen®/Procrit® Medication Guide that my healthcare professional has given to me.
      - I have had all my questions or concerns about Aranesp® or Epogen®/Procrit® or my treatment answered by my healthcare professional.
      - I am aware that using Aranesp® or Epogen®/Procrit® may make my tumor grow faster or I may get serious heart problems such as heart attack, stroke, heart failure, or blood clots, and I may die sooner.
  - By signing the HCP section of the form, as a healthcare provider enrolled in the ESA APPRISE Oncology Program, I acknowledge that prior to prescribing my patient's first dose of Aranesp® or Epogen®/Procrit® therapy:
    - I provided my patient with the appropriate Aranesp® or Epogen®/Procrit® Medication Guide and instructed the patient to read it carefully before signing this form.
    - I counseled my patient on the risks and benefits of Aranesp® or Epogen®/Procrit®, using the respective Medication Guide as the review tool in counseling the patient.
    - I discussed all concerns and answered all questions my patient had about Aranesp® or Epogen®/Procrit® or his/her treatment to the best of my ability.
    - The patient signed the Acknowledgment Form in my presence.

<p><i>When I prescribe and dispense an ESA to a patient with cancer in my clinic, or an ESA is dispensed for administration under my supervision to a patient with cancer in an infusion center:</i></p>	<ul style="list-style-type: none"> <li>• I will send a signed copy of the ESA APPRISE Oncology Program Patient and Healthcare Professional Acknowledgment Form (or modified version consistent with the allowable changes) back to the ESA APPRISE Oncology Program Call Center and retain a copy for my records.</li> <li>• I agree that the ESA obtained for use in my patients with cancer will not be prescribed and dispensed by an uncertified HCP.</li> <li>• I will ensure the ESA that I prescribe will be dispensed under my supervision.</li> </ul>
<p><i>When I prescribe or order an ESA for a patient with cancer in a hospital:</i></p>	<ul style="list-style-type: none"> <li>• I will provide the completed ESA APPRISE Oncology Program Patient and Healthcare Professional Acknowledgment Form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.</li> </ul>
<ul style="list-style-type: none"> <li>• I will comply with any program monitoring and auditing required to assess the effectiveness of the ESA APPRISE Oncology Program.</li> </ul>	

Full name (print) \_\_\_\_\_ Degree \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NPI # \_\_\_\_\_ and/or State license # \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

My primary practice location is (select one):  Private Practice–Based Clinic  Hospital or outpatient facility affiliated with a hospital/institution

Practice location name \_\_\_\_\_

Practice address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice contact name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

For ESA APPRISE Oncology Program Call Center use only. Site Program Code: \_\_\_\_\_



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

Additional practice location (if applicable):

- Select one:  Private Practice-Based Clinic  
 Hospital or outpatient facility affiliated with a hospital/institution

Practice location name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice contact name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

For ESA APPRISE Oncology Program Call Center use only: Site Program Code: \_\_\_\_\_

Additional practice location (if applicable):

- Select one:  Private Practice-Based Clinic  
 Hospital or outpatient facility affiliated with a hospital/institution

Practice location name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice contact name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

For ESA APPRISE Oncology Program Call Center use only: Site Program Code: \_\_\_\_\_

Additional practice location (if applicable):

- Select one:  Private Practice-Based Clinic  
 Hospital or outpatient facility affiliated with a hospital/institution

Practice location name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice contact name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

For ESA APPRISE Oncology Program Call Center use only: Site Program Code: \_\_\_\_\_

**If you have more than 4 practice locations, please call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.**

You will receive an ESA APPRISE Oncology Program enrollment confirmation and an identification number via e-mail (or by fax if no e-mail address is provided) within 1 business day of receipt of this completed form. Within 5 business days of enrollment confirmation, an HCP Program Starter Kit including ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms and ESA Medication Guides will be shipped to each private practice location listed above. Your enrollment identification number will be required on every patient acknowledgment form. For questions regarding the ESA APPRISE Oncology Program, please visit the ESA APPRISE Oncology Program website at [www.esa-apprise.com](http://www.esa-apprise.com), contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

\*ESA=erythropoiesis stimulating agent (ESA; Aranesp®/Epogen®/Procrit®)  
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This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

 Centocor Ortho Biotech Products, L.P.

**Aranesp**  
(darbepoetin alfa)

**EPOGEN**  
(EPOETIN ALFA)

**PROCRIT**<sup>®</sup>  
EPOETIN ALFA

**AMGEN**  
Oncology



Assisting **P**roviders and cancer **P**atients with  
Risk Information for the **S**afe use of **ESA**s

# Training Module for Healthcare Providers

# ESA (erythropoiesis stimulating agent) APPRISE Training Module for Healthcare Providers

This ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program Training Module is the core requirement for enrollment within the ESA APPRISE Oncology Program, developed by Amgen and Centocor Ortho Biotech Products, L.P. The ESA APPRISE Oncology Program is part of a Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration (FDA) has determined that REMS is necessary for ESAs to ensure that the benefits of these drugs outweigh the risks of shortened overall survival and/or increased risk of tumor progression or recurrence as shown in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.

This training module is intended for HCPs who prescribe or prescribe and dispense ESAs for patients with cancer.

The goals of the REMS for Aranesp® and Epogen®/Procrit® are:

- To support informed decisions between patients and their healthcare providers (HCPs) who are considering treatment with Aranesp® or Epogen®/Procrit® by educating them on the risks of Aranesp® or Epogen®/Procrit®.
- For treatment of patients with cancer, the goal of the REMS, as implemented through the ESA APPRISE Oncology Program, is to mitigate the risk of shortened overall survival and/or increased risk of tumor progression or recurrence.

**FAILURE TO ENROLL IN THE ESA APPRISE ONCOLOGY PROGRAM WILL RESULT IN  
SUSPENSION OF YOUR ACCESS TO ESAs**

This training module, as a component of this REMS program, presents the requirements for HCPs who prescribe, or prescribe and dispense, Aranesp®, Epogen®, or Procrit® to cancer patients.

