Welcome to the ZYPREXA RELPREVV Patient Care Program

The goal of the ZYPREXA RELPREVV Patient Care Program is to mitigate the risk of negative outcomes associated with ZYPREXA RELPREVV post-injection delirium/sedation syndrome (PDSS).

For a tour of the ZYPREXA RELPREVV Patient Care Program system click here.

On-line Training  Prescribing Information
Registration Forms  Medication Guide
Order Educational Materials  Important Safety Information

Log In
Contact Us
Pharmacy Finder

Please see Prescribing Information for full details about the risks of ZYPREXA RELPREVV, including Boxed Warnings.

This site is intended for U.S. residents age 18 and over.
For more information about ZYPREXA RELPREVV, contact your doctor or other healthcare professional.

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In order to enroll in the ZYPREXA RELPREVV Patient Care Program, you must first complete the required training and then submit the appropriate registration form.

Please see Prescribing Information for full details about the risks of ZYPREXA RELPREVV, including Boxed Warnings.
ZYPREXA RELPREVV PATIENT CARE PROGRAM CONTACT INFORMATION

ZYPREXA RELPREVV Patient Care Program
Phone: 1-877-772-9390
Fax: 1-877-772-9391

ZYPREXA RELPREVV Patient Care Program Coordinating Center Hours of Operation
Monday – Friday: 8am – 8pm ET
ON-LINE TRAINING

Select your role(s) from the list below to access required training

**Prescriber**

**Healthcare Facility Staff**

**Pharmacy Service Providers** (pharmacies and buy & bill pharmacy service providers)
1. **ZYPREXA RELPREVV Patient Care Program Instructions Brochure**

2. **Healthcare Professional Training** *(select one)*
   - Slide Presentation
   OR
   - Recorded Presentation

**ADDITIONAL RESOURCES**

**Post-Injection Delirium/Sedation Syndrome Case Study Video**

Once you have completed the required training, submit the appropriate registration form.
Required Healthcare Facility Staff Training

- REQUIRED TRAINING FOR STAFF ADMINISTERING INJECTIONS AND STAFF WHO MONITOR PATIENTS

1. Healthcare Professional Training (select one)
   - Slide Presentation
   OR
   - Recorded Presentation

2. ZYPREXA RELPREVV Patient Care Program Instructions Brochure

- REQUIRED ADDITIONAL TRAINING FOR STAFF ADMINISTERING INJECTIONS

3. Reconstitution & Administration Instruction
   - Training Video
   AND
   - Poster (view and/or print)

Additional Resources

Post-Injection Delirium/Sedation Syndrome Case Study Video

Once all the appropriate staff from a healthcare facility have completed the required training, a representative from the facility must submit the Healthcare Facility Registration Form.
1. **ZYPREXA RELPREVV Patient Care Program Instructions Brochure**
It is the responsibility of the pharmacy service provider representative to assure that all staff involved with dispensing ZYPREXA RELPREVV have reviewed the ZYPREXA RELPREVV Patient Care Program Instructions Brochure prior to submitting one of the registration forms below.

- **Pharmacy Registration Form**

  OR

- **Buy & Bill Pharmacy Service Provider* Registration Form**

* Buy & Bill Pharmacy Service Provider - a licensed healthcare provider that purchases pharmaceuticals through a licensed distributor for its own use in the treatment of a patient and then includes the cost of the pharmaceutical in its billing of patients and third-party payers.
Prior to selecting and completing a registration form listed below, please ensure you have completed the appropriate training. To complete training on-line, select the "On-line Training" link below, or to receive materials in hard copy, select the “Order Educational Materials” link below.

**Prescriber Registration Form**

**Pharmacy Registration Form**

**Buy & Bill Pharmacy Service Provider Registration Form**

**Patient Registration Form**
- *Patient Copy*

**Healthcare Facility Registration Form**
Pharmacy Finder

Use the search option below to locate a registered Pharmacy Service Provider.

Search For By 
Name

Search

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To order, please complete the information below and click submit.

Requestor Information
First Name: ___________________________ MI: ______ Last Name: ___________________________
Address Line 1: ____________________________________________
Address Line 2: ____________________________________________
City: ___________________ State: _______________ Zip: __________
Phone: (______) _______ - _______ Alternate Phone: (______) _______ - _______
Fax: (______) _______ - _______ Email: ____________________________

Please indicate the number of items requested in the blanks below.

Training Materials Kit for Prescriber* and Healthcare Facility
☐ Kit includes:
  • ZYPREXA RELPREVV Patient Care Program Instructions Brochure
  • Reconstitution & Administration Poster & Training Video (DVD)
  • Healthcare Professional Training Recorded Presentation (DVD) with Participant Guide
  • PDSS Case Study Video (DVD)
  • Medication Guide
  • Prescribing Information

*Note: Patient Materials will automatically ship to a prescriber after prescriber registration is complete.

Training Material for Pharmacy Service Providers
(traditional pharmacy operation or buy & bill prescriber)
☐ ZYPREXA RELPREVV Patient Care Program Instructions Brochure

Training Materials Available as Individual Items
☐ ZYPREXA RELPREVV Patient Care Program Instructions Brochure
☐ Reconstitution & Administration Poster
☐ Reconstitution & Administration Training Video (DVD)
☐ Healthcare Professional Training Recorded Presentation (DVD) with participant guide
☐ PDSS Case Study Video (DVD)
☐ Patient Materials
  ☐ 10 Wristbands
  ☐ 10 ID cards

Forms Available as Individual Items:
☐ Single Patient Injection Form - tear-off pad of forms (25 forms/pad)
☐ Multiple Patient Injection Form - tear-off pad of forms (25 forms/pad)
☐ PDSS Form - 3 forms/pack
☐ Patient Registration Form - 5 patient forms/pack

You may also contact your Lilly sales representative to request materials and resources.

I understand that any personal information provided on this form will be used to provide educational materials only. For further privacy information please see the Privacy Policy.
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Purpose
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For More Information
If you have any questions or comments about the information presented here, please contact UBC at Phone: 1-877-772-9380, Fax: 1-877-772-9381
This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

MITCHELL V Mathis
12/19/2014