PRESCRIBING PROGRAM FOR LOTRONEX™ (PPL)

PRESCRIBER ENROLLMENT FORM

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 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 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.

_____________________

Name of Prescriber (print)

______________________  ________________
Signature               Date

NPI Number

Office Address: (to include city, state and zip code)

Office Phone Number:

Office Fax Number:

Upon enrollment, you will receive a prescribing kit for LOTRONEX and its authorized generic alosetron hydrochloride with the complete Prescribing Information, Prescribing Program for LOTRONEX stickers, multiple copies of the Medication Guide and Patient Acknowledgement Form for LOTRONEX and its authorized generic, and instructions for ordering additional supplies of Program materials.

You only need to enroll once, and you are under no obligation to prescribe LOTRONEX. If you have any questions, please call the Prescribing Program for LOTRONEX at 1-888-423-5227 or visit www.lotronexppl.com.

TO ENROLL, VISIT WWW.LOTRONEXPPL.COM OR PHONE 1-888-423-5227 OR COMPLETE THIS FORM IN ITS ENTIRETY AND MAIL OR FAX TO THE
FOLLOWING ADDRESS:
Prescribing Program for LOTRONEX
Prometheus Client Services
9410 Carroll Park Drive
San Diego, CA 92121
1-888-423-5227
Fax Number: 1-877-816-4019
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