The ESA APPRISE Oncology Program Training Module features four sections:

**Section 1: Key safety information for the use of ESAs in patients with cancer**

**Section 2: Appropriate use of ESAs for patients with cancer**

**Section 3: HCP program requirements and materials**

**Section 4: Enrollment**

Please see the Aranesp®, Epogen® and Procrit® prescribing information, including **Boxed WARNINGS**, and Medication Guides.

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Aranesp® and Epogen®/Procrit® are different drugs with distinct schedules.

This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

V2 06/11



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

# SECTION 1

## KEY SAFETY INFORMATION FOR USE OF ESAs IN PATIENTS WITH CANCER

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe Use of ESAs

# SECTION 1

## Key Safety Information for Use of ESAs in Patients With Cancer

### 1. ESAs resulted in decreased locoregional control/progression-free survival and/or overall survival.

As shown in the table below, these findings were observed in studies of patients with advanced head and neck cancer receiving radiation therapy (Studies 5 and 6), in patients receiving chemotherapy for metastatic breast cancer (Study 1) or lymphoid malignancy (Study 2), and in patients with non-small cell lung cancer or various malignancies who were not receiving chemotherapy or radiotherapy (Studies 7 and 8).

Study/Tumor/(n)	Hemoglobin Target	Achieved Hemoglobin (Median Q1, Q3)	Primary Endpoint	Adverse Outcome for ESA-Containing Arm
<b>Chemotherapy</b>				
<b>Cancer Study 1</b> Metastatic breast cancer (n=939)	12–14 g/dL	12.9 g/dL 12.2, 13.3 g/dL	12-month overall survival	Decreased 12-month survival
<b>Cancer Study 2</b> Lymphoid malignancy (n=344)	13–15 g/dL (M) 13–14 g/dL (F)	11.0 g/dL 9.8, 12.1 g/dL	Proportion of patients achieving a hemoglobin response	Decreased overall survival
<b>Cancer Study 3</b> Early breast cancer (n=733)	12.5–13 g/dL	13.1 g/dL 12.5, 13.7 g/dL	Relapse-free and overall survival	Decreased 3 yr. relapse-free and overall survival
<b>Cancer Study 4</b> Cervical cancer (n=114)	12–14 g/dL	12.7 g/dL 12.1, 13.3 g/dL	Progression-free and overall survival and locoregional control	Decreased 3 yr. progression-free and overall survival and locoregional control
<b>Radiotherapy Alone</b>				
<b>Cancer Study 5</b> Head and neck cancer (n=351)	≥15 g/dL (M) ≥14 g/dL (F)	Not available	Locoregional progression-free survival	Decreased 5 yr. locoregional progression-free survival Decreased overall survival
<b>Cancer Study 6</b> Head and neck cancer (n=522)	14–15.5 g/dL	Not available	Locoregional disease control	Decreased locoregional disease control
<b>No Chemotherapy or Radiotherapy</b>				
<b>Cancer Study 7</b> Non-small cell lung cancer (n=70)	12–14 g/dL	Not available	Quality of life	Decreased overall survival
<b>Cancer Study 8</b> Non-myeloid malignancy (n=989)	12–13 g/dL	10.6 g/dL 9.4, 11.8 g/dL	RBC transfusions	Decreased overall survival

Aranesp® and Epogen® are registered trademarks of Amgen Inc. Procrit® is a registered trademark of Centocor Ortho Biotech Products, L.P.

Aranesp® and Epogen®/Procrit® are different drugs with distinct schedules.

This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

V2 06/11



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

# SECTION 1

## Key Safety Information for Use of ESAs in Patients With Cancer

### 2. ESAs increase the risk of serious cardiovascular and thromboembolic reactions.

An increased incidence of thromboembolic reactions, some serious and life-threatening, occurred in patients with cancer treated with ESAs. In a randomized, placebo-controlled study (Cancer Study 1) of 939 women with metastatic breast cancer receiving chemotherapy, patients received either weekly epoetin alfa or placebo for up to a year. This study was designed to show that survival was superior when epoetin alfa was administered to prevent anemia (maintain hemoglobin levels between 12 and 14 g/dL or hematocrit between 36% and 42%). This study was terminated prematurely when interim results demonstrated a higher mortality at 4 months (8.7% vs. 3.4%) and a higher rate of fatal thrombotic reactions (1.1% vs. 0.2%) in the first 4 months of the study among patients treated with epoetin alfa. Based on Kaplan-Meier estimates, at the time of study termination, the 12-month survival was lower in the epoetin alfa group than in the placebo group (70% vs. 76%; HR 1.37, 95% CI: 1.07, 1.75;  $P = 0.012$ ).

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

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V2.06/11



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

# SECTION 2 APPROPRIATE USE OF ESAs FOR PATIENTS WITH CANCER



Assisting Providers and cancer Patients with  
Risk Information for the Safe Use of ESAs

## Section 2

# Appropriate Use of ESAs for Patients With Cancer

- ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- ESAs are not indicated for use:
  - in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

### Important Dosing and Treatment Information

- Initiate ESAs in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose of ESAs necessary to avoid RBC transfusions.
- Discontinue ESAs following the completion of a chemotherapy course.

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

Please see the full Prescribing Information for Procrit® regarding the pediatric use of Procrit®. The safety and efficacy of Aranesp® in pediatric cancer patients have not been established.

