ESA APPRISE Oncology Program Enrollment Form for Hospitals

janssen

AMGEN Oncology

Aranesp® *(darbepoetin alfa)*, **Epogen®** *(epoetin alfa)*, and **Procrit®** *(epoetin alfa)* are **E**rythropoiesis **S**timulating **A**gents (ESAs) used for 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 the hospital for which you are responsible.

By completing enrollment, I agree to the following on behalf of the hospital for which I am responsible:

- 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 the hospital listed below.
- I have completed the ESA APPRISE Oncology Program Training Module for Hospital Designees.
- I understand that if healthcare providers (HCPs) in the 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 the hospital.
- I will inform all HCPs who prescribe Aranesp® or Epogen®/Procrit® for patients with cancer at the hospital of the ESA APPRISE Oncology Program training and certification requirements.
- I will establish or oversee the establishment of a system, order sets, protocols, or other measures designed to ensure that the hospital is in compliance with the Program, such that:
  - Aranesp® or Epogen®/Procrit® is only dispensed to patients with cancer after verifying:
    - that the HCP who prescribes Aranesp® or Epogen®/Procrit® for patients with cancer is certified in the ESA APPRISE Oncology Program; and
    - that the discussion between the patient and the Program-certified provider on the risks of Aranesp® or Epogen®/Procrit® therapy is documented by patient and provider signatures on the ESA APPRISE Patient and Healthcare Provider Acknowledgment Form (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 certified in the ESA APPRISE Oncology Program, the provider will be notified that they are not able to prescribe Aranesp® or Epogen®/Procrit® for patients with cancer.
- I am authorized to oversee compliance with Program auditing to assess the effectiveness of the ESA APPRISE Oncology Program.
- I will maintain evidence of compliance with the ESA APPRISE Oncology Program for auditing purposes, as follows:
  - Documentation (ie, unique enrollment ID number) that each HCP in the hospital who prescribes Aranesp® or Epogen®/Procrit® for patients with cancer is certified in the Program.
  - Documentation of the risk:benefit discussion between certified provider and patient on the Acknowledgment Form for each patient with cancer for whom an Aranesp® or Epogen®/Procrit® prescription was filled; the Acknowledgment Forms are to be stored on-site and/or archived in a retrievable manner.

Hospital Designee Information

Authorized Hospital Designee name _____ Title _____

Authorized Hospital Designee signature _____ Date _____

Phone _____ Fax _____

Email _____

ESA APPRISE ONCOLOGY PROGRAM

Assisting **P**roviders and cancer **P**atients with **R**isk **I**nformation for the **S**afe use of **E**SAs

Reference ID: 3429792

ESA APPRISE Oncology Program Enrollment Form for Hospitals

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 _____ Email _____

An ESA APPRISE Oncology Program enrollment confirmation and an identification number will be sent via email (or by fax if no email address is provided) to each individual listed above within 1 business day of receipt of this completed form. This confirmation email will also include instructions on how to access a report of HCPs at your hospital who are certified in the Program. Upon 7 business days of enrollment confirmation, ESA APPRISE Oncology Program Patient and Healthcare Provider Acknowledgment Forms and Guidelines for Acknowledgment Form Integration Within Healthcare Systems and Clinics will be shipped to the address provided above.

For questions regarding the ESA APPRISE Oncology Program, please call the ESA APPRISE Oncology Program Call Center at 1-866-284-8089, visit the ESA APPRISE Oncology Program website at **www.esa-apprise.com**, or contact your local Amgen or Janssen Products, LP Field Representative.

Aranesp® and Epogen®/Procrit® are different drugs with distinct dosing schedules.
Aranesp® and Epogen® are registered trademarks of Amgen Inc.
Procrit® is a registered trademark of Janssen Products, LP.
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

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