Alosetron REMS Program
Prescriber Enrollment Form

The generic supplier of alosetron will ensure that healthcare providers who prescribe alosetron are specially certified in the Alosetron REMS Program. To become certified, each prescriber of alosetron enrolls in the Alosetron REMS Program by submitting a completed Alosetron REMS Program Prescriber Enrollment Form and attesting to the following:

I request to participate in the Alosetron REMS Program and acknowledge that I have read and understand the complete Prescribing Information and other enrollment materials for the Alosetron REMS Program. I understand the risks associated with its use and will follow the requirements of the Alosetron REMS Program described below. I understand the importance of reporting all cases of ischemic colitis and serious complications of constipation to the Alosetron REMS Program at 1-844-267-8675.

I understand that alosetron is approved only for women with severe, diarrhea-predominant irritable bowel syndrome who have:

- chronic irritable bowel syndrome symptoms (generally lasting for 6 months or longer),
- had anatomic or biochemical abnormalities of the gastrointestinal tract excluded, and
- not responded adequately to conventional therapy.

Diarrhea-predominant irritable bowel syndrome is severe if it includes diarrhea and one or more of the following:

- frequent and severe abdominal pain/discomfort,
- frequent bowel urgency or fecal incontinence,
- disability or restriction of daily activities due to irritable bowel syndrome.

I understand that if I prescribe alosetron for my patient(s), I must be able to perform the following:

- diagnose and manage irritable bowel syndrome, ischemic colitis, constipation, and complications of constipation or refer patients to a specialist as needed.
• ensure that all patients under my care are educated by me or a healthcare provider in my practice about the benefits and risks of the drug.

I agree to:

• provide each of my patients with a copy of the Alosetron Medication Guide at initiation of alosetron treatment.
• review the content of the Medication Guide and encourage the patient to read it and ask questions.
• have each patient sign the Alosetron Patient Acknowledgement Form. The original signed form must be placed in the patient’s medical record, and a copy given to the patient.
• inform my patients about the Alosetron Patient Follow-Up Survey, encourage them to participate and provide them with an Alosetron Patient Follow-Up Survey Pre-Enrollment Form.
• affix Alosetron REMS stickers to written prescriptions for alosetron (i.e., the original and all subsequent prescriptions). Alosetron REMS stickers will be provided as part of the Alosetron REMS Program. Refills are permitted to be written on prescriptions.
• ensure that all prescriptions for alosetron are written and not transmitted by telephone, facsimile, or computer.

*Indicates Required Field

Name of Prescriber (print)*

_________________________________________________
(First)                                          (Last)

_____________________________________________ _________________________
Signature* Date*

NPI Number* _________________________________________________________

Office Name __________________________________________________________

Office Address* _______________________________________________________

Office City*  ________________ State* _______ Zip Code* ________________

Office Phone Number* ______________________ Office Fax Number*______________

Email* ________________________________________________________________

Confirmation Correspondence Preference (please select one): □ Fax    □ Email
Upon enrollment, you will receive a program kit for alosetron with Prescribing Information, Alosetron REMS stickers, multiple copies of the Medication Guide, Patient Acknowledgment Form, Patient Follow-Up Survey Pre-Enrollment Form, and instructions for ordering additional supplies of Program materials.

You only need to enroll once, and you are under no obligation to prescribe alosetron.

If you have any questions regarding the Alosetron REMS Program, please call 1-844-267-8675.

To enroll, visit www.AlosetronREMS.com or complete this form in its entirety and mail or fax it to the Alosetron REMS Program to the following address:

**Alosetron REMS**
PO Box 29292, Phoenix, AZ 85038
Fax Number: 1-800-535-6805