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Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

SECTION ③  
PROGRAM REQUIREMENTS  
AND MATERIALS FOR  
HEALTHCARE PROVIDERS

PROGRAM REQUIREMENTS  
AND MATERIALS FOR HCPs



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

## Section 3

# Program Requirements and Materials for Healthcare Providers

### HCP requirements for patient education and counseling

The ESA APPRISE Oncology Program requires HCPs to educate and counsel patients utilizing these program materials in the following manner:

- Provide the appropriate ESA Medication Guide to each patient prior to each new course of ESA therapy, review its contents, and counsel each patient on the risks and benefits of ESAs.
- Inform each patient that ESAs are associated with the following risks: increased mortality, serious cardiovascular and thromboembolic reactions, and increased risk of tumor progression or recurrence.
- Discuss each patient's questions or concerns about ESAs.
- Document that the risk:benefit discussion with the patient has occurred by completing and signing the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form.
- In a private practice-based setting, return the form (or modified version consistent with the allowable changes) via mail or fax (preferred method) to the ESA APPRISE Oncology Program Call Center as instructed on the acknowledgment form; maintain a copy of the signed ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form on-site.
- If you are in a hospital setting, provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

**ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form (Acknowledgment Form)**  
For the use of erythropoiesis stimulating agents (ESA) Aranesp®, Epogen®, and Procrit® in patients with cancer

**Instructions for Healthcare Providers**

1. Review the contents of the appropriate Medication Guide with your patient.

2. Counsel your patient on the risks and benefits of Aranesp®, Epogen®, or Procrit® before each new course of ESA therapy.

3. Complete each section of the form as required with your patient.

**In private-practice clinics**  
Use the completed form for modified version consistent with the allowable changes to the ESA APPRISE Oncology Program Call Center at 866-559-8114 or mail a copy using the prepaid envelope to the ESA APPRISE Oncology Program Call Center at 300 First Street, 2000, Thermo, AZ 85084. Keep a record of the signed Acknowledgment Form. The Acknowledgment Form is available in the ESA APPRISE Oncology Program for regular updating purposes in a manner that does not require disclosure of the patient's medication.

**In hospitals**  
Provide the completed form for modified version consistent with the allowable changes to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

**Patient Acknowledgment of Receipt of Aranesp®, Epogen®, or Procrit® Medication Guide and ESA Risk:Benefit Discussion and Authorization for Release of this Acknowledgment Form (Required)**

Printed patient name \_\_\_\_\_  
Signature of patient or patient representative \_\_\_\_\_  
Date (MM/DD/YYYY) \_\_\_\_\_

Printed name of patient representative \_\_\_\_\_  
Relationship to patient (if applicable) \_\_\_\_\_

**Healthcare Professional Acknowledgment (Required)**

Printed name of prescriber \_\_\_\_\_  
Date (MM/DD/YYYY) \_\_\_\_\_  
Title \_\_\_\_\_  
Hospital/Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Instructions for Healthcare Providers**

1. Review the contents of the appropriate Medication Guide with your patient.

2. Counsel your patient on the risks and benefits of Aranesp®, Epogen®, or Procrit® before each new course of ESA therapy.

3. Complete each section of the form as required with your patient.

**In private-practice clinics**  
Use the completed form for modified version consistent with the allowable changes to the ESA APPRISE Oncology Program Call Center at 866-559-8114 or mail a copy using the prepaid envelope to the ESA APPRISE Oncology Program Call Center at 300 First Street, 2000, Thermo, AZ 85084. Keep a record of the signed Acknowledgment Form. The Acknowledgment Form is available in the ESA APPRISE Oncology Program for regular updating purposes in a manner that does not require disclosure of the patient's medication.

**In hospitals**  
Provide the completed form for modified version consistent with the allowable changes to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

**Patient Acknowledgment of Receipt of Aranesp®, Epogen®, or Procrit® Medication Guide and ESA Risk:Benefit Discussion and Authorization for Release of this Acknowledgment Form (Required)**

Printed patient name \_\_\_\_\_  
Signature of patient or patient representative \_\_\_\_\_  
Date (MM/DD/YYYY) \_\_\_\_\_

Printed name of patient representative \_\_\_\_\_  
Relationship to patient (if applicable) \_\_\_\_\_

**Healthcare Professional Acknowledgment (Required)**

Printed name of prescriber \_\_\_\_\_  
Date (MM/DD/YYYY) \_\_\_\_\_  
Title \_\_\_\_\_  
Hospital/Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Instructions for Healthcare Providers**

1. Review the contents of the appropriate Medication Guide with your patient.

2. Counsel your patient on the risks and benefits of Aranesp®, Epogen®, or Procrit® before each new course of ESA therapy.

3. Complete each section of the form as required with your patient.

**In private-practice clinics**  
Use the completed form for modified version consistent with the allowable changes to the ESA APPRISE Oncology Program Call Center at 866-559-8114 or mail a copy using the prepaid envelope to the ESA APPRISE Oncology Program Call Center at 300 First Street, 2000, Thermo, AZ 85084. Keep a record of the signed Acknowledgment Form. The Acknowledgment Form is available in the ESA APPRISE Oncology Program for regular updating purposes in a manner that does not require disclosure of the patient's medication.

**In hospitals**  
Provide the completed form for modified version consistent with the allowable changes to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

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V2.06/11

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

## Section 3

# Program Requirements and Materials for Healthcare Providers

- To learn more about allowed changes to the Patient Acknowledgment Form, please refer to the Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics flashcard accessible at [www.esa-apprise.com](http://www.esa-apprise.com) in the Forms and Resources section.

**Centocor Ortho Biotech Products, L.P.** **ESA APPRISE**  
ONCOLOGY PROGRAM

### Guidelines for Patient Acknowledgment Form Integration Within Healthcare Systems and Clinics

Hospitals and prescribers in private practice clinics that are enrolled in the ESA APPRISE Oncology program may modify the Acknowledgment Form and present the modified form to patients in either paper or electronic form, provided that the Acknowledgment Form conforms with the following criteria:

**Allowable formatting-related changes include:**

- Removal of title, instructions, and footnoted text
- Addition of patient identifier and/or clinic/hospital identifiers (e.g., name and/or logo, barcodes)
- Changes to make the form compatible with existing systems, including electronic- and paper-based systems

NO changes should be made to boxed content

The hospital or private practice must maintain evidence of compliance that the Acknowledgment Form was signed by both the patient and the prescriber prior to the initiation of a new course of ESA therapy. Private practices must provide the completed forms to the ESA APPRISE Oncology Program Call Center.

**ESA APPRISE**  
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Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

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V2.06/11

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

## Section 3

# Program Requirements and Materials for Healthcare Providers

Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your access to ESAs.

A re-enrollment period will occur every 3 years for this program. You will be notified when re-enrollment is required.

