Welcome to the Prescribing Program for LOTRONEX (PPL)

Please use this program for LOTRONEX and its authorized generic alosetron hydrochloride

Only prescribers who enroll in the Prescribing Program for LOTRONEX can prescribe LOTRONEX and its authorized generic. The link below will help you enroll in the Prescribing Program for LOTRONEX.

- Prescriber Enrollment

INDICATION: LOTRONEX/alosetron hydrochloride is indicated only for women with severe diarrhea-predominant irritable bowel syndrome who have: chronic irritable bowel syndrome symptoms (generally lasting 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. Because of infrequent but serious gastrointestinal adverse events associated with LOTRONEX/alosetron hydrochloride, the indication is restricted to those patients for whom the benefit-to-risk balance is most favorable. Clinical studies have not been performed to adequately confirm the benefits of LOTRONEX/alosetron hydrochloride in men.

Please consult the Complete Prescribing Information.

This site is intended for US residents only.

Reference within this site to any advertisement or promotion of a non-Prometheus product does not constitute an endorsement or recommendation by Prometheus.

PROMETHEUS, the Link Design, For the person in every patient are registered trademarks of Société des Produits Nestlé S.A. Vevey, Switzerland. LOTRONEX and the LOTRONEX design mark are registered trademarks of Prometheus Laboratories Inc. LUVOX® is a registered trademark of Abbott Products, LLC ©2015 Société des Produits Nestlé S.A. Vevey, Switzerland.

A Nestlé Health Science Company. All rights reserved.
LOT15036 07/15

Legal notices | privacy statement | contact us
Prescriber Enrollment

The Prescribing Program for LOTRONEX™ (PPL) facilitates patient safety. The program allows both patients and prescribers to understand the appropriate use of LOTRONEX® and its authorized generic and its potential risks, as well as adverse events and how to handle them.

EDUCATION:

Prior to enrolling in the Prescribing Program for LOTRONEX, the prescribers should read the educational section entitled PPL Prescriber Education Slide Deck.

Use the following resources to learn more about the Prescribing Program for LOTRONEX:

- Prescriber Enrollment Form
- Medication Guide
- Patient Acknowledgement Form

The Prescribing Information for LOTRONEX and its authorized generic may be downloaded and saved or may also be obtained by calling 1-888-423-5227.

To order enrollment materials via a secure Internet connection, select NEXT.

To enroll via telephone or fax, please contact: 1-888-423-5227.

To return to the Prescribers Home page, select RETURN.

Please consult the Complete Prescribing Information.
To begin the enrollment process, please read the Enrollment information below and click the “I AGREE” at the bottom of the page.

**PRESCRIBING PROGRAM FOR LOTRONEX™ (PPL):**

*Prometheus will ensure that healthcare providers who prescribe LOTRONEX and its authorized generic are specially certified in the Prescribing Program for LOTRONEX (PPL). To become certified, each prescriber enrolls into the Prescribing Program for LOTRONEX by submitting a completed Prescriber Enrollment Form and attesting to the following:*

I request to participate in the Prescribing Program for LOTRONEX and acknowledge that I have read and understand the complete Prescribing Information and other enrollment materials for LOTRONEX and its authorized generic. I understand the risks associated with its use and will follow the requirements of the Prescribing Program for LOTRONEX described below. I understand the importance of reporting all cases of ischemic colitis and serious complications of constipation to Prometheus at 1-888-423-5227.

I understand that LOTRONEX and its authorized generic are 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 LOTRONEX or its authorized generic 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 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 Medication Guide at initiation of treatment.
• review the content of the Medication Guide and encourage the patient to read it and ask questions.
• have each patient sign the 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 Patient Follow-Up Survey, encourage them to participate and provide them with a Patient Follow-Up Survey Pre-Enrollment Form
• affix Prescribing Program for LOTRONEX program stickers to written prescriptions for LOTRONEX and its authorized generic (i.e., the original and all subsequent prescriptions). Stickers will be provided as part of the Prescribing Program for LOTRONEX. Refills are permitted to be written on prescriptions.
• ensure that all prescriptions for LOTRONEX and its authorized generic are written and not transmitted by telephone, facsimile, or computer.

To order enrollment materials, select I AGREE.
For PRESCRIBERS

Please fill in the following information and press the “submit” button, to order the materials for enrollment in the Prescribing Program for LOTRONEX™ (PPL).

- **Required fields**

**Enrolling Prescriber:**

- *First Name:*
- Middle Name:
- *Last Name:*
  - Name Suffix: (Sr. Jr III)
- *NPI Number:*

**Prescriber’s Office Address:**

- *Address 1:*
- Address 2:
  - *City:*
  - *State:*
  - *Zip:*
- *Phone #:*
- Fax #:
- *E-mail:*

[Submit]

Please consult the [Complete Prescribing Information](#).

[Home] [Complete Prescribing Information] [PROMETHEUS Website] [Site Map] [Reference Page]

---

This site is intended for US residents only.

Reference within this site to any advertisement or promotion of a non-Prometheus product does not constitute an endorsement or recommendation by Prometheus.

PROMETHEUS, the Link Design, For the person in every patient are registered trademarks of Société des Produits Nestlé S.A. Vevey, Switzerland. LOTRONEX and the LOTRONEX design mark are registered trademarks of Prometheus Laboratories Inc. LUVOX® is a registered trademark of Abbott Products, LLC ©2015 Société des Produits Nestlé S.A. Vevey, Switzerland.

[A Nestlé Health Science Company]. All rights reserved.
LOT15036 07/15

[Legal notices] [privacy statement] [contact us]