

Please select the best answer for each of the following questions. All questions must be answered correctly to become certified:

**Question 1**

All clozapine products are only available under the shared Clozapine REMS Program.

- A. True
- B. False

**Question 2**

Clozapine is associated with severe neutropenia.

- A. True
- B. False

**Question 3**

Severe neutropenia is defined as:

- A. A white blood cell count (WBC) less than 2000/ $\mu$ L
- B. An absolute neutrophil count (ANC) less than 1000/ $\mu$ L
- C. An absolute neutrophil count (ANC) less than 500/ $\mu$ L
- D. None of the above

**Question 4**

Before initiating treatment with clozapine:

- A. A baseline absolute neutrophil count (ANC) must be at least 1000/ $\mu$ L for a patient with documented Benign Ethnic Neutropenia (BEN)
- B. A baseline absolute neutrophil count (ANC) must be at least 1500/ $\mu$ L for a patient who is part of the General Population (i.e., the patient does not have BEN)
- C. A baseline absolute neutrophil count (ANC) is not necessary
- D. Both A and B

**Question 5**

Before clozapine is dispensed to a patient, a prescriber must:

- A. Determine if the patient has Benign Ethnic Neutropenia (BEN)
- B. Enroll the patient in the Clozapine REMS Program
- C. Counsel the patient/caregiver about the risk of severe neutropenia
- D. Order blood work to obtain an ANC
- E. Review the ANC and provide it to the Clozapine REMS Program
- F. All of the above

If you plan on faxing this Knowledge Assessment to the Program please provide your NPI so we can associate your progress with your stakeholder record. You can provide this information below.

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**Question 6**

For outpatients, prescribers must report the ANC to the shared Clozapine REMS Program before the patient can be dispensed clozapine.

- A. True
- B. False

**Question 7**

Before clozapine can be dispensed, a pharmacist must:

- A. Verify the prescriber is certified in the shared Clozapine REMS Program
- B. Verify the patient is enrolled in the shared Clozapine REMS Program
- C. For outpatients - verify the ANC is acceptable or verify the prescriber authorized continuing treatment if the ANC is abnormal by obtaining a pre-dispense authorization from the Clozapine REMS Program
- D. For inpatients - verify the ANC is acceptable or verify the prescriber authorized continuing treatment if the ANC is abnormal by accessing the Clozapine REMS Program or by accessing the ANC through the hospital's medical record system
- E. All of the above

**Question 8**

How much clozapine can be dispensed?

- A. A 30 day supply
- B. A 90 day supply
- C. As much as the patient wants or the insurance will pay for
- D. It depends when the patient's next blood draw is according to the monitoring requirements. Dispense enough medication to treat the patient with clozapine until the next blood draw/ANC or as directed by the prescriber

**Question 9**

Regarding patients with benign ethnic neutropenia (BEN), which of the following statements are true?

- A. Patients with BEN have a different clozapine treatment algorithm and monitoring requirements
- B. Patient with BEN are healthy and do not suffer from repeated severe infections
- C. Patients with BEN are NOT at increased risk for developing clozapine-induced neutropenia
- D. Before starting clozapine, additional evaluation may be needed to determine if baseline neutropenia is due to BEN. Hematology consultation may be necessary
- E. All of the above statements are true

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**Question 10**

If a new patient's baseline ANC is within the normal range, how should the ANC monitoring schedule proceed?

- A. Weekly from initiation to discontinuation of therapy
- B. Weekly from initiation to 6 months; every 2 weeks from 6 to 12 months; monthly after 12 months
- C. Monthly from initiation to discontinuation of therapy
- D. No additional ANC monitoring is required if the patient's baseline ANC is within the normal range

**Question 11**

If a patient's ANC indicates mild neutropenia, which of the following statements is true?

- A. ANC monitoring should be conducted three times weekly until  $ANC \geq 1500/\mu L$  if the patient is part of the General Population (i.e., if the patient does not have Benign Ethnic Neutropenia (BEN))
- B. Mild neutropenia is within the normal range for a patient with BEN
- C. If the patient has BEN, ANC monitoring should be conducted: weekly from initiation to 6 months; every 2 weeks from 6 to 12 months; monthly after 12 months
- D. All of the above

**Question 12**

If a patient's ANC indicates moderate neutropenia, which of the following statements is true?

- A. Treatment should be continued regardless of whether the patient is part of the General Population or has Benign Ethnic Neutropenia (BEN)
- B. If the patient is part of the General Population (i.e., if the patient does not have BEN), interrupt therapy and conduct ANC monitoring: daily until  $ANC \geq 1000/\mu L$ ; three times weekly until  $ANC \geq 1500/\mu L$ ; weekly for 4 weeks; then return to the patient's last "Normal Range" ANC monitoring interval
- C. The ANC monitoring schedule is the same regardless of whether the patient is part of the General Population or has BEN
- D. None of the above

**Question 13**

If a patient's ANC indicates severe neutropenia, which of the following statements is true?

- A. Treatment should be interrupted regardless of whether the patient is part of the General Population or has Benign Ethnic Neutropenia (BEN) and a hematology consultation should be considered; resume treatment only if the prescriber determines that the benefits of clozapine therapy outweigh the risks
- B. If the patient is part of the General Population (i.e., if the patient does not have BEN), interrupt treatment and conduct ANC monitoring: daily until  $ANC \geq 1000/\mu L$ ; three times weekly until  $ANC \geq 1500/\mu L$
- C. The patient may still be rechallenged with clozapine at the discretion of the prescriber
- D. All of the above

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