Upon completion of this enrollment process you will receive an ESA APPRISE Oncology Program enrollment identification (ID) number via e-mail. Your enrollment ID number will be required on every patient acknowledgment form.

Once you have enrolled, you will receive the HCP Program Starter Kit to assist you in implementing the ESA APPRISE Oncology Program. The HCP Program Starter Kit will be shipped to each private practice location listed on your enrollment form.

### Materials provided in the HCP Program Starter Kit:

- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms
- Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), and Procrit® (epoetin alfa) Medication Guides
- Prepaid Reply Envelopes
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

Should you have any questions during this training and enrollment process, ask your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative. You may also call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

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V2.06/11



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

# SECTION ④

## HEALTHCARE PROVIDER ENROLLMENT



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs



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**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and Cancer Patients with  
Risk Information for the Safe Use of ESAs

## Steps for Healthcare Providers Who Prescribe or Prescribe and Dispense ESAs to Patients With Cancer

### Follow these 3 steps to enroll and participate in the ESA\* APPRISE Oncology Program:

Failure to comply with the ESA APPRISE Oncology Program will result in suspension of your access to ESAs (Aranesp® and Epogen®/Procrit®).



1

#### Train

Complete the ESA APPRISE Oncology Program training, which includes a review of the risks of ESA therapy and appropriate use of ESAs in patients with cancer.



2

#### Enroll

Enroll in the ESA APPRISE Oncology Program by completing the ESA APPRISE Oncology Program Enrollment Form for Healthcare Providers.



3

#### Inform

Prior to each new course of ESA therapy:

- Provide and review the appropriate Medication Guide and counsel each patient on the risks and benefits of ESAs. Review ESA risk:benefit information with your patient and answer any questions he/she may have.
- Document that the ESA risk:benefit discussion occurred using the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form. Fill in your ESA APPRISE Oncology Program enrollment ID number and ensure both you and your patient sign the form.
- If you are in a private-practice setting, send the form (or modified version consistent with the allowable changes) by facsimile to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124 or mail using the prepaid envelope to P.O. Box #29000, Phoenix, AZ 85038 and retain an archival copy of the form.
- If you are in a hospital setting, provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

To train and enroll, contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative or access the ESA APPRISE Oncology Program website at [www.esa-apprise.com](http://www.esa-apprise.com). If you are unable to enroll via a Field Representative or online, please call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089 for further assistance.

Please see the Aranesp®, Epogen® and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides.

\*ESA = erythropoiesis stimulating agent [Aranesp® (darbepoetin alfa)/Epogen® (epoetin alfa)/Procrit® (epoetin alfa)].

Aranesp® and Epogen®/Procrit® are different drugs with distinct dosing schedules.

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Aranesp®, Epogen®, and Procrit® are used under license from Amgen Inc. and Centocor Ortho Biotech Products, L.P. under the Risk Evaluation and Mitigation Strategy (REMS).

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

# ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form (Acknowledgment Form)

For the use of erythropoiesis stimulating agents (ESAs\*) Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) in patients with cancer

## Instructions for Healthcare Providers

- 1 Review the contents of the appropriate Medication Guide with your patient.
- 2 Counsel your patient on the risks and benefits of Aranesp® or Epogen®/Procrit® before each new course of ESA therapy.
- 3 Complete each section of the form as required with your patient.

## In private-practice clinics

Fax the completed form (or modified version consistent with the allowable changes) to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124 or mail a copy using the prepaid envelope to the ESA APPRISE Oncology Program Call Center at P.O. Box # 29000, Phoenix, AZ 85038. Keep a record of the signed Acknowledgment Form. The Acknowledgment Form must be available to the ESA APPRISE Oncology Program for monitoring/auditing purposes in a manner that does not require disclosure of the patient's medical record.

## In hospitals

Provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

## Patient Acknowledgment of Receipt of Aranesp®, Epogen®, or Procrit® Medication Guide and ESA Risk/Benefit Discussion and Authorization for Release of this Acknowledgment Form (Required)

Printed patient name

Signature of patient or patient representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (MM/DD/YY)

Printed name of patient representative

Relationship to patient (if applicable)

Aranesp® and Epogen®/Procrit® are different drugs and your doctor will decide which one is right for you.

I acknowledge that prior to receiving my first dose of Aranesp® or Epogen®/Procrit® therapy:

- I have read and understand the Aranesp® or Epogen®/Procrit® Medication Guide that my healthcare professional has given to me.
- I have had all my questions or concerns about Aranesp® or Epogen®/Procrit® answered by my healthcare professional.
- I am aware that using Aranesp® or Epogen®/Procrit® may make my tumor grow faster or I may get serious heart problems such as heart attack, stroke, heart failure, or blood clots, and I may die sooner.
- I hereby authorize my healthcare provider to release and disclose this Acknowledgment Form or a copy of this Acknowledgment Form to the Program Sponsors (Amgen and Centocor Ortho Biotech Products, L.P.) and their contracted data management administrator (Administrator) solely for the purpose of allowing the Program Sponsors and Administrator to monitor compliance with the Program.
- I also authorize the Sponsors and/or Administrator to contact my Healthcare Professional to collect, enter and maintain my Acknowledgment Form information in a database, and to make submissions to government agencies, including the FDA, regarding Program effectiveness, or as required by law.
- I understand that once my Acknowledgment Form information has been disclosed to the Program Sponsors and Administrator, federal privacy laws may no longer protect the information and it may be subject to re-disclosure. However, the Program Sponsors and Administrator agree to protect my information by using it and disclosing it only for the purposes described above.
- I understand that I may revoke this Authorization at any time by faxing a signed, written request to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124.
- I understand this Authorization expires ten (10) years from the date of my signature, or earlier, if required by applicable law. Further, I understand I have a right to receive a copy of this Authorization.

## Healthcare Professional Acknowledgment (Required)

□□□□□□□□□□

Prescriber Enrollment ID#

Signature of prescriber

Printed name of prescriber

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (MM/DD/YY)

(Pre-populated information)

Site ID

Site Name

Site Address (Address, City, State, Zip)

I acknowledge that prior to prescribing my patient's first dose of ESA therapy:

- I provided my patient with an ESA drug Medication Guide and instructed the patient to read it carefully before signing this form.
- I counseled my patient on the risks and benefits of ESAs, using the Medication Guide as the review tool in counseling the patient.
- I discussed all concerns and answered all questions my patient had about ESAs or his/her treatment to the best of my ability.
- The patient signed the Acknowledgment Form in my presence.

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ONCOLOGY PROGRAM

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Risk Information for the **Safe** use of **ESAs**

# HCP Program Starter Kit

Please see the Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa),  
and Procrit® (epoetin alfa) full prescribing information, including  
Boxed **WARNINGS**, and Medication Guides.

*For the use of erythropoiesis stimulating agents (ESAs) Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) in patients with cancer*

## **Patient Education and Documentation Requirements for Healthcare Providers (HCPs)**

Prior to each new course of ESA therapy:

- Provide and review the appropriate Medication Guide and counsel each patient on the risks and benefits of ESAs. Review ESA risk: benefit information with your patient and answer any questions he/she may have.
- Document that the ESA risk:benefit discussion occurred using the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form. Fill in your ESA APPRISE enrollment ID number and ensure both you and your patient sign the form.

If you are in a private-practice setting, send the form (or modified version consistent with the allowable changes) by facsimile to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124 or mail using the prepaid envelope to P.O. Box #29000, Phoenix, AZ 85038 and retain an archival copy of the form.

If you are in a hospital setting, provide the completed form (or modified version consistent with the allowable changes) to the Hospital Designee responsible for maintaining and storing the forms or the forms may be archived electronically through an electronic medical record system as long as they are retrievable.

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Risk Information for the Safe use of ESAs

## HCP Program Starter Kit Contents

- Aranesp® (darbepoetin alfa) Medication Guides
- Epogen® (epoetin alfa) Medication Guides
- Procrit® (epoetin alfa) Medication Guides
- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms
- Prepaid Reply Envelopes
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

To request additional HCP Program Starter Kits, contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

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Risk Information for the Safe use of ESAs



Centocor Ortho Biotech Products, L.P.

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**AMGEN**

Oncology

For the use of erythropoiesis stimulating agents (ESAs\*) Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) in patients with cancer

To become certified, Hospital Designees must train and enroll into the ESA APPRISE Oncology Program:

- Complete the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- Complete the enrollment form and fax it to the ESA APPRISE Oncology Program Call Center at 1-866-553-8124.

**Failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of access to ESAs for your hospital.**

Check one:  New enrollment  Re-enrollment (required every 3 years)

Enter your enrollment ID#:           (For re-enrollment only)

By completing enrollment, I agree to the following on behalf of my hospital:

- I have been designated by hospital management to assume the authority and responsibility to internally coordinate and oversee the ESA APPRISE Oncology Program requirements in my hospital.
- I have completed the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- I understand that if healthcare providers (HCPs) in my hospital prescribe Aranesp® or Epogen®/Procrit® to patients with cancer, failure of the staff to comply with enrollment requirements will lead to suspension of access to Aranesp® and Epogen®/Procrit® for my hospital.
- I will inform all Aranesp® or Epogen®/Procrit® prescribers at my hospital of the ESA APPRISE Oncology Program training and oncology prescriber certification requirements.
- I will establish or oversee the establishment of a system, order sets, protocols, or other measures designed to ensure that, in my hospital:
  - Aranesp® or Epogen®/Procrit® is only dispensed to patients with cancer after verifying:
    - that the HCP who prescribed Aranesp® or Epogen®/Procrit® for patients with cancer has enrolled in the ESA APPRISE Oncology Program; and
    - that the discussion between the patient and ESA APPRISE Oncology Program-enrolled prescriber on the risks of Aranesp® or Epogen®/Procrit® therapy is documented by patient and prescriber signatures on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of Aranesp® or Epogen®/Procrit® therapy.
  - If an HCP who prescribes Aranesp® or Epogen®/Procrit® is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe Aranesp® or Epogen®/Procrit® for patients with cancer.
- I am authorized to oversee compliance with program monitoring and auditing to assess the effectiveness of the ESA APPRISE Oncology Program.
- I will maintain evidence of compliance with the ESA APPRISE Oncology Program for monitoring and auditing purposes, as follows:
  - A list of each HCP in my hospital who prescribes Aranesp® or Epogen®/Procrit® for cancer patients.
  - Documentation (i.e., unique enrollment ID number) that each HCP in my hospital who prescribes Aranesp® or Epogen®/Procrit® for patients with cancer is enrolled in the ESA APPRISE Oncology Program.
  - Documentation of the risk:benefit discussion between certified prescriber and cancer patient by archival storage of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form for each cancer patient for whom an Aranesp® or Epogen®/Procrit® prescription was filled.

### Hospital Designee Information

Authorized Hospital Designee name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Hospital Designee signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

### Hospital Enrollment Information

Hospital name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

HIN# \_\_\_\_\_ and/or Customer ID Type and # \_\_\_\_\_

### Hospital Contact Information for Receipt of Program Materials (if different from authorized designee)

Name \_\_\_\_\_

Same as address listed above

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

An ESA APPRISE Oncology Program enrollment confirmation and an identification number will be sent via e-mail (or by fax if no e-mail address is provided) to each individual listed above within 1 business day of receipt of this completed form. This confirmation e-mail will also include instructions on how to access a report of healthcare providers (HCPs) at your hospital who are enrolled in the program. Upon 5 business days of enrollment confirmation, an HCP Program Starter Kit including ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms and ESA Medication Guides will be shipped to the address provided above.

For questions regarding the ESA APPRISE Oncology Program, please visit the ESA APPRISE Oncology Program website at [www.esa-apprise.com](http://www.esa-apprise.com), contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative, or call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

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This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

 Centocor Ortho Biotech Products, L.P.

**Aranesp**  
(darbepoetin alfa)

**EPOCEN**  
(epoetin alfa)

**PROCRIT**<sup>®</sup>  
(epoetin alfa)

**AMGEN**  
(epoetin alfa)

**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting **P**roviders and cancer **P**atients with  
**R**isk Information for the **S**afe use of **ESA**s

# Training Module for Hospital Designees

# ESA (erythropoiesis stimulating agent) APPRISE Training Module for Hospital Designees

This ESA APPRISE (Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs) Oncology Program Training Module is the core requirement for enrollment within the ESA APPRISE Oncology Program, developed by Amgen and Centocor Ortho Biotech Products, L.P. The ESA APPRISE Oncology Program is part of a Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration (FDA) has determined that REMS is necessary for ESAs to ensure that the benefits of these drugs outweigh the risks of shortened overall survival and/or increased risk of tumor progression or recurrence as shown in clinical studies of patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.

This training module is intended for Hospital Designees at hospitals that dispense ESAs for patients with cancer.

The goals of the REMS for Aranesp® and Epogen®/Procrit® are:

- To support informed decisions between patients and their healthcare providers (HCPs) who are considering treatment with Aranesp® or Epogen®/Procrit® by educating them on the risks of Aranesp® or Epogen®/Procrit®.
- For treatment of patients with cancer, the goal of the REMS, as implemented through the ESA APPRISE Oncology Program, is to mitigate the risk of shortened overall survival and/or increased risk of tumor progression or recurrence.

**FAILURE TO ENROLL IN THE ESA APPRISE ONCOLOGY PROGRAM WILL RESULT IN  
SUSPENSION OF YOUR HOSPITAL'S ACCESS TO ESAs**

This training module, as a component of this REMS program, presents the requirements for HCPs who prescribe, or prescribe and dispense, Aranesp®, Epogen®, or Procrit® to cancer patients as well as the requirements for Hospital Designees who must oversee this safety program at their respective Hospitals.

The ESA APPRISE Oncology Program Training Module features four sections:

**Section 1: Key safety information for the use of ESAs in patients with cancer**

**Section 2: Appropriate use of ESAs for patients with cancer**

**Section 3: HCP and Hospital Designee program requirements and materials**

**Section 4: Enrollment**

Please see the Aranesp®, Epogen®, and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides.

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Aranesp® and Epogen®/Procrit® are different drugs with distinct schedules.

This document has been required by the US Food and Drug Administration as part of a Risk Evaluation and Mitigation Strategy (REMS) for Aranesp®, Epogen®, and Procrit®.

V2 06/11



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

# SECTION 1

## KEY SAFETY INFORMATION FOR USE OF ESAs IN PATIENTS WITH CANCER



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

# SECTION 1

## Key Safety Information for Use of ESAs in Patients With Cancer

### 1. ESAs resulted in decreased locoregional control/progression-free survival and/or overall survival.

As shown in the table below, these findings were observed in studies of patients with advanced head and neck cancer receiving radiation therapy (Studies 5 and 6), in patients receiving chemotherapy for metastatic breast cancer (Study 1) or lymphoid malignancy (Study 2), and in patients with non-small cell lung cancer or various malignancies who were not receiving chemotherapy or radiotherapy (Studies 7 and 8).

Study/Tumor/(n)	Hemoglobin Target	Achieved Hemoglobin (Median, Q1, Q3)	Primary Endpoint	Adverse Outcome for ESA-Containing Arm
<b>Chemotherapy</b>				
<b>Cancer Study 1</b> Metastatic breast cancer (n=939)	12–14 g/dL	12.9 g/dL 12.2, 13.3 g/dL	12-month overall survival	Decreased 12-month survival
<b>Cancer Study 2</b> Lymphoid malignancy (n=344)	13–15 g/dL (M) 13–14 g/dL (F)	11.0 g/dL 9.8, 12.1 g/dL	Proportion of patients achieving a hemoglobin response	Decreased overall survival
<b>Cancer Study 3</b> Early breast cancer (n=733)	12.5–13 g/dL	13.1 g/dL 12.5, 13.7 g/dL	Relapse-free and overall survival	Decreased 3 yr. relapse-free and overall survival
<b>Cancer Study 4</b> Cervical cancer (n=114)	12–14 g/dL	12.7 g/dL 12.1, 13.3 g/dL	Progression-free and overall survival and locoregional control	Decreased 3 yr. progression-free and overall survival and locoregional control
<b>Radiotherapy Alone</b>				
<b>Cancer Study 5</b> Head and neck cancer (n=351)	≥15 g/dL (M) ≥14 g/dL (F)	Not available	Locoregional progression-free survival	Decreased 5 yr. locoregional progression-free survival Decreased overall survival
<b>Cancer Study 6</b> Head and neck cancer (n=522)	14–15.5 g/dL	Not available	Locoregional disease control	Decreased locoregional disease control
<b>No Chemotherapy or Radiotherapy</b>				
<b>Cancer Study 7</b> Non-small cell lung cancer (n=70)	12–14 g/dL	Not available	Quality of life	Decreased overall survival
<b>Cancer Study 8</b> Non-myeloid malignancy (n=989)	12–13 g/dL	10.6 g/dL 9.4, 11.8 g/dL	RBC transfusions	Decreased overall survival

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Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

# SECTION 1

## Key Safety Information for Use of ESAs in Patients With Cancer

### 2. ESAs increase the risk of serious cardiovascular and thromboembolic reactions.

An increased incidence of thromboembolic reactions, some serious and life-threatening, occurred in patients with cancer treated with ESAs. In a randomized, placebo-controlled study (Cancer Study 1) of 939 women with metastatic breast cancer receiving chemotherapy, patients received either weekly epoetin alfa or placebo for up to a year. This study was designed to show that survival was superior when epoetin alfa was administered to prevent anemia (maintain hemoglobin levels between 12 and 14 g/dL or hematocrit between 36% and 42%). This study was terminated prematurely when interim results demonstrated a higher mortality at 4 months (8.7% vs. 3.4%) and a higher rate of fatal thrombotic reactions (1.1% vs. 0.2%) in the first 4 months of the study among patients treated with epoetin alfa. Based on Kaplan-Meier estimates, at the time of study termination, the 12-month survival was lower in the epoetin alfa group than in the placebo group (70% vs. 76%; HR 1.37, 95% CI: 1.07, 1.75;  $P = 0.012$ ).

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

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ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

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SCHOOL OF MEDICINE

# SECTION ②

## APPROPRIATE USE OF ESAs FOR PATIENTS WITH CANCER



Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

## Section 2

# Appropriate Use of ESAs for Patients With Cancer

- ESAs are indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- ESAs are not indicated for use:
  - in patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - in patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - as a substitute for RBC transfusions in patients who require immediate correction of anemia.
- ESAs have not been shown to improve quality of life, fatigue, or patient well-being.

### Important Dosing and Treatment Information

- Initiate ESAs in patients on cancer chemotherapy only if the hemoglobin is less than 10 g/dL.
- Use the lowest dose of ESAs necessary to avoid RBC transfusions.
- Discontinue ESAs following the completion of a chemotherapy course.

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

Please see the full Prescribing Information for Procrit® regarding the pediatric use of Procrit®. The safety and efficacy of Aranesp® in pediatric cancer patients have not been established.

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SECTION ③  
PROGRAM REQUIREMENTS  
AND MATERIALS FOR  
HEALTHCARE PROVIDERS  
AND HOSPITAL DESIGNEES

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Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs



## Section 3

# Program Requirements and Materials for Healthcare Providers and Hospital Designees

### Hospital Designee Requirements

- Assume the authority and responsibility to internally coordinate and oversee the ESA APPRISE Oncology Program requirements in your hospital.
- Complete the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- Understand that if HCPs in your hospital prescribe Aranesp® or Epogen®/Procrit® to patients with cancer, failure of the staff to comply with enrollment requirements will lead to suspension of access to ESAs for your hospital.
- Inform all Aranesp® or Epogen®/Procrit® prescribers at your hospital of the ESA APPRISE Oncology Program training and oncology prescriber certification requirements.
- Establish or oversee the establishment of a system, order sets, protocols, or other measures designed to ensure that, in your hospital:
  - ESAs are only dispensed to patients with cancer after verifying:
    - that the HCP who prescribed ESAs for patients with cancer has enrolled in the ESA APPRISE Oncology Program; and
    - that the discussion between the patient and ESA APPRISE Oncology Program-enrolled prescriber on the risks of ESA therapy is documented by patient and prescriber signatures on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of ESA therapy.
  - If an HCP who prescribes ESAs is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe ESAs for patients with cancer.

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V2 06/11



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

# Section 3

## Program Requirements and Materials for Healthcare Providers and Hospital Designees

- To learn more about allowed changes to the Patient Acknowledgment Form, please refer to the Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics flashcard accessible at [www.esa-apprise.com](http://www.esa-apprise.com) in the Forms and Resources section.

**Centocor Ortho Biotech Products, L.P.** **ESA APPRISE ONCOLOGY PROGRAM**

### Guidelines for Patient Acknowledgment Form Integration Within Healthcare Systems and Clinics

Hospitals and prescribers in private practice clinics that are enrolled in the ESA APPRISE Oncology program may modify the Acknowledgment Form and present the modified form to patients in either paper or electronic form, provided that the Acknowledgment Form conforms with the following criteria:

**Allowable formatting-related changes include:**

- Removal of title, instructions, and footnoted text
- Addition of patient identifier and/or clinic/hospital identifiers (e.g., name and/or logo, barcodes)
- Changes to make the form compatible with existing systems, including electronic- and paper-based systems

**NO changes should be made to boxed content**

The hospital or private practice must maintain evidence of compliance that the Acknowledgment Form was signed by both the patient and the prescriber prior to the initiation of a new course of ESA therapy. Private practices must provide the completed forms to the ESA APPRISE Oncology Program Call Center.

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**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

## Section 3

# Program Requirements and Materials for Healthcare Providers and Hospital Designees

- Oversee compliance with program monitoring and auditing to assess the effectiveness of the ESA APPRISE Oncology Program.
- Maintain evidence of compliance with the ESA APPRISE Oncology Program for monitoring and auditing purposes, as follows:
  - A list of each HCP in your hospital who prescribes ESAs for cancer patients
  - Documentation (i.e., unique enrollment ID number) that each HCP in your hospital who prescribes ESAs for patients with cancer is enrolled in the ESA APPRISE Oncology Program
  - Documentation of the risk:benefit discussion between certified prescriber and cancer patient by archival storage of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form for each cancer patient for whom an ESA prescription was filled

Please see the full prescribing information for Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), or Procrit® (epoetin alfa) for other risks associated with these ESAs, including other Warnings and Precautions, and Adverse Reactions.

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V2.06/11



Assisting Providers and cancer Patients with Risk Information for the Safe use of ESAs

## Section 3

# Program Requirements and Materials for Healthcare Providers and Hospital Designees

Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your hospital's access to ESAs.

A re-enrollment period will occur every 3 years for this program. You will be notified when re-enrollment is required.

Upon completion of this enrollment process, you (and an alternate contact, if provided) will receive an e-mail with the ESA APPRISE Oncology Program enrollment ID number unique to your hospital. This enrollment ID number allows you to identify HCPs enrolled at your location, by clicking the Hospital Designee log-in at the top right of the ESA APPRISE Oncology Program website home page. You can also order more ESA APPRISE Oncology Program materials via [www.esa-apprise.com](http://www.esa-apprise.com) using the hospital enrollment ID number.

Once you have enrolled, you will receive the HCP Program Starter Kit to assist HCPs in your hospital in implementing the ESA APPRISE Oncology Program.

### Materials provided in the HCP Program Starter Kit:

- ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Forms
- Aranesp® (darbepoetin alfa), Epogen® (epoetin alfa), and Procrit® (epoetin alfa) Medication Guides
- Guidelines for Patient Acknowledgment Form Integration within Healthcare Systems and Clinics

Should you have any questions during this training and enrollment process, ask your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative. You may also call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089.

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**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs



# Section 4

## Hospital Designee Enrollment

Now that you have completed the ESA APPRISE Oncology Program Training Module, you are ready to enroll. Enrollment confirms the fact that you have reviewed the safety and appropriate use information for ESAs in patients with cancer, and commits you to complying with the program requirements.

**Failure to comply with the ESA APPRISE Oncology Program requirements, including enrollment, will result in suspension of your hospital's access to ESAs.**

**ESA APPRISE Oncology Program Enrollment Form for Hospital Designees**

(For use of physicians, oncology nurses, pharmacists, and other healthcare professionals who are not currently certified or recertified in the use of ESAs)

To become certified, Hospital Designees must first enroll into the ESA APPRISE Oncology Program:

- Complete the ESA APPRISE Oncology Program Training Module for Hospital Designees
- Complete the enrollment form and fax to the ESA APPRISE Oncology Program Call Center at 1-800-431-4044

**Failure to comply with the ESA APPRISE Oncology Program requirements will result in suspension of access to ESAs for your hospital.**

**Check one:**  New enrollment  Recertification (repeat every 3 years)

Enter your recertification date (MM/DD/YYYY) for recertification: \_\_\_\_\_

**By completing enrollment, I agree to the following on behalf of my hospital:**

- I have been designated by hospital management to assume the authority and responsibility to enroll, recertify and oversee the ESA APPRISE Oncology Program requirements for my hospital.
- I have completed the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- I understand that if healthcare providers (HCP) in my hospital prescribe Aranesp® or Epogen®/Procrit® to patients with cancer, I take full responsibility with treatment requirements with all applicable access to Aranesp® and Epogen®/Procrit® for my hospital.
- I will inform all Aranesp® or Epogen®/Procrit® prescribers at my hospital of the ESA APPRISE Oncology Program training and ongoing prescriber certification requirements.
- I will establish or oversee the establishment of a system, order set, protocol, or other measures designed to ensure that my hospital:
  - Aranesp® or Epogen®/Procrit® is only dispensed to patients with cancer after verification that the HCP who prescribes Aranesp® or Epogen®/Procrit® for patients with cancer has enrolled in the ESA APPRISE Oncology Program, and
  - that the discussion between the patient and ESA APPRISE Oncology Program-authorized prescriber or the risks of Aranesp® or Epogen®/Procrit® therapy is documented in the patient's medical record on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of Aranesp® or Epogen®/Procrit® therapy.
- If an HCP who prescribes Aranesp® or Epogen®/Procrit® is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe Aranesp® or Epogen®/Procrit® for patients with cancer.
- I am authorized to enter into a license with program members and willing to accept the strict terms of the ESA APPRISE Oncology Program.
- I will maintain evidence of compliance with the ESA APPRISE Oncology Program for monitoring and auditing purposes as follows:
  - A list of each HCP in my hospital who prescribes Aranesp® or Epogen®/Procrit® for cancer patients.
  - Documentation (i.e. unique enrollment ID number) that each HCP in my hospital who prescribes Aranesp® or Epogen®/Procrit® for patients with cancer is enrolled in the ESA APPRISE Oncology Program.
  - Documentation of the number of courses between certified prescriber and cancer patient for initial therapy of the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form for a cancer patient for whom an Aranesp® or Epogen®/Procrit® prescription was filed.

**Hospital Designee Information**

Authorized Hospital Designee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Hospital Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



Enrollment Form for Hospital Designees  
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ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

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Aranesp® and Epogen®/Procrit® are different drugs with distinct schedules

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Assisting Providers and their Patients with Risk Information for the Safe Use of ESAs

# Steps for Hospitals and Hospital/Institution-affiliated Outpatient Facilities That Dispense ESAs to Patients With Cancer

Failure to comply with the ESA\* APPRISE Oncology Program requirements will result in suspension of your hospital's access to ESAs [Aranesp® (darbepoetin alfa) and Epogen® (epoetin alfa)/Procrit® (epoetin alfa)].



## 1 Select a Hospital Designee

This individual is designated by hospital management to assume authority and responsibility to internally coordinate and oversee the ESA APPRISE Oncology Program in the hospital (e.g., pharmacy director, Head of Hematology/Oncology Department).



## 2 Complete Training

The Hospital Designee must complete the ESA APPRISE Oncology Program training for the Hospital Designee.



## 3 Enroll

The Hospital Designee must enroll in the ESA APPRISE Oncology Program by completing the ESA APPRISE Oncology Program Enrollment Form for Hospitals.



## 4 Implement

The Hospital Designee must establish or oversee the establishment of a system, order sets, protocols, or other measures designed to ensure that ESAs are only dispensed to patients with cancer after verifying:

- that the healthcare provider (HCP) who prescribed Aranesp® or Epogen®/Procrit® for patients with cancer has enrolled in the ESA APPRISE Oncology Program.
  - If an HCP who prescribes Aranesp® or Epogen®/Procrit® is not enrolled in the ESA APPRISE Oncology Program, the prescriber will be notified that he/she is not able to prescribe Aranesp® or Epogen®/Procrit® for patients with cancer.
- that the discussion between the patient and ESA APPRISE Oncology Program-enrolled prescriber on the risks of Aranesp® or Epogen®/Procrit® therapy is documented by patient and prescriber signatures on the ESA APPRISE Oncology Program Patient and Healthcare Professional (HCP) Acknowledgment Form prior to initiation of each new course of Aranesp® or Epogen®/Procrit® therapy.

To train and enroll, contact your local Amgen or Centocor Ortho Biotech Products, L.P. Field Representative or access the ESA APPRISE Oncology Program Website at [www.esa-apprise.com](http://www.esa-apprise.com). If you are unable to enroll via a field representative or online, please call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089 for further assistance.

Please see the Aranesp®, Epogen® and Procrit® full prescribing information, including **Boxed WARNINGS**, and Medication Guides.

\*ESA = erythropoiesis-stimulating agent (ESA: Aranesp®/Epogen®/Procrit®)

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**ESA APPRISE**  
ONCOLOGY PROGRAM

Assisting Providers and cancer Patients with  
Risk Information for the Safe use of ESAs

